



CANADIAN NETWORK *for*  
the PREVENTION *of* ELDER ABUSE

# Intimate Partner Violence and Older Women

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Webinar  
January 26, 2017

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# Your presenters



## ▶ Dr. Lori Weeks

Gerontologist, Ph.D. and Graduate Certificate in Gerontology, Virginia Tech, 1998.

Lori taught courses at UPEI focused on families and gerontology including family violence, women and aging, and issues in family law and social policy.

In January, 2015, Lori joined Dalhousie University as an Associate Professor in the School of Nursing.

Her primary research interests focus on care and support services for older adults and their caregivers, and factors affecting the health of seniors. Her research often focuses on vulnerable populations.

# Your presenters



- ▶ **Margaret MacPherson**

Margaret is a Research Associate with the Centre for Research and Education on Violence Against Women and Children at Western University in London Ontario. Her work at the Centre has focused on designing materials and programs to engage the public as potential first responders to violence and abuse in relationships, both in communities and in the workplace. She has a keen interest in developing practical tools and strategies that can shift social norms that inhibit people from taking safe, effective action.

Margaret led a New Horizons pan Canadian project from 2011 to 2015 that produced innovative materials and strategies for “It’s Not Right! Neighbours, Friends and Families for Older Adults”. (INR–NFF) takes a bystander approach to engage everyone in recognizing and supporting older Canadians experiencing abuse or neglect. Margaret has a Masters degree in Theory and Criticism and completed a graduate diploma in Social Innovation at the University of Waterloo in 2011.



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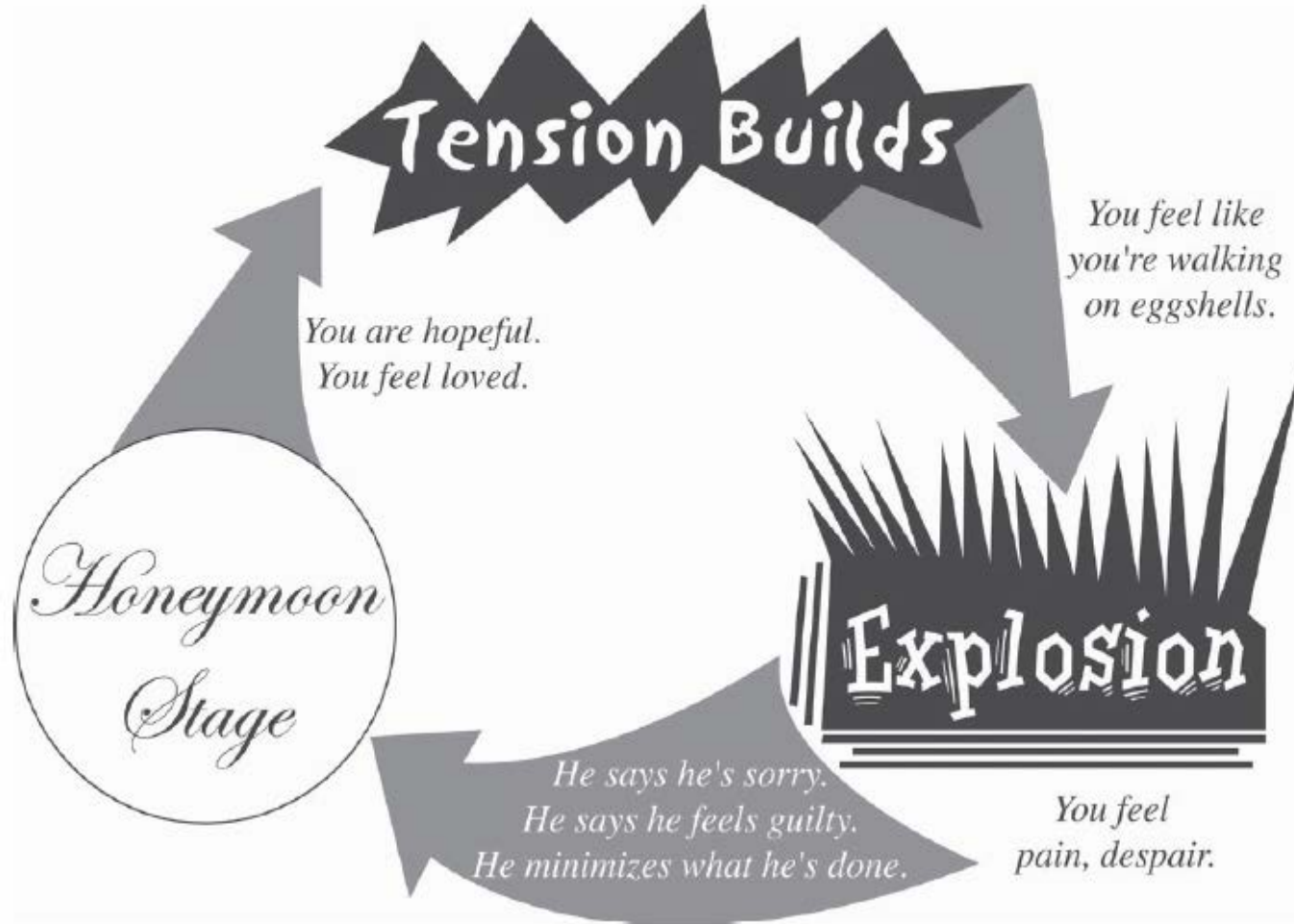
# What does gender have to do with intimate partner violence in later life?





# Intimate Partner Violence

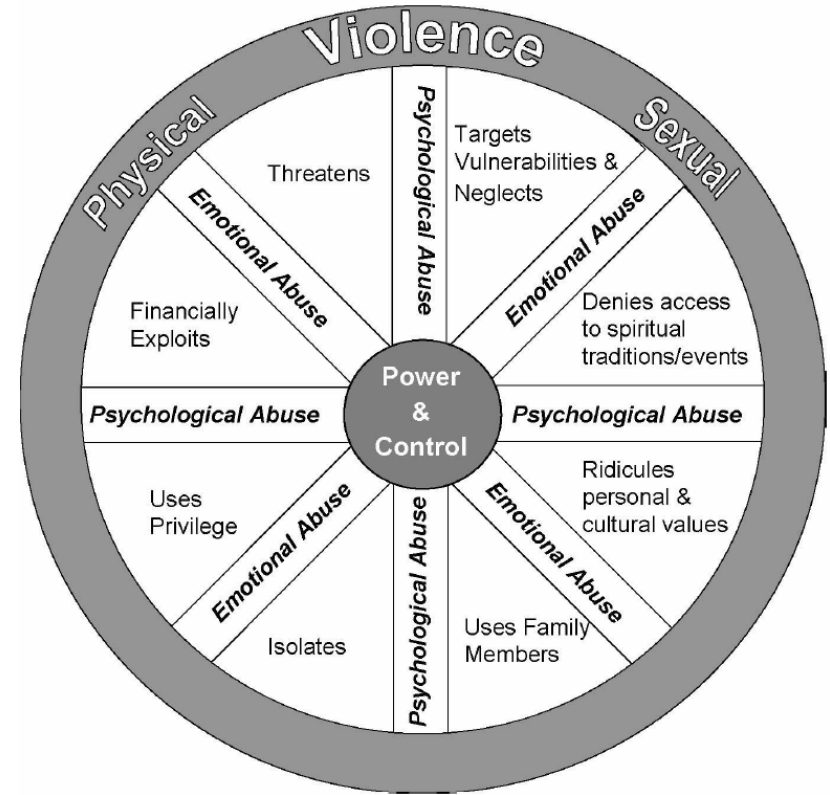
## Cycle of Violence



# Wheels of Power and Control



Duluth Model: Domestic Abuse Intervention Project [www.duluth-model.org](http://www.duluth-model.org)



Wheel Developed for Older Women

National Clearinghouse on Abuse in Later Life (NCALL, 2006)



# Intimate Partner Violence Among Older Women: Overarching Concepts

- ▶ There is less emphasis/research/services devoted to older women experiencing abuse vs. younger women experiencing abuse
- ▶ There is ageism in domestic violence/family violence research and services
- ▶ There is sexism in elder abuse research and services

## IPV Among Older Women: Overarching concepts (continued)

- ▶ Abuse of all forms is underreported, including the abuse of older adults
  - Older women are even less likely to report abuse than younger women
- ▶ Abuse can occur in many forms, and often a person experience more than one form
- ▶ For older women, intimate partner violence could be experienced in many ways:
  - A long-term abusive relationship
  - Abuse in a new relationship that began in later life
  - Abuse experienced throughout many different relationships
  - A long-term relationship that became abusive over time

# Intimate Partner Violence and Elder Abuse Compared

	<b>Intimate Partner Violence</b>	<b>Elder Abuse</b>
<b>Origin</b>	1970's-Feminism, grassroots	1980's- Professional driven
<b>Model</b>	Power and Control	Medical Model
<b>Cause</b>	Gender inequality Gender focused	Frailty and dependence Gender neutral
<b>Abuser</b>	Most often male partner	Person of trust
<b>Treatment</b>	Leave the relationship Self-help/empowerment	Remain the home Adult protection

What can we learn from research about intimate partner violence and older women?

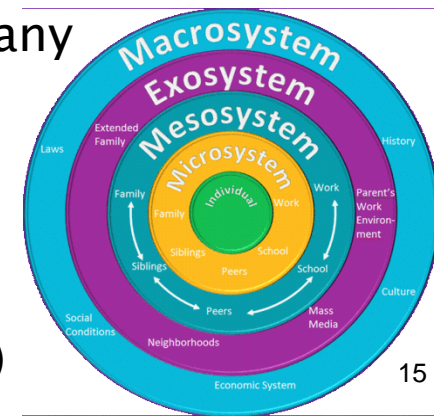


# Research Synthesis: Older Women and Intimate Partner Violence (IPV)

- ▶ Included 32 peer-reviewed articles
- ▶ Key Findings:
  - Severe negative outcomes
    - physical and mental health, stalking, finances
  - Short and long-term safety needs, need to break isolation
  - Need education about nonphysical aspects of IPV
  - Often unhelpful response of others
  - May view IPV differently than younger women
    - Patriarchy, family privacy
  - Need more understanding of the needs of women from various cultural backgrounds
  - Need media campaigns to focus on IPV occurring at any age

This issue is complicated!  
We need diverse interventions.

Weeks & Leblanc (2011)





# On-line survey in 2015:

169 professionals working with older adults in NB and PEI

Types of Abuse the Organizations Worked With	
Neglect	50%
Self-Neglect	49%
Financial Abuse	42%
Abuse of Older Women	36%
Abuse of Older Men	36%
Abuse in Care/Housing	35%
Intimate Partner Violence (IPV)	30%

There is a need for education and awareness raising of gender and IPV among professionals

Weeks, Dupuis-Blanchard, Arsenault,  
Gagnon, & MacQuarrie (2016)

# Results: On-line survey



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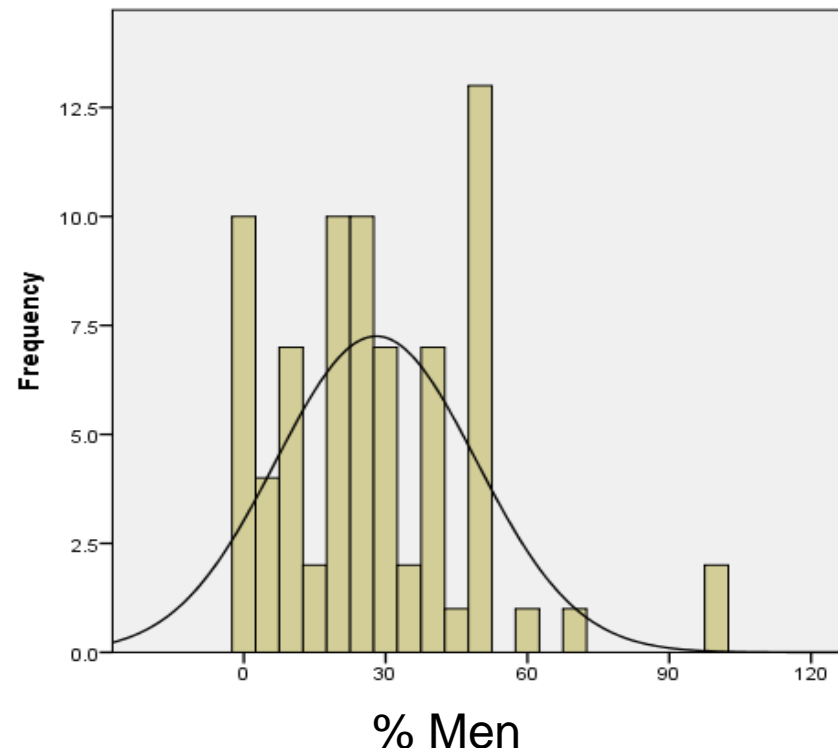
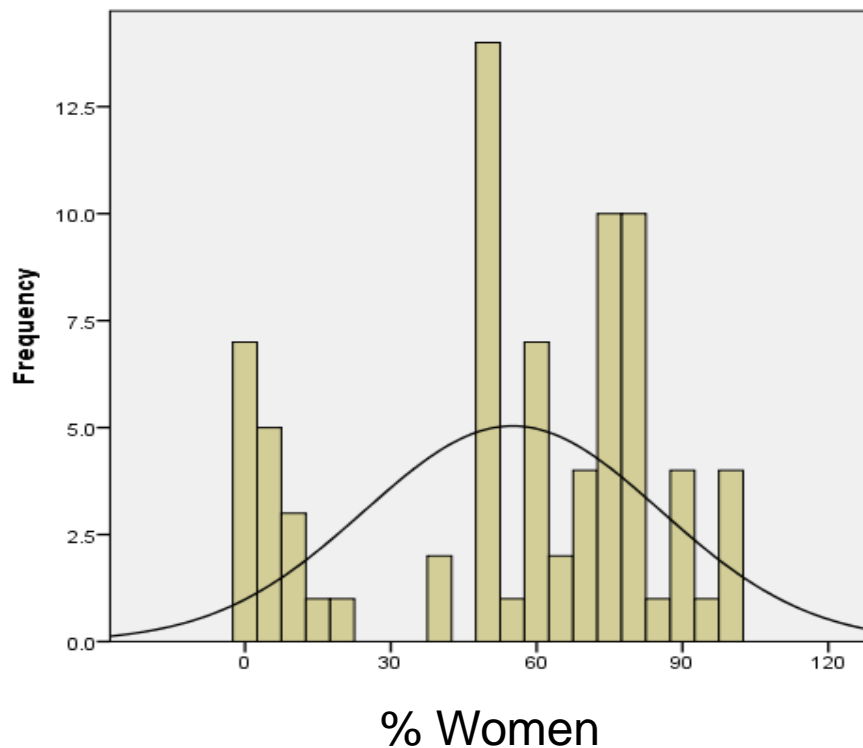
Abuse & Neglect of Older  
Adults Research Team  
in the Maritimes



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négligence des personnes âgées  
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# Results: On-line survey



Gender of the abused older adults  
the organizations worked with

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What kind of supports should be available for older women experiencing abuse?



# Supporting Older Women Fleeing Violence and Abuse

## ▶ Existing Models

- 1) Shorter term: transition houses and safe houses, second-stage housing
  - e.g. Ama House in BC, operated by Atira, Canada's only transition house for older women
- 2) Longer term: safe floors in senior residents, supported housing
  - e.g. SAGE safe house in Edmonton



# Readiness of Women's Shelters to Meet the Needs of Older Women

- ▶ On-line survey with 17 shelter directors (9 urban, 8 rural) in Atlantic Canada in 2009
- ▶ Telephone interviews with 8 of the shelter directors who completed a survey
- ▶ 1173 women stayed at a shelter in 2006–2007
  - 332 (29%) were considered at midlife and older

Weeks & LeBlanc (2013)



# Key Findings:

- ▶ 88% said older women have different shelter and service needs than younger women
- ▶ 82% do not currently offer special programming for older women
- ▶ 76% experienced challenges in meeting the needs of older abused women
- ▶ Transition houses offer a safe environment and other necessities, such as shelter and food
- ▶ The majority of transition houses fall short in meeting the needs of older women





Are transition houses the best services for women in midlife and older experiencing intimate partner violence?

What other resources should be available?



# Resources Used by Older Rural Women Who Left an Abusive Partner




Weeks, MacQuarrie, Begley, Gill, &  
LeBlanc (2016)

# Methods



- ▶ Interviewed 8 women in 2010 who:
  - 1) experienced IPV in a relationship when they were at least age 50 or older
  - 2) had left an abusive relationship at least six months prior to the interview
  - 3) used at least one service in the process of leaving an abusive relationship
  - 4) lived in a rural place in one of the three Maritime Provinces

 Supports Women used in Leaving an Abusive Partner	# of women	# of text blocks
<b>Informal</b>		
Friends, Neighbors	8	31
Family Members	7	61
Self-help	3	9
<b>Formal</b>		
Criminal Justice System	8	57
Financial Resources	8	23
Mental Health	7	25
Family Violence Services	5	35
Physical Health	6	24
Housing	6	22
Transportation	6	10
Addiction Services	2	24
Employment and Volunteering	3	11
Security and Communication	3	4
Educational Programs	2	3

Participant	Examples of Primary Resources Utilized
Grace	Addiction Services Family Violence Services Criminal Justice System Financial Resources Housing
Lena	Employment and Volunteering Friends and Neighbours Family Members Housing
Marie	Justice and Legal System Financial Resources
Sarah	Criminal Justice System Friends Family Members
Laura	Family Violence Services Financial Resources Mental Health Criminal Justice System

# Reasons for not using an emergency shelter

- 1) taught from a young age not to talk about personal issues outside of the family
- 2) concerns about own safety and that an abusive partner would be able to find her
- 3) did not feel they needed the service & going there would not fix the problem
- 4) A lack of information, or misinformation, about emergency shelters
- 5) Going to a shelter would mean leaving their lives behind
- 6) They had access to other resources





# Key Findings:

- ▶ Both formal and informal resources are important
- ▶ Challenges in using resources, often due to age and living in a rural place
- ▶ Resources need to be easily accessible in rural places without others knowing the woman is using the resource
- ▶ Some women want the abuse to stop, but not have a great upheaval in her life including the loss of a home, belongings and social supports.
- ▶ Training needed for a wide variety of service providers to work with older women







# Policy Options to Address Older Women's Needs

- ▶ Option #1:
  - Older women have unique needs and services need to be designed for them specifically.
- ▶ Option #2:
  - All women who experience intimate partner violence have similar needs and the same services can meet the needs of all women.
- ▶ Option #3:
  - Each woman who experiences intimate partner violence has unique needs, and services should be tailored to meet the needs of each woman

Weeks, MacQuarrie, Begley & LeBlanc (2012)

# Acknowledgements

## ➤ Research Collaborators

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- Kristal LeBlanc, Beausejour Family Crisis Resource Centre, NB
- Suzanne Dupuis-Blanchard, Université de Moncton
- Rina Arseneault, Associate Director, MMFCFVR, UNB
- Lorraine Begley, Research Manager, UPEI
- Olive Bryanton, Ph.D. Student, Research Coordinator, UPEI

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**It's Not Right!**

Neighbours, Friends & Families for Older Adults

# Domestic Violence in Older Couples



# The Ontario Domestic Violence Death Review Committee



# 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

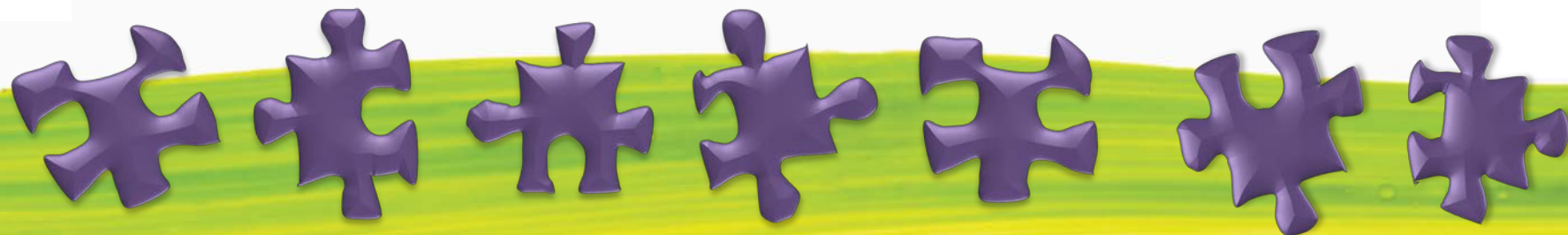
- Everyone has a role to play
- Small actions make a difference





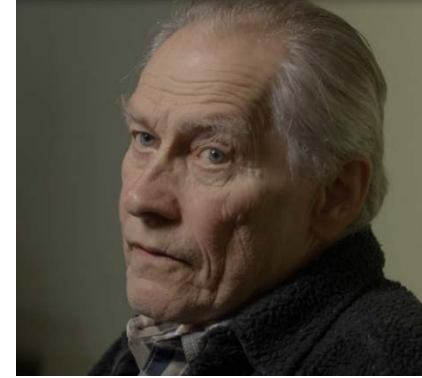
# The Visit:

[https://youtu.be/q4RFS\\_NJqho](https://youtu.be/q4RFS_NJqho)





# The Visit



A brother stops by his parents house to pick up his sister, who is visiting. The mom (Mary) is so happy to see them. The father is in a wheelchair in the other room. He doesn't acknowledge the son's entrance and demands a tea. Mary rushes to bring the tea. It spills a bit – he yells out and pushes the cup back at her. It spills onto the mother's hand and she cries out.

The scene cuts to the kitchen and the brother and sister who are watching. "I see the old man is as cheerful as ever" says the brother to sister. She replies, "I've had about all I can take."

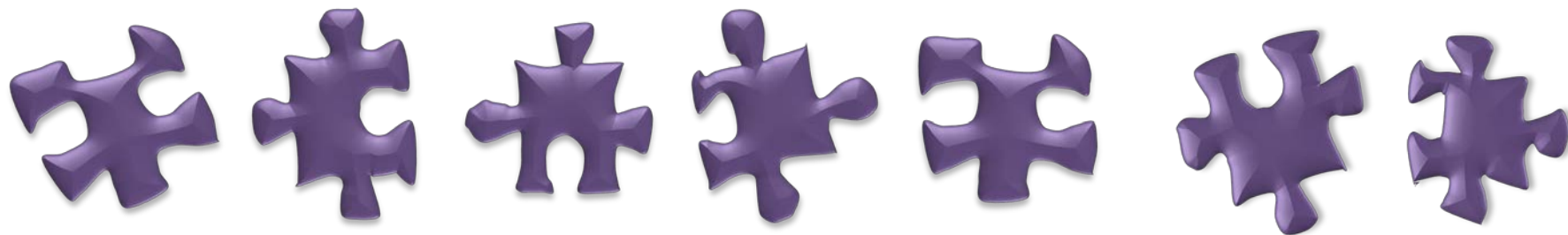
Mary returns and asks them to stay. They decline. The father calls out "let them go, good-for-nothings, the three of you!"

The brother and sister kiss their mom and leave. The scene cuts back to the mother who is alone again with her husband, who is angry.



# 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?

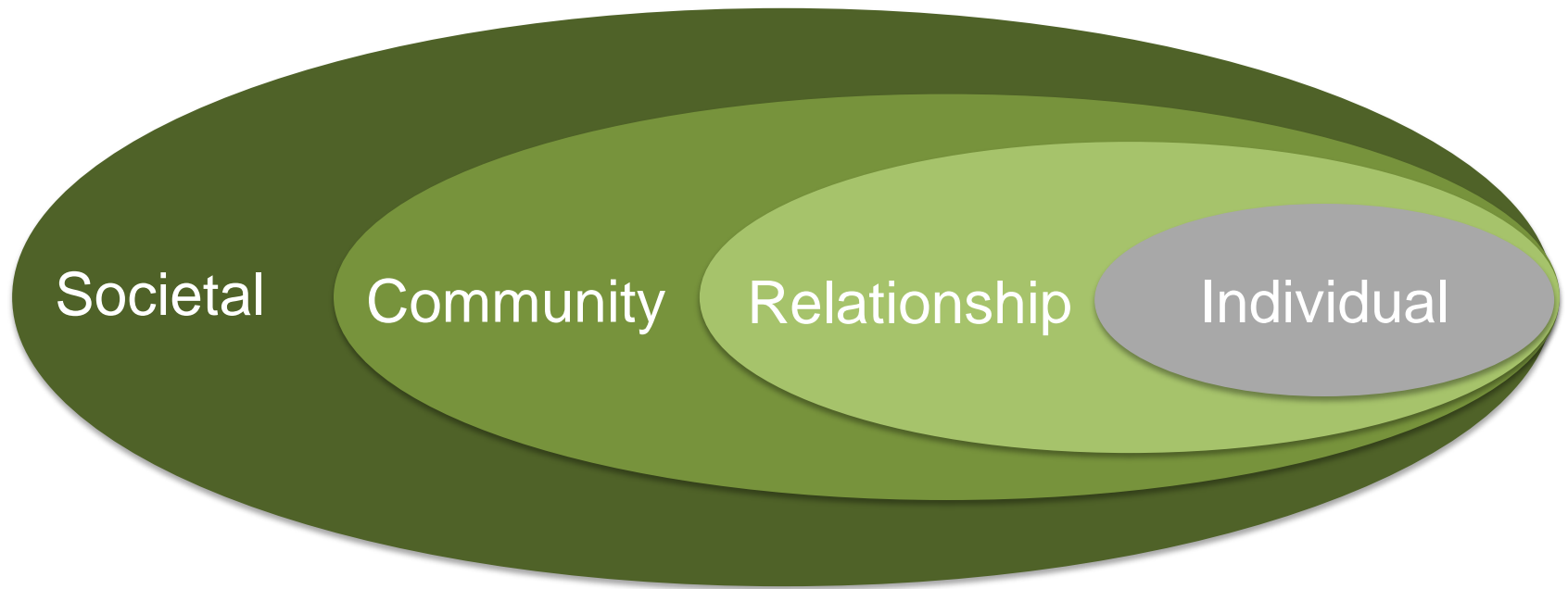


# Barriers to seeking help

- Domestic violence “grown old” – ageist attitudes
- Victim-blaming – “she’s put up with it 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



# WHO – Ecological Model



# 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



# 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  
dynamics

Economic  
pressures

History of  
Domestic Violence



Ageism

Unregulated capitalism

Unregulated capitalism

Social expectations about her role

Economic pressures

Shifting power dynamics

History of Domestic Violence



Ageism

Unregulated capitalism

Unregulated capitalism

Social expectations about her role

Economic pressures

Shifting power dynamics

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

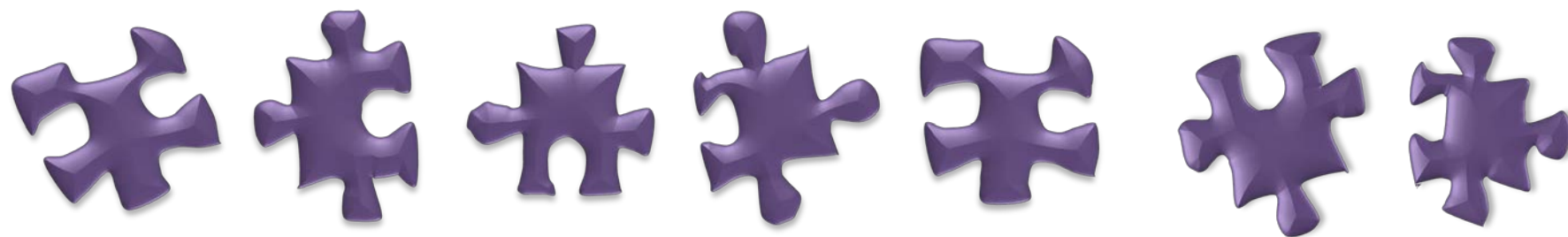
- Crisis shelters are designed for younger women and children
- Few options for men
- Outreach services not designed for older adults
- Housing – accessibility issues / need care



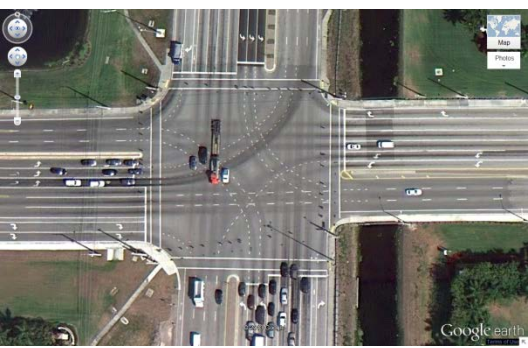


# Consequences of Abuse

- 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 services or financial supports







# 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?







## **It's Not Right!**

Neighbours, Friends & Families for Older Adults



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Education

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# Questions & Comments



# Thank you!

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