



Ontario Association of Interval & Transition Houses

FINAL REPORT

ELDER ABUSE NETWORK
COMMUNITY CONSULTATIONS

JUNE 2019

A circular logo with a dark purple background. It features a white stylized butterfly icon above the text "AGING WITHOUT VIOLENCE." in a white, sans-serif font.

AGING
WITHOUT
VIOLENCE.

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Section 1. Project Background

The Ontario Association of Interval and Transition Houses (OAITH) is a 77 member-based coalition of first stage women shelters, second stage housing programs, and community-based women's organizations; Together, we work towards eliminating violence against all women in Ontario. Our initiatives include training and resource development, advocacy, public awareness, and government relations to improve social policies that impact women and their children.

In January 2018, OAITH received funding from the Ministry of Community and Social Services to lead a 4-year province-wide training and resource project focused on ending violence against older women (VAOW) by increasing the capacity of all professionals in Ontario providing support, services, or care to older women experiencing violence.

Please visit [Aging Without Violence](#) to see a full list of project advisory members and to access resources, tools, and training opportunities focused on older women experiencing violence.

Section 2. EAN Community Consultations- Scope & Goals

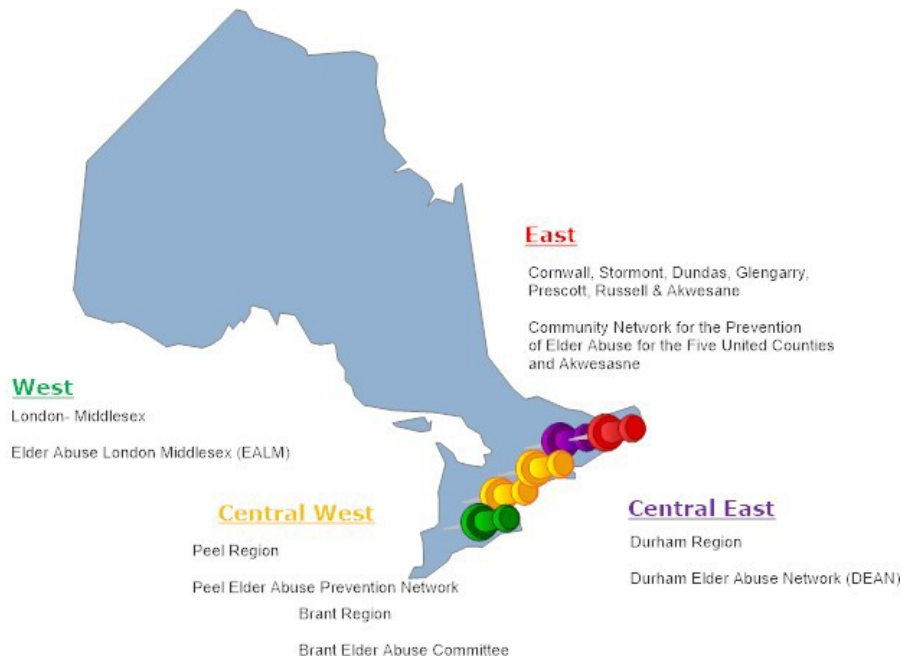
In 2018, the Aging Without Violence (AWV) provincial project advisory identified Elder Abuse Networks (EANs) across Ontario as ideal focus group participants to help inform and guide the AWV project. EANs are intersectoral groups located in communities across Ontario that vary in scope, however, typically priorities and activities include:

- Networking and sharing resources related to elder abuse and crisis intervention specific to older adults;
- Hosting events and campaigns focused on increasing awareness of elder abuse and available interventions, including local World Elder Abuse Awareness Day events (WEAAD);
- Providing a venue for systems table collaboration and the development of consistent approaches to elder abuse;
- Promoting collaboration across sectors and community members.

EANs are coordinated by Elder Abuse Ontario (EAO) and supported by EAO regional representatives who attend meetings and assist Network Chairs with coordinating activities, while providing a link to other EANs and Elder Abuse Ontario resources and initiatives.

As an initial step, a map was created by the AWW project which listed the 38 active EANs separated by region (see the EAN CC Report Additional Information Document (AID) to view the map). The map below shows the 5 areas where focus groups and shelter tours were completed.

Elder Abuse Ontario Networks - AWW Focus Group Participants



To supplement the findings from the 5 focus groups, a written survey was distributed to each EAN chair in Ontario to provide a broader scope of responses and region-specific information.

EAO consultants were asked to identify which EANs may be ideal invitees based on level of activity and potential knowledge of best practice approaches, unique needs related to older women and region-specific challenges. One EAN from each of the seven regions across Ontario was invited in November 2018 to complete a two hour in-person focusgroup facilitated by the AWW project coordinator with the overall goals to:

- Help to inform and guide the AWW project;
- Identify challenges unique to the participating EAN in meeting the needs of older women experiencing violence;
- Gather information on promising practices already in place;
- Solicit feedback on what curriculum, resources, and information might be most helpful for frontline service providers in participating EAN regions.

Section 3. Methodology

EAN focus groups were conducted in person at the regular meeting space of the EAN. Information was recorded during the focus groups using three methods. A thematic analysis was used with the information for inclusion within this report:

- Note taking was conducted via teleconference;
- Note taking of group discussion taken via flipchart by the EAO regional consultant;
- Written notes taken by the AWV coordinator while facilitating the focus groups.

At the beginning of each focus group, participants were informed a report was being completed and would include their EAN names and agency participants, however specific responses would only be identified by sector rather than individual agency or participant names.

Focus groups occurred with 5 EANs between January 2019 and March 2019 (2 EANs declined the invitation to participate). Each focus group included:

- An Indigenous territorial land acknowledgment, either provided by the EAN if one was developed or a general Ontario acknowledgment provided by the AWV project coordinator;
- A power point presentation outlining the AWV project background, resources, website, and focus group context;
- Key terms including VAW, violence against older women, intersectional approaches, intersectoral collaboration;
- A video filmed by the AWV project demonstrating an older woman attending an audiology office with her verbally abusive partner;
- A scenario handout asking each EAN member to identify their sector and potential responses to scenario information in writing and return this to the AWV project coordinator. *

Each session was coupled with a visit to the local VAW shelter. The goal of the visits was to speak with staff/management to gain a sense of successes and challenges while providing services to women who are older in specific regions.

*In one instance due to timing constraints, scenario responses were provided virtually to participants prior to the focus group and responses were submitted virtually following the focus group.

Section 4. Themes & Recommendations

Unique Needs of Marginalized Older Women

*“Difficulties reaching and engaging marginalized seniors (newcomer seniors, isolated seniors who live in their own homes, etc.)
Persistent barriers to inclusion include transportation, language, and time.”- Survey Respondent*

In providing service from a trauma-informed, intersectional approach, the implications of gender, race, age, class, ability, sexuality, language, and experiences of intergenerational trauma must be considered. Overall, there were 27 mentions of lack of culturally and linguistically appropriate services and resources including mentions during four of the five focus groups and 17 mentions overall within survey responses. This was also a theme within responses focused on successes, with two out of five focus groups citing the development of culturally and linguistically diverse resources as successful in mitigating barriers to service for older women.

Although not specified within the data, there is a possible correlation between the lack of culturally and linguistically appropriate services and resources and fear/distrust of services, as an older woman with marginalized identities may have experienced systemic discrimination related to her identity which has caused her to distrust services; for example, an older trans woman who has recently immigrated to Canada and only speaks Arabic. This older woman may have experienced discrimination within the healthcare system resulting in fear and distrust of services which is compounded when resources and services are not culturally and linguistically appropriate.

Service Wait Times

A significant barrier to service, in addition to lack of availability of services, notably in rural, remote, and Northern communities, is overall wait times for services. Specifically, wait times/lack of space in emergency shelters, long term care facilities, and subsidized housing appropriate for older women, were cited as barriers. Several focus groups spoke about two-five year wait lists for affordable housing, and a number of survey respondents noted that housing had significant wait times in their region:

“Full shelters, limited accessible beds for older women, housing (none).” -Survey respondent

“Service wait times, especially the months/years long wait lists for affordable housing.” -Survey respondent

The Value of Intersectoral Collaborations

“Knowledge sharing via the EA committee increases capacity to respond and familiarizes front line staff with local services.” - Cornwall focus group participant

Often, it is the positive working relationships built over time across sectors which EAN members describe as helpful when working to provide support or brainstorm around possible support options for older women experiencing violence in complicated, unique, and crisis situations.

In particular, when focus group participants and survey respondents spoke about the importance of intersectoral collaboration, they often cited healthcare as a vital link for older women experiencing violence. The importance of collaboration with the **healthcare sector** was mentioned during all five focus groups. A positive overall finding was 80% (17 of 21) of responding EANS reporting healthcare representation within their network, including nurses, doctors, allied health professionals, and hospitals. The value of faith-based collaboration and outreach was noted by several focus group and survey respondents, and within scenario responses, however only 9% (2) EANS reported representation of **faith-based services** on their network. Similarly, over half of the focus groups mentioned engaging the community across generations by targeting students for education and training, yet only 14% (3) EANS indicated **education sector** (for example, school board) participation in their network. Overall, 61% of networks (13 of 21) reported VAW representation from an emergency women’s shelter, but only 19% (4) from a sexual assault centre, demonstrating this vital link between sectors needs further development within networks.

Funding & Service Disparities

The majority of EAN networks are unfunded, however some have been successful in securing project funding for limited periods. The networks which have dedicated coordinators have a broader scope of activities and greater success in meeting the unique challenges facing service providers attempting to engage and provide service to older women who have experienced violence.

Funding limitations as a barrier was not mentioned in each focus group, but those who did discuss this topic had a range of points for consideration. Funding limitations and lack of services were also mentioned a total of 13 times each throughout the 21 survey responses with notations of lack of coordinator funding, and the positive outcomes of core funding:

“For several years we have managed to scrape together \$2500/year to support our activities and contract a community coordinator. This year we are not able to hire. Fundraising is time consuming and member support for it is weak. Few do most of the work resulting in burnout. Challenging(?) to find leadership in network.” -Survey respondent

“An established core funding can enable a network to accomplish community education events, sessions etc. Many of our network persons are paid professionals and such, have their mileage covered as their organizations see this network as aligning strongly with their own. ...and supporting a frail, vulnerable population. These organizations also will provide space free of charge, and sometimes coffee ..however as this has not been identified as a lead priority by our funders, it become difficult to free up staff to work on education sessions, workshops etc. It is also difficult to always piggyback at health fairs (albeit sometimes it brings people to the booth as it not JUST elder abuse ..but it would be helpful to have an organization flowing a small core fund to support).” -Survey respondent

The Invisibility of Violence Against Older Women (VAOW)

Violence against older women has been described as invisible to both the larger public, and service providers who may target supports and resources towards the needs of younger women without considering the unique impacts of age. Attitudinal barriers and differences in understanding of what constitutes abuse and violence across generations is a barrier for older women accessing services related to the violence they have experienced. The community consultation has shown there is visibility of the issue of violence against older women at Elder Abuse Networks across Ontario, with 66% (14 of 21) survey respondents focusing on VAOW in some way within their network meetings and activities. 70% (12 of 21) of the EANs who indicated they do focus on VAOW at times indicated they do so by acknowledging implications of gender when discussing EAN work and projects. This high rate of EANs utilizing a gender lens throughout their activities demonstrates EAN system tables as an opportune forum for disrupting the invisibility of violence against older women across sectors and within the general public.

Negotiating Choice, Capacity and Policy

In particular, the scenario discussion revealed tensions between sectors with unique mandates and policies related to mandatory reporting and communicating case information. While VAW agencies and other sectors advocate for the valuing of older women’s

choices in relation to the violence they are currently experiencing, sectors such as justice partners and long-term care have mandatory reporting and/or charging policies that may make this difficult, and in some cases impossible. Ultimately, the majority of focus group participants felt calling the police without the client's consent (see page 10 – Focus Group Scenario Raneeta) may put her at further risk and identified their role as a bridge to further engagement with services to help increase her safety. In addition to the tensions between mandates, differences in levels of knowledge of EAN members can create barriers for systems table work and overall collaboration:

“It can be difficult to have a strong caregiver/senior champion contingent that is looking for education and broad engagement for seniors. You also have professionals who require some capacity building, and that may look different... (differences in knowledge/education levels of EAN members.)” -Survey respondent

Recommendations

1. Ensure any resources developed for older women are available in printed, large print, plain text, and accessible formats. Printed resources are essential for information dissemination in rural areas especially, and compliments digital distribution targeted at older women;
2. Adapt resources, information and services for older women in each region to ensure they are culturally and linguistically appropriate for marginalized older women, as well as older women with disabilities;
3. Encourage EANs to extend invitations to Violence Against Women services (including emergency women's shelters and sexual assault centres) within their regions on a regular basis and explore any barriers to EAN attendance such as meeting location and frequency. Schedule an EAN member tour of a local shelter may be a foundation for building collaboration;
4. Identify opportunities for collaboration between system tables relevant to violence against older women including EAN networks, Violence Against Women Coordinating Committees (VAWCCs), High Risk/Risk Management and Situation Tables/Crisis Mobilization Tables;
5. Encourage EANs to consider a standing item on their regular meeting agendas specific to VAOW;
6. Advocate for consistent funding for Elder Abuse Networks in all regions of Ontario to allow for a paid coordinator and/or administrative support;
7. Build relationships with local Indigenous-Led Organizations to learn about Indigenous communities, truth and reconciliation and the development of land acknowledgements;
8. Development of training, curriculum and tools specific to risk management, safety planning and older women;

9. Increase in availability of healthcare services available to older women and subsidized housing options for seniors and women who have experienced violence;
10. Joint VAW and BSO training to ensure risk management strategies in situations of violence against an older woman with capacity issues, or violence by a caregiver, partner, or family member with capacity issues;
11. Collection of data re: numbers of older (aged 55+) women accessing services by agencies across sectors;
12. Annual/Bi-annual meeting of EANs across Ontario to promote collaboration;

Section 5. Scenario Responses by Sector

EAN	Total # of Participants	Sectors Present at Focus Group
Cornwall	15	8 - Elder abuse, senior services, education, justice, family services, health, community services, community representative
London	7	6- VAW, mental health, justice, elder abuse, community, government
Peel	14	7-Elder Abuse, newcomer supports, family Services, justice, senior services, community services, education
Brantford	12	6-Victim Services, VAW, Elder Abuse, Community, Senior Services, Healthcare, Indigenous Services
Durham	20	Senior care, mental health, housing, elder abuse, faith community, VAW, counselling (for profit), homecare, community services, education

Cornwall – five responses –

Healthcare, Senior Services, Justice, Social Housing, Community Health
London- seven responses- VAW (2), Healthcare, Justice, Elder Abuse (2), Government

Peel – six responses – Social Services (2), Victim Services, Mental Health, Housing, Student (listed as community member)

Brant - thirteen responses - Government (2), Public Health, Victim Services (2), Social Services (2), Elder Abuse (2), Community (2), VAW,

Community not for profit

Durham - three responses- Social Services, Senior Services, Healthcare

Focus group participants were asked to identify responses to the following scenario of an older women connecting with them via phone and sharing a number of high-risk factors. Prior to group discussion (see notes in Additional Information Document), participants were asked to submit their responses in writing and identify only their sector, region, and role.

Focus Group Scenario- Raneeta

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

Of the 33 scenario responses from all sectors, only 42% (14 of 33) indicated they would complete (or refer for) safety planning in their response to Raneeta's situation, which has a number of factors indicating a high risk of domestic homicide. 18% (6 of 33) indicated a component of their response would be exploring Raneeta's needs, goals, and priorities. Several respondents indicated they would contact the police with or without Raneeta's consent, in particular in response to the threat of firearms which may be unregistered.

The most common response from VAW was safety planning and discussing the pros/cons of police involvement while offering referrals. There was sectoral difference in the responses from VAW and other sectors in the emphasis other sectors (and community representatives) placed on providing care and service for the husband who they felt may be experiencing dementia. Several respondents noted they (or Behavioural Services Ontario (BSO) should attend the home to provide support and service, which raises concerns regarding the high level of risk in the presented scenario. VAW respondents were more likely than other sectors to explore with Raneeta if she might like to leave, whereas other sectors were more likely to advise Raneeta to leave (which could increase her risk if adequate supports and safety planning are not in place). Although safety planning was mentioned (by less than half of respondents), risk assessment had only a handful of mentions, indicating more work is needed exploring the significance of identifying risk factors and understanding the history of power and control within the relationship and creating a detailed plan for safety which meets a high risk older woman's needs.

Section 6. Challenges & Successes in Individual EAN Regions

CHALLENGES

In both the EAN focus groups and surveys, participants were asked to identify challenges to meeting their goals including barriers to service for older women experiencing violence in their region, barriers to their effective work together as a system table and barriers to effective provision of service.

Theme	Challenges						
	Cornwall Focus Group	London Focus Group	Peel Focus Group	Brant Focus Group	Durham Focus Group	Survey Responses- totals from all related questions	TOTAL # of Mentions
Fear/distrust of services (older women)	-	1 mention	1 mention	-	1 mention	16- Justice 12- general	31
Lack of funding & services	-	2 mentions	3 mentions	-	-	13 - services 13 - funding	31
Lack of culturally and linguistically appropriate services and resources	-	3 mentions	5 mentions	1 mention	1 mention	17	27
Distance from services in rural communities and lack of rural specific tools and resources	2 mentions	1 mention	3 mentions	1 mention	1 mention	14 - distance from services	22
Lack of transportation (creating barriers for both older women accessing services and/or systems collaboration)	1 mention	-	-	1 mention	1 mention	18	21
Attitudinal barriers (i.e. older women not identifying experiences as abusive)	-	-	3 mentions	1 mention	1 mention	16	21
Lengthy wait times	1 mention	-	1 mention	2 mentions	1 mention	12	17
Lack of intersectoral collaboration/ knowledge of services across sectors	1 mention	2 mentions	1 mention	-	-	11	15
Isolation of older women	1 mention	2 mentions	1 mention	-	-	-	4

SUCSESSES

During focus groups, successes were explored related to engaging older women who have experienced violence, providing effective service, and working collectively towards EAN goals. Many groups expressed innovative strategies towards outreach, service, and intersectoral collaboration such as engaging older women through children’s-based recreation and developmental services. Many of the successes echoed the challenges expressed through the consultations (focus groups and surveys) indicating areas reporting success may have developed and implemented these promising practices as a response to experiencing similar barriers as a matter of necessity.

Theme	Successes						TOTAL # of Mentions- all focus groups
	Comwall Focus Group	London Focus Group	Peel Focus Group	Brant Focus Group	Durham Focus Group	Total # of EANs identifying strategy as successful during focus group	
Community education and outreach targeted at seniors/older women	3 mentions	2 mentions	2 mentions	3 mentions	3 mentions	5/5	13 mentions
Intersectoral collaboration & utilizing professional relationships	1 mention	5 mentions	1 mention	1 mention	2 mentions	5/5	10 mentions
Fostering healthcare links (referrals to doctors, VAOW education to healthcare profesionas)	2 mentions	1 mention	1 mention	3 mentions	2 mentions	5/5	9 mentions
Events aimed at reducing isolation of older women	1 mention	1 mention	1 mention	2 mentions	2 mentions	5/5	7 mentions
Developing culturally and linguistically diverse resources	0 mentions	0 mentions	3 mentions	0 mentions	1 mention	2/5	4 mentions
Utilizing tools and resources to increase accessibility for older women with disabilities and Deaf women (i.e. pocket talkers in shelters)	1 mention	1 mention	1 mention	0 mentions	0 mentions	3/5	3 mentions

Section 7. Video Discussion – Focus Groups

As part of each focus group, a five-minute video was viewed and discussed which focused on an older woman who was visiting an audiology office with her partner who was verbally abusive and controlling both in the car before the appointment and in the waiting room prior to meeting with the audiologist. To access the video (filmed for the focus groups in Year 1 of the AWW project) and video discussion descriptions, see the AID.

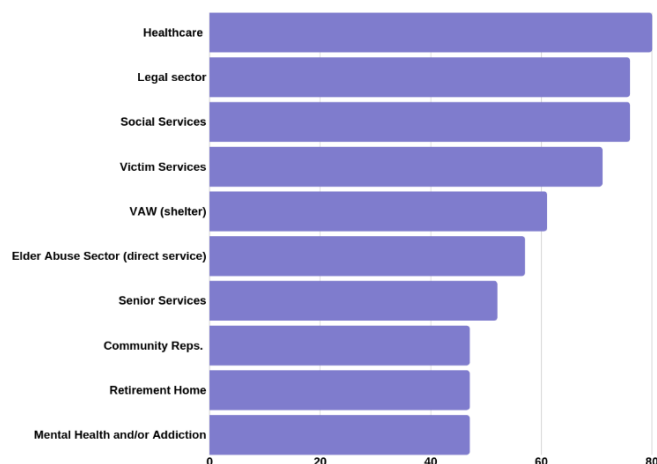
Section 8. Survey Responses

Region	EANs regions which completed survey
East	<ul style="list-style-type: none"> • Renfrew County • Eastern Counties- Stormont, Dundas & Glengarry
Central East	<ul style="list-style-type: none"> • Simcoe County • York Region • Durham • City of Kawartha Lakes & Haliburton • Muskoka
Central West	<ul style="list-style-type: none"> • Brant • Dufferin • Kingston
West	<ul style="list-style-type: none"> • Grey and Bruce • Chatham Kent • Oxford • Sarnia Lampton • Huron County • Perth County • Elgin
GTA	<ul style="list-style-type: none"> • North York
North East	<ul style="list-style-type: none"> • Elliot Lake • Sudbury
North West	<ul style="list-style-type: none"> • Thunder Bay

A survey with 17 questions was disseminated online to 36 EANs across Ontario electronically via SurveyMonkey. Although 38 EANs were originally mapped at the beginning of the fiscal year, at the time of survey distribution, 36 EANs were identified as active. The survey received a response rate of 58% (21 total respondents). The average length of survey response was 12 minutes. The full list of survey questions can be found in the AID.

Surveys were primarily completed by EAN chairs responding on behalf of their EAN (10 networks), with 1 EAN submitting responses together while meeting in person or virtually, 10 EAN chairs responding on behalf of the EAN and 9 other EANs indicating “other” responses including: Coordinator following feedback from members, interim chair, EAN executive, and several individual committee members.

Sectors represented on EANs (survey respondents)



The most commonly represented sector responding to the survey was Healthcare (nurses, doctors, allied health professionals, hospitals, etc.) at 80% (17 of 21), followed by the legal sector and social services identified at 76% (16) of respondents, and Social Services at 76% (16) EANs. A significant disparity in the violence against women sector representation was identified, with 61% (13) of EANs reporting representation from an emergency women’s shelter, but only 19% (4) of EANs reporting representation from a sexual assault centre.

The only sector options provided NOT selected by any EAN were child services (including child protection and supervised access) and food banks.

52% (11 of 21) of EANs indicated senior services participation including meals on wheels and related services, similarly with 57% (12) indicating elder abuse sector direct services. 47% (10) EANs indicated community representation, retirement home representation, and mental health and/or Addiction services representation. Long term care was represented on 42% (9) EANs, and 38% (8) indicated “other” with notations including seniors (2), private healthcare and retirement agencies, and home community care.

Although housing was identified as a consistent theme throughout the consultations, overall only 28% (6) of responding EANS had representation from this sector, along with 28% (6) reporting representation to Indigenous services, and the Victim Witness Assistance Program. 23% (5) of responding EANS had representation from Income supports and family services. 14% (3) indicated representation from disability related services (excluding ODSP which was included within income supports) and the education sector. 8% (2) respondents indicated faith- based representatives.

27% (3 of 21) of respondents without emergency women’s shelter representation on their EAN indicated they have invited their local shelter to the network in the past, with 18% (2) indicated this was done in the past year. 18% (2) of respondents indicated they have not had contact with their local women’s shelter regarding membership, and 36% (4) of respondents indicated “other” and noted responses including “receive minutes but don’t attend many meetings.”

Nearly half (42% 9 of 21) EANs meet quarterly, while 28% (6 of 21) meet monthly. Other responses included bi-monthly (4) and a notation that the network has not met in the past year.

EAN Activities – Survey Respondents

Activity	Total % of networks identifying activity	Total # of EANs noting activity
All listed activities	61%	13
Providing community education	57%	12
Creating new intersectoral partnerships	47%	10
Providing education and training to service providers	47%	10
Participating in discussion regarding local cases	42%	9
Hosting an annual WEAAD event	38%	8
Other	28%	6

The activities of EAN networks are broad in scope, and the majority include provision of community education. Other responses included notations of:

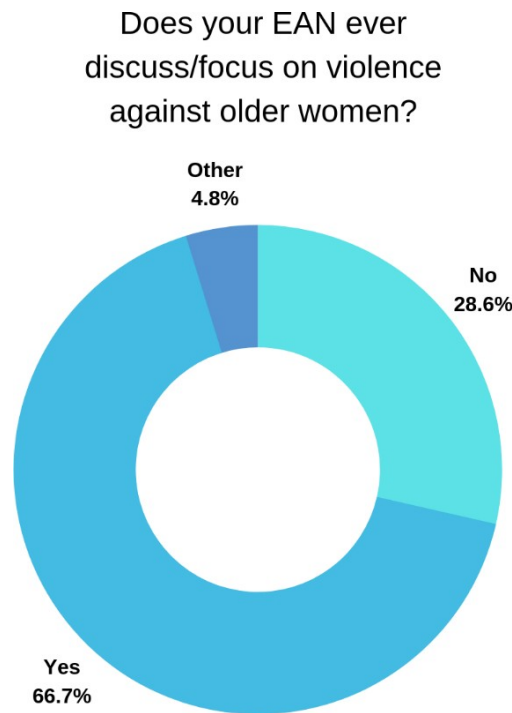
- Intergenerational connectedness
- Victim support, yearly calendar, and senior Santa project
- Low activity levels due to poor attendance (2 mentions)

Land Acknowledgments at EAN Meetings – Survey Respondents

While 80% of respondents (17 of 21) indicated “no” they do not typically include a land acknowledgment as part of their meetings, **9% (2 networks) did indicate they are currently working to develop the language appropriate for their region.** One network indicated “we have collaborated with community members to develop appropriate language” but it was not clear if this acknowledgment was now actively in use at network meetings and/or events.

Knowledge of AWV Project– Survey Respondents

While no respondents indicated they are aware of the project and have reviewed AWV resources such as the monthly factsheets and Gap Analysis research, 6 respondents (28%) indicated they are aware of the AWV project and have discussed AWV during a meeting. 7 respondents (33%) indicated they were not aware of AWV before completing the survey, another 6 respondents (28%) were unsure. Other responses (2- 9%) included notations that they are aware of the project but have not had follow-up discussions, and their EAO consultant has discussed the project during a network meeting.



The majority of EANS 69% (14 of 21) reported they do sometimes focus on and/or discuss violence against older women. 28% (6 of 21) reported they focus on abuse of all older adults and do not discuss or focus on older women within their network meetings or activities. One respondent (4%) indicated “other” and noted their discussion is based on what is presented by members, which includes a VAW service.

Respondents who indicated **yes sometimes there is a focus on older women specifically at their network table** were asked further questions. The majority indicated use of a gender lens, while many other networks indicated resource development and promotion. Other responses included “case discussion” and a notation that VAOW is not a focus of table discussion.

If yes, how does your EAN focus on violence against older women?

Action/Activity which focuses on VAOW	Total % of networks identifying activity	Total # of EANs noting activity
By acknowledging implications of gender when discussing EAN work and projects	70%	12
By promoting violence against women specific resources/training/information electronically (email, website, newsletter, social media)	29%	5
By developing resources targeted towards service providers of older women specifically	25%	4
By developing resources targeted towards older women specifically	11%	2
Other	17%	3

What are the barriers in recruiting/retaining EAN members and working towards collective goals?

Barrier Identified	Total % of networks identifying barrier	Total # of EANs noting barrier
Local agencies often too busy to participate due to their own funding limitations	76%	16
Lack of funding	42%	9
Lack of interest in participation from sectors who do not specifically serve older adults	42%	9
lack of knowledge about violence/abuse against older adults in the community	23%	5
Transportation	21%	5
Difficulty determining collective goals	19%	4
Lack of knowledge of local agencies	14%	3

Diversity of agency mandates/language used/understanding of issues	9%	2
Differences in knowledge/education levels of EAN members related to various issues/topics	4%	1
No barriers	9%	2
Other (mostly comments in relation to other items)	38%	8

All EANs but 2 identified barriers in recruiting and retaining EAN networks and working towards collective goals, with the most common barrier identified by 76% of networks was local agencies often being too busy to participate due to their own funding limitations.

Collaboration with other System Tables

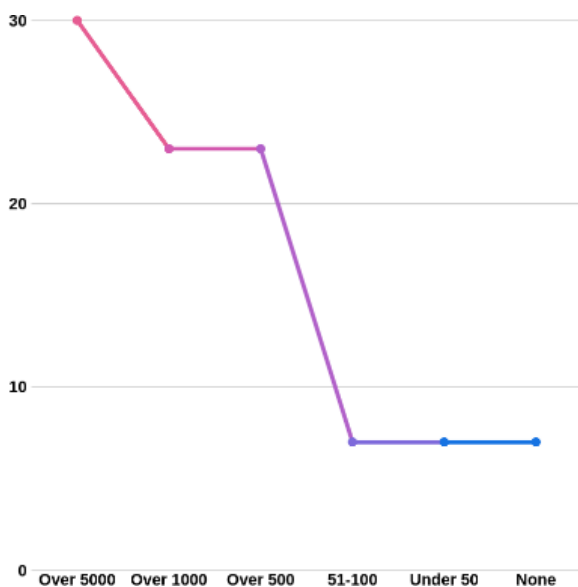
System table EAN collaborates with	Total % of networks identifying collaboration	Total # of EANs noting collaboration
Situation Table/Crisis Mobilization Table	25%	5
Our EAN is aware of other system tables in our community but we do not typically collaborate	25%	5
Violence Against Women Coordinating Committee (VAWCC)	10%	2
Other	30%	6

Less than half of all responding EANS reported any collaboration with another system table through sharing information, co-hosting events, case consultations, and referrals.

In particular, collaboration between EANs and Violence Against Women Coordinating Committees (VAWCCs) has the capacity to promote intersectoral collaboration and use of intersectional approaches within system table work.

One network identified collaboration with a multi-sectoral high-risk management team, and one network identified collaboration with another system table related to elder abuse/older adults. Other comments included notations of Health System Tables and dementia-related tables.

Numbers of Older Women (55+) Served Annually by all EAN Members



Due to the wide range of size of EAN networks (10-60 members), there is significant range in the numbers of older women served within direct services provided by EAN members. 25% (3 of 21) networks indicated over 5000 older women are provided with service by members annually, while 25% indicated over 500 and another 25% over 1000. Other responses included several references to this data being unknown and/or difficult to calculate.

Barriers to older women in accessing services related to violence

(as reported by survey respondents based on their knowledge)

Barrier Identified	Total % of networks identifying barrier	Total # of EANs noting barrier
Lack of knowledges of services (older women)	85%	17
Transportation	85%	17
Not believing they are experiencing abuse/violence/neglect	80%	16
Concerns regarding criminal/police/justice sector involvement	80%	16
Anonymity concerns	75%	15
Distance from services	70%	14
Physical mobility restrictions	65%	13
Availability of services	65%	13
Lack of knowledge of services for older women (service providers)	55%	11
Distrust of services in general	60%	12
Lack of encouragement from friends, family and/or caregivers to engage with services	50%	10
Service wait times	50%	10
Feeling as though the services will not meet their needs	40%	8
Language barriers	45%	9
Believing they deserve the abuse/violence/neglect they have/are experiencing	45%	
Lack of culturally-relevant services	35%	7
Other	20%	4

Topics for Resource Development- Survey Respondents

Online survey respondents were asked to identify their top 3-5 priorities in relation to AWV project resource development. Older women living in rural communities and cognitive impairment, older women and violence were significantly prioritized over other topics.

The following topics also received response each (4%)

- Neurobiology of trauma and older women
- Older Francophone women

Within the “other” section, one respondent noted community response to all older adults should be a priority.

Resource Topic	Total % of responses identifying topic within top 3-5 priorities	Total # of EANs noting topic
Cognitive impairment, older women and violence	71%	15
Older women living in rural communities	66%	14
Community responses to VAOW	38%	8
Compassion fatigue when working with older survivors	28%	6
Harm reduction and older women	28%	7
Intergenerational trauma and older women	28%	6
Older women with disabilities	23%	5
Older Indigenous women	19%	4
Mediation in elder abuse cases	19%	4
Older women who identify as LBTQ2SSSI+	19%	4
Older immigrant and refugee women	17%	4
Risk management focused on older women	14%	3
Older women and the law	14%	3

Sexual violence and older women	14%	3
Older women living in northern and/or remote communities	9%	2
Risk management focused on abusers of older women	9%	2

Section 9. Shelter Tours

Shelter tours were completed at Baldwin House (Cornwall), Anova (London), The Salvation Army Honey Church Family Life Resource Centre (Brampton), Nova Vita (Brantford), Bethesda House (Durham)

Shelter Tour Highlights

- All shelters toured were bright, cheerful, welcoming, accessible spaces with secure entryways;
- All shelters had a play yard for children residing as well as outdoor space for residents;
- Although shelters are often viewed as busy, loud spaces, many have a child- free quiet space designated for adults;
- All shelters allowed medication on site and had a variety of infrastructures established for safety and self-administration;
- Several shelters practice approaches within the continuum of harm reduction, including allowing alcohol and/or cannabis (in one circumstance, only medical cannabis) usage on site;
- Average lengths of stay go beyond 6-8 weeks due to housing waitlists and other barriers such as availability of community and home-based supports (i.e. PSWs) to independent living following a residential stay in an emergency women’s shelter;
- Pets may be a significant barrier for older women seeking residential services and older women experiencing violence and their service providers may not be aware of pet-friendly shelters or have access to a pet-friendly shelter in their area.

Tips for best practices:

- Offer transportation to services such as bus tokens for group participants
- Leave the door open for success stories
- One on one support is most effective for many women

Recommended topics for training (as requested by shelter staff):

- 📄 Links between child abuse, elder abuse, pet abuse, and family violence
- 📄 Development of tools related to elder abuse and power and control
 - 📄 Adding age specific elements to safety planning
- 📄 Training for vets who may notice something when the service providers of the pet owner do not

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