

Supporting Older Women in
Interval and Transitional Homes

EAO Webinar Series



Elder Abuse Ontario

Stop Abuse - Restore Respect

Speakers: **Marlene Ham**, Ontario Association of Interval and Transitional
Houses

Amber Wardell, Haldimand & Norfolk Women's Services

Facilitated by: **Rochella Vassell**, Regional Consultant, EAO

Tuesday July 5th 2016

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

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Welcome to EAO's Webinar!

- All attendees will be muted during the webinar.
- If you are experiencing issues, please type into the **CHAT/QUESTION BOX** and send message to Mary Mead/Rochella Vassell.
- There will be 30 minutes allocated at the end presentation for **QUESTIONS AND ANSWERS.**
- You will be prompted to fill out an **EVALUATION FORM** once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Participants will be sent the PPT electronically after the webinar.
- Speakers **CONTACT INFORMATION** will be provided at the end of the presentation to connect with them directly if you have further questions.

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Stop Abuse - Restore Respect

Elder Abuse Ontario (EAO)

Vision: We envision an Ontario where seniors are safe and respected.

Mission: To create an Ontario that is free from abuse for all seniors, through awareness, education, training, collaboration, service coordination and advocacy.

EAO oversees the implementation of
Ontario's Strategy to Combat Elder Abuse

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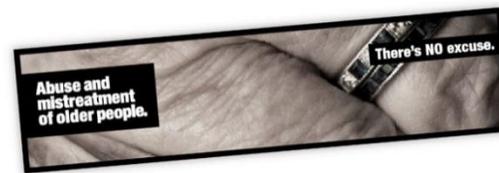
WHAT IS ELDER ABUSE?

The World Health Organization defines elder abuse as:

“a single or repeated act, or lack of appropriate action, occurring in any relationship (where there is an expectation of trust), that causes harm or distress to an older person”.

The abuser can be a spouse, a child, a family member, friend or paid caregiver.

(WHO 2004)



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Types of Abuse

- Physical
- Sexual
- Psychological
- Financial
- Neglect
- 1/10 Older Adults are abused

(EAO fact sheet 2015)



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Community Coordination

This webinar is an example of supporting our networks and stakeholders to support abused/at risk older women who utilize the services of Interval and transitional homes.

Elder Abuse Ontario has supported many organizations with applications and partnerships pertaining to the prevention and intervention of Elder Abuse. EAO has leveraged partnerships between agencies to create policies and procedures to create safe spaces for older adults who are victims of abuse.

We thank Marlene and Amber for providing their expertise in this field.

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Our Presenters:

Marlene Ham

Provincial Coordinator, Ontario Association for Interval and Transitional Houses

Marlene has worked in the role of Provincial Coordinator since 2014. Marlene has 15 years of experience working in social justice organizations that include women's shelters, AIDS service organizations, and LGBTQ organizations. Marlene brings a range of experience in education and training, community development, knowledge translation, prevention, public awareness, and government relations and advocacy.

Amber Wardell

Coordinator of the Justice for Women Review Team, Haldimand & Norfolk Women's Services

Amber has over a decade of experience as a community educator, advocate and counsellor for women and youth that have experienced sexual and domestic violence. Amber sits on the advisory committee for the Building a Bigger Wave Ontario Network. Amber is a passionate advocate for feminism, equality and LGBTQ rights. Amber is a member of the Haldimand-Norfolk Community Response Network. A graduate of University of Toronto her publications include Varsity and the Sexual Diversity studies Undergraduate Journal.

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Webinar Learning Objectives

1. Learn about the role of Interval and Transitional Homes in Ontario
2. Learn about tools and resources for working with older women in our shelter system
3. Learn about innovative programs and services being offered by Haldimand & Norfolk Women's Services

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Stop Abuse - Restore Respect

Supporting Older Women in Violence Against Women Shelters and Services

Presented By:

Marlene Ham, Provincial Coordinator, Ontario Association of Interval and Transition Houses

Amber Wardell, Justice for Women Review Team Coordinator, Haldimand Norfolk Women's Services



Agenda

1. Ontario Association of Interval & Transition Houses

- Overview of OAITH
- An Overview of Abuse of Older Women
- An Overview of Shelter Services
- Video- One Woman's Story

2. Haldimand & Norfolk Women's Services

- An example of one shelter & transitional service in Ontario
- A older woman's journey through the shelter system and beyond
- Taking Age into Account
- Accessible, Culturally Sensitive Services
- Risk Assessment, Safety Planning, and Screening for Elder Abuse
- Resources for Service Providers & Communities



OAITH: Who We Are

OAITH is a coalition of 1st stage women shelters, second-stage housing organizations and community-based organizations offering programs to women and their children. Together, we work to end all forms of violence against women and their children utilizing a gender-based, anti-oppression understand of violence. To achieve this aim, OAITH focuses our work on:

- Public Awareness
- Advocacy
- Training and Education
- Government Relations

OAITH: Our Work

- Participate in government round tables, policy development initiatives, and consultations
- Work with community partners to assess service needs and gaps and identify ways to fill them
- Write submissions to all levels of government to ensure the voices and expertise of frontline shelter workers are incorporated into decision-making, funding allocations, and policy frameworks
- Build awareness through provincial campaigns aimed at addressing violence against women in Ontario
- Create a community of learning through training, knowledge translation and resource development
- Online Training Program

Find Us:

www.oaith.ca

Women Shelter Services in Ontario

In Ontario there are 96 Emergency Shelters in Ontario funded through the Ministry of Community and Social Services. Our Members make up over 60% of shelters and include the following programs:

- 24 Hour Support and Crisis Lines
- Safe Emergency Shelter
- Counselling Programs
- Referrals to Community Resources
- Transitional and Second Stage Housing Programs
- Legal Support and Advocacy with Family, Criminal Law and Immigration Law
- Children and Youth Programs
- Women's Community Outreach Support
- Violence Prevention Programs*
- Family Court Support Worker Program*
- Integrated Domestic Violence and Sexual Violence Programs*

*** These programs are in some but not every shelter in Ontario**

Shelter Fact!

Women Shelters served close to 20,000 women and their children fleeing various forms of abuse and violence in 2014-2015

Promising Practices for Serving Older Women: Altira Women's Resource Society

- 1. Nurture an environment that values women who are older
- 2. Develop outreach strategies tailored to women who are older
- 3. Provide individualized, woman-centred support for women who are older
- 4. Focus on relationships and relationship-building for women who are older
- 5. Focus on safety for women who are older
- 6. Facilitate access to health care for women who are older
- 7. Develop strategic partnerships to help women who are older get the services they want and need
- 8. Provide women who are older with more time to transition
- 9. Support women who are older after they leave the transition house
- 10. Integrate evaluation into practice, including documentation of use of services by women who are older
- 11. Work towards system change for women who are older

Altira Women's Resource Society (2015). Promising Practices Across Canada For Housing Women Who Are Older and Fleeing Abuse. Retrieved from:

<http://atira.bc.ca/sites/default/files/Promising%20Practices%20for%20Housing%20Women%20who%20are%20Older.pdf>

QUICK FACT!

Lethality and Risk of Homicide of Older Women

- OATH Femicide Data (1990-2015) indicates there have been over 100 women aged 50-87 who've been murdered as a result of Intimate Partner Violence in Ontario.

Model of the **Central Role of Shelters** in **Abused Women's Help-Seeking**





Linking Older Women to Shelter Saves Lives

- <https://www.youtube.com/watch?v=mrpoUtfOJPg>

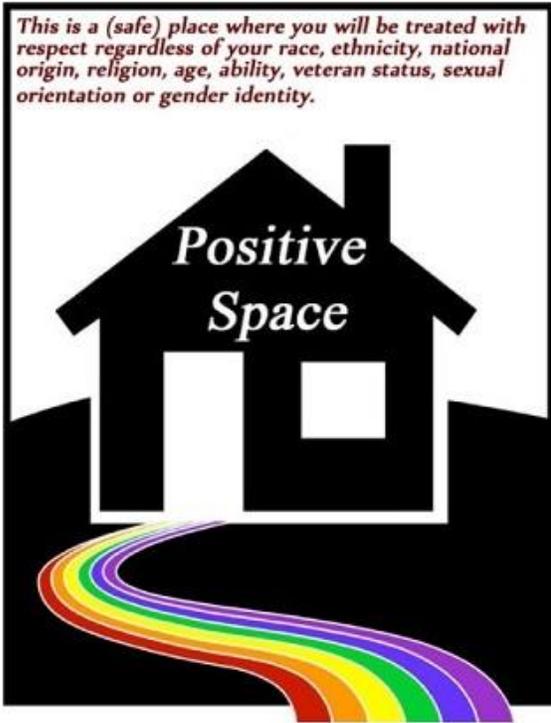
Haldimand & Norfolk Women's Services

ONE EXAMPLE OF A SHELTER & TRANSITIONAL SERVICE IN ONTARIO

Presented by Amber Wardell, Justice for Women Review Team Coordinator and abuse counsellor - 2016

in my neck of the woods....

Haldimand & Norfolk



"Traditional norms are more prevalent in rural areas and so are patriarchal attitudes that devalue and objectify women (Doherty 2002)."

Services

- Shelter Programs
- Child and Youth Program
- Women's Counselling Program
- Stop Abuse In Relationships (S.T.A.R. Program)
- Community Education
- Transitional & Housing Support Program
- Elementary School Based Counselling
- Volunteer Program
- Sexual Assault/Abuse Program
- Application Letter
- Volunteer Form
- Legal Advocates
- Client Satisfaction Survey

Collaborative Programming

- G.I.R.L.S. Power Camp
- Justice For Women Review Team
- Links To Resourceful Sites

Services

Haldimand & Norfolk Women's Services provides a wide range of services. All services and programs offered by Haldimand & Norfolk Women's Services are voluntary and free of charge. Below are links to programs that we offer. Click a link to learn more about the program.

24 Hour Crisis Service

Haldimand-Norfolk Women's Services provides 24 hour crisis intervention, counselling, advocacy, support and residential services to assist women aged 16 and older, with or without children, who need a place of safety from abuse. Services offered include telephone counselling, individual and group counselling, advocacy and support, transportation to the shelter, and a safe residence. Support and information is provided so that women may make choices which they feel will be best for them.




HALDIMAND & NORFOLK
Women's Services
1-800-265-8076

108,051 population 2859 square km

Our service delivery area equals the following cities COMBINED:

- Toronto (630) +
- Hamilton (1,138)+
- Vancouver (115)+
- Calgary (825)+
- Guelph (86)

= 2794 square km



SOUTHERN ONTARIO

Advocacy, shelter,
education, *counselling,*
SAFETY, support

Hope

An older woman's journey... Shelter Services & Beyond

1. First contact: email, telephone, external referral, emergency outreach, or just show up
(24 hour crisis line)
IMMEDIATE SAFETY IS ASSESSED

2. If immediate safety needed-admission offered (if full assistance given connecting to another shelter)

OR

Intake to services (transitional support, counselling, groups, children's services, advocacy, sexual assault services, historical abuse)

3. Stays in shelter 6 + weeks.

Basic needs provided.

Safe, supportive,

24 hour support.

Quiet space available.

Full "wrap around support"

6. Long term support, individual and group counselling, education, advocacy, survivor engagement opportunities (telling her story to help others, volunteering, research)

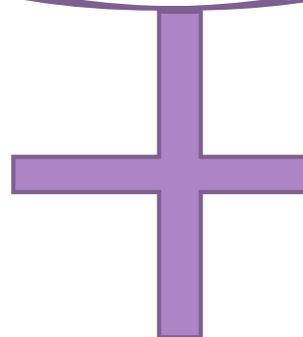


Respectful, safe, supportive, trauma-informed care

4. Assistance with housing, health, mental health, legal, income support, social services, developmental services, child protection, senior support and counselling services while staying in the shelter, after she leaves, and also for those who never come to the shelter

5. Advocacy, community referrals, holding service providers accountable to their protocols and best practices

- Domestic Violence Community Coordinating Committees
- Building a Bigger Wave Ontario Network
- Community Response Networks
- High Risk Teams/Situation Tables/Crisis Mobilization



How is the experience of an older woman likely to be different?

CASE EXAMPLE: 85 YEAR OLD WOMAN

WHY WOULD SHE EVER NEED TO CALL A SEXUAL ASSAULT CENTRE... IN HER MIND IT WAS IMPOSSIBLE FOR HIM TO RAPE HER BECAUSE THEY WERE MARRIED

- Intersection between elder abuse and domestic violence; at risk from a variety of perpetrators- CASE EXAMPLE: ELDERLY WOMAN USED BY GRANDSON TO STALK EX
- Stigmas of Age: We are more likely to “pigeon-hole her” into services we assume she needs and less likely to offer comprehensive service in some areas (i.e. sexual health)
- Implications of being in a different life stage than other residents
- Effects of elder abuse include increased likelihood of dementia and depression as well as shorter life span (Bitondo-Dyer, Pavlik, Murphy, & Hyman, 2000)

“

We are all only temporarily abled

”

MARIANNE PARK – DISABLED WOMEN'S NETWORK OF CANADA (DAWN)

- True accessibility goes far beyond wheelchair ramps and tty lines
- Workers must have training beyond AODA- disability training can be catered to your workplace
- Connect with local disability services to ensure information sharing
- Barrier-free access to services
- Be willing to attend home (when safe) to provide service and outreach

"The **pattern of family violence experienced by Aboriginal people** shares many features with violence in mainstream society, [however] it also has a distinctive face that is important to recognize as we search for understanding of causes and identify solutions. First, **Aboriginal family violence is distinct in that it has invaded whole communities** and cannot be considered a problem of a particular couple or an individual household. Second, the failure in family functioning can be traced in many cases to **interventions of the state deliberately introduced to disrupt or displace the Aboriginal family**. Third, violence within Aboriginal communities is fostered and sustained by a racist social environment that promulgates **demeaning stereotypes of Aboriginal women and men** and seeks to diminish their value as human beings and their right to be treated with dignity"-

- *Royal Commission on Aboriginal Peoples, 1996:54-56*

Culturally Sensitive Services

- Ensure staff have cultural sensitivity training (organize a training in your community! Contact NWAC if you are unsure of where to start)
- Understand systemic violence, lateral violence, and cultural implications
- Acknowledge inter generational cultural differences; parallel with DV in that the oldest child has absorbed/witnessed the most violence
- Mitigate the additional barriers for older women who do not speak English; Interpretation Services

Barriers to Leaving an Abusive Relationship for an Older Woman

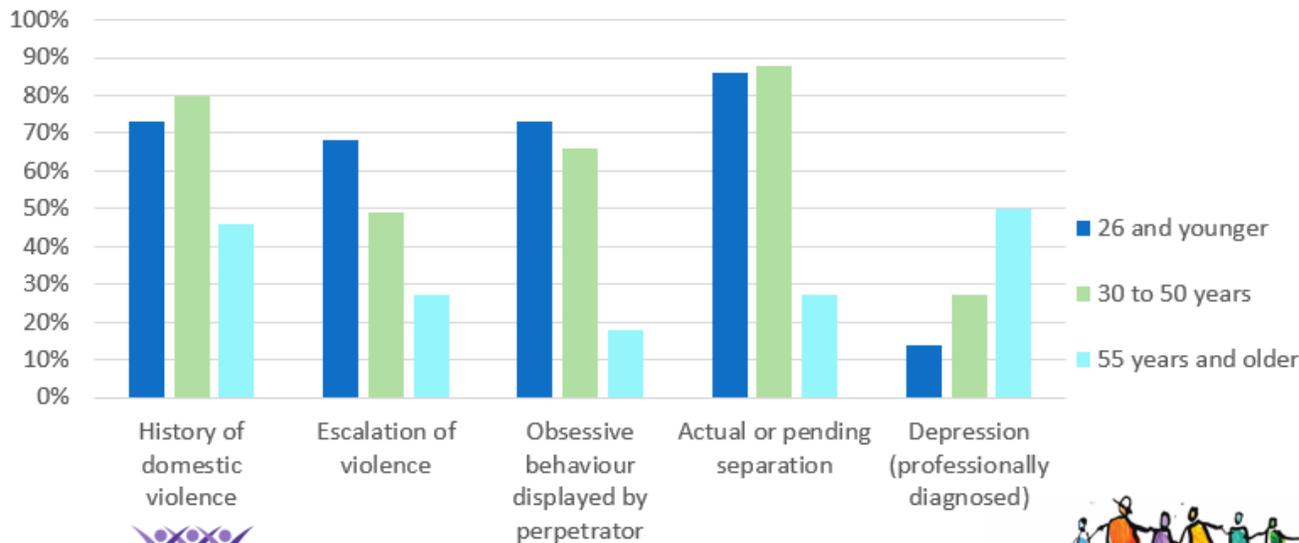
- grew up in an era when divorce was frowned upon
- may have health/functional problems that restrict mobility
- serve as the caregivers to abusive partners whom they feel they cannot leave because of a sense of loyalty, their marriage vows, and family solidarity
- are being cared for by the abusive caregiver
- have no independent source of income
- have lost family members and friends through death
- have been isolated from family members and friends
- lack a sense of self-worth
- have no experience dealing with financial or legal matters
- have become resigned to a pattern of living that has gone on for decades
- lack of opportunities for employment and economic self-sufficiency
- loss of feelings of self-worth
- loss of pension and financial rewards brought to the marriage by the partner
- alienation of children's affection
- loss of a caregiver
- loss of a place that has been home for decades
- fear of going into a nursing home as an alternative
- long-term obligation to a sick partner

Rosalie S. Wolf
Institute on Aging, University of Massachusetts,
Memorial Health Care

Top Priorities for Shelter & Transitional Services: Assessing Risk and Safety Planning

- At HNWS we use a combination of the **J. Campbell Danger Assessment** and other known risk factors to assess risk of homicide and serious physical harm in intimate partner violence situations
- Risk of harm is assessed using **B-SAFER** risk factors and risk factors identified by the **Domestic Violence Death Review Committee**
CHART: Peter Jaffe: Western University

Top Five Risk Factors (within DVDR 2012 report)



DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
Revised 2003 www.domesticviolence.org

Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

- Slapping, pushing; no injuries and/or lasting pain
- Punching, kicking; bruises, cuts, and/or continuing pain
- "Beating up"; severe contusions, burns, broken bones
- Threat to use weapon; head injury, internal injury, permanent injury
- Use of weapon; wounds from weapon

(If any of the descriptions for the higher number apply, use the higher number.)
Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, ex-partner, or whoever is currently physically hurting you.)

- Has the physical violence increased in severity or frequency over the past year?
- Does he own a gun?
- Have you left him after living together during the past year?
3a. (If have never lived with him, check here ___)
- Is he unemployed?
- Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
- Does he threaten to kill you?
- Has he avoided being arrested for domestic violence?
- Do you have a child that is not his?
- Has he ever forced you to have sex when you did not wish to do so?
- Does he ever try to choke you?
- Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- Is he an alcoholic or problem drinker?
- Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- Has he ever threatened or tried to commit suicide?
- Does he threaten to harm your children?
- Do you believe he is capable of killing you?
- Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?

Assessing Risk - is Elder Abuse Occurring?

Specific tools and resources are also available to assist in cases where the violence is being perpetrated by a caregiver, family member, etc.

Elder Abuse Assessment Guide (EARA)- Jennifer Storey and Stephen Hart

Displayed below are the 28 risk factors and 4 domains of the *EARA*.

Nature of Abuse	Perpetrator Risk Factors	Victim Vulnerability Factors	Community and Institutional Responsivity Factors
N1. Neglect	P1. Physical Health	V1. Physical Health	R1. Availability
N2. Emotional Abuse	P2. Mental Health	V2. Mental Health	R2. Accessibility
N3. Financial Abuse	P3. Substance Use	V3. Substance Use	R3. Affordability
N4. Intimidation/Threats	P4. Dependency	V4. Dependency	R4. Acceptability
N5. Physical Abuse	P5. Stress and Coping	V5. Stress and Coping	R5. Appropriateness
N6. Abuse is Diverse	P6. Attitudes	V6. Attitudes	
N7. Abuse is Persistent	P7. Victimization	V7. Victimization	
	P8. Intimate Relationships	V8. Relationships	
	P9. Non-Intimate Relationships		
N8. Abuse is Severe			
N9. Abuse is Escalating			
N9. Abuse Involves Supervision Violations			

Vulnerability to Abuse Screen Scale (VASS)

VULNERABILITY TO ABUSE SCREENING SCALE (VASS)

Purpose: To identify older women at risk of elder abuse through a self-report instrument.

Instructions: Questionnaire can be mailed to subjects with instructions to answer "yes" or "no".

1. Are you afraid of anyone in your family? Yes ___ No ___
2. Has anyone close to you tried to hurt you or harm you recently? Yes ___ No ___
3. Has anyone close to you called you names or put you down or made you feel bad recently? Yes ___ No ___
4. Do you have enough privacy at home? Yes ___ No ___
5. Do you trust most of the people in your family? Yes ___ No ___
6. Can you take your own medication and get around by yourself? Yes ___ No ___
7. Are you sad or lonely often? Yes ___ No ___
8. Do you feel that nobody wants you around? Yes ___ No ___
9. Do you feel uncomfortable with anyone in your family? Yes ___ No ___
10. Does someone in your family make you stay in bed or tell you you're sick when you know you're not? Yes ___ No ___
11. Has anyone forced you to do things you didn't want to do? Yes ___ No ___
12. Has anyone taken things that belong to you without your OK? Yes ___ No ___

Assessing Risk & Safety Planning – Interview Tips

NICE- Elder Abuse Assessment and Intervention Reference Guide

ELDER ABUSE - Assessment and Intervention Reference Guide

PRIVACY LEGISLATION

Police services need to understand relevant provincial, territorial and federal privacy legislation in order to be able to access records and information relevant to investigations of allegations of abuse. Privacy legislation creates the rules about the collection, use and disclosure of information about individuals and when this collection, use and disclosure can be done with and without consent of the individual.

Privacy law is complex. It is recommended that you seek legal advice from your own agency/authority (legal counsel, internal directives, etc.) to determine what legislation applies in your jurisdiction, to your particular investigation and how that legislation and the associated case law is interpreted in practice.

The federal government, and the provinces and territories, have passed legislation governing the collection, use and disclosure of personal information in a manner that recognizes the right of privacy of individuals with respect to their personal information and the need of organizations to collect, use or disclose personal information for purposes that a reasonable person would consider appropriate in the circumstances. There also may be provisions in other statutes (other than the specific privacy legislation) that may be relevant to the collection, use and disclosure of personal information in reference to your investigation.

In most provinces and territories, you need to consider both the federal and provincial/territorial legislation unless the federal legislation does not apply to your province.

For example, the federal **Personal Information Protection and Electronic Documents Act (PIPEDA)** is applicable in all provinces and territories unless the province/territory has passed provincial/territorial legislation that has been determined to be substantially similar to PIPEDA. This is the case in Quebec, Alberta and BC.

Ontario has passed privacy legislation with respect to health information that is substantially similar to PIPEDA, but PIPEDA would still apply to non-health information in that province.

Issues addressed in privacy legislation include:

- when and how information may be collected, used and disclosed
- to whom the legislation applies
- an individual's right of access to their personal information
- requirements for an individual's consent to disclosure
- who may consent if the individual is not mentally capable
- exceptions to the requirements for consent or access

EDUCATION

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

POSSIBLE INTERVIEW QUESTIONS

In considering using these questions, know your professional standards in investigative interviewing and in obtaining client consent.

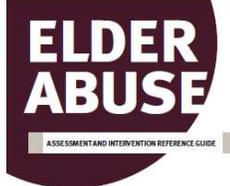
- Is there something that you would like to share with me?
- Has there been a recent incident causing you concern?
- Are you afraid of anyone at home?
- Has anyone ever forced you to do things you didn't want to do?
- Has anyone ever tried to take advantage of you?
- Has anyone ever failed to help you take care of yourself when you needed help?
- Have you ever signed any documents that you don't understand or don't want to sign?
- Do you make decisions for yourself or does someone else make them for you?
- Would you like some help with _____?

COORDINATION AND CONSULTATION HELP NUMBERS

LOCAL RESOURCES

Victim Services
Shelter
Seniors Organization
Information/Crisis/Abuse Line
Legal Services/Legal Aid
Health/Care/Home Care Provider
Mental Health
Government Pension
Immigration/Language Services
Public Guardian/Traustel Curator

For a list of organizations by province/territory that can either provide direct information or assistance or can make referrals to local organizations visit:
<http://www.seniors.gc.ca/h-am-a-0-jip?lang=eng>



This tool is considered to be a promising approach based on front-line practice experience. It is an adaptation of the original that was developed in collaboration with the Hamilton Police Service, Hamilton Council Against Abuse of Older Persons, McMaster Centre for Gerontological Studies and Hamilton area hospitals.

This is one in a series of tools in the NICE tool kit designed to detect, intervene in, and/or prevent abuse of seniors. For more information about this or any of the other tools and related training events please visit www.nicenet.ca

February 2011



ELDER ABUSE - Assessment and Intervention Reference Guide

SENIORS DESERVE TO LIVE WITH DIGNITY AND RESPECT

Abuse and neglect of an older person is any action or inaction by ANY person that causes harm to an older person.

What To Do

- A** **Knowledge** - Suspicion of abuse may develop over time. Accumulate and document evidence.
- B** **Beliefs** - Fear of retaliation, withdrawal of caregiver support and breach of confidentiality creates barriers to seeking help.
- U** **rgency** - Assesses immediate needs and potential risk of physical harm.
- S** **creen** - Assesses person's physical, emotional and mental capacity to help themselves.
- E** **mpower** - Educates the person about their rights and available resources. Assist with establishing a safety plan.
- R** **efuse** - Seek support from, or consult with other professionals.

CHECK FOR ABUSE.

Physical Abuse

Any act of violence causing injury or physical discomfort, including social assault (e.g., slapping, pinching, punching or other rough handling, forcible restraint or intentional over/under medication).

Indicators – unexplained injuries in areas normally covered (e.g., bruises in various stages of healing, burns or bites), untreated medical problems, history of "accidents," signs of over/ under medication, wasting, dehydration.

Psychological Abuse

Any action or comment causing emotional anguish, fear or diminished self-esteem or dignity (e.g., threats to do harm, unwanted institutionalization, harassment, abandonment, imposed isolation, stopping a mentally capable senior from making his or her own decisions or choices).

Indicators – fear, anxiety, depression, withdrawal, cowering, reluctance to talk openly, fearful interaction with caregivers, caregiver speaking on behalf of person and not allowing privacy.

Financial Abuse

Theft or exploitation of a person's money, property or assets (e.g., fraud, forgery, misuse of Power of Attorney).

Indicators – standard of living not in keeping with income or assets, theft of property noted, unusual or inappropriate activity in bank accounts, forged signatures on checks, forcing a person to sign over property or execute a Will, overcharging for services or products, overdue bills, mail going missing.

Neglect

Failure to provide basic or personal care needs (e.g., food, water, required medications, shelter, hygiene, clothing, exercise, social interaction, physical aids) such as eyeglasses, hearing aids, dentures), lack of attention, abandonment, undue confinement, inadequate supervision or safety precautions, withholding medical services/treatment.

Active Neglect - Intentional failure of a caregiver to fulfil their caregiving responsibilities.

Passive Neglect - Unintentional failure of a caregiver to fulfil their caregiving responsibilities because of lack of knowledge, lack of time, intensity or lack of awareness of community supports and resources.

Self Neglect - Although not a form of elder abuse, it is the person's inability to provide for their own essential needs because of physical infirmity or inability to make sound choices due to addiction, mental illness and/or cognitive impairment.

Indicators - Unkempt appearance, inappropriate or dirty clothing, signs of infrequent bathing, unhealthy living conditions, home environment dangerous and/or in disrepair, hoarding, lack of social contact, no regular medical appointments.

Institutional Abuse

Any physical, sexual, psychological or financial abuse or neglect occurring within a facility (e.g., active victimization, withholding or denying individual care needs, failure to respect an individual's rights, overmedication, misuse of chemical or physical restraints and/or failure to carry out reasonable requests).

Domestic Abuse

Actual or threatened physical, sexual, financial or psychological abuse of a person by someone with whom they have an intimate or familial relationship (e.g., aims to instil fear and/or to coercively control the individual).

INTERVIEW STRATEGY

- Develop trust and be sensitive to the person's culture, religion, comfort level and timing in obtaining disclosure. Interview alone and listen, be patient, non-threatening and non-judgmental. Validate feelings and offer emotional support; avoid premature assumptions and suggestions. Some cultures may require a family member to be present during the interview or it may be necessary to negotiate in order to interview someone alone.
- Note suspicious histories: explanations vague, bizarre or incongruent with the type or degree of injury; denial of obvious injury; long delay between injury and treatment history of "doctor shopping".
- Be alert to the person's wishes. Assess whether the person has the ability to "understand" and "appreciate" what is happening (whether they are mentally competent) and to determine what their needs are.
- Identify what information is missing (e.g., frequency and duration of abusive incidents, urgency, need for physical examination).
- Be aware of interdependent relationships and power differentials. Be cautious of the involvement of a third party who may be the abuser; note conflicting histories. Where appropriate, interview family members, but remember that it's key to TALK TO THE SENIOR even if family are available.

SAFETY PLAN

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

Consider:

- some visits and telephone contact by service providers, contact with other family and friends, regular appointments,
- Securing assets (e.g., hiding emergency money, such as coins for a pay phone, sometimes outside home).
- Giving copies of important documents and keys to trusted friends or family members.
- Planning escape by packing a bag of extra clothes, medicine and personal aids (e.g., glasses, hearing aids, etc.).
- Keeping phone numbers of friends, relatives, shelters or other trusted individuals handy.

POSSIBLE INTERVENTIONS

Consider the impact on the person, their wishes, their willingness to make changes and their ability to recognize that they may be a victim of abuse. Note their mental capacity for decision-making and understanding of the consequences of their decisions. Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give. Your role could be singular or part of a team of service providers that could support the person to be healthy and safe. Be aware of appropriate resources or know how to link with the broader community.

DV Safety Plan with risk factor checklist

Collaborate with other local agencies to make create a version for your community!

DOMESTIC VIOLENCE SAFETY PLAN

UNDERSTANDING YOUR RISK

You may be at a **high risk** of being harmed if:

- You are pregnant
- You have a disability or hearing impairment, especially if your abuser is your caregiver
- You are leaving a violent/abusive relationship or have recently left (within past year)
- Your abusive (ex)partner has threatened/attempted suicide, has untreated mental health issues, and/or addiction issues
- Your (ex)partner has made physical threats against you, has physically harmed you, made threats against your life, or tried to kill you
- Your (ex)partner has no regard for the law and/or has assaulted you in public
- Recent court/legal proceedings have upset your (ex)partner (for example changes to custody or access not in favor of your (ex)partner)
- The violence is escalating (getting worse)
- Your (ex)partner has access to weapons, has used weapons previously in a violent way and/or has threatened to hurt you with weapons
- Obsessive behaviour: stalking, unwanted contact, and/or threatening notes or messages from your (ex)partner
- You or others close to you or your (ex)partner believe he may be capable of killing you
- Your (ex)partner is very controlling and attempts to tell you who you can see, where you can go, and how much money you can spend

Haldimand & Norfolk Women's Services
24-hour toll-free Crisis Line
1-800-265-8076



www.jfwrt.ca



www.hnws.on.ca

IF YOU ARE IN DANGER ... CALL 9-1-1

Domestic Violence



Safety Plan

Haldimand & Norfolk Women's Services
24-hour toll-free Crisis Line
1-800-265-8076

**If you are in danger,
CALL 9-1-1**

DOMESTIC VIOLENCE SAFETY PLAN

General Tips for Emotional Self-Care

- Take time out to do things that make YOU happy
- Spend time with people who make you feel good, and avoid spending time with people who make you feel bad about yourself
- Take care of your nutritional needs
- Get enough sleep
- Keep a personal journal to write about your feelings, especially when you are feeling vulnerable. Write something positive about yourself in your journal every day
- Take time to prepare yourself before going into stressful situations
- Determine your boundaries and stand up for yourself (safely) when they are violated. Be assertive about your feelings towards others
- Avoid negative self talk such as "I am not good enough" or "I am useless", etc.
- Allow yourself to be angry. Learn healthy and constructive ways to express your anger
- Set reachable goals for yourself and follow through
- Remove yourself from unsafe and/or negative situations or situations that could become unsafe
- Say 'No' when you don't want to do something-don't take too much on!
- Surround yourself with positive, supportive influences and people
- Give yourself permission to be selfish and take care of your own needs. You cannot fully take care of others unless you also take care of yourself
- Become involved in community activities to avoid/reduce any feelings of isolation
- Enroll in a class or program to increase your skills
- Sign up for individual and/or group counseling related to abuse (available at REACH Family Services 1-800-265-8087 and Haldimand & Norfolk Women's Services 1-800-265-8076)

IF YOU ARE IN DANGER ... CALL 9-1-1

TOLL-FREE 24-HOUR CRISIS LINE 1-800-265-8076

Creating an Emergency Escape Plan and Kit

- Talk with your children about where they can go if there is an emergency
- Tell a neighbour you would like them to call the police if they hear a fight in your home
- Ask a neighbour if they can look after your children in an emergency
- Ask a friend, family member, or neighbour to store your Emergency Escape Kit items and extra clothing at their house for safe-keeping if you cannot safely keep the kit at home
- Create an **EMERGENCY ESCAPE KIT** which includes the following:
 - A change of clothes for you and your children
 - Copies of your car/house/office keys
 - Your local shelter's crisis line (toll free) number, other important numbers
 - Emergency cash
 - Your address/ telephone book
 - Medication for you and your children
 - Extra assistive devices such as glasses, cane, hearing aid, etc.

PHOTOCOPIES OF YOU AND YOUR CHILDREN'S ...

- Passports
- Birth certificates
- Immigration papers
- School and vaccination records
- Driver's license and registration
- Medication and eyeglass prescriptions and medical records
- Ontario Works, EI, or ODSP papers, pay stubs and benefit cards
- Work permits
- Divorce papers
- Custody documentation
- Court Orders and/or Restraining Order
- Marriage certificate
- Lease/rental agreement
- House deed and mortgage payment book
- Bank books, bank statements, RRSP account numbers
- Insurance papers
- Address/telephone book
- Picture of your partner
- Health cards for yourself and your children
- All cards you normally use (visa, phone, SIN, interact)
- Assessment from Revenue Canada

IF YOU ARE IN DANGER ... CALL 9-1-1

"It's Not Right!" Campaign – Neighbours, Friends, & Families

www.itsnotright.ca

"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

What You Can Do
to Keep Yourself
Safe From Abuse



"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

How You Can
Identify Abuse and
Help Older Adults
at Risk



"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

What You Can Do
When Abuse or
Neglect Is Happening
to an Older Adult in
Your Life



"Cut it Out" Training for Salon Professionals

Free train the trainer
webinar in late July!
amber@hnws.on.ca



H&N Cut it Out

Other Resources for Workers & Communities

www.ififc.org

KIZHAAY
ANISHINAABE
NIIN



I AM A
KIND
MAN

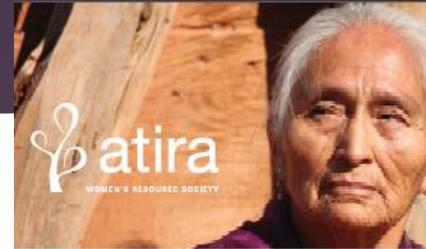
Project PEACE

(Prevention, Education, Action, Change, Evaluation)

National webinars

[Click here to watch the women's & men's webinars from September 10, 2015.](#)

www.nwac.ca



www.atira.bc.ca

Promising Practices
ACROSS CANADA FOR
HOUSING WOMEN WHO ARE OLDER AND
FLEEING ABUSE

May 2015

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SENIOR PRIDE NETWORK

Committed to positive, caring communities for aging lesbian, gay, bisexual, trans and queer people.

www.seniorpridenetwork.com

2016



www.seniors.alberta.ca



Service Provider Screening
Guide for Elder Abuse

This screening tool is intended to help front-line staff in assisting seniors in situations where elder abuse is suspected.

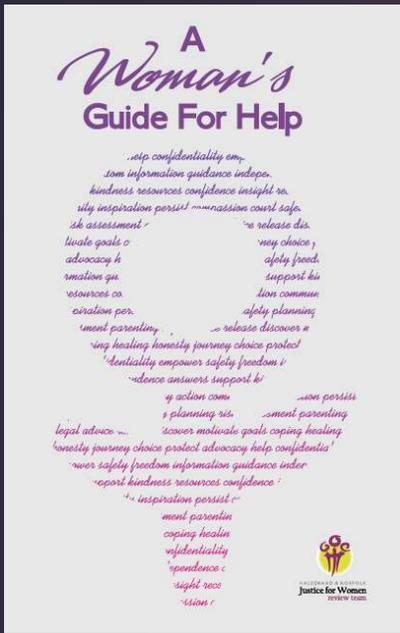
Many seniors are reluctant to disclose abuse or agree to assistance. They may be embarrassed, fear their abusers, worry about retribution or be unaware of services or supports that may be available to them.

The wishes of seniors who may be experiencing abuse must be respected. Assistance should not be forced upon an individual, even if it seems to be in his or her best interest.

This tool is intended to help service providers identify situations where abuse may be occurring and some steps that can be taken to assist seniors in these situations.

If a senior is in immediate danger, contact your local police.





Questions?
amber@hnws.on.ca

WWW.JFWRT.CA

AGING WELL: PRICELESS



**Bien Vieillir:
Ça n'a pas de prix**



Stop Abuse - Restore Respect



Elder Abuse Ontario
Stop Abuse - Restore Respect

**For Resources & Materials, visit:
www.elderabuseontario.com**

 ElderAbuseOntario

To find help call from anywhere in Ontario:

 ElderAbuseOnt

1.866.299.1011

Seniors Safety Line

Arrêtez les mauvais traitements - Restaurez le respect



Maltraitance des personnes âgées Ontario
Arrêtez les mauvais traitements - Restaurez le respect

**Pour plus de renseignements, consultez le site
www.elderabuseontario.com**

 ElderAbuseOntario

Composez la ligne téléphonique Aînés-Sécurité
de partout en Ontario et obtenez de l'aide maintenant.

 ElderAbuseOnt

1.866.299.1011



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To learn more about Elder Abuse
Call 416-916-6728

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Emotional Abuse

Financial Abuse

Sexual Abuse and Violence

For **Older Adults**:

Tea and Talk modules

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Stop Abuse - Restore Respect

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Email: admin@elderabuseontario.com

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