

Domestic Violence and Older Couples



Elder Abuse Ontario

Stop Abuse - Restore Respect

Speakers:

Margaret McPherson, Educator, CREVAWC

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

Funded by:



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 Raeann Rideout/Rochella Vassell.
- There will be 30 minutes allocated at the end presentation for **QUESTIONS AND ANSWERS.**
- Participants will be able to access the PPT and webinar on the EAO website.
- Speakers **CONTACT INFORMATION** will be provided at the end of the presentation to connect with them directly if you have further questions.

Funded by:



Elder Abuse Ontario
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**

Funded by:



Elder Abuse Ontario
Stop Abuse - Restore Respect

Community Coordination

This webinar illustrates EAO's community collaboration and partnerships between agencies to enhance the understanding and capacity of community stakeholders to respond to older adults involved in domestic violence relationships.

Elder Abuse Ontario engages in partnerships with many organizations on community projects, research and other initiatives that promote the prevention and intervention of Elder Abuse. EAO has also leveraged partnerships to develop policies and procedures to create safe spaces for older adults who are victims of abuse.

We thank Margaret McPherson from CREVAWC for providing her expertise in this field.

Funded by:



Elder Abuse Ontario
Stop Abuse - Restore Respect

Presenter

Margaret McPherson



Funded by:



Elder Abuse Ontario

Stop Abuse - Restore Respect



It's Not Right!

Neighbours, Friends & Families for Older Adults

Domestic Violence in Older Couples



Agenda

- Domestic violence and elder abuse
- Barriers to reporting or seeking assistance
- Intersections we need to consider
- It's Not Right! campaign



It's Not Right!

Neighbours, Friends & Families for Older Adults

TEACH EVERYONE to recognize warning signs and risk factors!



It's Not Right!

Neighbours, Friends & Families for Older Adults

Change social norms

- Mind your own business
- There's nothing we can do about it
- Aging diminishes your value

Bystander approach

- Everyone has a role to play
- Small actions make a difference



What Is Abuse of Older Adults?



Harm caused to older adults by someone who *limits or controls* their rights and freedoms.

The older adults are *unable to freely make choices* because they are afraid of being hurt, humiliated, left alone or of the relationship ending.

Definitions

Domestic violence: any form of physical, sexual, emotional or psychological abuse, including financial control, stalking and harassment. It occurs between opposite or same-sex intimate partners.

CREVAWC

Family Violence: Family violence is any form of abuse or neglect that a child or adult experiences from a family member, or from someone with whom they have an intimate relationship. It is an abuse of power by one person to hurt and control someone who trusts and depends on them.

Public Health Agency of Canada



What do we know?

Two distinct areas research and practice: VAW / EA

VAW grassroots evolution

- Immediate protection / long term solutions that acknowledge DV is a public, criminal issue / social structures perpetuate power imbalances

EA defined by health care and social service professionals

- EA broader – perpetrators include non-family
- Focus on cognitive and physical functioning are central concerns – EA identified as happening to “frail” older people

Elder Abuse in Canada – A Gender Based Analysis
Peggy Edwards

DV - Recognizing Risk Factors

- A history of domestic violence
- Actual or pending separation
- Obsessive behaviour
- Depression of the perpetrator
- The level of violence is increasing
- Prior threats / attempts of suicide
- Threat to kill
- Prior attempts to isolate victim
- Victim had intuitive sense of fear
- Perpetrator unemployed



DVDRC 2012 Report

***39 risk factors identified that indicate potential for lethality**

Domestic Violence – 3 Types

Situational couple violence

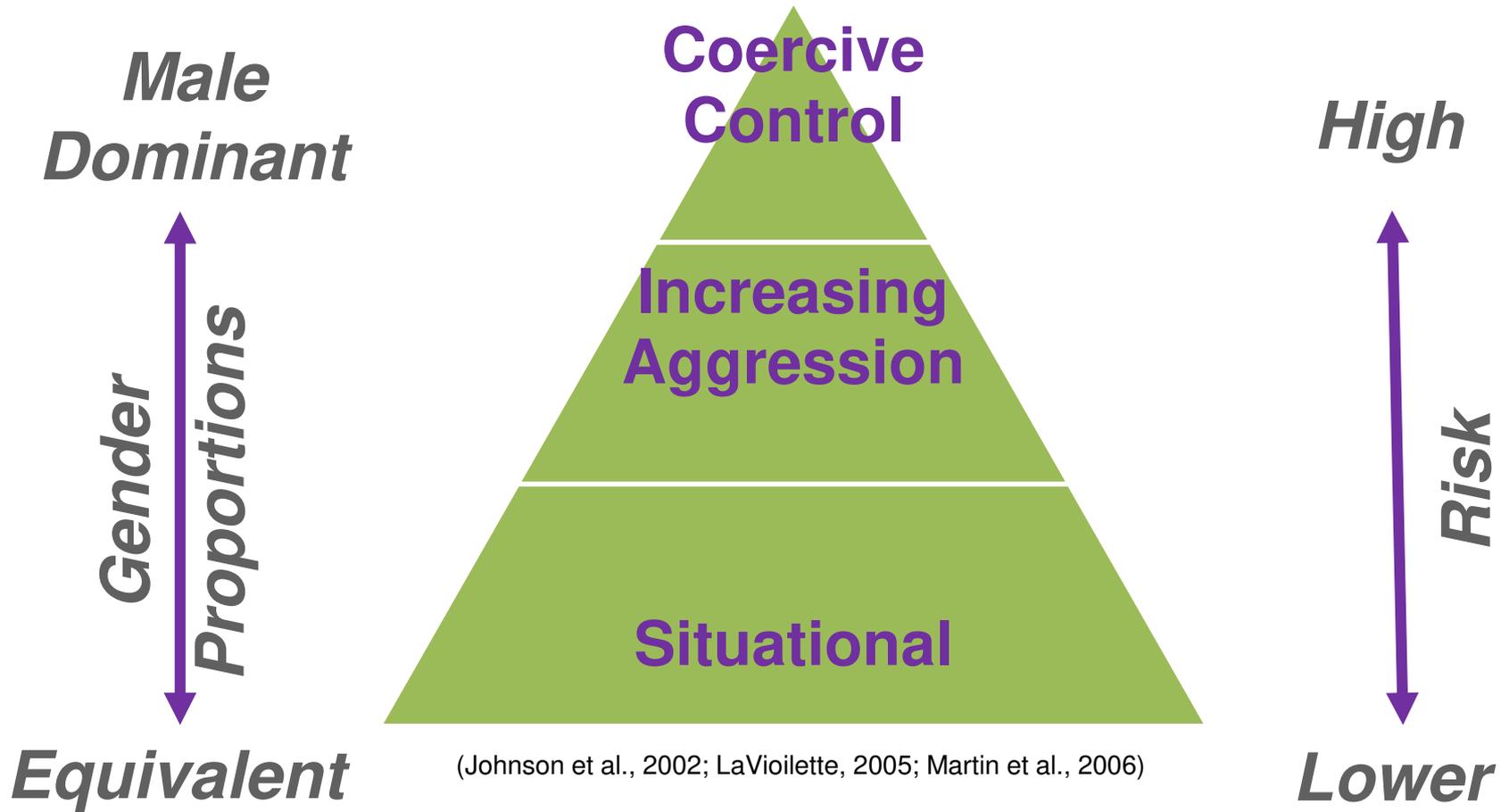
- most common / arguments escalate to violence

Coercive control*

- abusive partner controls and coerces
- pattern of behaviour

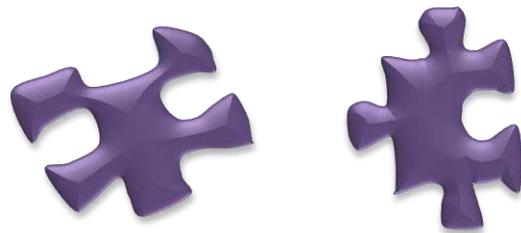
Violent Resistance

- victim of coercive control fights back



Coercive Control / Woman Abuse

- Highest risk cases (DVDRC)
- Most serious injuries (Stats Can)
- Preventable (because predictable)
- Men and women's experience violence differently – use a gender lens



The Ontario Domestic Violence Death Review Committee



Lessons Learned From Tragedies:

Domestic Violence Death Review Committee

- Assist & offer expert opinion in investigating and reviewing deaths in context of DV
- Make recommendations based on trends, risk factors and patterns
- Identify systemic gaps in many areas including services collaboration and professional training





Domestic Violence Death Review

2013-14 Report

306 cases resulted in 426 deaths since 2002

Deaths*:

- 30 children (9%)
- 282 women (82%)
- 114 men (9%)

Perpetrators:

- 2 women (2%)
- 82 men (98%)

28% of cases are homicide – suicides
80% of cases had 7 or more risk factors

* Indicates victim and perpetrators



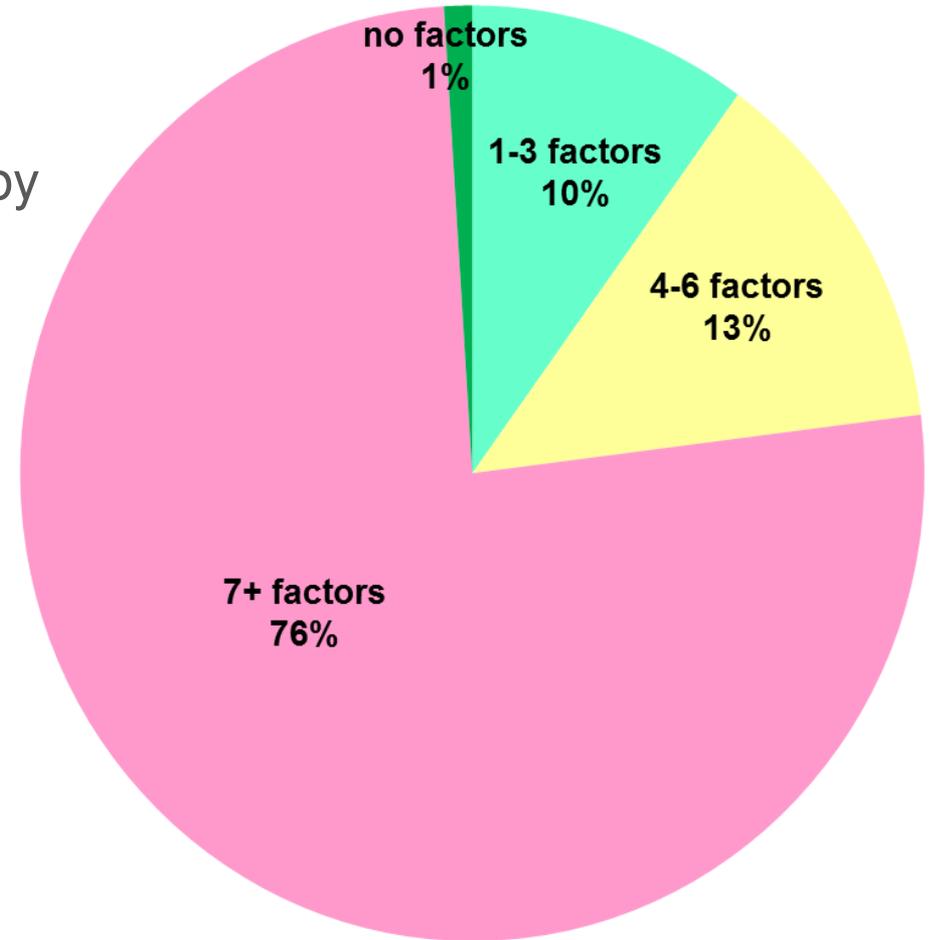
Are DV Homicides Predictable & Preventable?

- 76% of the cases had at least 7 risk markers
- Critical information held by family & friends, work colleagues, front-line professionals
- Collaboration amongst professionals & agencies is critical - including the justice system (criminal and family court)



Multiple Risk Factors

- 1) History of Domestic Violence
- 2) Actual or pending separation
- 3) Obsessive behaviour displayed by perpetrator
- 4) Perpetrator depressed
- 5) Prior threats/attempts to commit suicide
- 6) Escalation of violence
- 7) Victim had intuitive sense of fear
- 8) Prior threats to kill victim
- 9) Perpetrator unemployed
- 10) Prior attempts to isolate victim



How is Domestic Violence Different in Older Couples?



Domestic Violence with Older Adults

- Older population has the lowest rates of domestic violence (DV)
 - But still important – close to 3,000 individuals over the age of 55 reported spousal violence in Canada, 2011
- Older women have different experiences with domestic violence
 - Physical, emotional, and financial barriers
 - Dependency
 - Beliefs



Domestic Homicide in the Older Population

- Of the limited research that has been done:
 - Couples are most often in intact marriages
 - Husbands are the large majority of perpetrators
 - Physical health problems common
 - Depression within the perpetrator; dementia within the victim
 - Care taker
- Homicide is different for older adults



Salari, S. (2007).
Bourget, D., Gagne, P., & Whitehurst, L. (2010).

2012 Report

4 cases of homicide – suicide in couples over 60 years of age

2 had a prior history

C3 - 15 risk factors identified / 23 year old son also killed

C8 – 11 risk factors

2 no prior history

C4 – theme of MH issues / debt / suicide as ‘solution’

C7 – early dementia diagnosis / both depressed over increasing physical limitations / felt they were a burden

Domestic Violence Death Review Committee 2012 Annual Report

Office of the Chief Coroner for Ontario

February 2014



2012 Report

4 cases of homicide – suicide in couples over 60 years of age

2 had a prior history

C3 - 15 risk factors identified /
23 year old son also killed

C8 – 11 risk factors

2 no prior history

C4 – theme of MH issues / debt
/ suicide as ‘solution’

C7 – early dementia diagnosis
/both depressed over increasing
physical limitations / felt they
were a burden

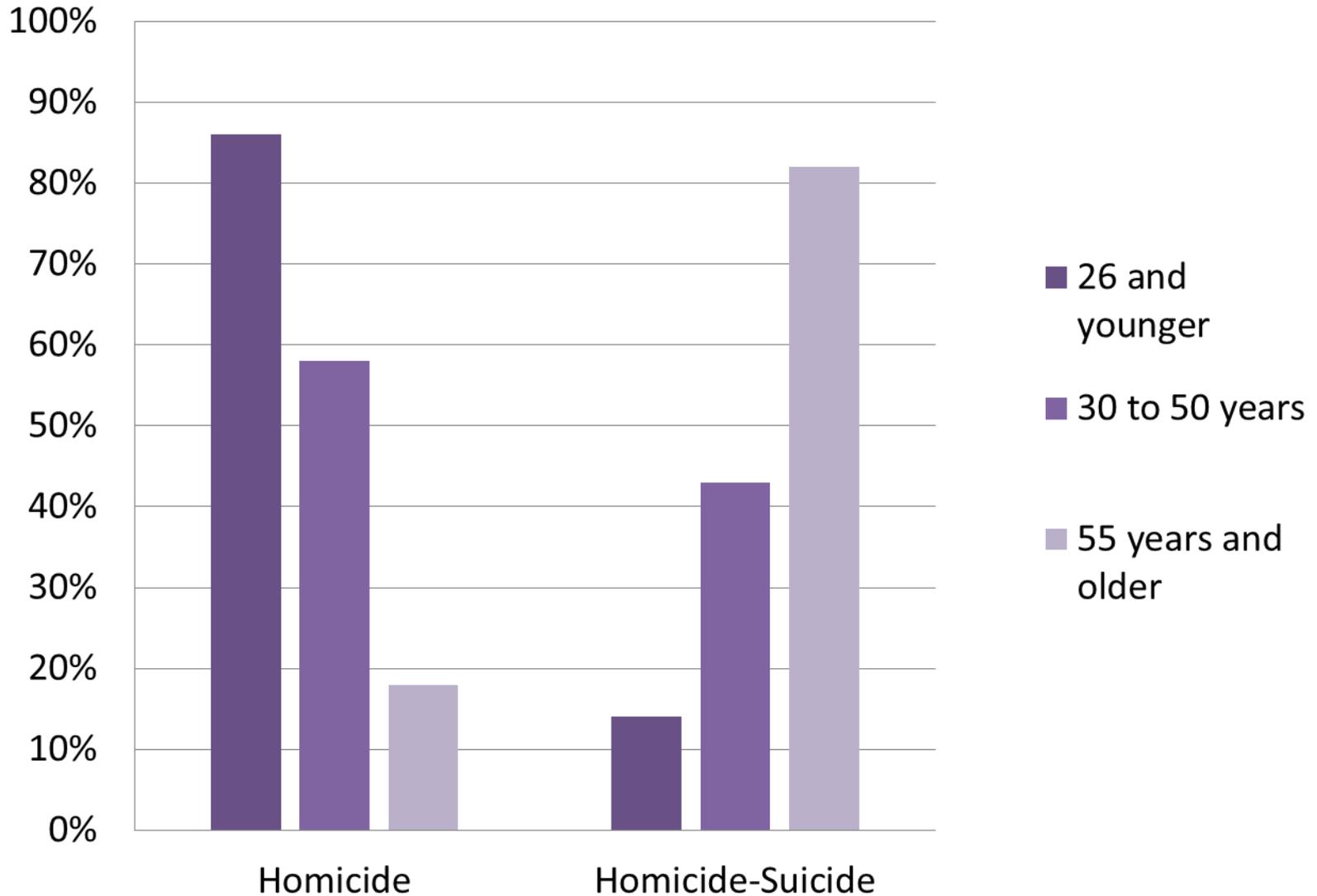
Domestic Violence Death Review Committee
2012 Annual Report

Office of the Chief Coroner for Ontario

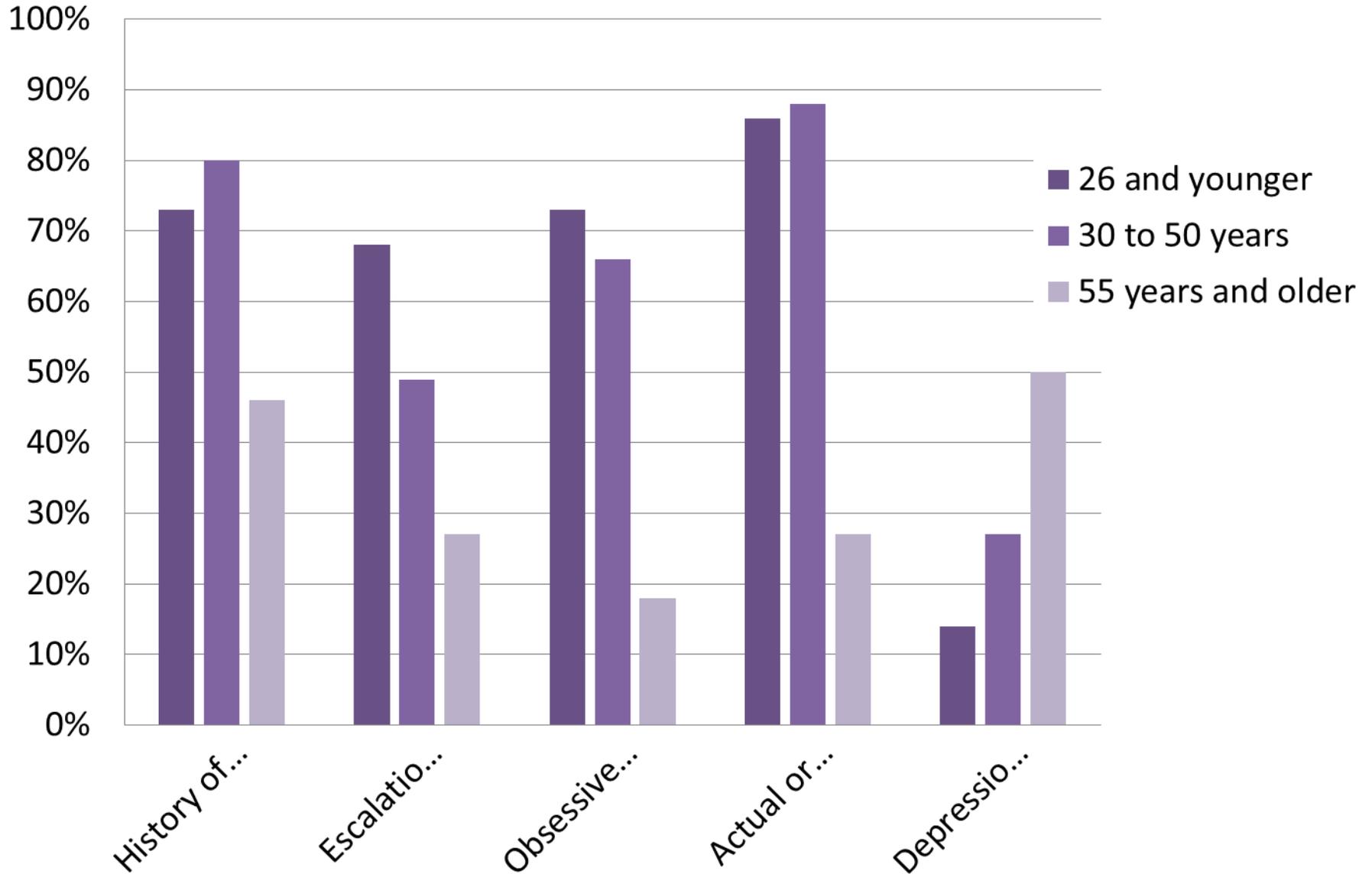
February 2014



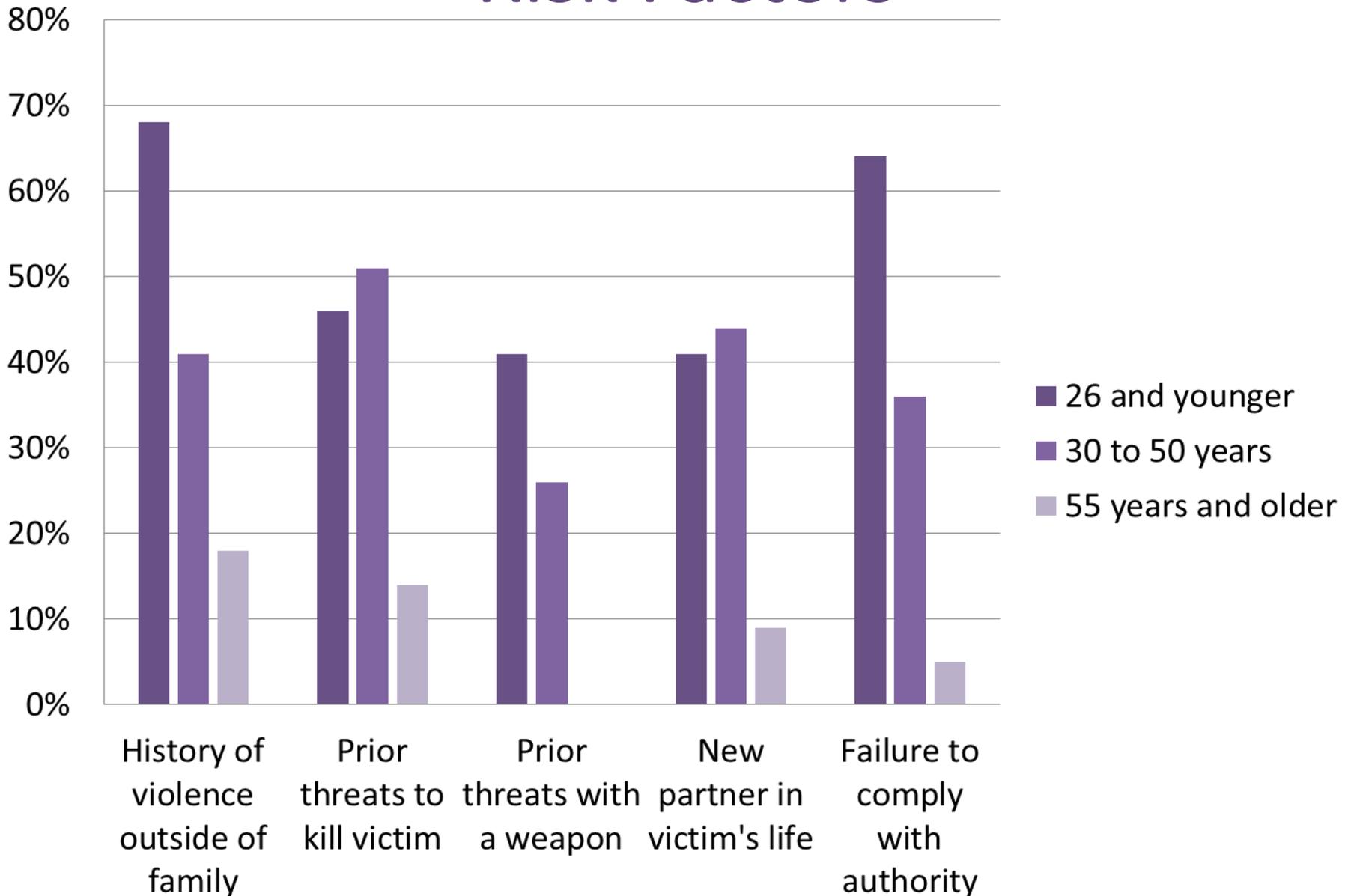
Homicide / Homicide-Suicide rates



Risk Factors



Risk Factors





Reporting

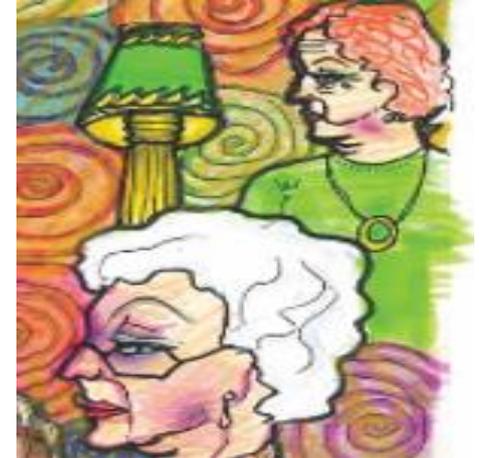
| | 26 and younger | 30 to 50 years | 55 years and older |
|------------|----------------|----------------|--------------------|
| Police | 32% | 56% | 23% |
| Family | 86% | 75% | 50% |
| Friends | 86% | 69% | 36% |
| Co-Workers | 23% | 40% | 18% |
| Neighbours | 27% | 30% | 14% |

Implications

- Unique risk assessment and risk management needed for older adults
- Key issues without DV history are physical & mental illness in victim & perpetrator
- Need for public education and professionals – especially those working with older adults



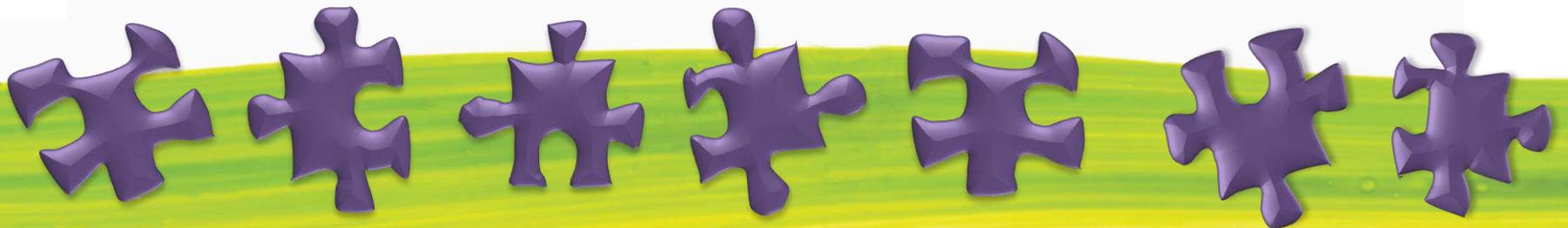
Neighbours Friends and Families



Recognizing warning signs and responding – gaps in understanding experience of older adults

- Ailing health / situations of caregiving
- Where children are the offenders
- Full impact of ageism, intersections with other forms of discrimination

The Visit



Ageism is a Social Norm

“To the extent to which older people do not fit the perceived social norm, they are treated as “less”, which may include being less valued and less visible. They become relegated to a second class status; their needs and their lives are treated as if they do not matter as much.



Ageism is a Social Norm

As a society, we seldom think to question the basis for our attitudes and beliefs. People simply incorporate the societal “norms” and values into their own way of thinking about and behaving towards older adults.”

Charmaine Spencer

Ageism And The Law: Emerging Concepts And Practices In Housing And Health



What do we know?

Ageism the most tolerated form of social prejudice

- 6 in 10 (63%) of seniors say they have been treated unfairly / differently because of age
- 1 in 3 (35%) Canadians admit they treat people differently
- 8 in 10 (79%) agree seniors are seen as less important
- 1 in 5 (21%) see older Canadians as a burden

Revera Report – International Federation on Aging



What do we know?

- Older women are more likely to be harmed or killed
- Older women are more likely to be harmed by spouse
 - More likely to experience serious and repeat injuries
- Older men are more likely to be harmed or killed by a neighbour or acquaintance
- Adult sons are most often the abusive family member



What do we know?

- Published reports on general population surveys – little analysis on gender and age – less on diversity related to socio-economic, ability or race
- Publications that focus on gender often fail to provide aging lens
- Overview documents – Stop Family Violence mostly gender-neutral
- Concerns about suspicious deaths of older adults not taken as seriously



Why Gender and Intersectional lens?

- WHO – violence against women global epidemic
- PHAC recognizes gender as a determinant of health
- Men and women experience violence differently – need differential approaches to be effective
- Each of us has a complex identity with both social privilege and disadvantage



Why Gender and Intersectional lens?

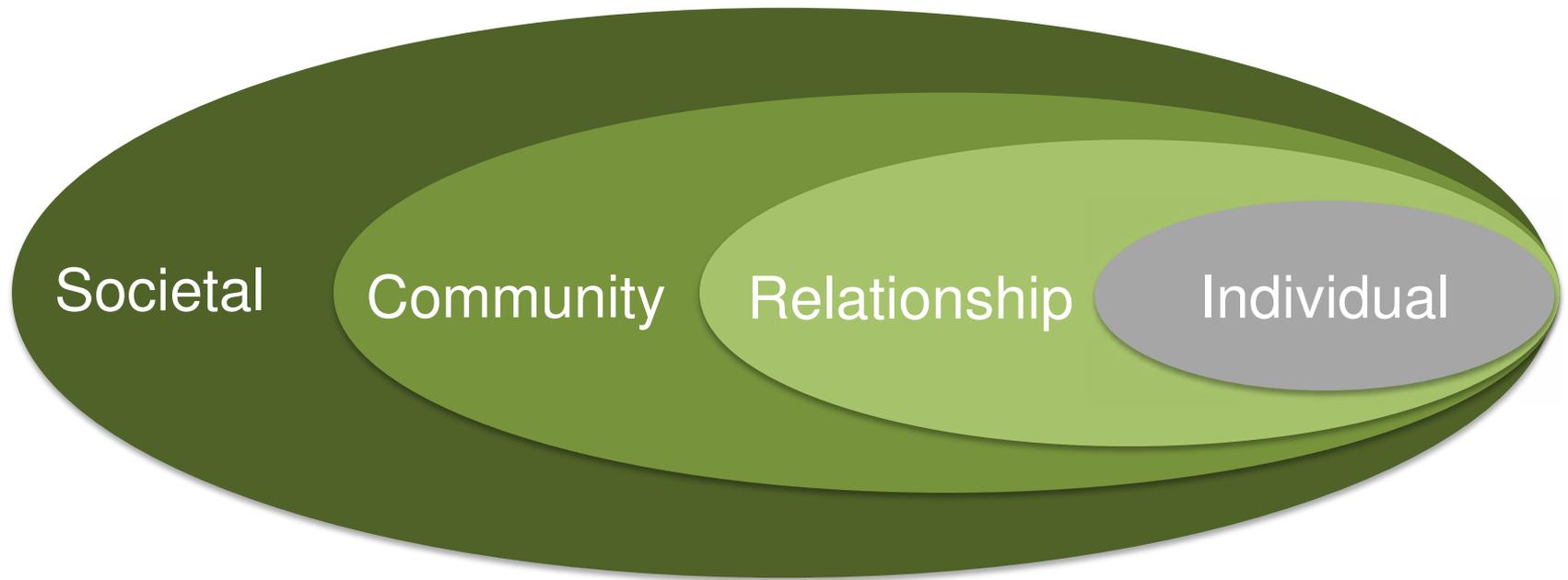
- WHO – violence against women global epidemic
- PHAC recognizes gender as a determinant of health
- Men and women experience violence differently – need differential approaches to be effective
- Each of us has a complex identity with both social privilege and disadvantage

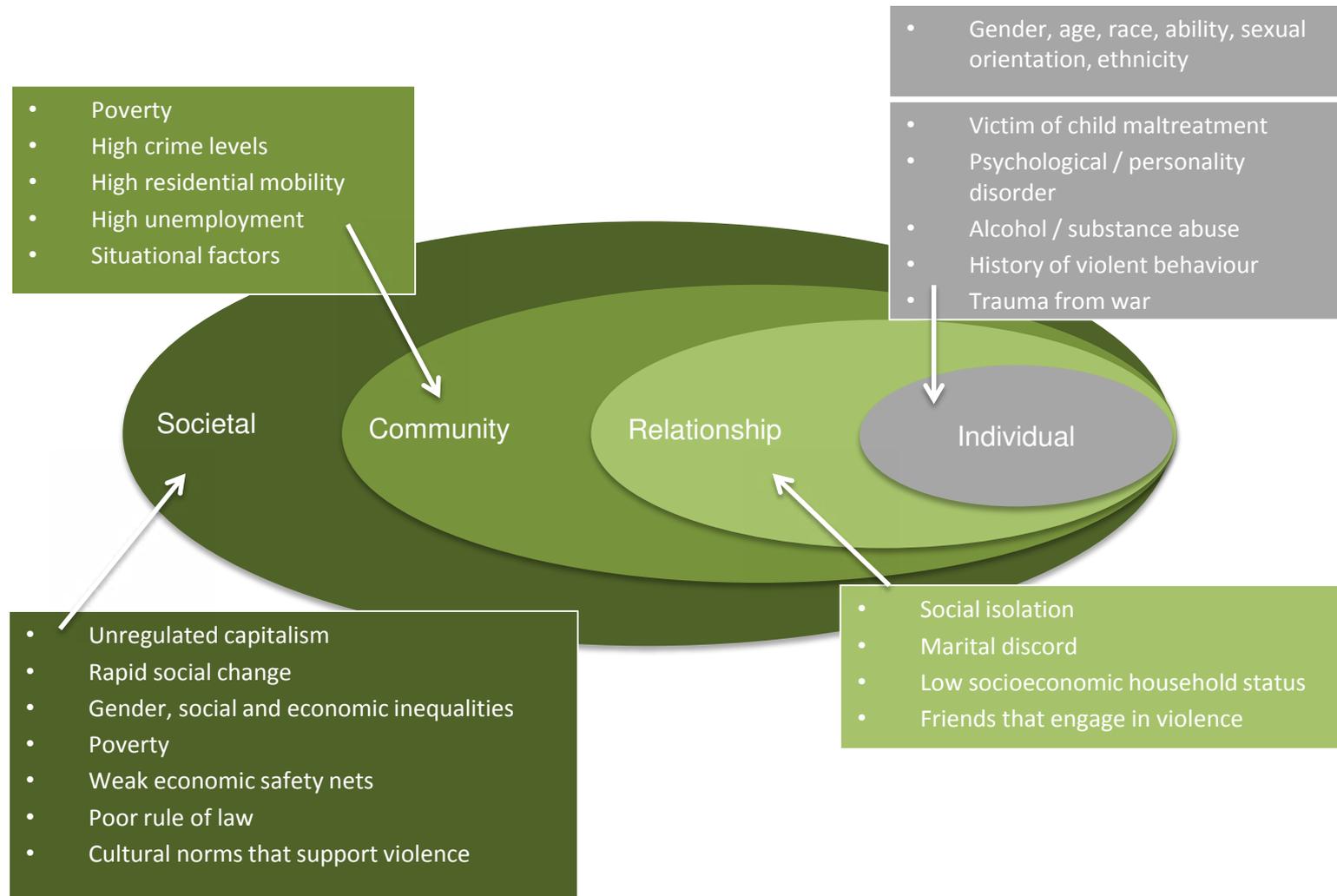
Relationships are always complex!



Using a gender lens does not mean men are bad and women are good

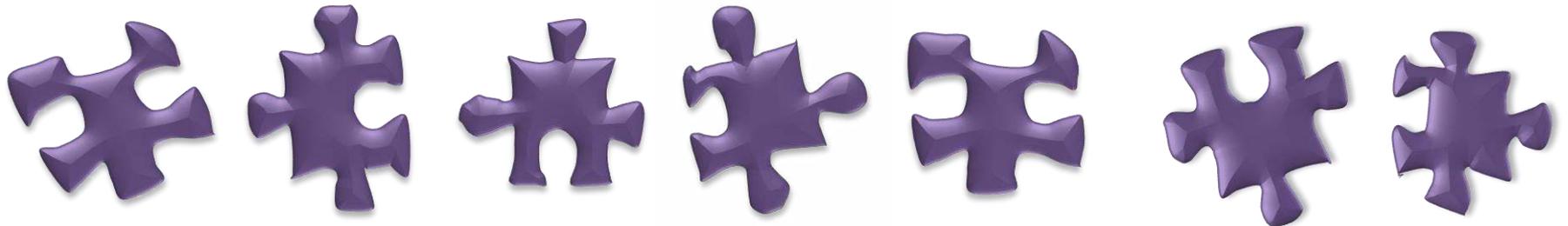
WHO – Ecological Model





Many pieces

- Individual – every situation is unique
- Aspects of identity (gender, age, race, ability, class)
- Discrimination impacting identity (ageism, sexism, racism, ableism etc.)
- Larger forces and structures (economy, capitalism, social policy, media, war)



Social expectations
about her role

Shifting power
& privilege

Economic

History of
Domestic Violence



Ageism

Unregulated capitalism

Unregulated capitalism

Social expectations about her role

Economic

Shifting power & privilege

History of Domestic Violence



Ageism

Unregulated capitalism

Unregulated capitalism

Social expectations about her role

Economic

Shifting power & privilege

History of Domestic Violence

I am accountable for my behaviour



Ageism



Health sector beginning to recognize violence as a health issue

- negative health impacts of culmination of long term abuse
- not trained to recognize warning signs and escalating risk
- Limited familiarity with referral pathways



VAW sector is not prepared to deal with older adults

- Crisis shelters are designed for younger women and children
- Few options for men
- Outreach services not designed for older adults
- Housing – accessibility issues / need care



Barriers to reporting

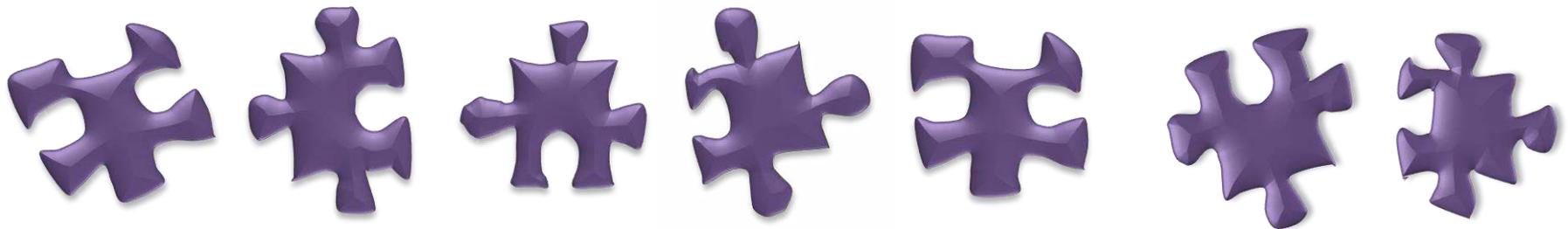
- Domestic violence “grown old” – ageist attitudes
- Victim-blaming – “she’s put up with all these years”
- Longstanding family dynamics
- Dependency issues – financial, physical
- Debilitating health issues
- Dementia
- Fear of ending up in a senior’s home
- Fear of separation and change
- Shame





Consequences of Abuse

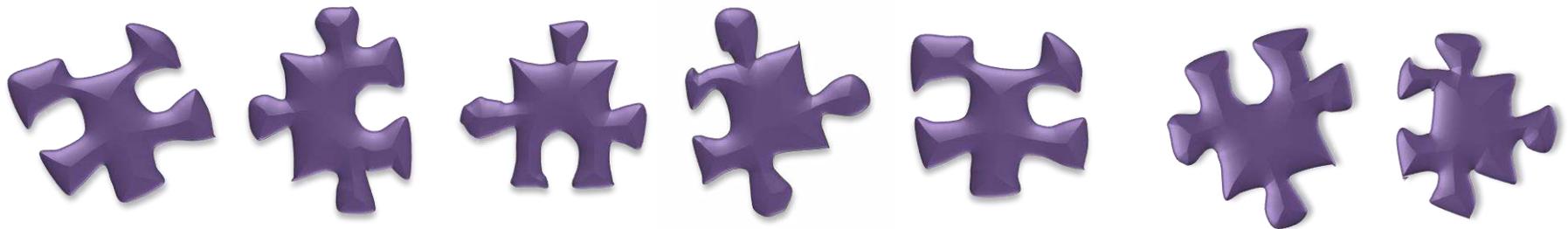
- Health impacts attributed to domestic violence
- Deteriorating health situation – abuse may accelerate or shift to include mutual abuse, retaliation
 - Risk likely to escalate
- Social isolation – increasing
- Social expectations - pressure to care for ailing partner
 - Few service or financial supports





Mary's Challenges

- Power and control normalized in her relationship
- Trapped by husband's deteriorating health and increasing dependency
- Children are distant and unavailable
- Does she know about supports available?
- Even if she did decide to leave, shelters are not usually prepared to deal with older women
- What will happen to her husband?

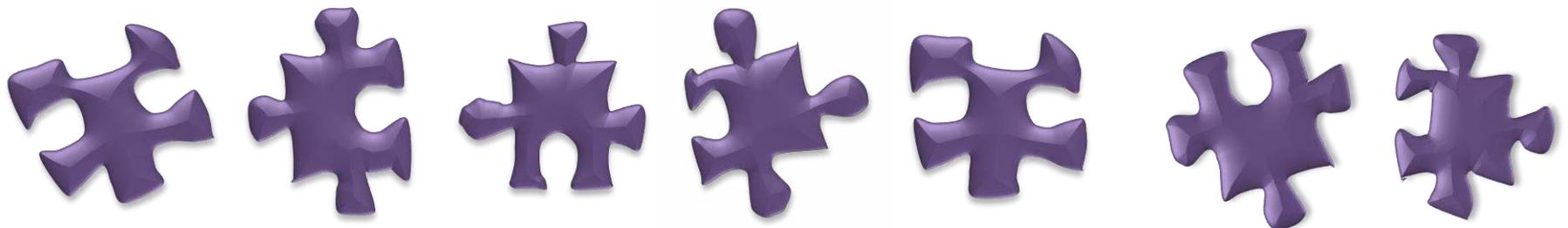




Questions

Elder Abuse and VAW

- How does risk change when health issues force one partner to be 'caregiver' to the other?
 - When the historical abuser is the caregiver
 - When the victim is the caregiver
- How prepared are health care workers to recognize and respond to domestic violence?
- How do we recognize high risk for older adults?
- How well are community services communicating with one another on high risk cases – across sectors?

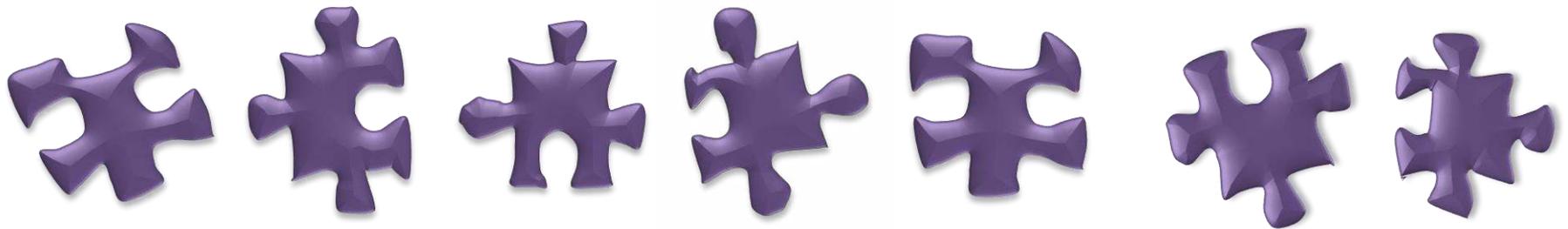




Questions

Elder Abuse and VAW

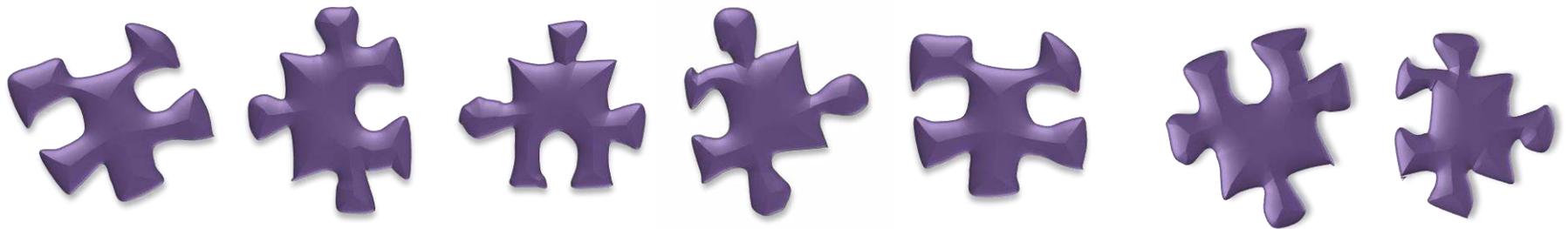
- What are the risk factors for homicide/suicide when no history of domestic violence?
 - Deteriorating health and loss of mobility, social isolation
 - Fear of being a burden, being separated, been sent to a ‘home’
 - Mental health issues – depression
 - Lack of coordinated approach and services to support families
 - Lack of respite in situations of intensive care
 - Available beds vs chronic aging problems – low priority (ageism)
 - Long term health care needs and poverty
- How do risk factors for suicide intersect in older couples?





Potential for Collaboration Elder Abuse and VAW

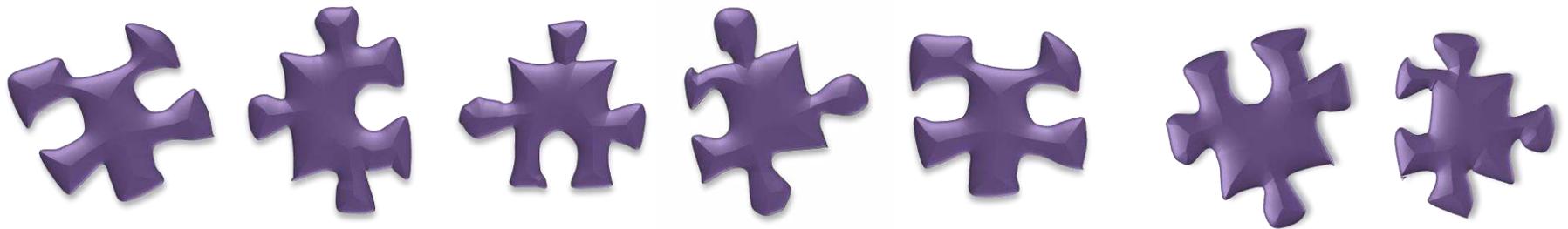
- Many communities have both VAW and EA committees
 - Community case reviews
 - Cross-training / learning
- Extensive analysis of woman abuse – needs to expand and include experiences of older women





Potential for Collaboration Elder Abuse and VAW

- VAW language of criminal justice to describe victims /perpetrators – EA focus on family/friend relationships
 - Power imbalances are at the root of abuse. As men age, they are treated more like women – age is the great equalizer
 - Shifting perspectives need to focus on earlier intervention
 - Bystanders are our first line of response
 - Cannot continue to put those who are abusive outside the circle as the default – are we ready to see people who are behaving abusively as human beings part of a system and in trouble?



INR-NFF - A Human Being Approach

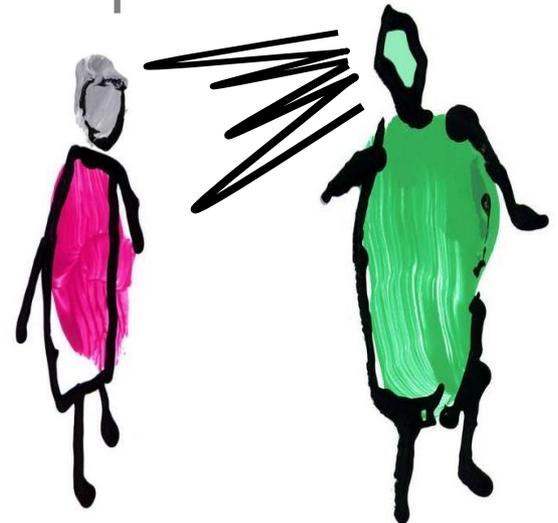
- Every situation is different (our starting point)
- Requires individual engagement in addition to standard practices, approaches and protocols
- Capacity and willingness:
 - to reflect on and learn from each situation as individuals / communities / organizations
 - to move from simple to complex understanding, from good-bad dualities
 - to question the basis for our attitudes as being part of a whole social system



Readiness for Change

Majority of participants in INR-NFF workshops consistently indicate:

- people behaving abusively need help and have to be part of the solution
- we are all capable of behaving abusively under the 'right' conditions
- we are all ageist – and our attitudes put older adults at greater risk
- everyone has a role to play... neighbours, friends and family members will step up – if they know what to do



"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

What You Can Do
to Keep Yourself
Safe From Abuse




Neighbours, Friends & Families

"It's Not Right!"

Neighbours, Friends and Families
for Older Adults

How You Can
Identify Abuse and
Help Older Adults
at Risk




Neighbours, Friends & Families

"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




Neighbours, Friends & Families

<http://itsnotright.ca/>



It's Not Right!

Neighbours, Friends & Families for Older Adults

Margaret MacPherson

Project Coordinator, It's Not Right! Neighbours, Friends and Families for Older Adults
Centre for Research & Education on Violence against Women and Children
Western Education, Western University, 1137 Western Road, London ON, N6G 1G7

Tel: 519-854-9752 | Email: m.macpherson@execulink.com

Website: <http://itsnotright.ca>

Facebook: www.facebook.com/ItsNotRightNFF



Western
Education

**Centre for Research & Education
on Violence Against Women & Children**

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



Elder Abuse Ontario

Stop Abuse - Restore Respect



Elder Abuse Ontario

Stop Abuse - Restore Respect

CONNECT WITH US

Connect With Us



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

Support Elder Abuse Ontario

Subscribe to Newsletter



Funded by:

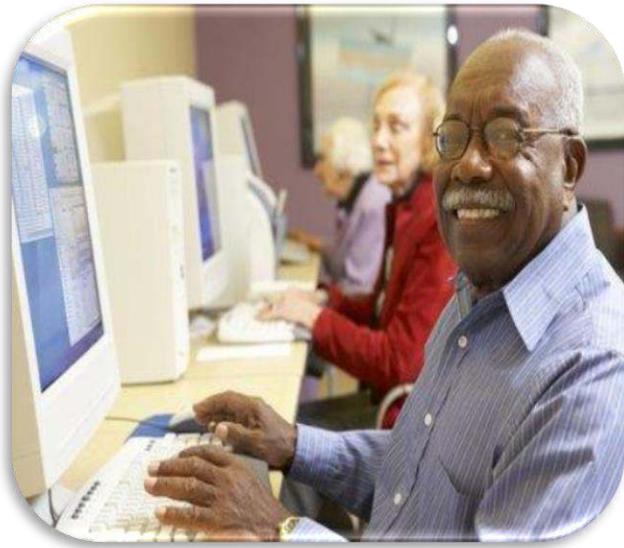


Elder Abuse Ontario

Stop Abuse - Restore Respect

Visit To Our Site Today !

Explore the features, navigate the directories... and share your comments with us.



Funded by:



Elder Abuse Ontario

Stop Abuse - Restore Respect

REGIONAL CONSULTANT

Rochella Vassell,
Central West Consultant/Social Media Coordinator

2 Billingham Rd, Suite #306
Toronto, ON M9B 6E1

Tel: 416-916-6728 EXT 225

Email: centralwest@elderabuseontario.com

Website: www.elderabuseontario.com

Funded by:



Elder Abuse Ontario

Stop Abuse - Restore Respect

CONTACT ELDER ABUSE ONTARIO

EAO Head Office

2 Billingham Road, Suite # 306
Toronto, ON
M9B 6E1

Tel: 416-916-6728

Email: admin@elderabuseontario.com

Website: www.elderabuseontario.com

Connect with Us



[@elderabuseont](https://twitter.com/elderabuseont)



[linkedin.com/pub/elder-abuse-ontario](https://www.linkedin.com/pub/elder-abuse-ontario)



[ElderAbuseOntario](https://www.facebook.com/ElderAbuseOntario)

Funded by:



Elder Abuse Ontario

Stop Abuse - Restore Respect



Elder Abuse Ontario

Stop Abuse - Restore Respect

Creative commons license:

© 2016 by Elder Abuse Ontario

This work is licensed under a Creative Commons Attribution-Non Commercial-ShareAlike 4.0 International License: <http://creativecommons.org/licenses/by-nc-sa/4.0/>



Funded by:



Elder Abuse Ontario
Stop Abuse - Restore Respect