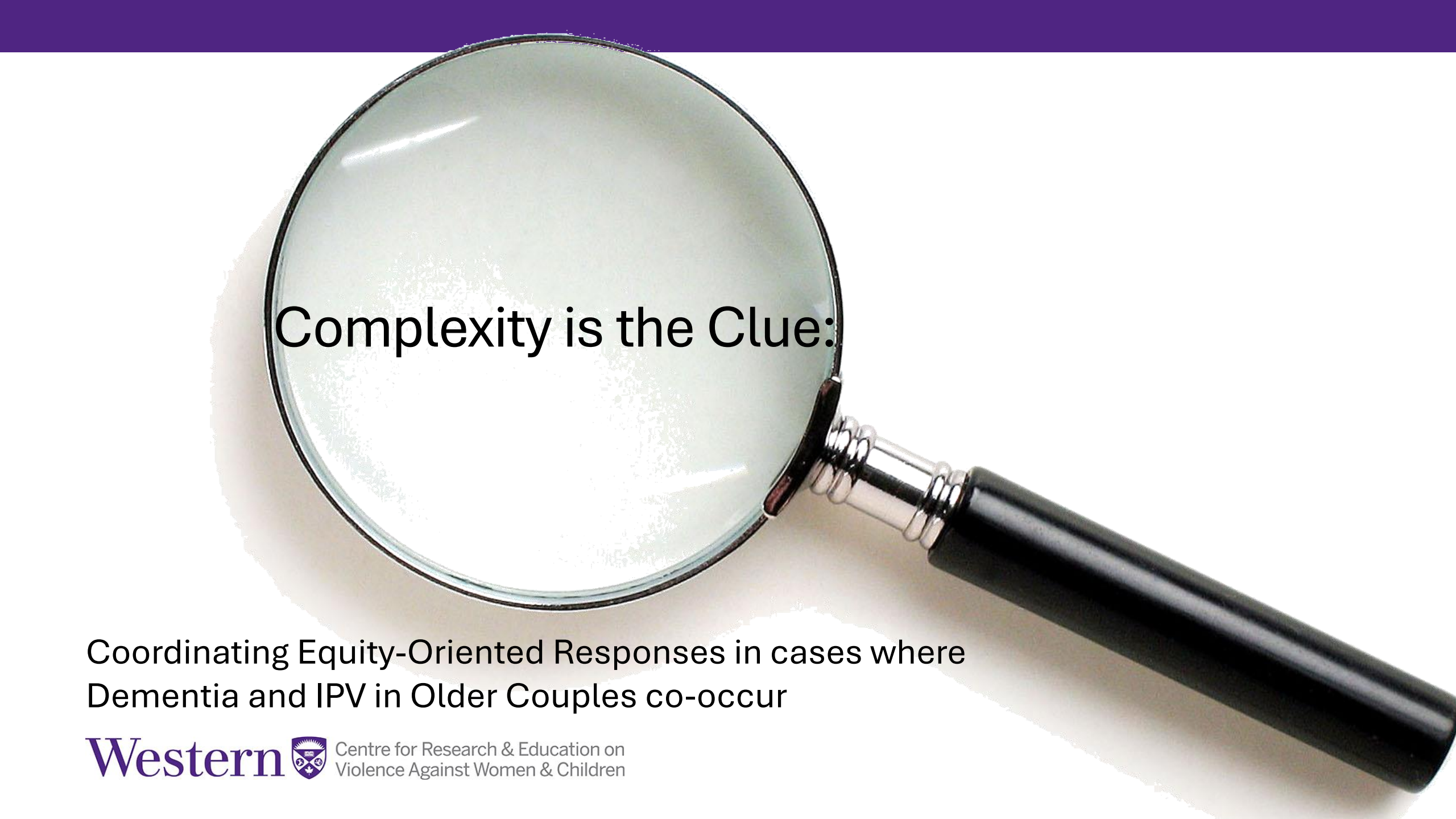
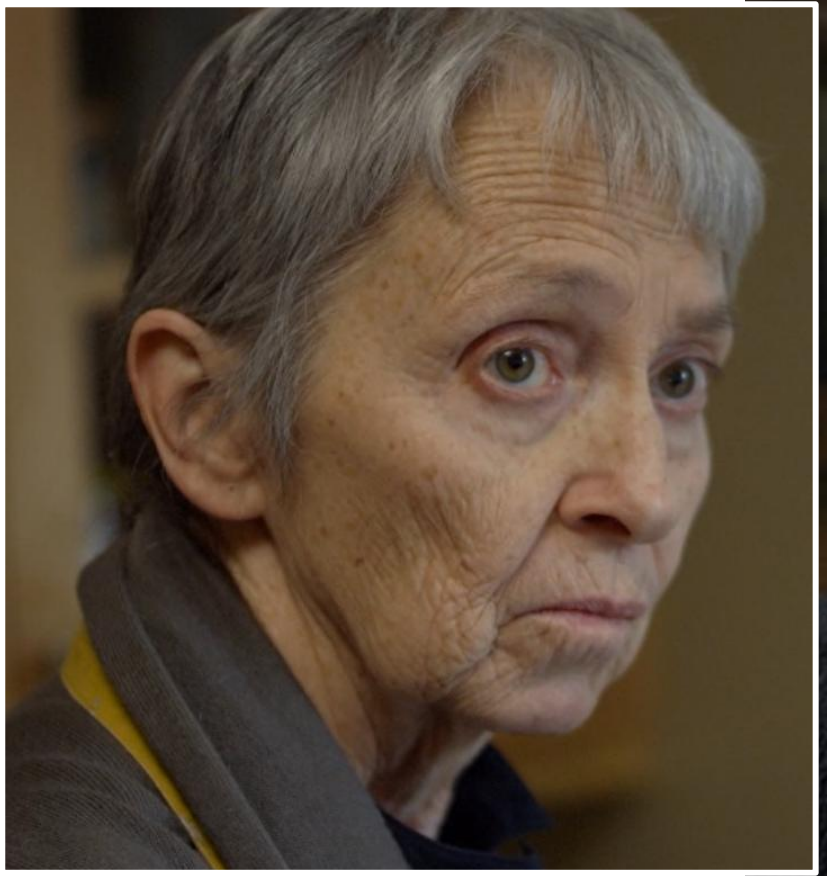
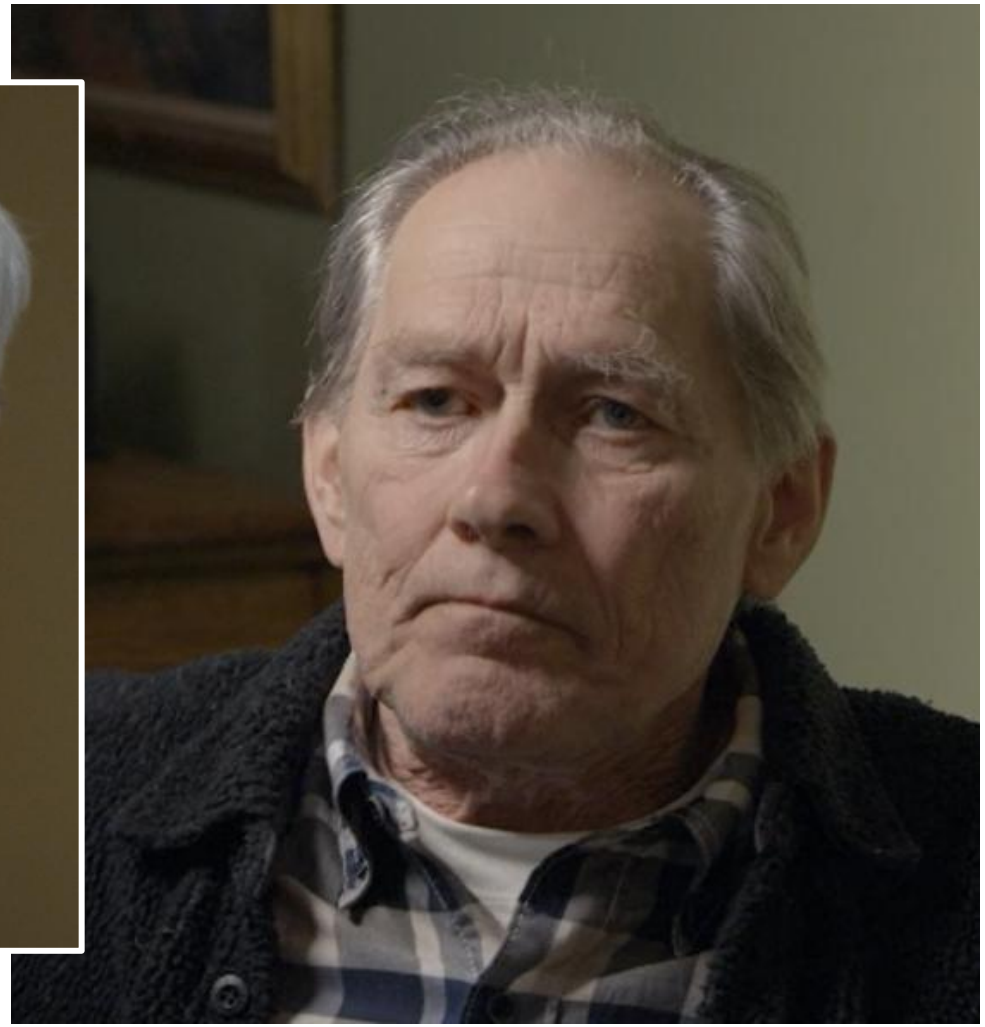


Coordinating Equity-Oriented Responses in cases where Dementia and IPV in Older Couples co-occur

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

Pat and Phil





1985

2024

Multi-Sector Involvement

Family Doctor

Victim Services

Occupational Therapist

Social worker

Police

Care Coordinator

Home Care PSW

Addiction Services

Daughter / Son (estranged)

Hospital

This is not a story about bad people or failing services. It’s about our current structures and resources.

Sector – Primary Orientation to Situation – Main Issue – Systemic / Default Frame

PSW / Home Care

Healthcare (GP, Geriatrics

Occupational Therapy (OT)

Police

Victim Services

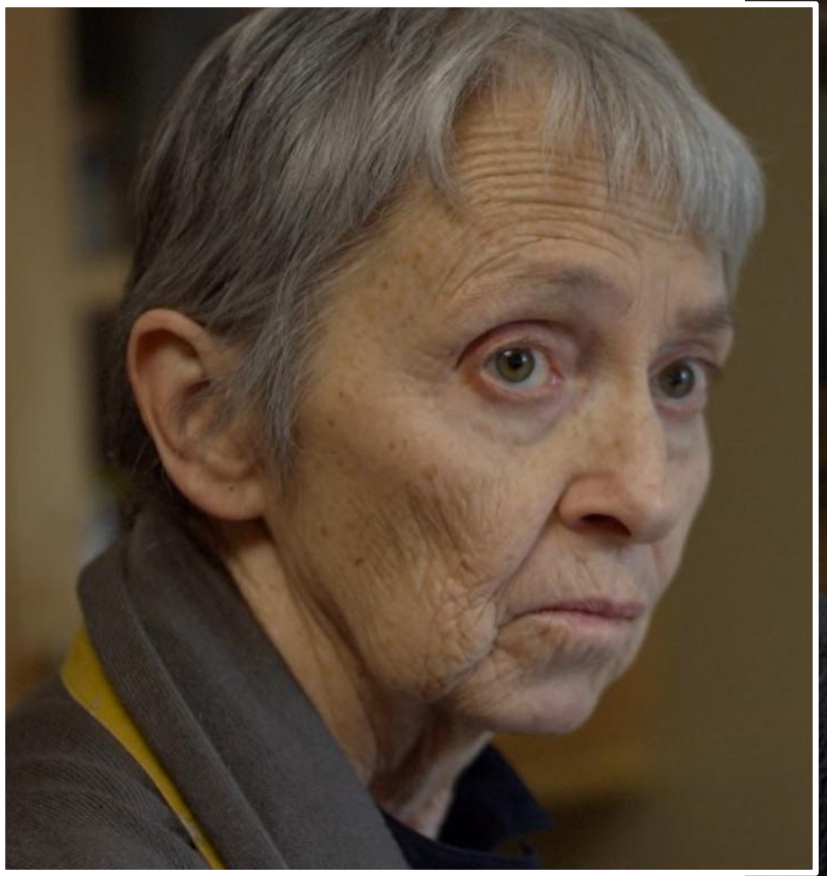
Addictions / Mental Health

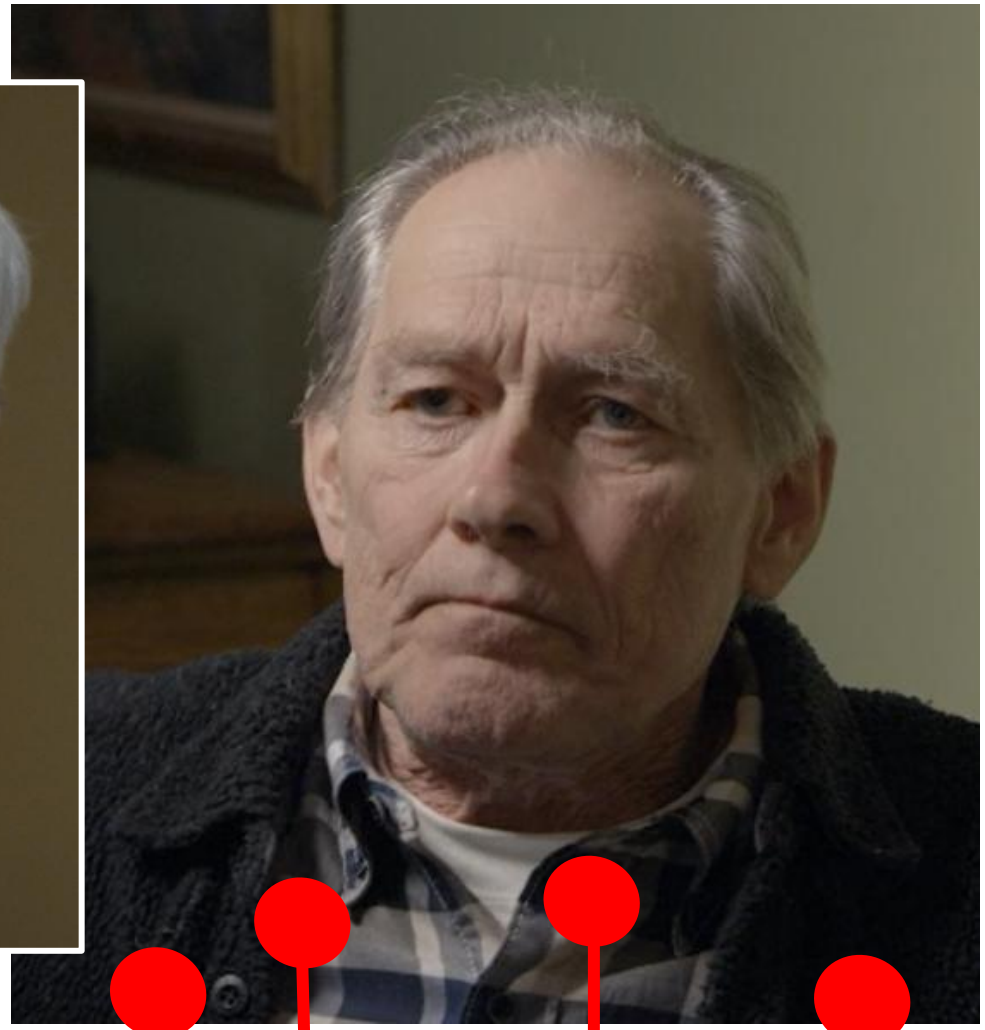
Orientation: Behavioural health, coping, stability

Main Issue: Alcohol use, depression

Systemic Focus: Individual diagnosis, substance use as maladaptive coping

This is not a story about bad people or failing services. It’s about our current structures and resources.





2025

Victim Services

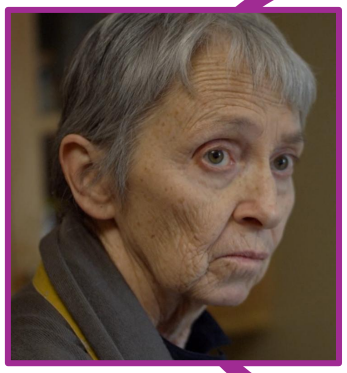
Family Doctor

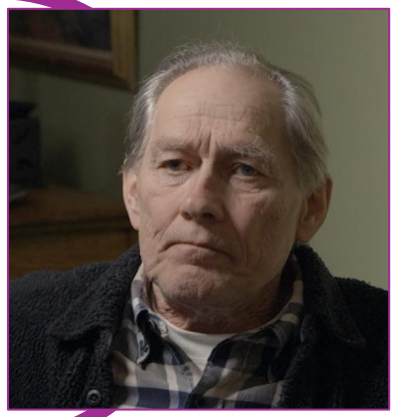
Social worker

Police

Occupational Therapist

Home Care PSW





Care Coordinator

Addiction Services

Gender-Based Violence

Daughter / Son (estranged)

Hospital

Sector – Primary Orientation to Situation – Main Issue – Systemic / Default Frame

PSW / Home Care

Healthcare (GP, Geriatrics

Occupational Therapy (OT)

Police

Victim Services

Addictions / Mental Health

GBV / VAW Services

Orientation: Power, control, safety

Main Issue: Long-standing IPV and coercive control

Systemic Focus: Survivor defined safety, perpetrator accountability


The number of older women killed by their male partners is the hardest kind of proof that domestic violence is a significant gendered issue that is growing as the population ages

How do Domestic Homicides Differ with *Older* Adults?

Victims of police-reported family and intimate partner violence in Canada

Statistics Canada 2021

- Since 2009, police-reported family violence against seniors (65+) has increased by 37%
- There were 5,799 seniors aged 65 years and older who were victims of police-reported family violence in 2021.
- Senior women had a higher rate of family violence than senior men.
- Women accounted for nearly 6 in 10 (57%) senior victims.
- In 2021, family violence against seniors was 8% higher than in 2020 and 14% higher than before the pandemic in 2019.

Older Adult Domestic Homicide in Canada

(Canadian Centre for Justice & Community Safety Statistics, 2021)

Between 2000 and 2020, 944 older adults (65+) were victims of homicide in Canada

Male Homicide Victims	Female Homicide Victims

• **33%** were killed by a **family member**
  • 27% family members
  • **6% intimate partners**
• **67%** were killed by a **non-family member**
	• **67%** were killed by a **family member**
	  • 35% family members
	  • **32% intimate partners**
	• **33%** were killed by a **non-family member**

While domestic homicide accounted for 18% (164) of all older adult homicides,
82% (116) of domestic homicide victims were female

Older Adult Homicide Offenders

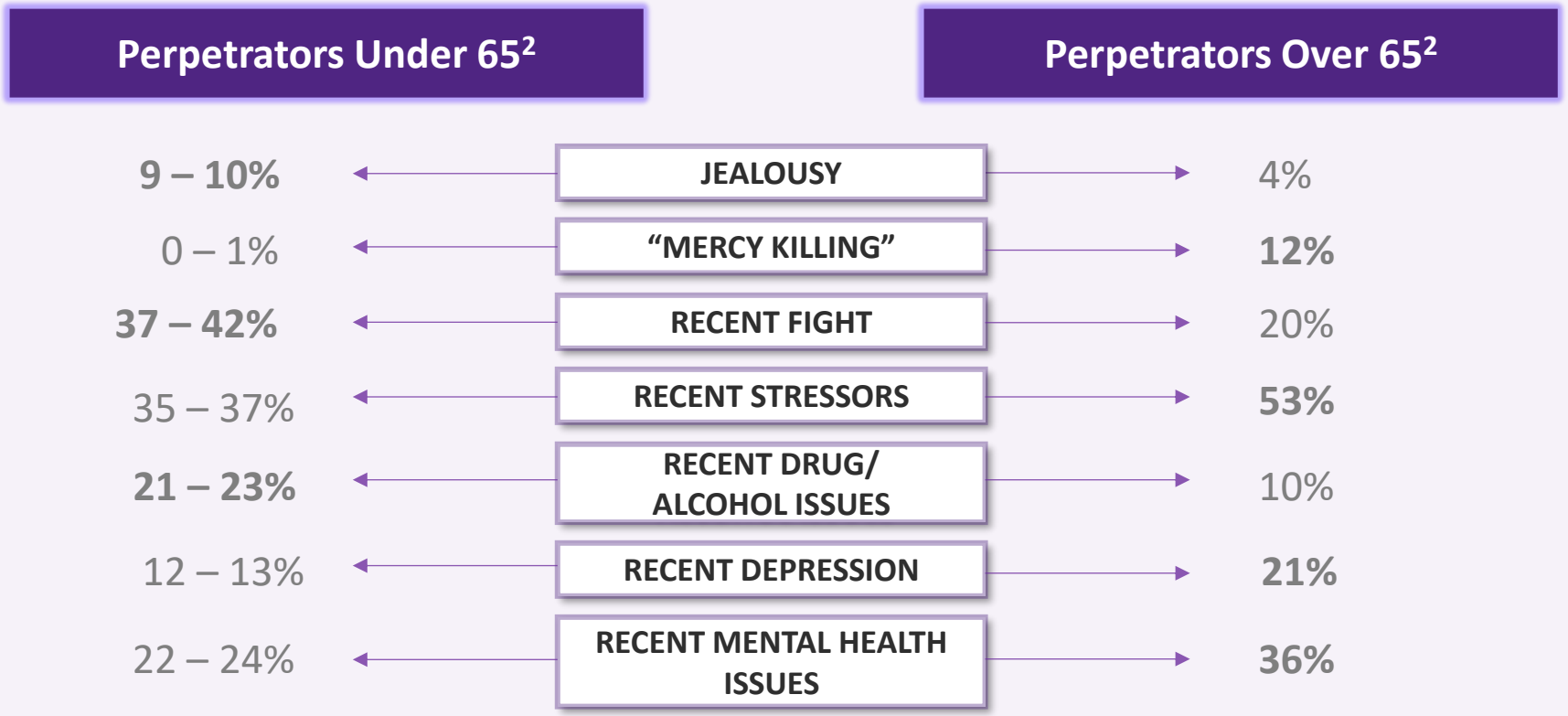
Based on an analysis of 15 international studies:

- Older perpetrators were most often **male**
- Several victims had pre-existing medical illnesses – perpetrators were often **caregivers to chronically ill spouses**
- Perpetrators had a **history of psychiatric conditions** (mood and affect disorders, substance use disorder, psychotic delusional convictions)
- Few perpetrators had received psychiatric help; **mental illness at the time of the offense** was common
- **Depression** noted in as many as **75%** of perpetrators
- Other factors: adverse childhood experiences, past legal issues, and stressful and/or traumatic events shortly before the homicide
- Intimate partner homicide was often followed by **suicide**

Nguyen, H., Haeney, O., & Galletly, C. (2021). The characteristics of older homicide offenders: A systematic review. *Psychiatry, Psychology and Law, 29*(3), 413– 430. https://doi.org/10.1080/13218719.2021.1910589

Older Adult Domestic Homicide-Suicide

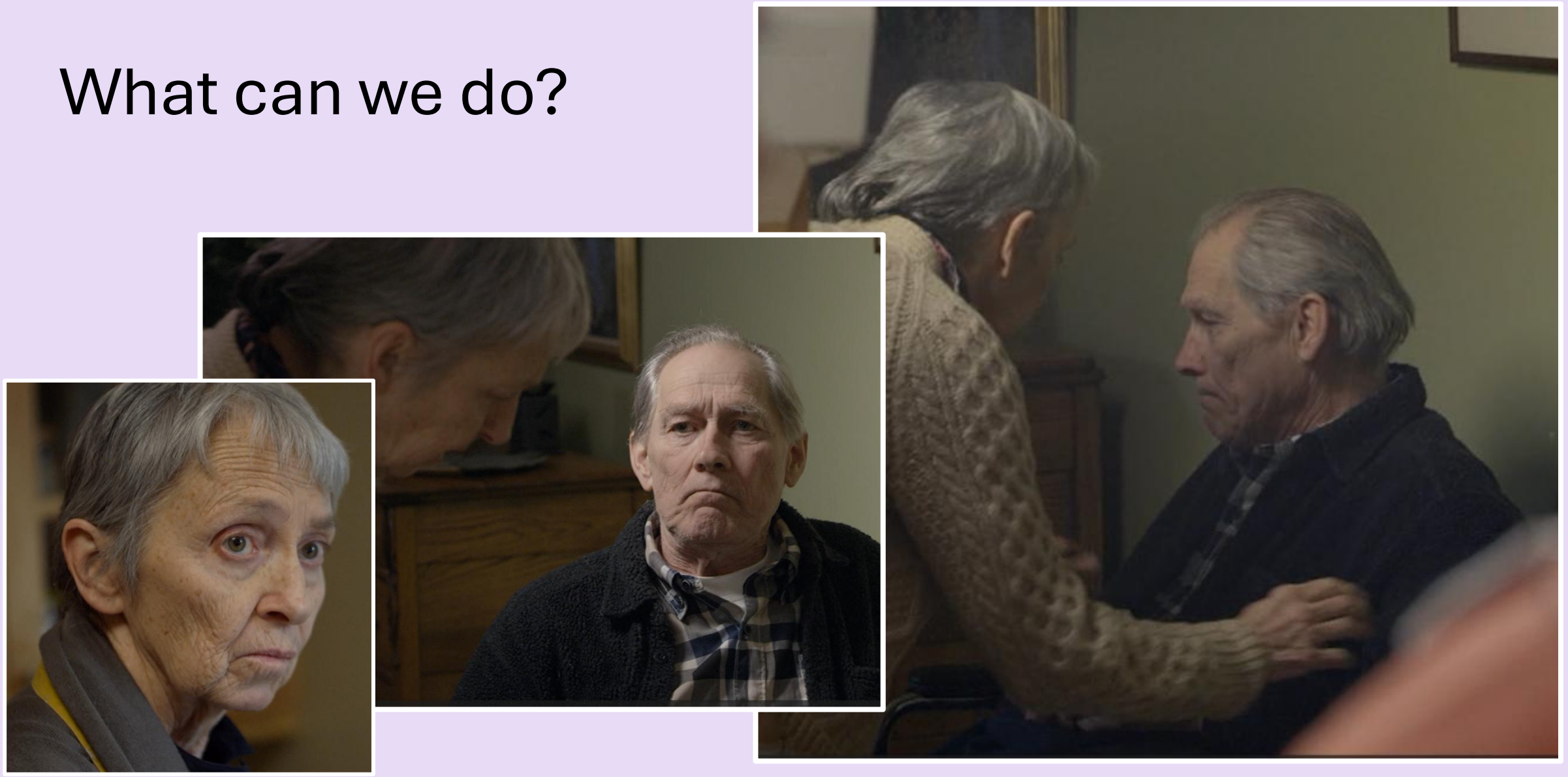
- 5% of all domestic homicides are followed by perpetrator suicide
- Incidents involving older adults comprise **23%** of all domestic homicide-suicides[1]



[1]Chatfield, S. L., DeBois, K. A., & Evans, S. D. (2022). Mixed methods secondary analysis of older adult homicide-suicides from National Violent Death Reporting System (NVDRS) data. *American Journal of Qualitative Research, 6*(2), 115 – 132. https://doi.org/10.29333/ajqr/12129

[2]Schwab-Reese, L. M., Murfree, L., Coppola, E. C., Liu, P.-J., & Hunter, A. A. (2021). Homicide-suicide across the lifespan: A mixed methods examination of factors contributing to older adult perpetration. *Aging & Mental Health*, *25*(9), 1750–1758. https://doi.org/10.1080/13607863.2020.1795620

What can we do?



Victim Services

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1. IPV Is a Pattern, Not an Incident

IPV is not a one-time event — it is an ongoing, patterned misuse of power and control.

- If we focus only on *what is visible now* (e.g., illness, memory loss, financial stress), we miss what has shaped the person's entire context of decision-making, risk, and survival.
- Without an IPV lens, **we risk treating the effects (e.g., mental health, caregiver stress, conflict) instead of addressing the cause**.

2. IPV Alters the Meaning of Everything Else

- Dementia, disability, dependency, substance use, mental health, housing instability, all of these look *different* when abuse is present
- A woman's "forgetfulness" may not just be cognitive decline, it may be trauma
- A man's "vulnerability" may obscure years of domination and control
- A refusal of service may not reflect informed consent, it may reflect fear, coercion, or survival logic.

If we don't centre IPV, we risk interpreting through the wrong lens, and acting on the wrong conclusions.

3. Services Without an IPV Lens Can Reinforce Harm

- Well-meaning interventions often **reproduce control**: e.g., safety plans without consent, discharge planning that assumes caregiving, or police responses that ignore coercive control
- Systems that rely on “capacity,” “evidence,” or “compliance” without IPV awareness often **penalize survivors** and **reward perpetrators who present well**.

4. Missed IPV Means Missed Risk

- Coercive control is one of the strongest predictors of femicide
- If we ignore IPV because “there’s no bruise,” we allow lethal risk to go unrecognized
- Orientation toward IPV is not about blame — it’s about **accountability, context, and safety**

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Gender-Based Violence

Relational Leadership

Gender-Based Violence Services

TEACH

- How to recognize power, control, and coercion even when it's subtle, chronic, or normalized.
- That safety is subjective, fluid, and must be survivor-defined, not assumed.
- That leaving isn't the only measure of success in IPV cases.
- How to work relationally, resisting the urge to "fix" or control survivors' choices.

LEARN

- More about cognitive impairment, caregiver dynamics, and medical language that can shape or obscure risk.
- How to sustain engagement with people whose capacity is changing

Relational Leadership

Dementia and Health Services

TEACH

- Deep knowledge of progressive illness, capacity, and how dementia may affect memory, behaviour, and consent.
- Clinical skills in assessing needs beyond immediate physical safety.
- That confusion, aggression, or withdrawal can be survival strategies, not just symptoms.

LEARN

- To ask about trauma histories and relationship dynamics, not just diagnoses.
- That not all caregiving relationships are safe or healthy, and safety cannot be assumed based on functional needs.

Relational Leadership

Home Care

TEACH

- Real-time knowledge of the daily realities in the home, who's doing what, who's receiving what
- Insight into how dependency, pride, and stigma affect help-seeking in older adults
- Understanding of how service eligibility and funding structures constrain or enable care

LEARN

- That behind some "refusals" or "non-compliance" may be coercion, fear, or isolation.
- That caring roles are not always chosen or safe, and shouldn't be morally assumed.

Relational Leadership

Elder Abuse / Adult Protection Services

TEACH

- Familiarity with laws and policies governing capacity, protection, and guardianship
- Tools for investigating complex harm, including neglect, isolation, and undue influence
- Language around self-neglect and capacity-based decision-making

LEARN

- How gendered violence operates differently than general “abuse” and why it needs a GBV lens.
- That dependency is sometimes a result of abuse, not just aging or illness

Relational Leadership

Police

TEACH

- The legal mechanisms available for protection, intervention, and accountability
- How to investigate with evidence standards that will stand up in court
- The risk of system-induced harm if action is taken without careful coordination

LEARN

- How to identify coercive control and power-based patterns that don’t look like criminal code violations.
- How to work with survivors who have memory loss or altered communication, without dismissing credibility.
- To engage with trauma- and violence-informed interviewing that avoids re-traumatization.

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AGEISM

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Shared Learning on Ageism

Older adults are not a monolith: resist narratives that flatten older people into stereotypes

Aging does not erase gendered experiences of violence: ageism and sexism intersect often making older women invisible to both seniors services & GBV

Risk and harm look different in later life: Harm can be misread as inevitable or assumptions made that it's 'too late' for intervention

Older adults' decisions are shaped by lifelong survival strategies: what looks like passivity or confusion may be deep caution, loyalty, trauma response or learned distrust of systems – be curious before judging capacity, credibility or choice

Caregiving roles can be coercive: expectations of duty even when risk is present

Capacity is not the same as consent: over reliance on visible cognition and under-recognition of control

Older people deserve futures: It's never too late to be safe or to be seen

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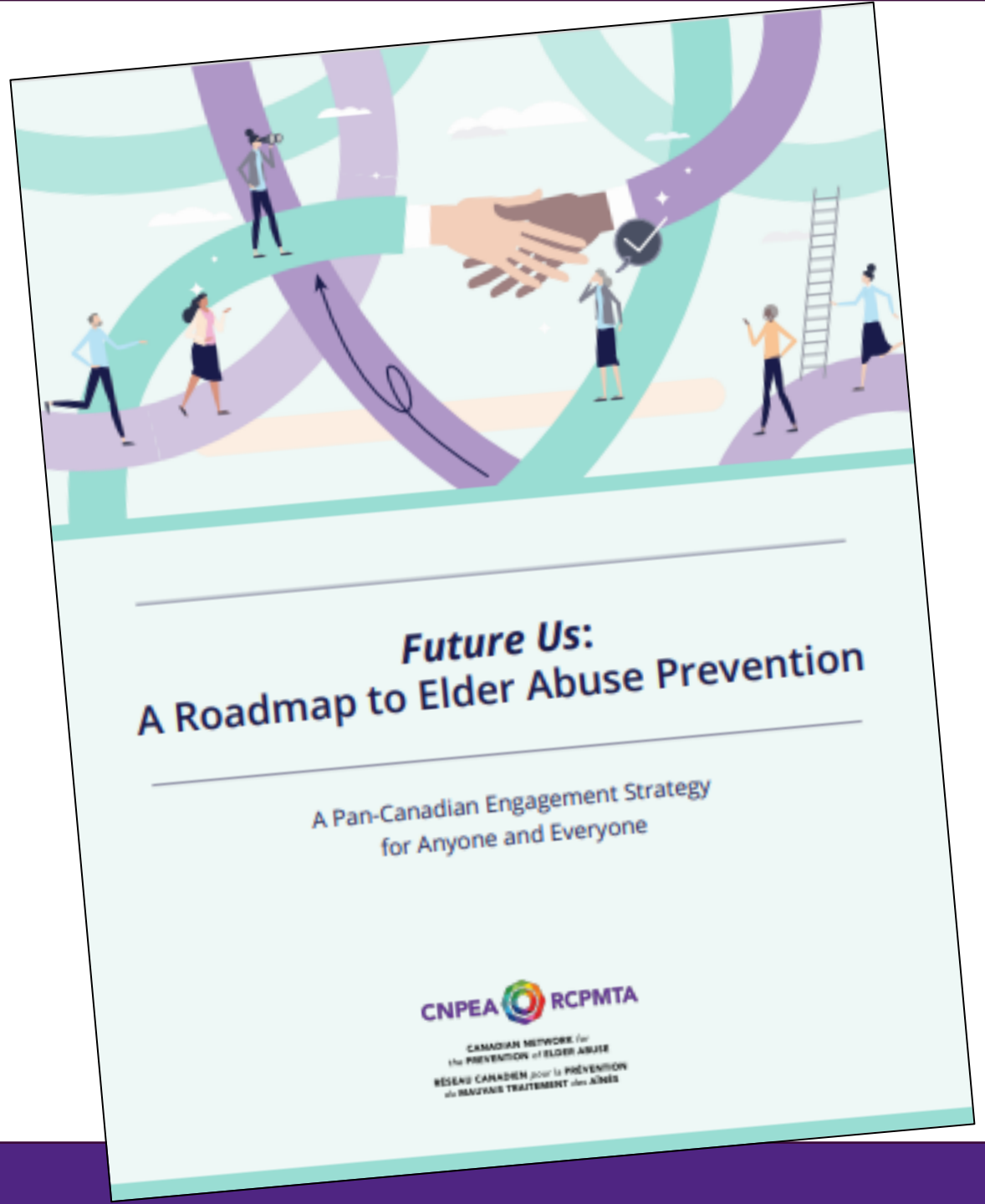
Trauma – and Violence – Informed

The Wildflower Guide and Tools

We have to uproot the deeply embedded status quo shaped by dominant business models that have colonized human services for decades.

Change isn’t linear; it’s organic, relational, and interconnected, like an ecosystem where each part sustains the whole.



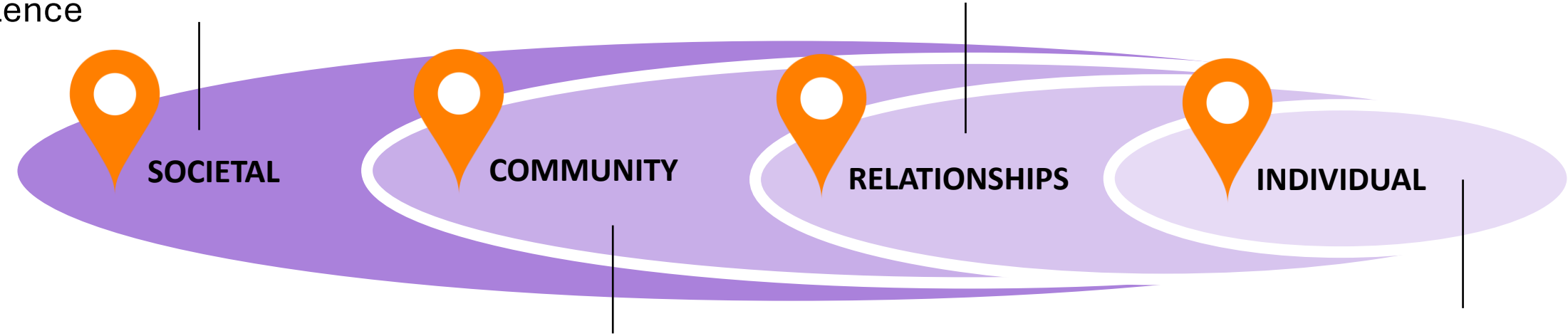
1. **Prioritize prevention** of elder abuse and neglect in every community
2. **Establish and support elder abuse prevention networks** at local, regional, and national levels.
3. **Teach everyone** to recognize warning signs of abuse and neglect, how to respond safely and effectively and where to refer in the community to find help.

The future of us is up to us

The ecological model emphasizes the interconnectedness of society as a system:

Sexism – Gender wage gap
Ageism – Women 50+ excluded from GBV research, strategies (e.g. NAP)
Neo-liberalism – hyper individualism
Patriarchy – king of the castle
Colonialism – superiority, state sanctioned violence

Social norms: mind your own business, what goes on in a home is private
Untreated trauma, intergenerational trauma: violence in the home , adult children are estranged



Business model values & beliefs:
There is no funding for community coordination or early intervention or prevention
Social norms from sexism: entitlements

Untreated trauma – Pat & Phil
No GBV supports for older people
Pat has **no pension** - financially dependent
Phil has never been held accountable

What we can learn together

- How to **slow down and see differently**, to start from *this person*, not this protocol.
- That every service has limits — and also blind spots.
- That **shared accountability** means looking beyond mandates to ask:

Are we doing right by Pat? Are we upholding her dignity, her safety, her humanity?

What we can learn together

When we look at Phil, are we willing to ask:

What does accountability look like for him now, not as punishment or protection, but potentially as relational repair?

Are we willing to see that Phil’s needs for care do not erase Pat’s right to safety, and that asking about his needs must not reproduce her harm?

Shared accountability means not letting the system default to care for one person at the cost of another.

It means designing responses that honour complexity without abandoning justice.

🔑 **Key Principle: IPV Changes the Meaning of Everything. It Must Change the Orientation of the Response.**

So, what does it mean to orient to IPV?

- Start from the assumption that **power dynamics matter**.
- Ask: “What if this person is surviving abuse? What would change?”
- Centre safety, dignity, and control for the survivor — not for the service system.