

Gap Analysis

Strengthening Gender-Based Responses to End Violence
Against Older Women in Ontario

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Section 1.

AWV Project Overview

The **Ontario** Association of Interval and Transition Houses (OAITH) is a 77 member-based coalition made up of first stage women shelters, second stage housing programs, and community-based women's organizations across the province. Together, we work towards eliminating violence against all women in Ontario. Our initiatives to reach our collective goal 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) in Ontario. Year 1 (2017-2018) of the Aging Without Violence (AWV) project focused on three distinct information gathering activities: a gap analysis, environmental scan, and provincial forum. This document presents the findings of the gap analysis.

Aging Without Violence is sponsored by OAITH and funded by the Government of Ontario



Ontario Association of Interval & Transition Houses



Section 2.

Gap Analysis Overview

The gap analysis was undertaken to examine gaps in existing roles, resources, and responses to determine what training tools, techniques and topics frontline service providers in Ontario need when working with, supporting and advocating for older women who have experienced violence or may be at risk of experiencing violence. The ultimate goal of the gap analysis was to provide the AWV Provincial Advisory with an understanding of potential gaps to inform future directions and activities of the project over the next 3 years. The gap analysis aimed to:

- Identify broad themes and trends arising across sectors that have a mandate to respond to elder abuse and violence against women
- Address the issues and challenges that impact older women experiencing violence in accessing support
- Provide insight into possible gaps in systems serving older women
- Identify training and resource needs for frontline service providers in Ontario working with older women experiencing violence in a variety of sectors
- Determine opportunities for inter-sector collaboration to maximize in project development
- Recommend training development priorities for future goal setting

To inform this gap analysis, insight and information was collected from stakeholders across sectors via multiple data collection methods including:

- A literature review
- Stakeholder interviews via video, telephone, and email
- Written surveys
- Group work exercises during the March 2018 Aging Without Violence Forum in Toronto, Ontario

The specific methodology of each data collection method is outlined within the sections to follow. Below is a chart summarizing information related to the three data collection methods beyond the literature review.

Data Collection Method	Number of Participants/ Respondents	Number of Organizations	Number of Sectors
Group Think Exercises	19-23 teams- approx. 5-8 participants per team	74	5+ including "other"
Interviews via Video, Telephone & Email	23 (14 video, 7 phone, 2 email)	23	8 + (including consultants)
Written Surveys (45% completion rate)	97	97	6+ including "other"

Section 3.

Definitions

Violence Against Women:

Any act of gender-based violence that results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (United Nations, 1993). Women includes all those individuals who identify as women, including trans and cisgender women.

Elder Abuse:

A single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person (World Health Organization, 2002).

Feminist Intersectional Approach:

Intersectional analysis starts from a recognition that people have plural identities, and that different types of discrimination and disadvantage can occur and intersect as a consequence of these different identities. It aims to address the manner in which racism, patriarchy, class oppression, and other systems of discrimination create inequalities that structure the relative positions of women. It takes account of historical, social and political contexts and also recognizes the unique individual experiences resulting from the coming together of different types of identity. The intersectional approach focuses on the individuality of the oppressed person and her personal experience of discrimination in its varying forms (Comité québécois femmes et développement, 2011).

For further definitions related to this report please see the Learning Network VAW Lexicon:

<http://www.vawlearningnetwork.ca/learning-network-resources/violence-against-women-lexicon>

Section 4.

Literature Review

An information request for document collection was submitted to OAITH, and the organizations and content experts represented on the Aging Without Violence Advisory Committee (see Appendix 1 for Advisory Member List). A total of 60 submissions were received of which 21 were reviewed. The reviews were inclusive of sector specific reports, planning documents, provincial strategies, webinars, toolkits, statistical summaries and presentations.

The review also included a comparative analysis of 16 provincial, national and international programs, networks and organizations known for offering VAOW training and resources in some capacity.

See the Aging Without Violence Environmental Scan, published June 2018 for the full literature review and comparative analysis.

Section 5.

Stakeholder Interviews

Methodology:

Targeted face-to-face and over-the-phone consultations encouraged a deeper level of engagement with service providers and sector representatives. A total of 26 stakeholder interviews were completed; 16 were recorded on video, seven were conducted over the phone, and two were submitted via email. Each interview method followed a similar list of questions for ease of collation and subsequent analysis. See **Appendix 2** for the list of video interview

questions and **Appendix 3** for the list of phone and email interview questions. The scope of the interviews explored the importance of applying a gendered lens to elder abuse, types of support that older women experiencing violence seek, successes in past work with older women, and barriers in effective responses. Interviewees were also asked to identify knowledge gaps to help determine the training and resource development priorities of the Aging Without Violence project. See **Appendix 4** for a comprehensive list of interview participants.

Over eight sectors were represented across the various stakeholders including VAW, mental health, research, Francophone VAW Services, sexual violence, education, elder abuse, and Indigenous services, as well as consultants with expertise in disability, and queer and trans issues.

All phone and email interviews, and the majority of video were completed in English. However, two video interviews were conducted in French. The content of these interviews was transcribed and translated for inclusion in this report.

Video Interviews

The ‘domino effect’ of lack of funding

The number one theme throughout stakeholder interviews was lack of funding. Consistently, frontline workers, managers, researchers, educators, and consultants reported they do not have adequate funding to support the staffing they require. This limits their ability to provide service/carry out their mandate, participate in meaningful interagency and community collaboration, and integrate the recommendations of emerging best practices into their work.

The following are quotes from video interview participants which demonstrate this theme:

“The real barrier is as a charity, we have no core funding. We are

constantly chasing for projects, persuading government organizations, institutions, donors to give us the resources we need, either an in-kind or the dollar value so that we can continue our mandate and reach older people.”

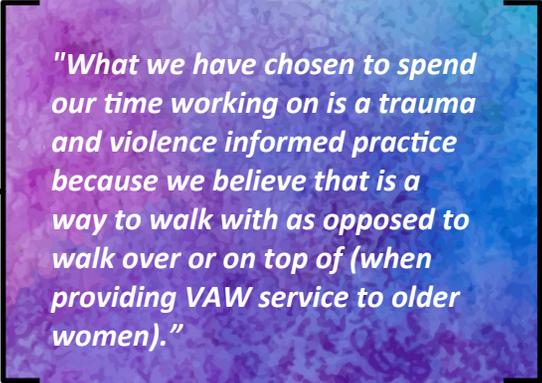
~

“There is a lack of funding for programming so it kind of either comes out of my pocket or whatever money we can try and pull together for any material for the women to take part to do in the shelter.”

~

Trauma informed approaches

The need for trauma informed approaches was cited by interview participants from VAW, research and education sectors. This work includes an understanding of the impact of trauma when identifying and working to meet a client’s needs. For example, impacts of trauma can often be misdiagnosed as mental health conditions. Understanding the complex trauma women who are older have experienced through their lives, the neurobiology of trauma, and training surrounding intergenerational trauma (for example, residential schools) provides a foundation for trauma informed



“What we have chosen to spend our time working on is a trauma and violence informed practice because we believe that is a way to walk with as opposed to walk over or on top of (when providing VAW service to older women).”

trauma responses.

The Need for a Gendered Lens Across Sectors

Every phone, email, and video interview participant (with one exception) identified a gendered lens as vital in responding to elder abuse effectively.

Many spoke quite passionately about the need for an analysis of elder abuse which takes into consideration the centrality of gender in women’s experiences of violence.

“I would really like to see a much more, um, a greater training and a greater understanding from folks outside the sector. Um, it gets really hard work to have to train other professionals about things I believe they should know. So the whole gender based violence strategy, um, it needs to be more pervasive, it needs to cross all the sectors. So education should be looking at things through a gender based lens. Health should be looking at things through a gender based lens. So hopefully this will be a bit of the momentum to start that happening.”

~

“So let's talk about the impact of bringing a gendered lens. Well, I think the impact is that we don't really, we don't really look at the lives of women and how they're distinct and different from the lives of men, nor do we look at the endless possibilities of what, uh, what gender actually means in the 21st century. So, um, and I think that's a large problem in relation to the whole area of, of applying a gendered lens, uh, women who were homeless, women who have lost their children, women, women who have outlived their partners, who, uh, spent more time working in the home, which is invisible, unrecognized work, uh, are, are having to live on the pittance that is called our CPP, if they'd been in the workforce a little bit, um, if they're lucky enough to have received part of his pension.”

~

“Specifically when we’re talking about violence against older women, what the frontline workers find is that there’s really a lack of resources adapted that really take into consideration a gender specific analysis. So, sometimes we find that there’s a lot of resources.... A lot of conferences, training that exist, but none are really specific but more a rather neutral analysis where we target more the mistreatment of elderly people in general.” (Response

translated from French)

~

"Older women experience more intimate partner violence; their spouse is the number one perpetrator followed by their children whereas for older men it's their adult children and extended family members and so we have to really look at that intersection between elder abuse and domestic violence and we have to bring those sectors together to really look at those barriers that older women are facing."

~

"Elder abuse is no different than other forms of abuse in society... Individuals may be more vulnerable, um, you know, based on a number of factors relating to the context of their lives. And clearly women are very vulnerable to violence, usually violence that happens within the context of relationships that they may be intimate relationships and they may be relationships with caregivers. So a gender based lens really helps us understand a women's risk and vulnerability to multiple forms of abuse, sort of as a fundamental context of their lives. And obviously when we're looking at gender based violence, it's more than gender. Obviously there's multiple dimensions to individual's lives which also include issues around class and sexuality and culture. So obviously there's multiple factors that may determine vulnerability and risk for women."

~

Silos Across and Within Sectors and Ministries –

The Need for Top Down Collaboration

The specific language of “silos” was common among interview participants who described the ways a lack of understanding and collaboration within and across sectors and ministries limits their ability to provide effective support to older women experiencing violence.

"When we created organizations we forgot what should be at the center of organizations and that is people. And people are born and live through a life cycle and die and along the way they experience and number of obstacles, yet the hospital system works in isolation from other systems; I find it difficult to even call them systems because they are fragmented messes... it is not only silos within a sector but the silos within the silos within the silos... we talk about abuse in relation to the elderly... when the systems aren't even set up to deal with them in a humanistic way.... (Systems) they don't work in collaboration, they're quite siloed. And if you look at what happens to a person trying to navigate the system, it really is heartbreaking because it doesn't work in a way that is helpful."

~

"The two sectors are really working in silos – the geriatric sector and then we have the violence against women sector."

~

"There's been a push up the ground level to work cooperatively sort of with other sectors with other organizations and yet when you move upward to the funders, they're very siloed. So you know, you've got corrections, you've got the Ministry of the Attorney General, you've got the Ministry of Community and Social Services, you've got the Ministry of Health, the Ministry of Education. There's not a lot of communication, there's not a lot of um, collaborative cooperative work that's being done there. So one of the barriers is when you're doing it on the ground and trying to make those things work, funders. So funders for the Ministry of the attorney general have a certain set of guidelines that actually don't work with the Ministry of Community and Social Services guidelines. So that collaborative work becomes very difficult because it's not being done up here... (motions upwards). Our funders are both saying work collaboratively, but then your mandates and some of the strings that come with your funding don't allow you to do that sort of creative, collaborative work."

Meeting the Needs of Marginalized Older Women and Older Women in Northern, Remote, and Rural Communities

Another theme which emerged was the challenges participants encountered when working to meet the unique needs of marginalized women. Participants noted the need for training, tools and resources focused on older:

- Francophone women
- Indigenous women
- Women with disabilities
 - LGBTQ+ women
- Immigrant and Refugee Women
- Racialized women
- Women living in rural communities
- Women living in Northern communities
- Women living in remote communities

“Other challenges happen in long-term care situations where staff have reported back to me that a person is having their own gender disconnect. They may have been trans all their life, but now they're in long-term care. They're having memory loss and as a result, they see the face in the mirror and they get very agitated because that's not who they are.”

~

“The problems that are most prevalent, because we work in a rural area, with a Francophone minority, so, we already have two realities that are very different from all others..., for women, there is a lot of isolation, there is a lot-- confidentiality is a problem. They all know each other. However, talking about sexual assault, of the violence they experience, it's not something they want to do with their neighbour or their cousin or their sister-in-law. So that often presents a problem. We're in a region where there's no public transportation, so women, not only do they not have access to

buses financially, there aren't any. So they can't have access to transportation. We also have the whole reality, again, where religion has had a lot of impact on women while growing up, in rural areas...So these traditional values are still very present as they age, so we must deal with that when helping women.”

Lack of transportation in particular was a common barrier to service cited for older women living in rural communities.

Invisibility of Older Women and the Issue of Violence Against Older Women

Stakeholders highlighted the invisibility of older women during video interviews, as well as the invisibility of the issue of violence against older women as a whole, indicating the need for awareness raising.

“(Older women are) subject to scams, financial abuse from their own children and at the whim of systems which won't be responsive unless you make noise. We aren't valued- we become invisible. I notice it, how absolutely invisible you can be when you get older! Especially when you are an older female, especially given the way in which we construct femininity and the way in which we laud youth and don't have much positive to say about old women.”

~

“I think one of the first challenges is that, um, it's not actually a part of the everyday conversation...You know, we're at a time where, um, we have sort of an unprecedented focus on the issue of violence against women, harassment against women, (and) harassment based on gender, and I still think that the discussion about how that affects older women is still invisible.”

Lack of affordable, Accessible Housing for Older Women

If an older woman does access a shelter after experiencing violence she faces another challenge of finding affordable housing which meets any

accessibility needs she may have. Subsidized housing in many communities across Ontario is extremely limited and priority status on lengthy wait lists is difficult to obtain.

“There needs to be more of a connection with the local health integration networks to establish a better connection to be able to transition the older women into supportive housing or long-term care. I think that's a missing piece. We, in fact we have a woman who has dementia who was living with us for a few months and she was deemed at crisis and she's still on the waiting list and that was (5 months ago).”

~

“We have women who come into shelter, for instance, and they attempt to get special priority status from a bureaucrat in housing who asks us to write far more detail than anybody should ever have to give about, um, about that individual's life and the harm has been caused to them and yet, and they get to make the decision about whether that individual is, has been harmed enough to get this special priority status so they don't have to wait six or seven years for housing. So instead of dealing with the issue of why is it that women have to, are the ones who bear the consequences for lack of social housing in a community.”

~

“It's complicated for older women, especially older women with um, you, know, cognitive impairments or physical impairments, getting them connected to the proper resources in the community. The waiting list for supportive housing is very long for seniors and they need a place to stay that's safe.”

Phone and Email Interviews

Phone and email interview themes echoed those above- with the following additions:

- Need for further research and specific resources regarding sexual violence and older women
- Adopting a human rights based advocacy approach
- Isolation of older women as a risk factor
- Case reviews by existing committees
- VAW sector needs to learn more about healthcare (dementia)
- Healthcare sector needs to learn more about VAW (risk factors, VAW resources beyond shelters)
- Need for recognition of the systemic nature of ageism
- Calls for policy change
- Training regarding the unique needs of Francophone remote elder women
- Need for French languages services
- Poverty reduction of older women and income security issues
- Need for transportation in Northern communities
- Risk management strategies for older women with multiple perpetrators (both partner and adult child, for example)
- Indigenous women- more content needed specific to responding in Northern remote communities
- The importance of follow up and outreach to older women

Section 6.

Group Think Exercises

The Aging Without Violence Provincial Forum, Strengthening Gender Based responses on March 20th and 21st, 2018 brought together 134 representatives from 75 agencies spanning over five sectors.

Breakout sessions were organized for the second day of the forum to facilitate small group interaction between participants from different sectors and collect data. These sessions used facilitated discussions to obtain thoughts and views from participants focused on violence against older women in Ontario. Nineteen to twenty three groups of approximately five to eight participants per group participated in three different exercises. Groups were asked to identify current VAOW trends and themes, skills development requirements for frontline workers, VAOW source materials, and ideas for future provincial VAOW training activities, resources, and public awareness campaigns.

The flux in total numbers of groups for the 3 group work sessions is a result of participants moving spaces and potentially changing groups during the March 21st forum as well as some participants only being present for a portion of the forum.

134 Participants – March 20th & 21st 2018 Forum –

Sector Breakdown

Sector	VAW	Other	Research and Education	Mental Health & Community	Healthcare
% of sector representation across participants	69%	12%	7%	7%	2%

134 Participants – March 20th and 21st 2018 Forum – Breakdown by Participant Age

Age	0-29	30-49	50-64	65-74	75+
% of Participants	16%	45%	35%	3%	1%

23 Small Inter-Sector Groups — Resource and Training Needs

Training/Resources	Total % of groups who noted this need	Total # of groups who noted this need
Power of Attorney	34%	8
Capacity & Consent	34%	8
Develop best practices	30%	7
Intersectional	17%	4
Connecting with older	13%	3
Funding for agencies	8%	2
Government support	8%	2
Resources in different	8%	2
Trauma informed	8%	2
Accessible spaces	8%	2

When asked to identify resource and training needs, the most common topics cited by groups of inter-sectoral participants were Power of Attorney (POA), and capacity and consent training which was noted by 34% of groups (8 of 23). Another common resource and training need cited was development of an understanding of best practice (noted by 30% of groups – 7 of 23). Four tables of 23 noted the need for intersectional approaches, disability and awareness training, a database/hub of information regarding services for older women, and culturally informed approaches. Three tables noted training needs to be focused on helping younger workers connect with older generations. Three tables noted the main barrier is lack of funding/support from funders and two tables noted a lack of financial support from the government — such as old age and CPP — negatively effecting clients. Resources in different languages were noted by two tables and two tables noted trauma and capacity, accessible spaces, and trauma and mental health as priority needs, noting training is needed on *“how effects of trauma can be misunderstood as another mental health condition such as dementia”*.

Other needed resources include:

- Front line tools
- Handouts for Indigenous women
- More info regarding language to use with older women
- Increased collaboration between sectors and agencies
- Legal information
- Legation regarding POA
- Policy changes

Within intersectoral groups which promoted discussion, participants of the March 2018 forum were asked to discuss and record any past trends they have identified in violence against older women.

Trends identified by participants include:

- Normalization and minimization of abuse (cited by 23% of groups- 5 of 21)
- Invisibility of issues (cited by 9% of groups- 2 of 21)
- Lack of inclusion for older women with disabilities (cited by 9% of groups- 2 of 21)

Other trends mentioned once among these group responses:

- Adult children convincing a woman to stay in an abusive relationship
- Lack of resources
- Lack of knowledge
- Lack of collaboration
- Financial abuse by acquaintance
- Femicide of older women
- Lack of gender analysis of issues
- Women afraid to leave situation and lose everything (money, family, etc.) and husband will find her if she leave
- Cycles of abuse run deep so women don't come forward until major crisis
- Isolation of older women experiencing violence
- More older women accessing shelters
- Lack of education for service providers
- Lack of knowledge of services available
- Abuse in long term care facilities
- Increase in number of older immigrant women
- Active coordinating committee
- Older women being abused by both partner and children

- Difficulty providing support to older women with cognitive impairments

What are the expectations of older women in the types of support they are looking for and/or need?

- The most common theme among these responses was health needs and medical system support followed by housing and language needs.
- Health needs and medical system support (cited by 19% of groups- 4 of 21)
- Housing – immediate and affordable (cited by 14% of groups- 3 of 21)
- Language needs (cited by 14% of groups- 3 of 21)
- Financial information (cited by 14% of groups- 3 of 21)
- Older clients have very few expectations cited by 9% of groups- 2 of 21
- Legal information re: their rights (cited by 9% of groups- 2 of 21)
- Accessibility needs (cited by 9% of groups- 2 of 21)

Other expectations mentioned once among these group responses:

- Confidentiality
- Validation (for older women accessing service to know they are doing the right thing)
- Not wanting to connect with/speak with younger staff
- Supports brought into her home
- Time, understanding
- Transportation needs
- Social support
- Education on Abuse

- Empowerment
- Religious support
- Direction and support
- Information and resources to help address homophobia and transphobia from caregivers
- Advocacy
- Counselling
- System navigation
- Help identifying it is abuse
- Help identifying needs
- Older women being concerned about what happens to her abusive spouse as she was in a caregiving role previously
- Expectation is to receive permission to leave from service provider
- Resources to connect her partner to and know he is looked after
- Reluctant to name abuse
- Older survivors are seeking for someone to talk to their abuser and make him stop

“We feel they have very few or no expectations (and they) feel as though they are a burden and not worthy.”

Public Awareness and Training Programs

The intersectoral groups had an opportunity to design their own initiatives focused on ending violence against older women. Of the

groups, 79% (15 of 19) chose public awareness campaigns, and 21% (4 of 19) chose training programs.

Because there were no clear definitions of public awareness campaigns versus training programs provided to participants. As a result, the data collected in this section relied on the categorization provided by the participants themselves.

Therefore, it is possible there was not a clear separation between these two categories from participant's perspectives (i.e.: groups who chose a Public Awareness Campaign with a target audience of service providers).

In regard to target audiences, 15% (3 of 19) of groups chose to target their campaigns/training initiatives towards a combination of service providers, the general public, and older women experiencing violence, while 36% (7 of 19) of groups chose only the general public/community. Other target audiences suggested included service providers and community members together, youth/schools, the medical community, the sandwich generation and their kids, and front line police.

Overall, a review of the activity sheets identified several common priorities, including increased representation from long-term care and health sectors at VAW and elder abuse tables, modules focused on dementia and Alzheimer's care, accessibility guidelines for shelters to follow to support older women with disabilities, frontline training for VAW outreach staff, French language content, opportunities for frontline workers to sit at tables and committees (knowledge mobilization between senior leadership and frontline staff), human trafficking of older women, historical trauma of Indigenous elders and how to support them, inclusion of men in the conversation.

Section 7.

Online Surveys

Methodology:

A survey with 25 questions was disseminated online to 215 agencies across different sectors in Ontario electronically via SurveyMonkey. The survey received a response rate of 45% (97 total respondents). The targeted sample was based on the stakeholder list generated for the purpose of the provincial forum. The average length of survey response time was 12 minutes. Respondents predominantly came from four sectors: Violence Against Women (VAW) (shelters, counseling, family services, survivors of domestic violence), social services, health services, and Indigenous services. The objective of the survey was to collect data from a broad audience about categories such as age range of clients served, forms of abuse organizations' respond to, types of training accessed, effectiveness of past training, and system improvements to support older women. See Appendix 5 for the list of written survey questions.

Although the majority of survey participants (74%) identified as working within the VAW sector, the survey also had respondents from a variety of other sectors (see chart below). 49% of online survey respondents were OAITH members (47 of 96 respondents who answered this question). The survey was successful in achieving a fairly even balance across organizational roles with 32% of respondents identifying as frontline service providers, 32% as middle management, and 30% as executive directors/CEOs.

Survey Participants

95 Total Written Survey Respondents– Breakdown by Sector

Sector	% of sector representation across participants	Total number of respondents
VAW	74%	71
Other Social Service Systems*	14%	14
Health	5%	5
Aboriginal Services	3%	3
Settlement/ Immigration	1%	1
Justice**	1%	1

*Other does not include the housing sector, child welfare services, or French language services as these were provided as answer choices however were not selected by any survey respondents.

**Justice sector examples provided: police and victim services, crown attorneys, and judges.

96 Respondents – Written Surveys – Organizational Role Breakdown

Role Within Organization	Total % of Respondents	Total Number of Respondents
Frontline Service	32%	31
Middle Management/	32%	31
Executive Director/	30%	29
Board Member	2%	2
Volunteer	2%	2
Independent	1%	1

Who is an “Older Woman”?

One of the disparities which has been highlighted in past research is the lack of consistency in age range when referring to older women/women who are older/senior women/elder women.

Although there is still no consensus, nearly twice as many survey respondents identified an older woman as associated with an age range of 55+ rather than 65+ (38% vs. 16%) (see chart below).

97 Respondents – Written Surveys – Age range identified by agency as an “older woman”?

Age Range	55+	50+	65+	60+	Other*	40+
Total % of Respondents	38%	19%	16%	12%	9%	4%
Total # of Respondents	37	19	16	12	9	4

**Respondents to this question also indicated they do not define an older woman by a specific age. Several respondents indicated this was unclear across their organization.*

“It depends on who identifies as an elder, we have some groups who experience accelerated aging”

“This is difficult to answer because of possible contextual issues, but generally I think of over 65... though I don’t feel I can speak across my entire organization. Therefore I chose other.”

Does your organization apply a gender-specific lens to elder abuse?

Out of 94 total participants, **64% (60)** indicated **yes**, they do apply a gendered lens versus **36% (34)** who indicated they do not.

What strategies have you identified to be useful in targeting violence focused services/programs toward older women?

A thematic analysis was manually completed which highlighted the following 4 themes:

Public Education

22 % (18 of 79) written survey respondents noted some form of public education as a strategy used to target older women for services. Examples include:

- Education through group programs for seniors and family members
- Prevention, education, and awareness for the community in general, with a particular focus on the role of men
- Presentations to older groups in the community (i.e. service clubs, nursing homes, churches)
- Education and information through seniors day groups
- Outreach and education to organizations who support older people such as community centers, elder person centers, retiree groups and networks, and ethno cultural groups

Client Centered Approaches

Of the online survey respondents, 18% (15 of 79) noted components of client centered approaches when reporting on useful strategies in engaging and providing support to older women experiencing violence.

Respondents indicated this approach through language such as: client centered, woman centered, person centered, focused on her self-identified needs, nonjudgmental approaches, identifying their needs by hearing their story and listening to client needs.

Coordinated Responses

Of the online survey respondents, 22% (18 of 79) indicated elements of

coordinated response when highlighting successful strategies. Specific mentions include:

- Working with Elder Abuse Networks
- Collaborating with Senior at Risk Consultation Team
- Promoting partnership with local community service providers
- Case Conferences with community partners
- “Warm hand-off” to referrals
- Partnerships with community groups, medical services, and agencies supporting older women
- Training offered by VAW services to local community partners as part of capacity building

Intersectional Approaches

Of the online survey respondents, 10% (8 of 79) highlighted intersectional approaches when noting successful strategies. Responses included:

- Culturally diverse programming
- Producing resources in plain language, accessible formats (ASL videos, large print information), multilingual, culturally relevant, community-based information for women
- Apply an intersectional lens

Other highlights include:

- Listening to her story without judgement
- Utilizing activity based programming as engagement (i.e. yoga)

It is notable that 18% (15 of 79) of respondents indicated they do not alter engagement strategies or services for older women. The majority of these respondents indicated they plan to adopt targeted strategies in the future.

Recent Training Undertaken

Survey respondents were asked to identifying the types of training and/or resources they have accessed in the last few years.

Of the 94 respondents who answered this question, the majority have attended training focused on detecting elder abuse, responding to violence against older women and intersectional approaches for survivors of gender-based violence within the past few years. However, it is also notable that 10% of respondents did not participate in any training. Speaking to the effectiveness of the training they received, several participants commented the training did not go into enough detail. One respondent noted no trainings they have attended included First Nations elders.

Least accessed training – 94 Written Survey Respondents

Focus of Training Accessed	Total % of Respondents	Total # of Respondents
Online/digital sexual violence (of older women)	10%	10
How to ensure inclusive shelter spaces for older women	12%	12
Long term care homes staff training	13%	13
Human trafficking amongst older women	17%	16
Violence against older immigrant and refugee women	25%	24

Most accessed training- 94 Written Survey Respondents

Focus of Training Accessed	Total % of Respondents	Total # of Respondents
Detecting elder abuse	60%	57
Responding to VAOW	58%	55
Intersectional approaches	54%	51
Children exposed to woman abuse	47%	45
Recognizing emotional abuse of older women	47%	45
Recognizing financial abuse of older women	42%	40
Family violence against older women	41%	39
Intimate partner violence against older women	41%	39
Prevention training programs for VAOW	38%	36
Sexual violence against older women	35%	33
Inter-generational trauma	32%	31

Effective Tools in Preventing Violence Against Older Women

Respondents were asked to rate the effectiveness of the following tools from least to most effective:

- Social services training
- Health care resources
- Legal resources
- Education and outreach
- Public awareness campaigns

Overall, respondents rated legal and health resources as the least helpful, while education and outreach, social services training, and public awareness campaigns were rated as the most effective at preventing VAOW.

Effectiveness of tools in preventing VAOW- 94 Written Survey Respondents

Types of Tools	Total % of	Total # of
Education and outreach	33%	30
Social services training	28%	25
Public awareness campaigns	26%	24
Healthcare resources	8%	7
Legal resources	6%	5

Barriers to Success

The two most commonly cited barriers/issues by respondents were related to funding, resources, understanding of best practices across sectors, as well as lack of training opportunities.

Issues in past work with older women experiencing violence- 95 Written Survey Respondents

Issue	Total % of Respondents	Total # of Respondents
Limited training budget	71%	68
Lack of resources for clients	71%	68
Lack of understanding of best practice across sectors	62%	59
Lack of training opportunities for service providers	61%	58
Lack of knowing where to access training & resources	46%	44
Lack of research	40%	38

Respondents also noted:

- Lack of intersectionality
- Lack of informed qualitative research

- Lack of anything for First Nations
- Difficulty in attending training if service is located in Northern Ontario
- Invisibility of older women in the community
- Assumption that VAW services are only for younger women and women experiencing intimate partner violence
- Lack of appropriate programs considering diverse needs of various communities specifically immigrant women.

Training & Resource Needs

Respondents identified which additional training/resources/information their organization might benefit from. Each participant was able to identify their top 3 priorities. The following is a chart that outlines what participants prioritized.

What other gaps in existing resources, training, service delivery, research, and systems focus on violence against older women do you see in Ontario?

The most common response from the 67 respondents to this question was lack of funding (noted by some participants as funding for training opportunities), followed by lack of affordable housing, programs and services for older women experiencing abuse, lack of culturally sensitive resources for older women, lack of transportation in rural areas.

One participant noted how lack of funding is directly tied to frontline worker compassion fatigue.

Training & Resource Needs- 94 Written Survey Respondents

Training/Resource	Total % of respondents selected need in top 3 training priorities	Total # of Respondents
Community response to VAOW	39%	37
Services for older women with care needs	37%	35
Interventions for older women caregivers of abusive men	36%	34
Prevention techniques and/or strategies	31%	30
Gender inequality & ageism	30%	29
Support groups for older women who have experienced violence/abuse	30%	29
Older women living in northern and/or remote communities	29	28
Education on abuse in later life for professionals and students	29%	28
Older women with disabilities	28%	27

Training & Resource Needs- 94 Written Survey Respondents - Cont'd

Training/Resource	Total % of respondents selected need in top 3 training priorities	Total # of Respondents
Training for service providers on compassion fatigue and working with older women	25%	24
Domestic violence shelters for older women survivors of abuse	24%	23
Legal services for older victims of abuse	24%	23
Services for queer and trans older women	24%	23
Ethical and safety recommendations for VAOW interventions	22%	21
Interventions aimed at perpetrators	20%	19

The following are examples of answers respondents provided to this question:

“Lack of coordinated services especially hospital discharge planning. Services should be planned and coordinated prior to

discharging to VAW shelter, or at least done together before discharge. This also applies to women transitioning from mental health unit at hospital to VAW shelters”

~

“How do we address the correlation of elderly women being the most impoverished in Ontario with rates of VAW?”

~

“learning from survivor voices, service mapping in our community, support groups for older women, training, sexuality and ageism, sexual violence against older adults, accessibility of services, support lines specific to survivors who have experienced abuse as a result of being elderly”

~

“Feminist trauma informed responses over the life time; sexual abuse of older women; dementia and experience of abuse of older (women); substance use and older women who experience abuse”

~

“Services in rural areas, as well as services for elders who have accessibility or transportation challenges”

~

“I am not sure where victims of elder abuse are reaching out to because we do not receive many calls on our crisis line about this issue”

~

“Lack of appropriate programs considering diverse needs of various communities- specifically immigrant women”

~

“This is a systemic problem. If the perpetrator is a child, there is little understanding or compassion since this person raised this child. There are other biases and ageism is certainly a factor in the societal response to this problem”

Other gaps noted:

- The general population does not understand what constitutes elder abuse
- How bystanders can make a difference
- Stronger gender lens and intersectional approach needed to do our work
- Lack of understanding about the issue
- Risk management and realistic, effective safety planning
- More community supports needed
- Lack of French resources
- Difficulty with system navigation
- Lack of affordable housing
- Lack of transportation in rural areas
- Lack of resources/services specific for older women experiencing abuse
- Lack of shelters
- Lack of Indigenous and culturally specific needs

Section 8.

Comparison between the ideal system and current service systems

“Older women experiencing domestic violence are an invisible group who fall into the gap between two forms of family violence: elder abuse and domestic violence... A collaborative response is needed, accounting for both the age and gender dimensions of the problem”

1

The history of domestic violence advocacy is centered on feminist models of social justice which apply a gender-based analysis to women’s experiences of violence throughout their lives. This analysis and advocacy contextualizes violence against women as rooted in power imbalances and the systemic marginalization of women in our society. In contrast, elder abuse is a much more recently recognized social problem wherein abuse/violence is often conceptualized as a caregiver problem, and discourse is typically focused on identifying vulnerability and risk rooted in the cognitive and physical capacity issues associated with aging.² It is also worth noting that although “woman abuse was defined by women themselves, elder abuse has been defined by health care professionals... Older adults have had virtually no input into defining the problem of elder abuse”.³ Issues related to physical and cognitive functioning are highlighted within this vulnerability model, which are unable to fully address the needs of older women experiencing violence without considering the implications

of gender. In the same vein, violence against women services, specifically shelters, have been heavily criticized for being “poorly suited to understand and meet the age-specific needs of older women. In general, shelters meet the needs of younger women and have largely neglected to adapt their resources and reach out to older women.”⁴

An illustration of this tension can be found in the nature of the shelters themselves versus elder abuse responses rooted in biomedical models; “the transition house system sought to transition a woman into independence, separate from her abuser. Independent living is often not the aim of the health system approach, and senior women survivors of abuse often found themselves in community care, transitioning from violence to dependence.”⁵

“I've always wondered when something becomes elder abuse. So if a woman's been living in an abusive relationship in her intimate relationship for most of her life does, at what point does she become a victim of elder abuse? At what point does that change?... I mean, I feel like it gets dumped in a pot almost that the caregiver in a, perhaps a nursing home or retirement home may be the perpetrator of elder abuse dealing with an elderly individual. But if I'm a woman who's been living with intimate partner violence for 60 years in a marriage. It's still intimate partner violence. The fact that she's now 70 hasn't changed what she was experiencing when she was 30.” (AWV video interview participant)

¹Straka, Silvia M. “Responding to the Needs of Older Women Experiencing Domestic Violence”, *Violence Against Women*, Vol. 12, No. 2 (March 2006) 251.

²Ibid. 259.

³Ibid. 258

⁴Ibid. 262.

⁵Dickinson, R., James, K., Struthers, A. “Older Women Fleeing Violence and Abuse in Canada: Bringing Together Separate Spheres of Practice”. *Journal of Elder Abuse & Neglect*, Vol. 27 (2015) 455.

Ultimately, the Aging Without Violence Project seeks to build the capacity of Ontario's systems and service providers to achieve effective intersector collaboration and an ability to provide community-based responses to older women experiencing violence.

Even before engaging participants for the gap analysis, there is an understanding within the literature of the issues which may be problematic for older women accessing services related to the violence they have experienced. These include:

- Shelters may have higher noise and activity levels than is comfortable for older women
- The time limit on occupancy can be inadequate in terms of the complexity of some older women's problems.
- Shelter staff are usually unfamiliar with aging and the special needs of older people.
- Problems with health and mobility can hinder the use of shelters, with many lacking wheelchair accessibility.
- Most shelters are not equipped to provide the care needed by some women with health problems (e.g., assistance with bathing, eating, or other activities of daily living or dispensing medications).
- Older women may find it difficult to get to medical appointments and services, and most shelters are not set up to provide this kind of transportation and accompaniment ⁶

As noted in the established literature, an intersectional analysis includes a life course perspective which highlights the ways a woman's experiences of violence throughout her lifetime may accumulate, compounding impacts: "[an] intersectional

perspective should be situated within a life course perspective, as many of the social determinants of health, critical life events, chronic stressors and health outcomes related to sexual violence span the life course, and may have multi-generational implications."⁷

The data from participants illustrates a system with a great deal of knowledge and expertise, however sectors working in isolation and without adequate funding prevent the meaningful sharing of this expertise and the intersectoral, intersectional approaches needed to adequately support older women experiencing violence.

⁶Straka, Silvia M. "Responding to the Needs of Older Women Experiencing Domestic Violence", *Violence Against Women*, Vol. 12, No. 2 (March 2006) 251.

⁷<http://www.swc-cfc.gc.ca/svawc-vcsfc/index-en.html>

Section 9.

Strategies to bridge the gap between where we are and where we need to be

“Supporting older women fleeing violence is challenging work that demands knowledge of both elder abuse and violence against women. Yet, these two communities of practice operate largely as separate spheres. Efforts to better collaborate services and develop alternative approaches for supporting older women fleeing violence are needed.”⁸

The analysis identified access to funding for training, a toolkit for frontline staff, public service announcement and awareness campaign templates, risk and capacity assessments tools, safety planning templates, and a provincial VAOW database organized by sector as the priority resource needs for service providers in Ontario working with older women experiencing violence. In comparison, intergenerational trauma and older women, sexual violence and older women, and the law and older women were identified as the priority training needs for service providers.

Overall, there is a call for action amongst stakeholders; although research must inform practice, new interventions, strategies, and resources are imminently needed to ensure older women experiencing violence across Ontario receive effective service and support.

The literature review indicates the prevalence of elder abuse in

Indigenous populations needs to be incorporated into VAOW training curriculum and an intersectional analysis which incorporates aspects of gender, age, race, ability and age into work with older women experiencing violence.

Opportunities and/or existing community partnerships and collaborations to maximize in project development

Stakeholders identified Elder Abuse Ontario, which is responsible for implementing the Ontario Seniors Strategy, and OAITH as the “go to” VAOW training providers. It also identified the VAW Learning Network and Women’s College Research Institute as leaders in VAOW research. The It’s Not Right! Campaign was recognized as one of the most “well known” domestic violence public education campaigns across the province. The Alzheimer’s Society, Senior Pride, the National initiative for the Care of the Elderly (NICE) and the Canadian Network for Prevention of Elder Abuse (CNPEA) also received notable mentions throughout the research. The findings from the literature review also suggests that there is opportunity for the Aging Without Violence project to adopt lessons learned from the Atira Women’s Resource Society in British Columbia, as well as leverage regional collaborations such as Survivortoolkit.ca in Ontario by applying a gender based analysis.

Training Across Sectors

“I would really like to see a much more, um, a greater training and a greater understanding from folks outside the sector. Um, it gets really hard work to have to train other professionals at about things I believe they should know. So the whole gender based violence strategy, um, it needs to be more pervasive, it means to cross all the sectors. So education should be looking at things through a gender based lens. Health should be looking at things

⁸Dickinson, R., James, K., Struthers, A. “Older Women Fleeing Violence and Abuse in Canada: Bringing Together Separate Spheres of Practice”. *Journal of Elder Abuse & Neglect*, Vol. 27 (2015) 454.

through a gender based lens. So hopefully this will be a bit of the momentum to start that happening.” (AWV video interview participant)

~

“Training across all sectors is vital. And by, by training, I mean raising individual's awareness in health, social services within the justice system about the nature and meaning and impact of elder abuse. So for example, my area of specialization is more around domestic violence, domestic homicide. So recognizing that, uh, that violence, intimate, intimate relationships, domestic violence, femicide also happens, uh, with older women. So often this population is overlooked. We often assume violence is more something that relates to youth or people involved in dating relationships or various relationships. And we overlook a older individuals, uh, uh, in Ontario. So it's important to recognize that, for example, we know from research over a third of women who are a homicide victims are killed by intimate partners and this is an area that's tends to be overlooked or minimized, and therefore frontline professionals be they family doctors. Police officers may minimize or not understand the level of risks that women face in these situations.” (AWV video interview participant)

Innovative, Interactive Community Education & Awareness Building

“I'd like to see a program at the end in simple terms that can be done via train the trainer, maybe not as much with the videos and DVDs...but something that's a script that you can take people through and you can physically get them involved to understand and give examples of what abuse might be and get them through the audience participation, share their experiences because that I find when I take our elder abuse program is what's invaluable. They then will remember me a year later when I show up with something else in their community, whether or not it's to their seniors group or not.” (AWV video interview participant)

“There's obviously a lot that needs to do that we need to do and not want to talk about training. To me, the most important training really as the general public. So obviously professionals across all sectors need to be aware of this issue, but you also really need to engage friends and family and neighbors who are critical. And they're really the frontline. They're the primary resource, uh, that, uh, older women a need and count on. If you don't have friends, family, neighbors aware of these issues, it's hard to make progress in the field because they're going to be the ones who provide support. And, uh, and make those calls and encourage outreach.” (AWV video interview participant)

~

“If you gave me three wishes, number one would be public education to really engage families, friends, neighbors, and senior citizens who are still working...engage the workplace and coworkers. My second wish would be for professional education across all sectors and my third big wish would be more collaboration and information sharing, which often is sort of the missing piece to, to develop not only a good risk assessment, but also good safety plan and risk management strategy.” (AWV video interview participant)

~

“I think from their perspective of being an ED and in running a small shelter in a rural community, part of that is our goal. Um, and I think that we really would like to, uh, look at focusing on some training for like homemakers, homecare workers, PSW is people who are going into the home on a regular basis, um, who can monitor women if there is something suspect going on, which happens a lot, right? I mean we've done a lot of work with dental hygienists and dentists within the VAW sector because, you know, women will always go to the dentist or will always go to the doctor and they may not talk to anyone about the abuse, but there will always be telltale signs that something else is going on. Um, so we'd like to, to look at, outside of our sector who we can also train to monitor those signs of abuse for a woman.” (AWV video interview participant)

“I hope after today, we’ll be able to develop resources, guides, and training, to really meet the needs of elderly women who are experiencing violence, whether from an intimate partner, a family member, a friend or a health professional. Among other things, I would like it to be a safety plan that is adapted to their needs, even awareness for relatives in terms of warning signs if an elderly woman is experiencing violence.” (AWV video interview participant - response translated from original French)

Femicide of Older Women

The Domestic Violence Death Review Committee (DVDRC) reviewed 4 cases of homicide of older women in the 2016 report and suggested the following recommendations for systemic change to prevent future deaths.

- “The Ministry of Health and Long Term Care should require that all mental health and addictions services in the province mandate training for all staff on the co-occurrence of domestic violence, mental health problems and Domestic Violence.”
- Utilize “existing training that is currently available online.” Example provided of: <http://dveducation.ca/makingconnections/>
- The Ministry of Community and Social Services “should encourage the development of memoranda of understanding between program managers or executive directors of services for violence against women, counselling, and addictions to facilitate referrals across programs.”
- “The Ontario College of Pharmacists should encourage basic training in domestic violence for all pharmacists in order to raise awareness of the problem and to create a comfort level in addressing these issues with clients with obvious warning signs so that appropriate referrals can be made when appropriate.”

- “Mental health professionals are encouraged to review the common risk factors for intimate partner homicide that have been identified in the annual reports of the Domestic Violence Death Review Committee. The presence of these risk factors should trigger efforts for risk assessment, safety planning and risk management with perpetrators. Breaches of court conditions should be taken seriously as part of assessment and treatment of domestic violence victims and perpetrators.”
- “The Domestic Violence Action Plan (administered by the OWD) should be updated to include reference to domestic violence in older couples. Ageism is a particular problem with respect to the apparent invisibility, or lack of awareness, of domestic violence in older couples.”
- “All government Ministries involved with funding and prevention initiatives regarding violence against women (VAW) and domestic violence, should ensure that provisions specific to aging adults are addressed.”
- “The Ontario Senior’s Secretariat, the Ontario’s Women’s Directorate and the Ministry of Community Safety and Correctional Services, should address intimate partner violence involving the elderly. This may include consultation with experts in elder abuse and domestic violence to create resources and educational materials that specifically target domestic violence involving the elderly. This would expand the focus on elder abuse beyond that of abuse by caregivers only, and enhance the elder abuse awareness program currently under development.”⁹

⁹Domestic Violence Death Review Committee 2016 Annual Report pages 40-47
Retrieved from: <https://www.mcscs.jus.gov.on.ca/sites/default/files/content/mcscs/docs/2016%20DVDRC%20Annual%20Report%20Accessible%2028ENGLISH%29.pdf>

Of the 22 cases reviewed by the DVDR in 2016, 4 cases involved victims ages 50-83 while an additional seven cases involved victims in their 40s. Since the publication of the report in 2016, some effort has been made towards a minority of these recommendations, however there is still a great deal of work to be done in increasing collaboration to effectively address and ultimately preventing and eliminating violence against older women.

Dickinson, Struthers, and James offer the following principles to consider in a pro-aging feminist practice:

- A gender based, intersectional analysis which considers the ways aspects of women’s identities, such as race or disability, may be central to who they are and the barriers they face
- Recognition that research occurs within a deeply ageist society and how this impacts women and shapes their experiences
- Acknowledgment of community processes and personal experiences as valuable contributions to research and knowledge
- Not treating older women as research subjects (research with, rather than on, women who are older)
- Utilizing research as political activity with the power to advance social change¹⁰
- Integrating and expanding services for older women fleeing violence
- Collaborative and team approaches across sectors, particularly social, health, and justice organizations
- Creating community safe spaces for older women
- Implementing support groups which provide older women with support, friendship, information, and hope “in a manner that reflects the layers of marginalization they experience”¹¹
- Research examining the extent to which support by family members and friends can assist women experiencing violence

Promising practices developed by Atira’s Promising Practices Across Canada for Housing women who are Older and Fleeing abuse¹²:

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

¹⁰Dickinson, R., James, K., Struthers, A. “Older Women Fleeing Violence and Abuse in Canada: Bringing Together Separate Spheres of Practice”. *Journal of Elder Abuse & Neglect*, Vol. 27 (2015) 461

¹¹Ibid. 465.

¹²Atira Women’s Resource Society. (2013). *Emerging best practices- services for older women fleeing violence*. Vancouver, BC: Nota Bene Consulting Group.

Atira’s research acknowledges “the types of supports and services that older women require ...may differ from younger women due to age-related changes and variations in sociocultural factors, employment, income, disability and mental capacity, health, and relationship to the abuser” and notes “this work remains part of a journey, not an end point, and the hope is that with further discussion and evaluation the violence against women sector can move from promising to best practices.”¹³

This gap analysis concludes with the following recommendations as we work towards improved responses for older women who have experienced violence across Ontario.

Recommendations:

A comprehensive literature review focused on older women experiencing violence
Research with older women to help define best practice across sectors
Increased funding to programs providing direct services to older women to allow accessing of new training and sustainable implementation of targeted strategies to engage and support older women
Creation of an online database/hub listing programs, resources, and services focused on women who are older with specific attention on Northern, remote and rural areas
Increased collaboration between all sectors to promote intersectional, trauma informed, and client centered approaches
Increased funding across sectors to support collaboration between sectors and training participation
Advocacy, training, and awareness building to reduce the invisibility of older women experiencing violence

Development of resources and services specific to marginalized women and women living in Northern, Remote, and Rural Communities (culturally specific resources in a variety of languages)
Finding more ways for older women to “tell their stories” while accessing services and supports related to the abuse they have experienced
Advocacy to increase housing and transportation options for older women
Training developed which increased the knowledge of the VAW sector on capacity issues and all other sectors of VAW services and VAOW in general

¹³Ibid. 464.

Section 10.

Limitations

Literature Review

Although the Literature Review outlines a number of resources, tools, and partners related to the Aging Without Violence project, it is ultimately limited in scope and a more comprehensive literature review is recommended which includes not only a review of the full 91 documents submitted but additional resources which have recently become available in 2018. This could include a focus on Francophone resources.

Stakeholder Interviews

Although further demographic information was not collected beyond age, sector, and role within workplace, it is acknowledged that participants who completed interviews via video, phone, and email are not representative of all sectors or representative of the diversity of the communities served by these sectors.

GroupThink Exercises

The information gathered from the March 2018 forum is representative of those who were present that day. Although further demographic information was not collected beyond age, sector, and role within workplace, it is noted participants of the forum were not a fair representation of the diversity of older women across Ontario. Had the participants been more representative of the communities they serve, this would have yielded additional data and diverse perspectives which would have been valuable additions to this analysis.

Online Surveys

- The online surveys were completed primarily by respondents within the VAW Sector (74%) which limits the sectoral scope. Although respondents were invited to participate from a variety of sectors, the following sectors were notably absent in their responses thereby limiting conclusions which can be drawn from the data collected: Housing sector (beyond VAW shelters)
- Child welfare services
- French Language services

Other sectors were represented, but not well enough to call this a comprehensive intersectoral sample. A key aspect of future research undertaken by the

Aging Without Violence project will be the engagement of a wide range of sectors and women from marginalized communities in all information gathering activities.

Assess requirements for goal setting and program evaluation

Unfortunately, the research was limited in scope and a comprehensive assessment of requirements for goal setting and program evaluation was not completed due to time constraints.

Section 11.

Appendices

Appendix 1

Aging Without Violence Advisory Committee Members (as of March 31st, 2018)

- Linda Baker – Violence Against Women Learning Network
- Julie Béchard - Centre Passerelle pour femmes du nord de l'Ontario
- Denise Christopherson – YWCA Hamilton
- Janice DuMont- Women's College Research Institute
- leZlie lee kam- LGBTQ Community Activist
- Marianne Park - Social Services Consultant
- Huong Pham- Assaulted Women's Helpline
- Nicole Pietsch- Ontario Coalition of Rape Crisis Centres
- Kripa Sekhar- South Asian Women's Centre
- Lina Zita- Older Adult Centres' Association of Ontario

Appendix 2

Video Interview Questions

1. What sector do you primarily work in? What is your organization's mandate?
2. How do you define elder abuse?
3. How impactful will it be to apply a gender lens to elder abuse in Ontario?

4. What challenges do you face in supporting older women with lived experience?
5. What training and resource topics would be helpful for frontline workers in your sector to have access to in working with older women?

Appendix 3

Telephone and Email Interview Questions

1. What does your work/role as _____ consist of?
2. What percentage of the women you support/service/respond to are over the age of 50?
3. What are the most frequent reasons women give for coming to see you and/or accessing your services?
4. What are the most common cases of violence against older women you see?
5. What training programs focused on violence against older women have you accessed/participated in over the past two years?
6. What organizational role and responsibilities do you have, if any, in determining how training and resources are delivered to prevent violence against older women?
7. Do you know of other organizations or persons in this community that provide training on violence against older women? Who are they? What is your relationship with them – do you coordinate services with them?
8. Are your training needs being met? If no, what training and/or resource topics do you need that you currently do not have access to?
9. What resources do you routinely refer to when an older woman indicates that she has been the victim of violence?
10. Do you (or your colleagues) provide follow-up care to older

women who have been victims of gendered-based violence?

11. Are there mechanisms for referring them to other agencies?
12. Do you think the record-keeping system is adequate to identify older women affected by violence, refer them to the appropriate services, and provide timely follow-up services?
13. What changes in legislation, policy, or staffing would remove barriers to accessing training and resources to enhance your work?
14. OAITH has launched its 4-year project to End Violence Against Older Women. Immediate activities will be focused on guiding the overall project, which will increase inter-sector collaboration and expand on the capacity of Ontario services to support older women experiencing violence. What role do you think you and/or your organization can play in the preliminary phases of this project?

Appendix 4

Interview Participants List (Video, Phone, and Email)

Action ontarienne contre la violence faite aux femmes- Video
ANOVA – Video
Canadian Mental Health Association – Video
Centre Passerelle pour femmes du nord de l’Ontario - Telephone
DisAbled Women’s Network of Canada-DAWN- Video
Elder Abuse Ontario – Video
Haldimand & Norfolk Women’s Services – Video
It’s Not Right! Neighbours, Friends, and Families for Older Adults – Telephone

Kingston Interval House- Video
Leeds & Grenville Interval House – Video
LGBTQ Community Activist – Telephone
Mattawa Women’s Resource Centre - Telephone
METRAC – Video
Network of Women with Disabilities –NOW- Video
Older Adult Centres’ Association of Ontario – Video
Ontario Coalition of Rape Crisis Centres- Email
Ontario Society of Senior Citizens Organizations – Video
SAVIS of Halton – Telephone
Timmins and Area Women in Crisis – Video
University of Guelph – Video
Western University – Video
White Ribbon – Email
Women’s Shelter, Saakaate House – Telephone
YWCA Hamilton- Telephone

Appendix 5

Written Survey Questions

1. Are you an OAITH member?
2. What sector do you primarily work in (choose the best fit)
3. What is your role within your organization?
4. How does your organization define elder abuse
5. Does your organization apply a gender-specific lens to elder abuse?
6. What age range does your organization identify as an

“older woman”?

7. Check any forms of abuse your organization responds to
 8. What services and/or support does your organization provide to older women who have experienced domestic violence or sexual assault ? (choose all that apply)
 9. What strategies have you identified to be useful in targeting these services/programs toward older women?
 10. How many women over the age of 50 does your organization service annually ?(choose one)
 11. Have you accessed or participated in any types of training and/or resources on the type of violence against older women within the last few years (check all that apply)
 12. Which of the following types of training and/or resources have you accessed or participated in the last few years? (choose all that apply)
 13. Did the training and/or resources you accessed/ participated in Questions 1 improve your skills to respond to violence against older women?
 14. How many times did you access/attend training programs on the topic of violence against older women over the past year?
 15. On Average how much did you spend on training/ resources last year?
 16. What is your preferred medium for training?
 17. How effective are the following tolls in preventing violence against older women?
 18. Does your organization currently have a training program in place to respond to violence against older women?
 19. If yes, what topics does your training program address?
 20. Does your training program have a monitoring and evaluation plan?
21. What metrics do you or your organization use to measure your/its efficiency and effectiveness in providing support of older women?
22. Have you identified any of the following issues in your past work with older women experiencing violence?
23. What additional training/resources/information topics could you and/or your organization benefit from to prevent and respond to violence against older women ? (choose top 3 priorities by selection 1, 2, and 3 from the drop down menus)
24. What other gaps in existing resources, training, service delivery, research and systems focused on violence against women do you see in Ontario?
25. Other Comments?