

**RESPECT AGING:  
AN EDUCATION AND TRAINING PROGRAM FOR  
RECOGNIZING, PREVENTING AND INTERVENING  
IN VIOLENCE AGAINST OLDER PERSONS**

**TRAINER'S GUIDE  
1.5-hour training sessions**

*Violence Prevention Initiative – Women's Policy Office  
Government of Newfoundland and Labrador*

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## OVERVIEW OF THE EDUCATION AND TRAINING PROJECT

### About the Women's Policy Office

The Women's Policy Office was established in 1985. It is the central agency within the Government of Newfoundland and Labrador that supports the development of programs and policies to advance the social and economic status of women.

The vision of the Women's Policy Office is social, legal, cultural and economic equality for women in Newfoundland and Labrador.

The Women's Policy Office:

- Ensures that the impact on women of legislation, policies and programs is brought to the attention of the Minister Responsible for the Status of Women, Cabinet, Cabinet Committees and departments;
- Monitors and reviews activities of government departments and agencies to ensure they conform to government policy of improving the status of women; and,
- Liaises with Provincial Government departments and agencies, other governments and advisory councils and women's organizations on all issues affecting women.

### About the Violence Prevention Initiative

The Women's Policy Office is the lead department for the Violence Prevention Initiative (VPI). The VPI reflects the Provincial Government's commitment to address the problem of violence. This Initiative is a six year, multi-departmental, government-community partnership. It seeks long-term solutions to the problem of violence against core populations most likely to experience violence.

The vision of the VPI is that women, children and youth, Aboriginal women and children, older persons, persons with disabilities, persons of differing race or ethnicity, lesbian, gay, bisexual and transgender persons, and

persons of differing economic status, will face less violence and live and work in communities where violence is considered unacceptable.

## **Violence Prevention Initiative Guiding Principles**

The Violence Prevention Initiative is guided by the core belief that violence is rooted in *inequality* which promotes inappropriate use of *power and control*.

The *Respect Aging* training project is grounded in the following **VPI principles**:

- People have the right to a safe and secure environment;
- Health, well-being and productivity are enhanced in a violence-free environment;
- The social and cultural roots of violence are based on inequality. While all women, children and older persons are more likely to be victims of violence, factors such as ability, sexual orientation, economic status or ethnicity can put them at even higher risk;
- Society reinforces violence through expressions of sexism, ageism, classism, heterosexism and other biased attitudes;
- Violence is a choice and is preventable. There is strong evidence that effective intervention can reduce and prevent violence;
- Prevention of violence is everyone's responsibility;
- The elimination of violence requires a comprehensive response including prevention, public education, services and enforcement of the law; and,
- Criminal and other acts of violence and abuse require effective consequences, including punishment under the law.

## **About this Project**

One of the priorities of the VPI is to provide information and resources to recognize, prevent and intervene in violence against core populations who are most likely to experience violence. The *Respect Aging* education and training project is a multi-year collaborative effort between the Women's

Policy Office (as lead agency for the VPI) and the Office for Aging and Seniors of the Department of Health and Community Services, one of the VPI's key partner departments.

The goal of the project is to provide information, resources and tools to raise awareness and increase understanding about violence against older persons. It challenges people to think about what they can do to make our communities and institutions safer for older persons.

We hope to accomplish this by:

- Providing training materials that reflect **cultural, regional and provincial** issues, stories and demographics;
- Providing opportunities to explore the problem of violence against older persons in the areas of **recognition, prevention and intervention**;
- Providing **information, resources and tools** for helpers and others involved with older persons, and for older persons themselves;
- Emphasizing our **core violence prevention principle** that the social and cultural roots of violence are based on inequality which promotes the inappropriate use of power and control;
- Providing opportunities for participants to reflect on their **perspectives, assumptions and feelings** about violence against older persons; and,
- Providing opportunities for participants to consider the **impact**, on their own lives and work, of interacting with victims of violence.

Training is a process that requires time for effectiveness. *Respect Aging* was designed as a series of training modules to be delivered over time. This allows participants to incorporate what they have learned into their work practices and interactions with older persons.

The success of a training project depends on many factors. Training is not an end in itself; it should connect with and impact both the participants and the host organization. Training needs to be part of a comprehensive strategy for change. There must be a clear mandate for the training from the leaders of the organization. This mandate should be clearly articulated to all relevant divisions and departments. An effective training strategy also involves the identification, development, communication and implementation of priorities and policies; and results in changes in the ways work is performed.

## Target Groups for Training

*Respect Aging* was designed to address the education and training needs of members of the target groups listed below. The training materials may also be used with other adult groups, organizations, sectors or communities.

- Staff in the Regional Health Authorities
- Aboriginal Communities
- Justice and law enforcement professionals
- Personal care homes
- Other formal caregivers
- Financial institutions
- Community stakeholders
- Caregivers of older persons
- Older adults
- Other adults
- Families of older persons
- Youth

## A Note about Language

### Focus on “violence against older persons”, rather than “elder abuse”

In this education and training project, the term “violence against older persons” is used rather than “elder abuse” or “senior abuse”. As a trainer, you should reflect this perspective in the language you use in your training sessions. This is important because:

- Violence against older persons is part of the social problem of violence against *all* age groups. When we refer to “violence against older persons”, we understand that violence can occur at any time in a person’s life. Some people think that violence is only a problem of the young. They think that violence *stops* at a certain age. The truth is that violence - acts of power and control - exists across the lifespan. A woman who has been physically harmed by her spouse throughout her

marriage does not suddenly become a victim of “elder abuse” at some arbitrary older age; she is a victim of *violence*;

- Due to ageism, the terms “elder abuse” or “senior abuse” may inaccurately imply less serious violence. The terms “elderly” and “seniors” sometimes evoke negative images of vulnerability, unproductiveness and burden. These prejudices are reflected in society’s attitudes toward older persons. Using the term “older persons” includes them in the lifespan continuum. It does not just relate to a point in time at which the stereotypes of aging suddenly apply; and,
- The term “Elder” is often used in Aboriginal contexts to describe cultural and spiritual guides who have gifts of insight and understanding. Aboriginal Elders transmit the collective wisdom of the generations. This training program is concerned with violence against older persons from *all* backgrounds and cultures. Therefore, the phrase “elder abuse” is not used in this manual.

## Project Materials

- Trainer’s Guide (for trainers)
- Participant Manual
- PowerPoint presentation

The ***Trainer’s Guide*** and ***PowerPoint presentation*** contain all the materials you will need for facilitating the training sessions:

- Session outlines for Modules 1-16 of the Participant Manual. These outlines provide a framework for trainers;
- PowerPoint files for each session;
- Speaking notes for each PowerPoint presentation;
- Handouts for participants; and,
- Evaluation forms for participants and trainers.

The ***Participant Manual*** provides information, resources and tools in three key areas: Recognition, Prevention and Intervention.

- ***Recognition***: Violence against older persons cannot be addressed or reported unless it is recognized and identified as such.

- *Prevention:* Prevention of violence against older persons involves building skills and increasing knowledge and awareness.
- *Intervention:* In this training manual, intervention is based on the principle that older persons have the right to make their own choices about their lives.

The Participant Manual also includes:

- *Stories from the Front Lines.* These are real stories of violence that have happened to older people in this province. Each story was shared by someone who works with older persons. Participants will discuss these stories during the training sessions and respond to questions to help them understand and work through situations of violence;
- *Reflection Questions:* Reflection is integral to learning, because it helps build self-awareness and self-understanding. This can improve a person's effectiveness in taking action on an issue. These questions are at the end of most of the modules in the Manual. They provide opportunities for participants to examine their own attitudes, perspectives and biases with respect to both violence against older persons and violence in their own lives. These questions were developed for participants to use on their own. However, trainers may consider incorporating some of these questions into the session; and,
- *Links/Internet Resources:* This section of the Manual provides internet resources for further learning. There are links to local, provincial and national resources from government, communities and other sectors that should be of interest to participants from many different backgrounds.

Copies of the whole Participant Manual can be made for participants, or you may decide to give them one module at a time. These materials can also be viewed or downloaded from the *Respect Aging* website at: <http://www.respectaging.ca>.

## Evaluation

Evaluation is an important component of program delivery. There are two important components to our evaluation process.

We first ask that you ensure that the participants complete a Participant Evaluation Form after each session. **Participant Evaluation Form #1** is used after Modules 1-15, while **Participant Evaluation Form #2** is used after Module 16. Participant Evaluation Form #2 contains a section for feedback on Module 16, as well as a separate section for feedback on the whole program.

We then ask that trainers complete a form for the compilation and summary of data. Again, one form is titled **Compilation and Summary of Data Collected with Evaluation Form #1** and the other is titled **Compilation and Summary of Data Collected with Evaluation Form #2**. These forms will allow you to summarize the participant's feedback and to also provide your perspective on what elements of the training program delivery worked well and what elements of the training program delivery might be improved. This will assist the Violence Prevention Initiative's Training Coordinator support other trainers in the effective use of the *Respect Aging* Program. Please return the forms for **Compilation and Summary of Data** to the Training Coordinator for the Violence Prevention Initiative at the address provided in the *Contact Information* section below.

## Contact Information

For more information or to obtain *Respect Aging* training materials, contact the Violence Prevention Initiative:

### Violence Prevention Initiative

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## HOW TO USE THIS GUIDE

### A Variety of Training Options

This Guide provides a range of training options to meet the diverse needs of both trainers and participants.

A training needs survey conducted by the Violence Prevention Initiative showed that many trainers would prefer short sessions. A series of lunch-and-learn events would therefore be ideal for these trainers.

There are fifteen one-and-a-half-hour sessions, corresponding to the learning modules in the Participant Manual. (There are sixteen modules, but modules 13 and 14 have been combined so there are actually only 15 sessions.)

Participants will vary in their knowledge, skills, abilities and readiness to take action. For most groups, we suggest starting with the first two foundational sessions: *Types of violence against older persons* (Module 1) and *Indicators of violence against older persons* (Module 2). Beginning with these two sessions is a good way to ensure that everyone has a common understanding and is able to recognize violence against older persons.

Our research shows that many front-line service providers and other helping professionals in this province have never received the information, education or training needed to effectively recognize violence against older persons. Modules 1 and 2 are a good starting point for training.

After foundational training, you may select topics from this Guide, and the corresponding modules in the Participant Manual, and complete the training in whatever order best suits your trainees' needs.

For trainers who are able to provide half-day training options, a separate Trainer's Guide has been developed for three, three-hour sessions, one for each section of the Training Manual (Recognition, Prevention and Intervention).

In each training session you will find a list of materials required for that session. We also provide the key points that you need to cover with participants, agendas with timing suggestions, and a detailed trainer guide for all activities.

The times given for all session activities are approximate. Use the timing suggestions to help you in planning. Be flexible, and be prepared to make changes if needed. There is no point in moving ahead if the group has not learned or understood key concepts.

## TIPS FOR TRAINERS

### **An experiential and participatory approach to training**

Experiential learning means that people are given opportunities to share knowledge and stories with others. They work together to learn and find solutions. With this approach, your role as trainer will be to *facilitate the process of learning*, rather than to lecture or teach.

A participatory approach to training is based on the belief that people learn best when their own abilities and knowledge are recognized and valued. The more learners participate and contribute, the more they learn. The more they take part, the more they will feel they own the learning and commit to making it useful.

Learning is effective when training content and activities relate to what participants already know. Whenever possible, draw out examples from group members to enrich the session. This builds bridges from the familiar to the new. Use the *Stories from the Front Lines* from the Manual in your training. Explain that these stories are taken from real situations and events in the lives of people of this province.

The session agendas in this Trainer's Guide offer a variety of activities and training techniques to involve people in learning and reflection. These give participants opportunities to contribute their ideas, suggestions, solutions, information, experiences and stories. The PowerPoint files and the

Participant Manual provide information to guide learners in planning for or taking action based on what they have learned.

## **Creating a safe and comfortable learning environment**

Learning is most effective when participants feel safe to share and explore their experiences. Participants often bring to training their own personal concerns, priorities and expectations or fears about learning. Some learners may feel excited about the training. Others may think that training is a burden or an annoyance. A safe learning environment is supportive and respectful, and enables participants to take risks and make mistakes without feeling threatened or put down.

The following suggestions will help establish a safe, respectful and welcoming environment that is focused on the learner:

### *Before the session:*

- Arrive early. Give yourself plenty of time to set up your equipment and the training space. This will help you be relaxed and fully present as participants enter.
- Write the name of the session on a flipchart sheet. Post it on a door or wall so that participants know they are in the right place.
- Greet participants as they arrive.
- Offer refreshments (coffee, tea, juice, water) before the session begins.
- If possible, know how to adjust the room temperature for the comfort of participants.
- Ensure that all participants can see and hear you. Confirm that everyone can comfortably see the projection screen or wall.

### *At the start of the session:*

- Take care of “housekeeping” early on in the session: tell participants if there will be refreshments. Point out where to find the washrooms, and state what time the session will end.

- Some trainers like to use “guidelines for being together” to promote respectful conversation. This helps participants feel safe in speaking up. For example:
  - Confidentiality: Participants may share personal or work-related stories or experiences. Insist that “what gets *said* in the room stays in the room”;
  - Balanced participation: Ask participants to be aware of how much they are talking. Remind them to leave room for others to speak;
  - Respect: Respect each view, opinion and experience offered by any participant;
  - Interruptions: Remind participants to turn off any mobile devices such as cell phones, or set them to vibrate; and,
  - Abbreviations and acronyms (such as VPI): Do not assume that everyone will understand what these mean. Avoid using them. If a participant uses an acronym, ask for an explanation.
- Tell participants how the training will solve a problem or challenge (in this case: *recognizing, preventing* and/or *intervening* in violence against older persons).
- Clarify learning objectives. Review the agenda. Explain training activities to help participants relax and understand what to expect.
- Encourage participants to ask questions at any time. Tell them that if you do not have the answer, you will get it for them. Be sure to follow-up.
- Tell participants that the session is participatory, and that you will not be lecturing or reading PowerPoint slides for the whole time. Tell participants that the more they add to the session, the richer the learning will be for all.
- Remember: as a trainer, you bring energy and enthusiasm to the session. Your enthusiasm is your message to participants that this material is meaningful and important to them and their work. This should encourage participants to learn, listen, share, take part and use what they have learned in their work.

*During the session:*

- People learn best when they are in a group where everyone takes part. Be aware of who is speaking and who is not. Here are some ways to balance participation:
  - Build confidence and trust within the group by having them work in small groups for part of the time;
  - If one or two participants dominate the conversation, use a talking stick or other object. Only the person holding the talking stick is allowed to speak. No interruptions are allowed;
  - You may set a limit for the amount of time one person can speak; and,
  - You can request that no one speaks twice before everyone has had the opportunity to speak once.

## **Gender dynamics in training**

Most perpetrators of violence against older women are men. Furthermore, in violence prevention training, the issues around gender dynamics can sometimes be controversial. This may leave some participants feeling uncomfortable. As a trainer, you must be aware of gender-related issues that may be present or arise, even more so if you will be training mixed-gender groups. Refer to Module 4 in the Manual for an overview of gender dynamics of violence.

- Through gender stereotyping, traits are often assigned to men and women based on sex differences, for example, males are considered to be strong and “natural” leaders; females are afraid of conflict. Try to be aware of your own biases and stereotypes about gender.
- In mixed-gender groups, encourage equal participation. Small-group work gives *all* participants an opportunity to share leadership and to be heard. Suggest to participants that when they are in their small groups, they can support one another by asking questions, being genuinely curious, and showing interest in each other’s thoughts and opinions.
- In the large group, you may find that one gender is dominating the conversation. Make the point that it is important to hear from a diverse range of voices.

- As learners, men may be more used to debate, confrontational speeches and challenges. Women tend to prefer dialogue and a mutually supporting learning climate. Each group may be unaware of the impact of their preferences on others.
- Talking about violence can be threatening for both women and men. It is not unusual for male participants to react with fear, resistance, hostility or even silence.
- Resistance and denial often come in the form of a challenge. Some of the ways that resistance can show up include challenging statistics, claiming statistics do not show the true picture, and refusing to believe that things are as bad as statistics indicate. If this occurs, point out that there may indeed be some inaccuracies in any statistics. However, the overall picture across the country is the same: more men than women use power and control tactics to intimidate, harm and victimize women.
- Do not allow sexist language or demeaning jokes. These affirm stereotypes and promote sexism and sexist behaviour. Set a positive example by recognizing and challenging these hurtful and inappropriate remarks. Explain your discomfort with what has been said. Request that no more insensitive comments be made. Identify sexist language and jokes for what they are: a form of verbal abuse.

*An important note for trainers about gender and violence:*

Talking about violence may be hard for some people. According to national research, half of the women over age 15 in this country have been or will be victims of sexual or physical violence at some point in their lives.<sup>1</sup> It is likely that one or more participants in your group are victims of violence. Be prepared to provide or find support for any participant who seems distressed during the training.

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<sup>1</sup> Statistics Canada. (1993). *Violence Against Women Survey*. Ottawa, ON: Minister of Industry.

## Training a mix of generations

You may be using this training program with learners of varying ages. Keeping learners of all ages interested and tuned in is important in all training situations. In sessions with a mix of generations, a variety of training techniques and approaches may be needed to fully engage participants.

People of different ages may have different learning styles and preferences. Older learners tend to:

- Train at a more leisurely pace;
- Enjoy story-telling;
- Prefer the use of text; and/or,
- Prefer exploring a few topics in depth rather than just touching the surface on a large number of topics.

The challenge for the trainer is that these are not the training methods preferred by younger learners. Younger learners tend to dislike:

- Going too slow;
- Lecture-dominated sessions;
- Trainer talking too much;
- Text-oriented materials;
- Overly-structured sessions;
- Step-by-step instructions; and/or,
- Sessions that are not much fun.

The learning styles and habits of younger people have been strongly affected by technology. Younger learners are more comfortable with computers, video games, electronics and the internet. They respond better to faster-paced, interactive training that provides choices and options. Younger learners will likely prefer visual examples, less text and less lecturing.

In designing this training program, we have provided a mix of techniques and methods to promote interaction among participants. This will help address the learning preferences of all ages.

Try to be flexible and adapt your training as needed. Techniques that work for younger people can work for everyone. You may need to adjust the number of these techniques and the extent to which you use them. The Session Plans in this training program are guidelines only; feel free to adapt them to suit the group you are training.

## **Cultural communication considerations in training**

Every person has a culture. A culture is made up of all the unique material and non-material components of a society or group that are passed from one generation to the next, including symbols, language, traditions, customs, values and beliefs. Culture creates a lens through which we see others. Most of us are experts in the cultural experiences that are part of our own lives. While it is impossible to become an expert in every culture, we can strive to become more culturally aware. We can understand our own cultural influences, *and* at the same time, value and appreciate differences of other people and groups. When we communicate with people from other cultures, we need to do so in an effective, respectful and appropriate manner.

Newfoundland and Labrador is becoming more culturally diverse. You will likely have participants from a mix of cultures in your training sessions. Different communication styles among cultures can lead to misunderstandings. Learning more about *broad patterns* (rather than stereotypes) of cultural behaviour can be a starting point from which to engage with your participants. Through building your awareness, sensitivity and understanding of other cultures, you will enhance your connectedness and build trust and better relationships.

Here are some hints to facilitate your interactions with participants from other cultures:

- Gender is an important factor in many cultures. For example, in some cases men will feel uncomfortable talking with or learning from women, and vice versa;
- In some cultures, cross-gender handshakes, or any cross-gender touching, may not be appropriate;

- Many Western cultures consider eye contact as a sign of honesty and interest in the conversation; however, in other cultures direct eye contact may be seen as a sign of disrespect, aggression, rudeness or challenge to authority;
- In some cultures women and men avoid eye contact with each other because it can be taken as a sign of sexual interest;
- Be aware of your own body language.
  - In some cultures, standing while others are sitting may demonstrate authority or aggressiveness.
  - Avoid pointing with one finger. It is considered very rude in some cultures, where pointing is done only as a deliberate insult;
- Recognize that some slang terms and cliché phrases may be culturally specific and confusing to some. For example, participants from some cultures may find the local term “b’y” (boy) demeaning;
- Storytelling and personal sharing are important communication techniques that transcend most cultures. Ask participants to share relevant stories as a way of starting a conversation or building rapport. Remember to insist on confidentiality as one of your “guidelines for being together”;
- Honour flexibility in people’s self-identification. You may make assumptions about people’s cultural identities, but they may perceive themselves differently. For example, based on appearances, you may determine there are no Aboriginal persons at your training session, only to find out later that two of the participants identify as Mi’kmaq; and,
- Do not be afraid to ask if you are not sure about what might be appropriate. Most people respond very positively to sincere inquiries about their culture. For example, you might ask:
  - “What is important for me to know about you and your culture?”
  - “If I was a member of your community, how would I most likely react to this situation?”

## Training with Aboriginal Persons

Culture, sharing, healing, spirituality and wholeness are key elements in Aboriginal persons’ lives. In delivering the *Respect Aging* training to

Aboriginal groups, bear in mind that learning methods need to be rooted in the cultures of the participants, and that these cultures vary from group to group.

The following suggestions were contributed by members of the Aboriginal Advisory Committee for this project. They will help create a safe, comfortable and effective learning environment in groups with Aboriginal participants. You may also want to use or adapt some of these suggestions for other groups.

- Arrange the chairs in a large *circle* (or in several concentric circles depending on the size of the gathering and the room). The circle affirms that all living things are connected and equal. In a circle there is no beginning or end. The circle allows participants to share and speak freely.
- A *sharing circle* can be convened during the training session, particularly if you are asking participants to share personal stories or experiences. Sharing circles can take place in small groups or with the whole gathering. Remind participants to honour confidentiality: what is said in the circle stays in the circle, and is never repeated unless the speaker gives permission.
- Invite an Elder or other knowledgeable participant to begin the session with a *smudge*. Smudging involves burning certain herbs such as sage or sweetgrass to create a cleansing smoke bath. Smudging is used to purify people, spaces and ceremonial tools and objects.
- Invite an Elder or other knowledgeable participant to lead a *prayer* or offer a *song or chant*, with or without *drumming*, to open and/or close the session.
- Use a *talking piece* such as a stick, feather or stone. This is meant to encourage respectful listening. Only the person holding the talking piece speaks. All others remain silent. Participants support the speaker by listening attentively. When the speaker finishes, she or he holds out the talking piece. Whoever wishes to speak next will take it. The talking piece may also be used in a sharing circle to give all participants the opportunity to speak.
- Encourage all to take part, but *respect those who just prefer to listen and observe*. (People learn in different ways; some need time to reflect on what they have learned and may not be ready to talk about it.)

- Oral tradition is strong among many Aboriginal groups. Use more visual aids and stories. Use less text and less lecturing.
- At the beginning of the session, engage participants by *asking them what is most important for them to learn*.
- Provide a *Suggestion Box* into which participants can place their questions or concerns. During or near the end of the session, open the box and try to answer or address questions or concerns without participants having to speak or identify themselves.

### **Making your training accessible to all**

- Be open to the diversity among participants and any accessibility needs. Some participants may have one or more disabilities (for example: mental, psychiatric, mobility, sensory or learning disability; a disease or chronic condition).
- If you have participants with accessibility needs, adjust your training to meet those needs. For example, you can describe visual content, speak clearly and provide large print handouts. Some participants may need documents in Braille, or others may need captioning provided. Others may need transportation assistance.
- Ensure accessibility at the same entrance that other participants are using. Always ensure that the front building entrance, meeting space, and washrooms are accessible. Many buildings state accessibility; however, the access may be at the back entrance only. This entrance may be poorly lit with locked doors. It is a good idea to check for accessibility before you book your training space.
- Know the building's emergency evacuation procedures. Have a plan to assist people who may need help to leave in an emergency.
- Arrange tables to allow room for wheelchairs in seating areas throughout the training space.
- Consider the size of the group and the possibility of equipping yourself with a lapel microphone, a hand-held microphone that can be passed around and speaker system. Older learners are more likely to have hearing impairments than younger learners, but even with a group of participants of mixed ages, sometimes the size of the group and/or environmental challenges like a noisy ventilation system will make it

hard to hear the speaker and may create a need for a microphone and speakers.

- If you are presenting to a group with several older persons, consider also borrowing or renting a “group listening system” that helps amplify and clarify sound for some people with hearing impairment.
- Use multiple communication methods for different learning styles. Some people better understand verbal information, pictures and diagrams or text.
- Be visible. Position yourself in good lighting so participants can see your face when you talk. This helps people hear and understand better. If you do not have a microphone, do not face away from the group when you read projected material.
- Respect participants’ needs. People might have accessibility needs that you have not considered. For example, someone might require a break at a set time for an insulin injection or other medical need. Someone with Tourette Syndrome might shout out during a session. Someone who cannot take notes due to a physical disability might ask to record the session; if this is the case, be sure to ask that the recorder be turned off during any personal sharing.
- Making your training accessible is good for everyone. Training sessions and training materials that are accessible to persons with disabilities may also benefit people who are not fluent in the language, or people with diverse learning styles. Check with your participants to ensure their accessibility needs are being met.
- Hold scent-free sessions, and make note of this on your event notices or invitations to the sessions.

### **Suggestions for increasing participant interaction**

- There may be participants who know the answer to a question raised by someone in the group. Rather than answering it yourself, redirect the question to the group as a whole. This technique involves participants more with the question. It also shows how group members can be a resource for learning.
- Ask a question and invite participants to:
  - Turn to a neighbour and brainstorm possible answers; and,

- Move around and find a partner they have not yet talked with. This works well when participants have been sitting awhile in the same spot.
- Have participants number off to form small groups. Ask all people with the same number to find each other. Assign a place for each group to meet. For maximum participation and interaction, keep groups small: from three to six people is ideal.
- The instructions in this Guide for the training sessions are only suggestions. You may think of other collaborative, creative ways for small groups to report back to the larger group. For example, small groups can create posters, or give five-minute “newscasts” about their learning.
- Limit your lecturing or reading. Any time you find yourself talking (or reading PowerPoint slides word-for-word) for more than 10 minutes, use one of the suggestions above to involve the participants.
- Account for time of day when planning training. Avoid scheduling training right after lunch, when participants’ energy is low. A morning session is best. A mid-afternoon session that includes a nutritious snack is also a good choice.

## **Preparing yourself for training**

You do not need to be a professional trainer to lead these sessions, nor do you need to be an expert on the issue of violence against older persons; however, you should be familiar with the training materials. These provide knowledge, research and concepts pertaining to the field of violence against older persons and violence prevention in general. You should also be able to explain to participants why the training is important.

We recommend that you take the time to read through the Participant Manual and the Trainer’s Guide before you begin delivering your training. Almost everything you will need to respond to participants’ questions can be found in these materials.

Here are some other ways to prepare to deliver the training:

- Core skills for an effective trainer include:

- Listening: the ability to hear and pay attention to what a speaker has said and *how* it was said;
- Presenting: the ability to present information – instructions, data, concepts, theories, models – in ways that others may receive and understand;
- Supporting: the ability to provide verbal support and feedback, and nonverbal encouragement, validation, acknowledgment and caring; and,
- Observing: the ability to see what is happening with an individual or in the group, to understand nonverbal cues, and to perceive and articulate shifts in mood or tone in the group;
- Read through the outline of the training session. Be familiar with the training materials and handouts. Make sure that they are in order and ready to use;
- On the day of training, arrive early to set up the room and the equipment. Once everything is in order, you will be free to greet the participants as they arrive;
- There are many good print and internet resources on participative training and/or facilitating groups. Contact the person or department in your organization responsible for staff training, staff development, or organization development for more training resources; and,
- Celebrate your successes. Learn from your mistakes.

### *Coping with your own experience of violence<sup>2</sup>*

If you have experienced violence in a relationship as a victim, witness or perpetrator, it may be a challenge for you to facilitate a workshop on violent relationships. Talking about violence can be very stressful.

It may help to turn to someone you trust to discuss your feelings before you start the training. As a trainer, it is your responsibility to create a safe learning environment that encourages everyone to participate. This can be difficult if you are not able to stay emotionally neutral.

<sup>2</sup> Adapted in part from:

United Nations Office on Drugs and Crime. (2010). *Training Curriculum on Effective Police Responses to Violence against Women*. Retrieved from: <http://www.unodc.org/documents/justice-and-prison-reform/newtrainingcurr.pdf>.

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*Tips to help you prepare for talking about violence against older persons*

- Reflect on your feelings about violent relationships and violence against older persons. Reflect also on your own feelings and possible biases about aging. Read the key learning points in Module 5 and do the exercises in Module 10, *Self-understanding for violence prevention*. These exercises may help you increase your self-awareness about your thoughts and feelings on violence, as well as aging.
- Read Module 12, *Self-care for violence prevention helpers*, and follow some of the suggestions.
- If you choose to share your experiences and opinions, tell the group that these are your personal ideas. Other people may not share them. You need to accept this.
- Think about how you may feel and what you might do if someone in the group shares a personal story that reminds you of your own life or the experience of someone you know. Talking about violence can bring up strong feelings for you as well as for the participants in the training session.
- You may want to debrief with someone you trust after the session to talk about your feelings. This could be a friend, family member, counsellor or spiritual leader.

**Planning considerations: Preparing the space for learning**

Participants learn better if the training space is conducive to learning. When you do not have to worry about the details of the room, you will be better able to meet participant's learning needs. Here are some things to consider before each session:

- Have you booked your training space well in advance of the training?
- Is the room large enough to comfortably hold the maximum number of people who may attend?
- Is there enough space for participants to form small groups during the session? If not, are breakout rooms available?
- Is the location accessible (inside and out) by persons with disabilities?
- Is there adequate space for people who use wheelchairs to move around? Are there any physical barriers?

- Do you require a sound system (lapel microphone, hand-held microphone and speaker system)? Consider the size of the group, the anticipated age composition of the group (older persons tend to have more hearing impairments than younger persons), and any environmental noise like a loud ventilation system which may lead you to decide that a sound system is necessary.
- If you are presenting to a group with several older persons, consider also borrowing or renting a “group listening system” that helps amplify and clarify sound for some people with hearing impairment.
- Are you planning a nutrition break during your session? If so, have you made arrangements for healthy refreshments well in advance?
- Have you asked participants in advance if any have food allergies, environmental sensitivities (such as certain scents) or disability-related accommodation needs?
- Is there space in the room for a refreshment table?
- Have you arranged the training space to promote interaction? If possible, arrange the chairs and tables in a circle or U-shape, or have participants sit around a conference table. Participants are more likely to interact when they can see each other. Avoid lecture-hall seating (participants in rows facing the front of the room), since interaction is typically low in this arrangement.

## TRAINING CHECKLIST

Training Session Date:	
Covering Session(s):	
Location:	
Address:	
Directions:	
Number of Participants:	
Contact Person:	
Contact Phone:	
Contact Email:	

<b><i>Before the Session</i></b>	
Email/letter/invitation for participants	
Pre-reading assignment for participants	Page(s):
Send Manual/handouts ahead of time?	

<b><i>Logistics</i></b>	
Chair/table arrangements	
Break-out rooms or spaces for small groups	
Refreshments, refreshment table	
Table for trainer supplies, equipment	

<i><b>Equipment</b></i>	<i><b>Supplies</b></i>	<i><b>Materials</b></i>
<input type="checkbox"/> Projector <input type="checkbox"/> Screen or wall <input type="checkbox"/> Laptop <input type="checkbox"/> Extension cord <input type="checkbox"/> Wireless mouse <input type="checkbox"/> Extra batteries <input type="checkbox"/> Sound system <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Flipchart paper <input type="checkbox"/> Flipchart stand <input type="checkbox"/> Masking tape <input type="checkbox"/> Markers <input type="checkbox"/> Name tags /tent cards <input type="checkbox"/> Duct tape <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Trainers' Guide <input type="checkbox"/> Participant Manual <input type="checkbox"/> Manual for each participant <input type="checkbox"/> Handouts <input type="checkbox"/> PowerPoint presentation notes <input type="checkbox"/> Participant sign-in sheet <input type="checkbox"/> Evaluation forms <input type="checkbox"/> _____ <input type="checkbox"/> _____

**Notes:**

## INTRODUCTION

### Session 1

#### Materials for this session<sup>3</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of this module for each participant (Manual pages 20-29)
- Trainer Notes
- PowerPoint

#### Key goals of this section

- To welcome participants and introduce yourself and participants to one another.
- To go over housekeeping rules.
- To develop agreement on the guidelines for being together.
- To provide the background on the *Respect Aging* Program.
- To share some of the starting principles that form the basis of the Program.
- To explain the ways in which Program materials can be accessed.

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<sup>3</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

## INTRODUCTION – Session 1

### AGENDA

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p>If participants do not have their own copies of the Participant Manual and you choose to distribute them to all participants, do so now.</p> <p><b>Guidelines for being together</b> (See some examples on p.14)</p>	15 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1- 5</li> <li>• <i>Participant Manual</i></li> </ul>

	<p><b>Review background of program</b> before moving on to Recognition - Session 1.</p>		
	<p><i>Total time</i></p>	<p><b>15 minutes</b></p>	<p><b>Note:</b> Move on to RECOGNITION - Session 1 to complete the 90 minute session.</p>

## RECOGNITION

### Session 1: Types of violence

**Note:** It is expected that typically this session will immediately follow the Introduction section, which will take 15 minutes, during which time the introduction of participants to one another will have been done.

#### Materials for this session<sup>4</sup>

- Sign-in sheet (will have already been filled out if Introduction preceded immediately)
- Participant Manual, one for each participant  
OR copy of Module 1 for each participant (Manual pages 20-29)
- Trainer Notes
- PowerPoint
- Handout
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1 (for Trainer's Use)

#### Key points in Module 1

- To prevent violence against older persons, it is important to first be familiar with the various types of violence they experience.
- Knowing these types of violence and being able to recognize them are the first steps in violence prevention.
- In this session, participants will learn about the following nine types of violence inflicted on older persons:
  1. Physical violence
  2. Psychological violence
  3. Emotional violence
  4. Verbal abuse
  5. Sexual violence
  6. Financial abuse

<sup>4</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

7. Neglect
8. Spiritual or religious violence
9. Cultural violence

**RECOGNITION**  
**Session 1: Types of violence**

**AGENDA**

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have the Participant Manual for these training sessions, hand out copies of the Participant Manual or copies of Module 1.</li> </ul>	1 minute	<ul style="list-style-type: none"> <li>• PowerPoint slide 1</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 1 for each participant</li> </ul>
2	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Show the slides. Pause after each <i>Type of Violence</i> to ask participants if they have come across this type of violence in their work or interactions with older persons.</li> <li>• Ask participants if they have other examples for each <i>Type</i>, beyond what is shown on the PowerPoint or the handout.</li> <li>• <i>Trainer tip:</i> Your role is not to lecture or teach, but rather to draw out the wisdom, knowledge and diverse experiences that already exist in the group. Try to make this training an interactive</li> </ul>	34 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 2-12</li> </ul>

	<i>conversation.</i>		
3	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide the participants into small groups of 3-6.</li> <li>• <i>Trainer tip:</i> Try to include people who do not know each other well in each group.</li> <li>• Have all groups read both <i>Stories from the Front Lines</i>.</li> <li>• Ask each group to appoint a recorder and reporter.</li> <li>• Ask each group to find types of violence in the stories. Mention that some forms of violence are obvious, and others are less clear.</li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• Handout</li> <li>• Flipchart</li> <li>• Markers for each group</li> </ul>
4	<p><b>Reporting back</b></p> <ul style="list-style-type: none"> <li>• Bring the large group back together.</li> <li>• Ask each group reporter to briefly share her or his group's findings.</li> <li>• Ask for comments from the larger group.</li> <li>• Invite participants to: <ul style="list-style-type: none"> <li>○ Ask a question</li> <li>○ Note new learnings</li> <li>○ Add to a point that was raised</li> <li>○ Clarify differences.</li> </ul> </li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>

	<p>complete them.</p> <ul style="list-style-type: none"> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Thank the group for being open to new learning on a difficult topic.</li> <li>• Collect completed <i>Participant Evaluation Form #1</i>.</li> </ul>		
	<p><i>Total time</i></p>	<p><b>75 minutes</b></p>	<p><b>Note:</b> Introduction session takes up 15 minutes which brings session 1 to 90 minutes.</p>

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
 Women’s Policy Office/Violence Prevention Initiative  
 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> Floor, West Block  
 St. John’s, NL  
 A1B 4J6

PHONE: (709) 729-5009  
FAX: (709) 729-1418  
EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# RECOGNITION – SESSION 1 HANDOUT

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## HANDOUT: STORIES FROM THE FRONT LINES

***See if you can identify all the various types of violence that might be present in the following scenarios:***

### **Gloria**

Gloria, 75, cannot read or write and had been quite dependent on her husband, who recently died. Her son and daughter-in-law have now moved into her home and have taken control of her finances. They neglect to pay her bills in order to purchase things they "need" more. They refuse to assist her with monitoring her blood sugar levels and do not take her to medical appointments. They can go for days without speaking to her.

- Physical violence
- Psychological violence
- Emotional violence
- Verbal abuse
- Sexual violence
- Financial abuse
- Neglect
- Spiritual or religious violence
- Cultural violence

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### **Jack**

Jack, 83, has been admitted to a long-term care facility. His family comes to visit him often. When they do, they usually ask him for money, saying that they need the funds for food or for their children. There is a history of alcohol abuse in the family. Some family members appear drunk and smell of alcohol when they visit the home. Jack is capable of making his own decisions, but he gives the money to them for fear that they will not visit him.

- Physical violence
- Psychological violence

- Emotional violence
- Verbal abuse
- Sexual violence
- Financial abuse
- Neglect
- Spiritual or religious violence
- Cultural violence

## RECOGNITION

### Session 2: Indicators of violence

#### Materials for this session<sup>5</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 2 for each participant (Manual pages 30-41)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1  
(for Trainer's use)

#### Key points in Module 2

- People who interact with older persons need to know how to recognize the signs of violence.
- *Indicators* are visible signs of past or present violence of an older person.
- These may occur whether the older person lives in his or her own home, with family or friends in the community, or in a residential care facility.
- Sometimes violence against an older person is missed because:
  - the perpetrator may try to hide the evidence
  - the perpetrator may prevent access to the older person
  - the older person may hide evidence to protect the perpetrator
    - for example, the older person may be afraid to lose the support of a caregiver who is violent
  - the older person may not complain, due to illness, injury or threats
  - signs of violence, such as changes in behaviour, may also be signs or symptoms of disease, or effects of medication

<sup>5</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- Indicators are not always *proof* that violence has occurred, but they may provide *clues* that a problem exists.
- *Any* type of violence causes pain, whether it is physical harm, emotional or mental suffering, or damage to the spirit.

**RECOGNITION**  
**Session 2: Indicators of violence**

**AGENDA**

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 2 in the <i>Respect Aging</i> training program. Today's topic is <i>Indicators of</i></li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 2 for each participant</li> </ul>

	<p><i>Violence against Older Persons.</i></p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> </ul> <p>If participants do not have their own copies of the Participant Manual, hand out copies of Module 2.</p>		
2	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Show the slides.</li> <li>• Pause after each set of indicators to ask participants if they have noticed any of these indicators in their work or interactions with older persons.</li> <li>• Point out the “<i>Questions for deeper exploration</i>” after each section.</li> <li>• <i>Trainer tip:</i> Your role is not to lecture or teach. Your role is to draw out the wisdom, knowledge and diverse experience that already exist in the group. Try to make this training an interactive <i>conversation</i>.</li> </ul>	30 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-12</li> </ul>
3	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide the participants into small groups of 3-6.</li> <li>• <i>Trainer tip:</i> Try to mix up the groups to allow people to meet new contacts.</li> <li>• Have each group read <i>Stories from the Front Lines</i> about Charles and Helen.</li> <li>• Ask each group to appoint a</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Handouts 1 &amp; 2</li> <li>• Flipchart</li> <li>• Marker for each group</li> </ul>

	<p>recorder and reporter.</p> <ul style="list-style-type: none"> <li>• Ask each group to respond to Questions 1 and 2 in the <i>Questions for Reflection</i> section.</li> <li>• Mention that some indicators of violence are quite obvious, and others are less so.</li> </ul>		
4	<p><b>Reporting back</b></p> <ul style="list-style-type: none"> <li>• Bring the large group back together.</li> <li>• Ask each group reporter to share her or his group's responses.</li> <li>• Ask for comments from the group.</li> <li>• Invite participants to: <ul style="list-style-type: none"> <li>○ Ask a question</li> <li>○ Note new learnings</li> <li>○ Add to a point that was raised</li> <li>○ Clarify differences.</li> </ul> </li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Express appreciation to the group for being open to new</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>

	learning on a difficult topic. • Collect <i>Participant Evaluation Form #1</i> .		
	<i>Total time</i>	<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 226). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
 Women's Policy Office/Violence Prevention Initiative  
 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> floor, West Block  
 St. John's, NL  
 A1B 4J6

PHONE: (709) 729-5009  
 FAX: (709) 729-1418  
 EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# RECOGNITION – SESSION 2 HANDOUT

## **HANDOUT 1: STORY FROM THE FRONT LINES**

### **Charles and Helen**

Charles, 85, had been living with Helen, 60, for 25 years. They never married, but Helen took good care of him. Charles had a safe and loving home.

Charles became ill and was taken to hospital. Upon his release, he was admitted to a long-term care home by his adult children. Charles had not had a relationship with them for the 25 years he was with Helen.

Helen was not allowed to see Charles in long-term care. Charles' family told Helen that he was incompetent and could not make decisions. She was told to forget Charles.

The family gave the staff at the long-term care home details of what they wanted for Charles' care. He was not permitted to go outside. Charles was not allowed to accept any of the items brought to him almost daily by Helen (favourite foods, underwear or socks). The staff told him that he had to "move on" without Helen. Charles told them that he was going to leave the long-term care home on his own to be with her. The staff said they would have him arrested if he tried to leave.

## HANDOUT 2: QUESTIONS FOR REFLECTION

1. On the chart below, identify types of violence from Charles' story. Next to each type, write down any indicators that correspond to the type of violence.

✓	Type	Indicators
	Physical violence	
	Psychological violence	
	Emotional violence	
	Verbal abuse	
	Sexual violence	
	Financial abuse	
	Neglect	
	Spiritual or religious violence	
	Cultural violence	

2. Use the story to answer the following questions:
  - a. What might you ask to establish whether Charles is a victim of violence? Who would you ask? Who do you think are the perpetrators in this story?
  - b. How might you react if you were Charles? If you were Helen? If you were the family? If you were staff in the home?
  - c. What feelings came up for as you read about the signs of violence in this story?

## RECOGNITION

### Session 3: Violence against older persons in residential care facilities

#### Materials for this session<sup>6</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 3 for each participant (Manual pages 42-57)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1 (for Trainer's use)

#### Key points in Module 3

- All types of violence of older persons that occur in the home or community can also happen in residential care facilities.
- Institutions exist because large numbers of people working together are able to do more good than individuals working on their own. The collective nature of institutions also means there is a greater potential for violence, since there are more people and more interactions.
- In Newfoundland and Labrador, there are several kinds of residential care facilities where older persons live. In this module, we refer primarily to the two most common models of residential care, the *Personal Care Home* and the *Long-term Care Home*.
- On average, women live longer than men.<sup>7</sup> This leaves them at greater risk of violence at home or in residential care facilities.
- Most violence committed against older persons in residential care facilities involves failure to respect their basic rights.

<sup>6</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

<sup>7</sup> Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework*. Retrieved from: [http://www.health.gov.nl.ca/health/publications/ha\\_policy\\_framework.pdf](http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf).

- Systemic violence refers to practices (within an institution or organization) that have a harmful impact on subordinate group members even though the organizational norms and rules were created with no intent to cause harm.
- Violence can happen in all kinds of residential care facilities. This includes those with good reputations. The reasons for this vary.
  - Smaller private residences may lack funds to meet growing needs.
  - Larger long-term care homes tend to be more rigid and bureaucratic. These homes may become more impersonal and de-humanizing.
- When an older person moves into a residential care facility, it becomes the facility's duty to provide care. The Government of Newfoundland and Labrador is committed to improving the quality of life for all citizens. To help achieve this goal, Operational Standards for personal care homes and long-term care homes were developed.
- Residents have the same rights as all other adults. They do not "leave their rights at the door". Residents and their families may not know that they have the same rights as people who live in the community.
- There are a number of practices that show promise in preventing violence against older persons in residential care facilities, for example:
  - Regular meetings should be held with families to ensure they are satisfied with the level of care being provided to their family member.
  - Residential care facilities should be encouraged to have older persons (residents and patients) and their families participate on boards and steering committees.
  - Conduct awareness-raising campaigns on ageism and violence against older persons.
  - Train staff to effectively meet the care needs of residents.

## RECOGNITION

### Session 3: Violence against older persons in residential care facilities

#### AGENDA

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 3 in the <i>Respect Aging</i> training program.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 3 for each participant</li> </ul>

	<p>Today's topic is <i>Violence against Older Persons in Residential Care Facilities</i>.</p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Manual, hand out copies of Module 3.</li> </ul>		
2	<p><b>Brainstorming</b></p> <ul style="list-style-type: none"> <li>• Ask the group to call out definitions of "<i>institution</i>".</li> <li>• Ask for examples of institutions. These could include schools, churches, hospitals, etc.</li> <li>• Show the definition of institution on slide 3.</li> </ul>	5 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slide 3</li> </ul>
3	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Ask for three volunteers to read out the <i>Stories from the Front Lines</i> from the Handout, one volunteer for each story.</li> <li>• Ask participants to keep these stories in mind as you go through the material for today.</li> <li>• Show the slides. <ul style="list-style-type: none"> <li>○ Refer to the Additional Notes on the Notes pages of the slides for discussion questions to encourage participation.</li> </ul> </li> <li>• Use the <i>Stories from the Front Lines</i> as examples or</li> </ul>	30 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 4-17</li> <li>• Handout 1</li> </ul>

	when posing questions.		
4	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide participants into small groups of 3-6.</li> <li>• <i>Trainer tip:</i> Mix up the groups to allow people to meet new contacts.</li> <li>• Ask each group to respond to the Question on the <i>Questions for Reflection</i> Handout.</li> <li>• Ask each group to appoint a recorder and reporter.</li> <li>• Ask each group to make two lists on flipchart paper in response to the question.</li> <li>• Have them prepare to report back to the larger group. Tell them to keep responses anonymous.</li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• Handout 2</li> <li>• Flipchart</li> <li>• Markers for each group</li> </ul>
5	<p><b>Reporting back</b></p> <ul style="list-style-type: none"> <li>• Bring the large group back together.</li> <li>• Ask each reporter to share the group's responses.</li> <li>• Ask for comments from the group. Ask, "<i>Looking at these lists, what do you notice?</i>"</li> <li>• <i>Trainer tip:</i> These lists are the personal preferences of participants. There are no right or wrong answers.</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>
6	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>

	<p>them.</p> <ul style="list-style-type: none"> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>		
	<i>Total time</i>	<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
 Women’s Policy Office/Violence Prevention Initiative  
 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> floor, West Block  
 St. John’s, NL  
 A1B 4J6

PHONE: (709) 729-5009  
 FAX: (709) 729-1418  
 EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# **RECOGNITION – SESSION 3 HANDOUTS**

## **HANDOUT 1: STORIES FROM THE FRONT LINES**

### **Michael**

Michael, 87, lives in a long-term care home. He is blind, and has diabetes and mild dementia. Michael does not like having his blood sugar checked. Sometimes, staff will sneak up and restrain him to get a blood sample. This often leaves bruises. Michael also requires help with meals, but the home has limited staff resources. If no one is there to help him eat, his meal is often taken away before he has finished.

### **Stan**

Stan, 69, just moved to a long-term care home. He was very capable of getting to the bathroom with a little help. Stan was put into an adult diaper soon after moving in. He asked for help to go to the bathroom and was told, "Your toilet is on you now".

### **Stella**

Stella, 61, was diagnosed with Alzheimer's disease when she was 48. She had to move into the dementia unit of a hospital when she was 60. Stella was sexually attacked by another patient. The family expected the police to be called. Management did not do so. The family tried to have patients better monitored to prevent this from ever happening again. Management will not admit that the attack happened, even though there were witnesses.

## **HANDOUT 2: QUESTION FOR REFLECTION**

1. List the things that define “quality of life” for you. What makes your life worth living? Now imagine that you are living in long-term care. Define “quality of life” for yourself in that situation. Is this definition the same as the first? If not, what has changed? What does this tell you?

## RECOGNITION

### Session 4: Gender dynamics of violence against older persons

#### Materials for this session<sup>8</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 4 for each participant (Manual pages 58-64)
- Trainer Notes
- PowerPoint
- Handout
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1 (for Trainer's use)

#### Key points in Module 4

##### *Gender-based violence against older persons*

- Women are more likely than men to be victims of violence.
- Most perpetrators of violence are men.
- Based on research and data, the same gender trends apply to older populations.<sup>9, 10</sup>

##### *Perpetrators*<sup>11</sup>

- In 2011, approximately 8,500 Canadians aged 65 years and older were the victim of a violent crime. More than one-third (34%) were victimized by a family member, while just under one in five (19%) were victimized by a casual acquaintance. More than one-quarter (27%) of seniors who had been victimized in 2011 were victimized by a stranger.

<sup>8</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

<sup>9</sup> Statistics Canada. (October, 2009) *Family Violence in Canada: A Statistical Profile*. Retrieved from: <http://www.statcan.gc.ca/pub/85-224-x/85-224-x2009000-eng.pdf>.

<sup>10</sup> Edwards, Peggy. (2009). *Elder Abuse in Canada: A Gender-Based Analysis*. Ottawa, ON: Public Health Agency of Canada.

<sup>11</sup> All information under this heading from:

Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

- The police-reported rate of older persons victimized by a grown child was one and a half times higher than the rate victimized by spouses, who were the second most common perpetrators of family violence against seniors.
- The rate of older females who were victimized by a spouse was almost double the rate for older males (21 versus 11 per 100,000 population).
- Despite having consistently lower rates of victimization compared to older females, older males were more likely to be victimized by an extended family member.

### Victims

- More older women than older men are victims of:
  - Violence (women represent two-thirds of the victims in cases of violence against older persons that come to the attention of community agencies);<sup>12</sup>
  - Sexual and physical violence;<sup>13</sup>
  - Family violence;<sup>14</sup>
  - Violence by a spouse, ex-spouse or adult child.<sup>15</sup>
- Older men are more likely than older women to be victims of violence by a person outside the family.<sup>16</sup>
- The rate of violent crime *reported to police* is higher for older men than for older women.<sup>17</sup> This may be because of under-reporting or problems collecting information on violence against older persons.

### Gender and ageism

- Ageism is a factor in gendered violence against older persons.
- Adult sons have power based on gender.
- Adult sons also have power that comes from *not being old*.
- Ageism sees older persons as weak, dependent and past their prime. Society values youth and often views older persons as powerless.

<sup>12</sup> Bain, P. and C. Spencer. (2009, April). *What is Abuse of Older Adults?* Retrieved from: <http://www.health.alberta.ca/documents/WEAAD-Factsheet2-Abuse-EN.pdf>

<sup>13</sup> Canadian Network for the Prevention of Elder Abuse. (2011, December, 13). *Abuse in Institutions*. Retrieved from: [http://www.cnpea.ca/abuse\\_in\\_institutions.htm](http://www.cnpea.ca/abuse_in_institutions.htm).

<sup>14</sup> Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

<sup>15</sup> Ibid

<sup>16</sup> Ibid

<sup>17</sup> Ibid

- Given these attitudes, older persons are often treated as vulnerable, and tend to be victimized most often by adult sons.

### *Issues faced by older female victims of violence*

- In 2011, older women were most likely to be killed by their spouse (41%) or son (36%).<sup>18</sup>
- Older women are more likely than older men to be emotionally or financially abused by a child, relative, friend or caregiver.<sup>19</sup>
- Women aged 65 and over are slightly more likely than men to report having been emotionally or financially abused.<sup>20</sup>
- In 2011, the rate of family homicides for senior women was more than double the rate for senior men (4.3 compared to 1.8 per 1,000,000).<sup>21</sup>
- Financial abuse affects older women more than older men. A greater proportion of women than men already live in poverty.<sup>22</sup>
- As women live longer than men, there is more chronic disease among older women. This leaves women at a greater risk of injury from violence than men.<sup>23</sup>

### *Issues faced by older male victims of violence*

- In 2011, close to 40% of all older victims of violence were men.<sup>24</sup>
- In 2011, the majority of senior men were killed by their son (72%).<sup>25</sup>
- In 2009, violent incidents involving older men were just as likely as those involving older women to result in an emotional consequence for the victim (89% versus 92%).<sup>26</sup>
- Senior men are more likely to be victimized by an acquaintance or a stranger than a family member.<sup>27</sup>

<sup>18</sup> Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

<sup>19</sup> Statistics Canada. (2012). *Victimization of Older Canadians, 2009*. Ottawa, ON: Minister of Industry.

<sup>20</sup> Ibid

<sup>21</sup> Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

<sup>22</sup> Canadian Network for the Prevention of Elder Abuse. (2009, April, 24). Abuse of Older Women. Retrieved from:

[http://www.cnpea.ca/abuse\\_of\\_older\\_women.htm](http://www.cnpea.ca/abuse_of_older_women.htm).

<sup>23</sup> Ibid.

<sup>24</sup> Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

<sup>25</sup> Ibid

<sup>26</sup> Statistics Canada. (2012). *Victimization of Older Canadians, 2009*. Ottawa, ON: Minister of Industry.

<sup>27</sup> Statistics Canada. (2012). *Victimization of Older Canadians, 2009*. Ottawa, ON: Minister of Industry.

## RECOGNITION

### Session 4: Gender dynamics of violence against older persons

#### AGENDA

Activity #	Activity	1.5 Hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 4 in the <i>Respect Aging</i> training program. Today's topic is <i>Gender dynamics of violence against older persons</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own Participant Manual, hand out copies of Module 4.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 4 for each participant</li> </ul>
2	<p><b>Small group activity</b> <i>Brainstorming Stereotypes</i></p>	25 minutes	<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Markers</li> <li>• Masking tape</li> </ul>
3	<p><b>Learning together</b> <i>Gender and violence against</i></p>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-8</li> </ul>

	<p><i>older persons</i></p> <ul style="list-style-type: none"> <li>• Show the slides; refer to the Additional Notes on the slides for more information.</li> </ul>		
4	<p><b>Activity</b> <i>Gender Stereotyping as a Contributing Factor in Violence against Older Persons</i></p>	35 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slide 9</li> <li>• Flipchart</li> <li>• Marker</li> <li>• Handout</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 226). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
Women's Policy Office/Violence Prevention Initiative  
Government of Newfoundland and Labrador  
Confederation Building, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

PHONE: (709) 729-5009

FAX: (709) 729-1418

EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

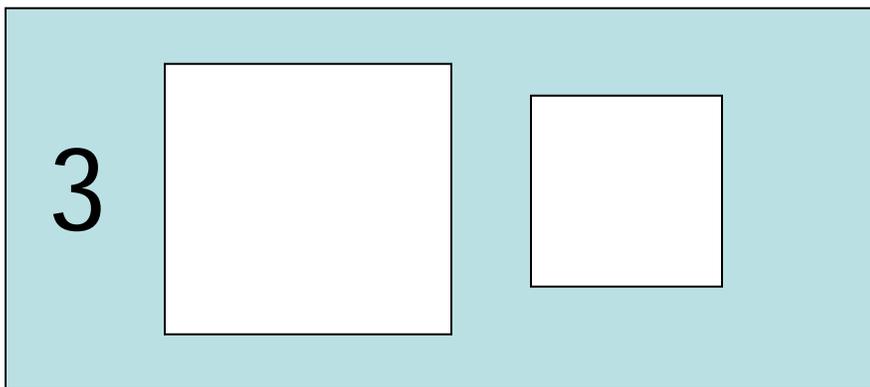
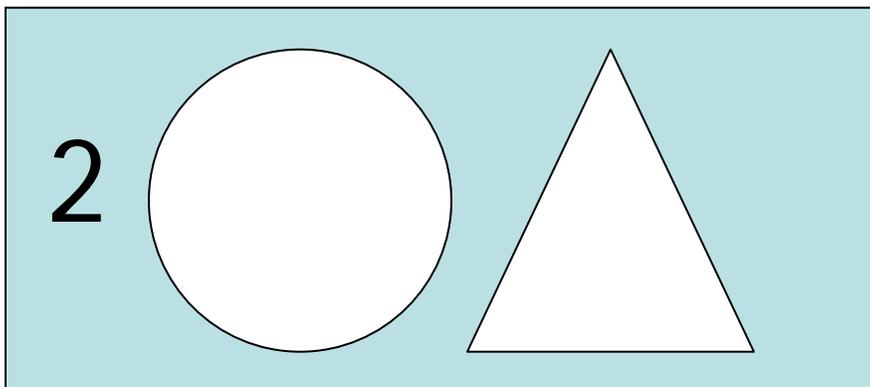
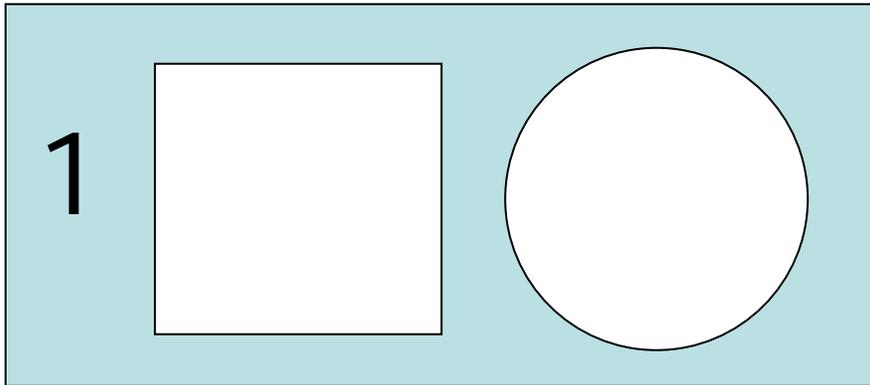
# RECOGNITION – SESSION 4 ACTIVITIES

## **Activity 2: Brainstorming Stereotypes**

1. Divide participants into four groups. Assign one of the four questions below to each group.
  - a. What stereotypes have you heard about *older female victims* of violence?
  - b. What stereotypes have you heard about *older male victims* of violence?
  - c. What stereotypes have you heard about *female perpetrators* of violence against older persons?
  - d. What stereotypes have you heard about *male perpetrators* of violence against older persons?
2. Ask each group to appoint a recorder and a reporter.
3. Have each group brainstorm answers to their question. Have the recorders write the responses on a flipchart (tell groups to work quickly, they have five minutes).
4. Bring the large group back together. Ask reporters to present their groups' responses.
5. After questions A and B have both been presented, ask the whole group what they notice about the different responses.
6. Do the same after questions C and D.
7. Then ask the group what they notice about the responses to questions A and C (females) and questions B and D (males).
8. There are no right or wrong answers. The point is to show gender perceptions and stereotypes.

**Activity 4: Gender Stereotyping as a Contributing Factor in Violence against Older Persons**<sup>28</sup>

1. Show PowerPoint slide 9 with these three sets of shapes.



<sup>28</sup> Adapted in part from Violence Awareness Action Training, Violence Prevention Initiative, Women's Policy Office, Government of Newfoundland and Labrador.

2. In each *set* of shapes, ask participants to label each shape as either female or male. Give them no other information. Ask participants to call out their answers. Record the results on a flipchart.
3. Ask participants:
  - Why did you label the shapes as you did?
  - How might gender stereotypes be related to violence against older persons?
4. Discussion points:
  - Most of us have pre-conceived notions about gender qualities;
  - Socialization creates stereotypes, which are fixed opinions about all members of a given group;
  - We are all taught to behave in different ways, depending on our gender;
  - Stereotypes separate groups of people and make them unequal. This makes some people more likely to experience violence; and,
  - Gender role stereotypes encourage males to assume power and control over females.
5. *[If there is time]* Read - or ask a volunteer to read - the following story from *Stories from the Front Lines* from the handout or Module 4 (page 63). Ask participants to identify any gender dynamics that might be present in the story.

“Maxine had been abused by her husband for 50 years. When she was 75 years old, home care services were put in place to help Maxine and her husband with physical chores. The home care workers noticed that Maxine often had new bruises on her face or arms.

A social worker was called in and spent a considerable amount of time talking to Maxine about the situation. She offered her a place of safety, which Maxine refused. However, Maxine did start attending a support group for women living with violence, and after several months she decided to leave her husband. Maxine moved into a women’s shelter and then was helped to find her own apartment in another community.”

# RECOGNITION – SESSION 4 HANDOUT

## **HANDOUT: MAXINE'S STORY**

Maxine had been abused by her husband for 50 years. When she was 75 years old, home care services were put in place to help Maxine and her husband with physical chores. The home care workers noticed that Maxine often had new bruises on her face or arms.

A social worker was called in and spent a considerable amount of time talking to Maxine about the situation. She offered her a place of safety, which Maxine refused. However, Maxine did start attending a support group for women living with violence, and after several months she decided to leave her husband. Maxine moved into a women's shelter and then was helped to find her own apartment in another community.

## RECOGNITION

### Session 5: Diversity, ageism and violence

#### Materials for this session<sup>29</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 5 for each participant (Manual pages 65-81)
- Trainer Notes
- PowerPoint
- Handout
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1  
(for Trainer's use)

#### Key points in Module 5

##### *Diversity and older persons in Newfoundland and Labrador*

- Newfoundland and Labrador's population is the oldest in Canada.<sup>30</sup>
- There is great age diversity among older persons in this province. In 2011:
  - 48,855 people in Newfoundland and Labrador were age 65-74;
  - 24,695 were age 75-84; and,
  - 8,560 were age 85 or older.<sup>31</sup>
- The needs of each of these groups can be quite different. This is even more so if we take into account other aspects of diversity such as sex, ethnicity, ability and disability, or health status.

<sup>29</sup> See pages 28-29 in this Guide for a Training Checklist and a comprehensive list of materials, supplies and equipment you may need for each training session.

<sup>30</sup> Statistics Canada. (2013, January). *Canada's Population Estimates: Age and Sex*. Retrieved from: <http://www.statcan.gc.ca/daily-quotidien/110928/dq110928a-eng.htm>.

<sup>31</sup> Statistics Canada. (2012). *2011 Census Profile*. Retrieved from: <http://www12.statcan.gc.ca/census-recensement/2011/dp-pd/prof/index.cfm?Lang=E>.

## ***Dimensions of diversity***

- Diversity is the differences that exist among people, such as sex, age, race, ethnicity, gender, ability, economic status, sexual orientation, culture, religion or spirituality, geography and social status. There are many dimensions of human diversity.
- **Primary** dimensions, like birthplace and ethnicity, are core elements of a person that we are born with. They usually cannot be changed.
- **Secondary** dimensions, such as marital status, education and income, have a powerful impact on our core identities. These are elements over which we have at least some degree of control or choice.

## ***Prejudice, stereotyping and discrimination***

- Sometimes, differences among human beings can lead to prejudice, stereotyping and discrimination.
- All forms of prejudice, stereotyping and discrimination:
  - have roots in ignorance and fear;
  - seek to preserve power and control through a range of methods that include violence and threats; and/or,
  - assume the natural superiority of one group over another.
- *Prejudice* means “pre-judge”; to have a negative attitude based on preconceived notions about members of certain groups. People who hold prejudices tend to think of others in terms of stereotypes rather than treat them as unique individuals.
- *Stereotypes* are generalizations; general, biased ideas about a whole group which does not recognize individual differences.
  - We all carry stereotypes around with us. We get them from our families, peers, society and the media.
  - Stereotypes keep us from seeing the whole person. This devalues people, insulting them and limiting their potential.
- *Discrimination* is an action (or lack of action) taken against individuals or groups, based on negative values, attitudes or beliefs, that excludes, harms or limits the opportunities of others. Discrimination is the denial of fair treatment or equal rights. If you believe that older adults are all frail, that is a stereotype. If you refuse to hire someone

simply because the person is a senior citizen, you may be engaging in discrimination.

### ***Forms of prejudice, stereotyping and discrimination***

	<b>...is prejudice, stereotyping or discrimination...</b>
<i>Ageism</i>	... against people because of age.
<i>Ableism</i>	... against persons with disabilities.
<i>Classism</i>	... against people because of their social status or income.
<i>Heterosexism</i>	... against people who are gay, lesbian, bisexual or transgender.
<i>Racism</i>	... based on racial background.
<i>Sexism</i>	... based on sex.

### ***The complex problem of ageism***

- Society's attitudes are often negative toward older people and aging. As people age, they are often seen as inferior, feeble or useless. This negative view of aging contributes towards older persons' invisibility, marginalization and social exclusion. Their needs and their lives are treated as if they are less important and do not matter as much as those of younger people.
- Older persons may be subject to negative judgments, stereotypes and discrimination because of their:
  - Age: young-old, middle-old and old-old
  - Ability: intellectual, physical or other disabilities
  - Mental status: mental illness, or cognitive impairment such as dementia
  - Sexual orientation: gay, lesbian, bisexual or transgender
  - Aboriginal status: on or off reserve, status or non-status
  - Location: rural, remote, isolated or urban
  - Income: low income, receiving Income Support or federal Guaranteed Income Supplement
  - Housing: social housing, location of home, quality and safety of neighbourhood, condition of home
  - Culture/ethnicity/colour: different than the dominant culture

- Food preferences: ethnic, based on culture or religion
- Education and literacy: little education, low literacy
- Marital status: widowed, divorced, never married
- Health status, habits and personal hygiene: “eccentric” or self-neglectful, yet harming no one.

### ***Stereotypes and older persons***

*Stereotype:* Older victims of violence are responsible for getting hurt, it’s their own fault.

- *The reality:* No one ever deserves to be harmed or neglected. Responsibility for violence rests solely with the perpetrator.

*Stereotype:* Old people are “burdens” to their families.

- *The reality:* Although many older people depend on their families for support, often the relationship is one of mutual help between generations.

*Stereotype:* Older adult violence does not occur in some cultures.

- *The reality:* Violence against older persons can occur in all cultures and religious traditions.

### ***Violence affects different older persons in different ways***

#### *Older women*

- Generalizations about older women often take the form of mistaken and negative stereotypes. Older women are typically described as inactive, unattractive, defenseless, lonely, unhealthy, dependent, passive and asexual.

#### *Older adult immigrants, refugees and new Canadians*

- Being a new Canadian can be very isolating. This is most so when a person has a limited network of family and friends.

- Problems with disclosing violence or abuse are universal. Specific challenges that may complicate the issue of violence against older persons from other cultures include:
  - Distrust of authorities;
  - Fear of being deported;
  - Financial or social dependency on the perpetrator;
  - Language barriers; and,
  - The definition of violence or abuse may vary from one culture to another. Some older adults will tolerate some forms of violence.

#### *Aboriginal older persons*

- Aboriginal groups vary by language, laws, customs and values. They may differ in what behaviour or actions are tolerated or deemed unacceptable.
- Aboriginal older persons are often at a higher risk of experiencing violence.
  - Colonization and the breakdown of the family unit have left many Aboriginal persons unable to care, feel or know what it means to be a family.
  - These injustices have led to serious social problems, such as substance abuse, poor health, and extreme poverty in many communities.
  - These injustices and racism have increased the risk of violence for Aboriginal older persons, women and children.

#### *Older persons living with disabilities*

- Older persons with disabilities are less limited by their disabilities than they are by lack of accessibility, services and supports. This leads to greater dependence on caregivers, family members and neighbours.
- Older persons with dementia may be more likely to experience violence since their ability to communicate may be impaired.

#### *Lesbian, gay, bisexual, transgender (LGBT) older persons*

- Many older LGBT adults lived through times of great hostility and harsh judgments towards people with differing sexual orientations. They have experienced prejudice, stereotyping and discrimination.

- Relevant and acceptable social and community services may be difficult to find or access. This makes it especially difficult for older LGBT persons who are involved in relationships where there is violence.

#### *Older persons living with HIV/AIDS*

- Older persons living with HIV/AIDS often face fear and ignorance. This includes sexism, racism and heterosexism.
- These older persons often struggle to access proper health care services. The stereotype persists that “old people do not get HIV/AIDS”.

#### *Isolated and rural older persons*

- Many communities do not have local police on site. Police may arrive too late to protect the older person from immediate harm.
- In a small community, an older person may not feel safe disclosing violence to a doctor, police officer or community leader. They may fear that this person will tell others in the community.

#### ***Interacting with older people who are different from you***

- Stereotypes of older people as burdens, confused or frail can lead to violence. It is easier to harm those who we do not see as equal human beings.
- Words may have different meanings in different cultures (for example, abuse may be understood to mean physical violence only). Non-verbal cues, such as gestures and eye contact, may have different meanings too.
- Gender differences between a caregiver and an older person may create more challenges in some cultures than others.
- Lesbian, gay, bisexual and transgender older persons need service providers who will treat them with respect.
- Transgender older persons should be referred to and addressed by the name and pronoun they prefer and use, regardless of their genitals or present legal identification.
- Older Aboriginal victims of violence might not want:

- To leave their homes or their land, even when they have been harmed; and/or,
  - To seek help outside their extended family.
- Older persons who do not speak English as a first language may not be able to express themselves clearly in English. It may be uncomfortable for them to discuss private matters such as violence in the presence of an interpreter, who may be a (biased) family member or friend.

### ***What You Can Do***

- Examine your own biases and stereotypes about people who are different from you. Think about how you react to others who are different from you.
- Bear in mind that culture and diversity affect the ways we behave and act.
- Embrace, value and celebrate diversity in individuals and organizations.
- Question ageist language and images. There are plenty of examples of people who do not fit the stereotypes of what it means to be “old”.
- Challenge people who tell demeaning, ageist jokes. Refuse to discriminate, harass or bully others. Address these issues to effect change.
- Treat people of all ages with respect. “Over the hill” is a *negative attitude*, not an age.
- Replace judgment and assumptions with respectful curiosity. Ask older people about their culture, customs and views. Learn how their culture impacted and shaped their lives. Ask them to tell stories from when they were young.
- Find out about aging and aging care in other cultures and religions. Do this research to ensure that you ask useful, nonjudgmental questions. Remember that, even within a culture or religious tradition, each person and situation is different.

**RECOGNITION**  
**Session 5: Diversity, ageism and violence**

**AGENDA**

Activity #	Activity	1.5 Hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 5 in the <i>Respect Aging</i> training program. Today's topic is <i>Diversity, ageism and violence</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 5.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-3</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 5 for each participant</li> </ul>
2	<p><b>Brainstorming</b> <i>Dimensions of diversity</i></p>	15 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slide 4</li> <li>• Flipchart</li> </ul>
3	<p><b>Learning together</b> <i>Diversity, ageism and violence</i></p> <ul style="list-style-type: none"> <li>• Show slides 5-10.</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 5-18</li> </ul>

	<ul style="list-style-type: none"> <li>• Refer to the Additional Notes on the slides for more information.</li> <li>• Slide 11: Read out the quotes and see if participants have understood the three concepts of stereotyping, prejudice and discrimination.</li> <li>• Continue with Slides 12-18.</li> </ul>		
4	<p><b>Small group activity</b> <i>Story from the Front Line - Mr. and Mrs. Tarkani</i></p>	35 minutes	<ul style="list-style-type: none"> <li>• Handout</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them, and how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants once again for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

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St. John's, NL  
A1B 4J6

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FAX: (709) 729-1418  
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# RECOGNITION – SESSION 5 ACTIVITIES

## **Activity 2: Brainstorming**

### **Dimensions of Diversity**

Prepare in advance a flipchart with two blank concentric circles. Label the inner circle *Primary Dimensions*. Label the outer circle *Secondary Dimensions*. (See slide 4).

1. Show slide 4. Provide the *Dimensions of Diversity* information in PowerPoint Notes. *Do NOT read out the lists of dimensions.*
2. Tell participants they will brainstorm together to construct their own Dimensions of Diversity diagram. It will be unique for this workshop. Each diversity diagram looks different, depending on who is present.
3. Ask participants to call out categories for the diagram. Have them say whether it is a Primary Dimension or a Secondary Dimension. Write the category in either the inner (primary dimension) or outer (secondary dimension) circle on the flipchart.
4. If there is debate about where a category belongs, allow some discussion. Try not to get too involved in debating where a category belongs – for the sake of time, just move on to another category.
5. If participants are not sure about what you mean by categories, start them off by saying that “ ‘Race’ is a category.” Then ask, “Where does it belong on the diagram?” (Note that “Race” is a Primary Dimension, since it cannot change – it is something you are born into.) See the Notes from slide 4 for other category suggestions.
6. Brainstorm until you have 6-12 categories in each of the two circles on the diagram.

## **Activity 4: Story from the Front Lines**

### **Mr. and Mrs. Tarkani**

1. Divide the participants into three to four small groups of four to six people. Ask each group to appoint a recorder and a reporter. Record all responses on a flipchart. Ask small groups to:
  - a) Identify all the *Dimensions of Diversity* that apply to Mr. and Mrs. Tarkani (age, location, ethnicity, etc.);
  - b) Identify the *types* of violence that are present. Identify any *types* of violence that *might* be present;
  - c) Identify any (1) *stereotyping*, (2) *prejudice* and (3) *discrimination* that may be taking place in this story; and,
  - d) Identify a possible *intervention* for this situation. Be prepared to share the solution with the larger group.
  
2. Bring the group back together. Ask groups to report out on their responses. Note any areas of agreement or disagreement.

# RECOGNITION – SESSION 5 HANDOUT

## HANDOUT: STORY FROM THE FRONT LINES

### Mr. and Mrs. Tarkani

Mr. and Mrs. Tarkani are both in their seventies. They have lived in Newfoundland and Labrador for two years. At one point, they decided to return to live in their native Pakistan where they had family and friends. However, things did not work out as expected. They came back to live in this province. They stayed with relatives for a while, but that did not go well either. A family member brought them to a local social service agency and left them there. The Tarkanis were admitted to a residential care home on an emergency basis.

Mr. and Mrs. Tarkani are both physically frail. Mr. Tarkani has diabetes, and has had a foot amputated as a result of complications from the illness. Mrs. Tarkani has diabetes, as well as heart disease. They are the only persons of colour in the residence, and feel very alone, especially Mrs. Tarkani, who speaks no English at all. Family never comes to visit. Other residents are very unwelcoming to them, and seem especially hostile to Mr. Tarkani. They sometimes make racist remarks.

As the weeks go by, the Tarkanis begin spending more time in their room. They stop coming to the cafeteria for meals. Staff notice that Mrs. Tarkani has been crying a great deal. That seems odd, since the couple appears to be devoted to each other. The staff is convinced that the problem is not between Mr. and Mrs. Tarkani. When asked by staff how they can help, Mr. Tarkani says that his wife is just “too sensitive”. That is all that he will say.

## RECOGNITION

### Session 6: Dynamics of family violence

#### Materials for this session<sup>32</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 6 for each participant (Manual pages 82-93)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 6

- Family violence refers to violence that takes place within the family where there are relationships of kinship, dependency and trust. This can mean violence between:
  - Intimate partners;
  - Parents and children;
  - Siblings; and/or,
  - Extended family members.
- Our provincial *Family Violence Protection Act* defines family violence as *physical violence or the threat of violence; or actions that are threatening or abusive*. This includes withholding food, shelter or medical care.
  - The *Act* protects older persons who are or were in a conjugal relationship with the perpetrator, or who have a child with the perpetrator and the child is under age 19.
  - The *Family Violence Protection Act* provides for Emergency Protection Orders which makes emergency help available to adult victims of family violence and their children.

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<sup>32</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- Family violence involves an abuse of power and control in a relationship. One person uses power to control another in a hurtful way. It is violence by the more powerful against the less powerful.
- Actions of power and control exist across the lifespan. Violence does not suddenly stop at some older age.
- Anybody can be a victim of family violence. Those most likely to experience violence in relationships are members of groups that are seen by some as weaker and having less power.
- The family members most frequently in contact with an older person are the most frequent abusers. Intimate partners and adult male children commit the most violence against older women.<sup>33</sup>
- Intimate partner violence is violence in a relationship such as marriage, dating or cohabitation. The violence can extend into later life. It can occur among heterosexual or same-sex couples. It can range from a single episode to long-term, severe battering.
- Violence committed by adult children is the most frequent type of violence against older persons.
- A holistic approach to preventing violence in later life addresses many elements of this complex social problem. Aboriginal values teach that all life is connected. This suggests that violence cannot be healed by working only with individuals. Families and communities also have an important role. To address violence, the whole social system must be involved and restored to balance.
- A holistic model for the prevention of family violence uses education, awareness and development of social and life skills in individuals, families and communities.

<sup>33</sup> Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

**RECOGNITION**  
**Session 6: Dynamics of family violence**

**AGENDA**

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p><b>Guidelines for being together</b> (see some examples on p.14).</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 6 for each participant</li> </ul>

	<p>Session 6 in the <i>Respect Aging</i> training program. Today's topic is <i>Dynamics of family violence</i>.</p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 6.</li> </ul>		
2	<p><b>Brainstorming</b></p> <ul style="list-style-type: none"> <li>• Ask the group, “<i>When you think of ‘family violence’, what comes to mind?</i>”</li> <li>• Write all responses on a flipchart.</li> </ul>	5 minutes	<ul style="list-style-type: none"> <li>• Flipchart paper</li> <li>• Marker</li> <li>• Masking Tape</li> </ul>
3	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Ask for a volunteer to read Dorlene’s story on page 90 of the Participant Manual.</li> <li>• Ask participants to keep this story in mind during the slide presentation.</li> <li>• Show the slides. Refer to the Notes pages of the slides for more information.</li> <li>• Refer to Dorlene’s story for discussion.</li> <li>• At slide 17, ask participants how they would use the model to assist Dorlene.</li> </ul>	25 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-16</li> </ul>
4	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide participants into small groups of 3-6.</li> <li>• There are two other <i>Stories from the Front Lines</i> in</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Handout 1 &amp; 2</li> <li>• Flipchart</li> <li>• Markers</li> </ul>

	<p>Module 6 in the manual. Assign the same story to all groups, or assign a different story to each group (depending on how many participants you have).</p> <ul style="list-style-type: none"> <li>• Ask each group to appoint a recorder and reporter.</li> <li>• In the small groups, ask participants to read the story you assigned.</li> <li>• Have the group discuss and respond to <i>Questions for Reflection 2, 3 and 4.</i></li> </ul>		
5	<p><b>Reporting back</b></p> <ul style="list-style-type: none"> <li>• Bring the large group back together.</li> <li>• If different stories were read, ask each reporter to read out loud the story assigned to his/her group and then briefly report on the highlights of her/his group's conversation.</li> <li>• Ask for comments from participants.</li> <li>• Ask, <i>"From what you have just heard, is there anything you would like to add?"</i></li> <li>• Invite participants to:             <ul style="list-style-type: none"> <li>○ Ask a question</li> <li>○ Note new learnings</li> <li>○ Add to a point that was raised</li> <li>○ Clarify differences.</li> </ul> </li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>

6	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

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# RECOGNITION – SESSION 6 HANDOUTS

## **HANDOUT 1: STORIES FROM THE FRONT LINES**

### **Sam**

Sam, 82, lives with his grandson, Ned. Sam has not been answering his phone and does not go out much. His granddaughter, Alice, goes to visit him. During one visit, she accidentally spills juice on Sam's shirt. Alice asks him if he would like a clean shirt. Sam refuses and seems upset. Alice gets him to remove the shirt. She is shocked to see bruises and welts on Sam's chest and arms. In time, Alice learns that her brother Ned has been beating Sam. Ned has threatened Sam not to tell. Sam seems very afraid of Ned.

### **John**

John is an active 60-year-old. He sees friends and family regularly. John is close to his nephew, Frank. John is helping to pay for Frank's education. Frank recently asked John for a large sum of money to get him started in business. John keeps paying Frank, but tells no one because he does not want his nephew criticized. He has used up much of his savings.

## HANDOUT 2: QUESTIONS FOR REFLECTION

1. Is there a history of family violence in any of these stories? Who is the victim in each case? Who are the perpetrators? Which types of violence do you suspect? (For more information, refer to Module 1, *Types of violence*.)
2. In each of these stories, who is at high risk of violence? List the risk factors that you see. (For more information, refer to Module 8, *Risk factors and protective factors*.)
3. These stories show that older adults do not fit neatly into definitions. Every situation is unique. Each individual reacts differently. What approach would you take in a situation where there are high risk factors but the older person, for whatever reason, does not want to leave?

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## RECOGNITION

### Session 7: Impact and effects of violence against older persons

#### Materials for this session<sup>34</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 7 for each participant (Manual pages 94-103)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 7

- All forms of violence can have damaging effects on people's physical, emotional, mental and spiritual well-being.
- Later in life, the impact of violence can be especially serious. Violence among older adults can lead to:
  - poor physical and mental health;
  - depression;
  - loss of will to live; and/or,
  - suicide.
- Populations who are at a greater risk of experiencing violence include older persons who:
  - Are female;
  - Are immigrants or refugees;
  - Are Aboriginal;
  - Have a disability;
  - Are lesbian, gay, bisexual or transgender;
  - Are members of any group outside the dominant culture;

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<sup>34</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- Live in rural or isolated regions; and/or,
- Live with poverty.
- A statistic often quoted is that between four and 10 per cent of older persons in Canada have suffered some form of violence<sup>35</sup>. It is more likely that these numbers are a lot higher due to under-reporting. Often called a hidden crime, much of the violence against older persons is never reported. This may be because people do not know the signs of violence. Or it may be because many older adults do not, or cannot, talk about the problem with someone who can help.
- Violence in later life can affect a person's:
  - Emotional health;
  - Physical health;
  - Sexual health;
  - Spiritual health; and,
  - Financial well-being.
- A person living with violence sometimes develops *coping strategies* for protection. These coping strategies may make it difficult for others to know the extent of the harm or even see that violence is happening.
- Older persons who are living with violence try to manage their situations through coping strategies such as:
  - Silence and denial
    - Remaining silent or denying violence for fear of consequences to one's self or loved ones.
  - Minimization
    - Trying to reduce any feelings of shock, threat, fear and powerlessness when there appears to be no escape.
    - Thinking that the incident was "not as bad as it could have been", or not as bad as the suffering of other victims of violence.
  - Rationalization
    - Involves excusing or accepting bad behavior.
    - Taking the blame for being harmed, believing that they were harmed because of something they did or did not do.
- All older victims of violence want:
  - The violence to stop;

<sup>35</sup> Government of Newfoundland and Labrador. (no date). *Provincial Healthy Aging Policy Framework*. Retrieved from: [http://www.health.gov.nl.ca/health/publications/ha\\_policy\\_framework.pdf](http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf).

- To feel safe;
  - To be heard and believed;
  - Adequate funds;
  - Reliable, available, respectful medical care;
  - Housing that meets their needs;
  - Access to support and counseling;
  - To be a part of their family, community and society;
  - To feel respected and valued for their wisdom, knowledge and life experiences; and,
  - Information on law and human rights.
- Older persons who live in their own homes or with their families or friends in the community also want:
    - To have age-appropriate safe houses and shelters in their community; and,
    - Home support services provided by trained, compassionate workers.

## RECOGNITION

### Session 7: Impact and effects of violence against older persons

#### AGENDA

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 7 in the <i>Respect Aging</i> training program.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 7 for each participant</li> </ul>

	<p>Today's topic is <i>Impact and effects of violence against older persons</i>.</p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 7.</li> </ul>		
2	<p><b>Brainstorming</b></p> <ul style="list-style-type: none"> <li>• Ask the group: "<i>Among older adults, who do you think is most affected by violence (i.e., women, older persons with disabilities)?</i>"</li> <li>• Write all responses on a flipchart.</li> </ul>	5 minutes	<ul style="list-style-type: none"> <li>• Flipchart paper</li> <li>• Marker</li> <li>• Masking Tape</li> </ul>
3	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Ask for a volunteer to read Olive's story.</li> <li>• Ask participants to keep this story in mind as you present the slides.</li> <li>• Show the slides. <ul style="list-style-type: none"> <li>○ Refer to the Notes pages of the slides for more information.</li> </ul> </li> <li>• Refer to Olive's story as a basis for discussion.</li> </ul>	25 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3 –15</li> <li>• Handout 1</li> </ul>
4	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide the participants into small groups of 3-6.</li> <li>• Ask for a volunteer to read Margaret's story.</li> <li>• Ask each group to appoint a recorder and reporter.</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Handouts 2 &amp; 3</li> <li>• Flipchart</li> <li>• Marker</li> </ul>

	<ul style="list-style-type: none"> <li>• Have the groups discuss and respond to the <i>Questions for Reflection</i>.</li> </ul>		
5	<p><b>Reporting back</b></p> <ul style="list-style-type: none"> <li>• Bring the large group back together.</li> <li>• Ask each reporter to briefly report on the highlights of her/his group’s conversation.</li> <li>• Ask for comments from the group.</li> <li>• Ask, “<i>From what you have just heard, is there anything you would like to add?</i>”</li> <li>• Invite participants to: <ul style="list-style-type: none"> <li>○ Ask a question</li> <li>○ Note new learnings</li> <li>○ Add to a point that was raised</li> <li>○ Clarify differences.</li> </ul> </li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>
6	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>

<i>Total time</i>	<b>90 minutes</b>
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# RECOGNITION – SESSION 7 HANDOUTS

## **HANDOUT 1: STORY FROM THE FRONT LINES**

### **Olive**

Olive, 80, lives in a very rural area. She was born there. Olive has no children. All her family and friends have died or moved to larger towns and cities. Olive is very alone. She would like to get out of her home from time to time for groceries, church and to socialize. However, transportation cannot be arranged because Olive “lives out in the boonies”. There is no bus service where she lives. There is no money for taxis. Olive lives on tea and toast, because she has no way to get to the local store to buy food. A neighbour, a few years younger than Olive, sometimes brings vegetable soup which they share.

## **HANDOUT 2: STORY FROM THE FRONT LINES**

### **Margaret**

Margaret, 82, lives alone and has no close family. She receives daily help with personal care and meals. This allows her to live in her own home. Margaret has had two caregivers for a number of months. Over the past month, increasing amounts of money have gone missing from her home. Margaret is hesitant to question the caregivers. She is afraid she will lose her help and will no longer be able to stay in her home. Margaret worries that she may have misplaced the funds. Margaret would always wake up each morning and get dressed and washed with her caregiver's help. She would spend hours reading or watching TV in her living room. Now, she spends most of the day in her nightclothes in bed. Margaret's appetite has decreased. She only wants to sleep.

### HANDOUT 3: QUESTIONS FOR REFLECTION

1. What is [are] the primary issue(s)? Decide whether the story involves violence (intentional or unintentional).
2. List types and indicators of violence (refer to Modules 1 and 2).
3. List the possible effects of violence on the two women.
4. What would your next steps be?

Primary issue(s)	
Type of violence	
Indicators of violence	
Possible effects of violence	
Next steps	

## PREVENTION

### Session 8: Risk factors and protective factors

#### Materials for this session<sup>36</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 8 for each participant (Manual pages 104-111)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 8

- *Risk factor*: a condition or characteristic that increases a person's risk or vulnerability to harm.
- *Protective factor*: a condition or characteristic that helps people deal more effectively with stressful events and lessens risk or vulnerability, for example, skills, strengths, resources, resources, supports and coping strategies.
- *Perpetrator*: someone who commits a criminal, illegal or violent act; can be family, friends, volunteers, caregivers or other health care workers; vary by gender, education, sexual orientation, religion, and social, cultural and economic backgrounds.
- Violence against older persons is a complex social problem. It cannot be explained by any one single risk factor. A range of factors determines who might be at risk and why. In this session, we look at what places older persons at risk of violence. We also look at factors that protect them from harm.

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<sup>36</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- The presence of any of the risk factors listed does not necessarily *prove* that violence is occurring. These risk factors should be seen as possible *indicators* of violence.
- The presence of any protective factors may reduce the risk of violence, but *does not mean that risk is not present*.
- Violence of any kind is *always* wrong. Everyone has the right to make choices about her or his life, and to live and grow older in a safe environment with dignity and respect.

**PREVENTION**

**Session 8: Risk factors and protective factors**

**AGENDA**

<b>Activity #</b>	<b>Activity</b>	<b>1.5 hour session</b>	<b>Materials</b>
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 8 in the <i>Respect Aging</i> training program. Today's topic is <i>Risk factors and protective factors</i> for</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 8 for each participant</li> </ul>

	<p>violence.</p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 8.</li> </ul>		
2	<p><b>Brainstorming</b></p> <ul style="list-style-type: none"> <li>• Divide the group in two. Have one half move to one side of the room and the other half to the other side.</li> <li>• Give each group a flipchart paper.</li> <li>• Ask one group to brainstorm examples of factors that might place an older person <i>at risk</i> of violence. Have the other half brainstorm examples of factors that might <i>protect</i> an older person from violence.</li> <li>• Remind them to work quickly, since they have only 3 minutes to do this.</li> <li>• Reassemble the whole group. Have one person report back for each group.</li> </ul>	5 minutes	<ul style="list-style-type: none"> <li>• Flipchart paper</li> <li>• Marker</li> <li>• Masking Tape</li> </ul>
3	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Ask for three volunteers to read each of the stories from <i>Stories from the Front Lines</i>.</li> <li>• Ask participants to keep these stories in mind as you go through the material for today.</li> <li>• Show the slides. <ul style="list-style-type: none"> <li>○ Refer to the Additional</li> </ul> </li> </ul>	25 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-15,</li> <li>• Handout 1</li> </ul>

	<p>Notes from the slides for more information.</p> <ul style="list-style-type: none"> <li>• Refer to the <i>Stories from the Front Lines</i> to promote discussion.</li> </ul>		
4	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide participants into small groups of 3-6.</li> <li>• Assign one story from <i>Stories from the Front Lines</i> to half the small groups, and another to the other half.</li> <li>• Ask each group to appoint a recorder and reporter.</li> <li>• Using the <i>Relationships among Risk Factors</i> diagram on page 115, ask groups to list the <i>risk factors</i> that are present in their Story.</li> <li>• Then ask participants to think of any <i>protective factors</i> that might be in place.</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Handouts 1 &amp; 2</li> <li>• Flipchart</li> <li>• Markers</li> </ul>
5	<p><b>Reporting back</b></p> <ul style="list-style-type: none"> <li>• Bring the large group back together.</li> <li>• Ask each small group reporter to report back to the large group.</li> <li>• Ask for comments from the group. Ask, “<i>Looking at these lists, is there anything you would like to add?</i>”</li> <li>• Ask for other comments from the group.</li> <li>• Invite participants to: <ul style="list-style-type: none"> <li>○ Ask a question</li> <li>○ Note new learnings</li> </ul> </li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>

	<ul style="list-style-type: none"> <li>○ Add to a point that was raised</li> <li>○ Clarify differences.</li> </ul>		
6	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing, and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

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 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> floor, West Block  
 St. John’s, NL A1B 4J6

PHONE: (709) 729-5009  
 FAX: (709) 729-1418  
 EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# RECOGNITION – SESSION 8 HANDOUTS

## **HANDOUT 1: STORIES FROM THE FRONT LINES**

### **John**

John, 82, lives alone in his own home. He has no close relatives. Alma is John's home-care worker. John has bruises on his face and arms because Alma restrains him and forces him to take more pills than he needs. John has given Alma power of attorney over his affairs. He has put his house in her name.

### **Annie**

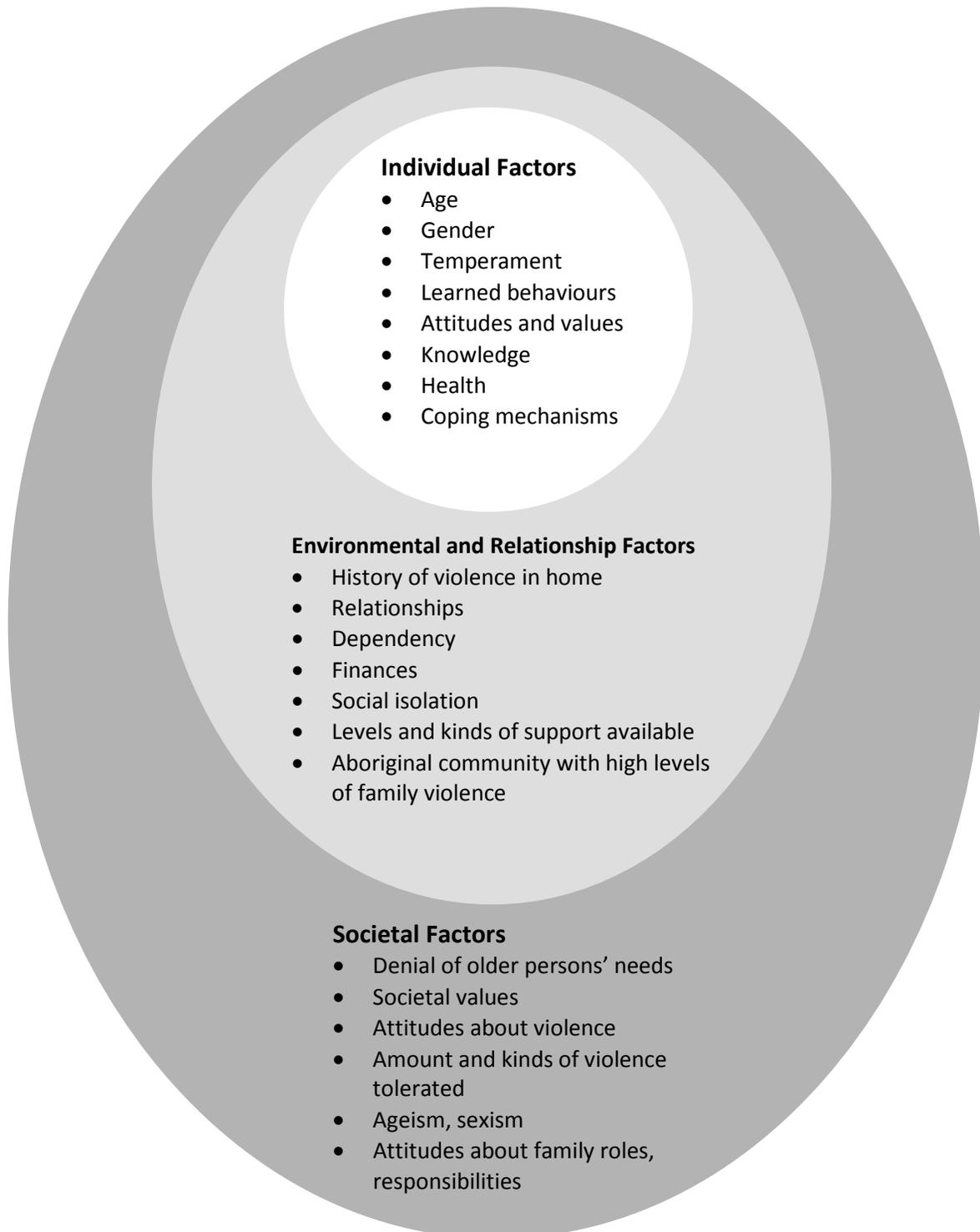
Annie is an 83-year-old widow. She lives in her own home with her son Tom, 54. Tom often yells and swears at her. She is scared when his friends are in the house. They smoke marijuana and drink alcohol. They also leave a mess for her to clean up. Tom will not let her friends or other family members visit. He has threatened to harm Annie if they meddle. Annie will not ask her son to leave because he is financially dependent on her.

### **Payphone Caller**

An older male called a seniors' organization from a payphone during Christmas week. He said that his daughter had been beating him on a regular basis. His reason for calling was not to report this, but to ask if this was acceptable. The volunteer on the phone at the seniors' organization tried to persuade him to call again. She thought he sounded very frail and sad. The volunteer never heard from him again.

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## HANDOUT 2: RELATIONSHIP AMONG RISK FACTORS THAT CONTRIBUTE TO THE PROBLEM OF VIOLENCE AGAINST OLDER PERSONS



## PREVENTION

### Session 9: Root causes of violence

#### Materials for this session<sup>37</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 9 for each participant (Manual pages 112-121)
- Trainer Notes
- PowerPoint
- Handout
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 9

##### *Why does violence against older persons happen?*

- Violence is the improper treatment of a person that causes harm and violates the rights of that person.
- Violence is an abuse of power and control, and is rooted in inequality.
- Violence against older persons occurs because:
  - It is part of the cycle of violence within the family;
  - It is a symptom of society's devaluing and marginalization of older persons;
  - Older persons who are physically or socially isolated may be more likely to experience violence, since they may not have access to helpful resources; and/or,
  - It is intimate partner violence that continues into old age.

##### **Control tactics:**

- Physical violence;

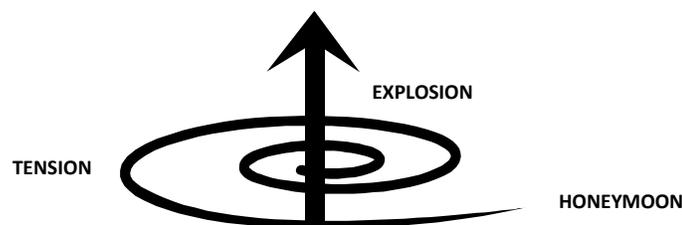
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<sup>37</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- Humiliation, causing fear, jealousy;
- Claiming superiority over another;
- Intimidation, coercion, isolation;
- Emotional blackmail, i.e. silent treatment or threatening suicide;
- Threats of something bad if demands are not followed;
- Minimizing or denying violence;
- Creating dependency:
  - Isolating the older person;
  - Blocking access to the phone or visitors;
  - Not allowing the older person to leave the home; and,
  - Emotional violence or verbal abuse:
    - “You can’t leave because you have no money of your own!”
    - “You know you’ll never get along without me!”
- Surveillance, monitoring of visitors;
- Portraying the older person as unstable, frail, depressed, troubled; and,
- Threatening to make a scene, staying in control by appearing to lose control.

### ***The Cycle of Violence***

- A pattern or process that occurs in relationships where there is violence.
- Four phases:
  1. Honeymoon phase;
  2. Tension build-up phase;
  3. Explosion phase; and,
  4. Honeymoon or reconciliation phase.



### ***The myth of caregiver stress as a primary cause of violence***

- Caregiver stress is often described as a primary cause of violence against older persons. This theory asserts that caregivers want to be caring, but lose control under stress.
- Caregiving can be difficult and stressful. The work is often hard, and the hours are long. Many caregivers work for low pay.
- Many people believe that stressed caregivers sometimes snap. They may become violent or abusive. They may say or do things they would not do normally.
- However, stress does *not* justify violence.
  - We all experience stress.
  - We all find ourselves in positions of power over others at some point in our lives.
  - Most people do not relieve stress or exert power by hitting or emotionally abusing others.
  - Each of us needs to make conscious choices about how to deal with stress and use our power.

### ***For helping professionals, caregivers and volunteers who work with older victims of violence***

- Be aware of the power imbalance in the helping relationship.
- Acknowledge this difference in power.
- Provide information about choices and options.
- See the older person as an active participant in the helping process.
- Tell the older person that she or he has choices, and can choose to opt out, proceed at her or his own pace, or take the lead on numerous decisions or actions.
- Tools:
  - Power and Control in Later Life Wheel; and,
  - Advocacy and Empowerment Wheel.

### ***Restoring power and control to the older person***

- Violence *removes power and control* from an older person. *Empowerment* of the older person should be the focus of any intervention.
- Empowerment restores decision-making and control to victims. This perspective builds on peoples' strengths, skills and resourcefulness.
- Empowering older persons means giving them information and helping them learn about their rights and their options.
- Involving older persons in planning for their safety helps them to be prepared.

**PREVENTION**  
**Session 9: Root causes of violence**

**AGENDA**

Activity #	Activity	1.5 Hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make relevant housekeeping announcements</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 9 in the <i>Respect Aging</i> training program. Today's topic is <i>Root causes of violence</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 9.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 9 for each participant</li> </ul>
2	<p><b>Group activity</b> <i>Brainstorming</i></p>	15 minutes	<ul style="list-style-type: none"> <li>• Flipchart</li> <li>• Markers</li> <li>• Masking tape</li> </ul>
3	<p><b>Learning together</b> <i>Root causes of violence</i></p>	20 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-13</li> </ul>

	<ul style="list-style-type: none"> <li>Show the slides; refer to the Notes pages of the slides for more information.</li> </ul>		
4	<p><b>Small group activity</b> <i>Cycle of Violence Create-a-Story</i></p> <ul style="list-style-type: none"> <li>Show slide 7 on screen.</li> </ul>	35 minutes	<ul style="list-style-type: none"> <li>PowerPoint slide 7</li> <li>Handout</li> <li>Flipchart</li> <li>Markers</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>Thank participants for their input, sharing and time.</li> <li>Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li><i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
Women's Policy Office/Violence Prevention Initiative  
Government of Newfoundland and Labrador  
Confederation Building, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

PHONE: (709) 729-5009  
FAX: (709) 729-1418  
EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# PREVENTION – SESSION 9 ACTIVITIES

## **Activity 2: Brainstorming**

*Note: This activity should be carried out at a quick pace.*

1. Divide the group into two groups. Ask each group to appoint a recorder and reporter.
2. Ask one group to brainstorm *root causes of violence in society*. Ask the second group to brainstorm *root causes of violence against older persons*. Ask the recorders to list the responses on flip chart paper. (5 minutes)
3. Bring both groups back together.
4. Have reporter from first group present responses.
5. Have reporter from second group present responses.
6. Discussion: ask whole group, “What do you notice?” Note similarities, differences in the two lists.
  - A key point here is that violence against older persons should be seen as part of the continuum of violence throughout the lifespan and not as a separate case of “elder abuse”. There should be many similarities between the two lists. (5-10 minutes)

### **Activity 4: The Cycle of Violence Create-a-Story**

This activity allows participants to work together to create a story about violence against older persons. The story will illustrate the Cycle of Violence and the use of power and control. This activity draws on the collective experiences of all participants. It provides a learning context that promotes the transfer of knowledge. Encourage everyone to contribute a detail for the story. Ask people who have already made several contributions to hold back and allow others to take part.

1. Display Slide 7 which shows the Cycle of Violence model.
2. Hand out the Power and Control Wheel to participants. Ask the group to use the Wheel to help them imagine a situation involving violence against an older person. Give the group a few moments to think.
3. Begin by saying, “Let’s decide on a beginning for our story.”
4. As you ask questions, tell participants to call out suggestions. Write key story elements on a flipchart. The idea is to develop a story that effectively illustrates the Cycle of Violence.
5. These are some questions you can ask to get started:
  - How did we first meet the person who was harmed?
  - How did you hear about this situation? (Or: How did it come to your attention?)
6. Now develop the characters:
  - What is the name of the person who has been harmed?
  - Is the person male or female?
  - What is the person’s age? Marital status? Living situation?
  - Any medical concerns?
  - Any other relevant concerns?
  - What is the perpetrator’s name?
  - Is the perpetrator male or female? Age?
  - Other relevant information about the perpetrator?

7. Now identify the kinds of **tensions** that are building up. How do you know the tension is building?
8. Describe the “**explosion**”, the incident of violence.
9. Describe the perpetrator’s behaviour after the explosion – the “**honeymoon period**”.
10. When the group has finished constructing the story, ask for their reactions, feelings, concerns. Ask if the group thinks the case reflects the Cycle of Violence. If not, what needs to change?
11. Do not get into solving the problem, or intervention or treatment plans. The point of this activity is to illustrate the Cycle of Violence.
12. Ask participants if there are any closing comments or reflections. Offer to stay behind after the workshop to talk about this activity and any uncomfortable feelings that may have come up.

# PREVENTION – SESSION 9 HANDOUT

HANDOUT: POWER AND CONTROL IN LATER LIFE WHEEL<sup>38</sup>



<sup>38</sup> Adapted from Domestic Abuse Intervention Project, Duluth, Minnesota.

## PREVENTION

### Session 10: Self-understanding for violence prevention

#### Materials for this session<sup>39</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 10 for each participant (Manual pages 122-129)
- Trainer Notes
- PowerPoint
- Prepared flipchart for *Reflection* activity
- Handout
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 10

- Effective helping depends on self-awareness. When working with or relating to older victims of violence, *how* we make a difference is linked to *who we are* as human beings.
- *Personality factors* may affect how we respond to violence against older persons. These include:
  - Openness to change;
  - Reasoning ability;
  - Emotional intelligence;
  - Extroversion or introversion; and,
  - Degree of self-reliance.
- Various *dimensions of diversity* may also affect our thoughts, feelings and behaviour in this situation. These include our:
  - Gender;
  - Age and stage of life;
  - Cultural background;
  - Language skills;

<sup>39</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- Citizenship status;
  - Physical abilities; and,
  - Mental health status, and so on.
- How we think, feel and respond to situations will be affected by our unique style of communicating and relating.
- Other factors that impact how we respond to violence against older persons include:
  - Principles: The ways we think people should behave and how things ought to be;
  - Values: The personal qualities, characteristics or attributes that help us make decisions or set priorities;
  - Past experiences with violence, and how we dealt with them;
  - Biases: Our preference for one person or group of people over another;
  - Self-concept: Our beliefs about the kind of people we are or would like to be; what we expect of ourselves;
  - Objectives: What we are trying to accomplish in any given situation; and,
  - Obligations: What we think others expect of us personally and professionally.
- Most of us, at some point in our lives, have been touched by prejudice, discrimination or violence in some way.
- Becoming aware of our own experiences with harm and its lasting effects will make us better able to help older victims of violence.
- Being a helper confronts us with fears, doubts and old beliefs, demanding that we work them through so that we can get on with the job at hand.
- There is no better way to help victims of violence than by being clear about who we are and our intentions in helping.

**PREVENTION**  
**Session 10: Self-understanding for violence prevention**

**AGENDA**

Activity #	Activity	1.5 hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Participant Introductions, if necessary</b></p> <ul style="list-style-type: none"> <li>• <u>Small group</u>: have participants introduce themselves one at a time to the whole group.</li> <li>• <u>Large group</u>: have participants introduce themselves to one or two people sitting next to them.</li> </ul> <p><b>Housekeeping</b> Make announcements, such as:</p> <ul style="list-style-type: none"> <li>• Details about refreshment breaks.</li> <li>• Location of washrooms.</li> <li>• Time the session will end.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 10 in the <i>Respect Aging</i> training program. Today's topic is <i>Self-</i></li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 10 for each participant</li> </ul>

	<p><i>understanding for violence prevention.</i></p> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 10.</li> </ul>		
2	<p><b>Individual activity</b> <i>Sentence Completion Activity</i></p>	10 minutes	<ul style="list-style-type: none"> <li>• Handout</li> </ul>
3	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Show the slides, referring to the Additional Notes from the slides for more information.</li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3 –17</li> </ul>
4	<p><b>Small group activity</b> <i>Reflection</i></p>	25 minutes	<ul style="list-style-type: none"> <li>• Flipchart, prepared ahead of time with two questions</li> <li>• 2 flipcharts and markers for each group</li> <li>• Handout</li> </ul>
5	<p><b>Reporting back</b> Bring the large group back together for discussion.</p>	20 minutes	<ul style="list-style-type: none"> <li>• Masking tape</li> </ul>
6	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>

	<p>what they have learned in their work or interactions with older persons.</p> <ul style="list-style-type: none"> <li>• Thank participants for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>		
	<i>Total time</i>	<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

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# PREVENTION – SESSION 10 ACTIVITIES

### **Activity 2: Sentence Completion Activity**

1. Provide copies of the Handout to all participants.
2. Instruct participants to work quickly and complete statements 1-8 on their own.
3. They can write down their responses, or just reflect on how they would complete the sentences.
4. Ask participants not to censor themselves – you will *not* be asking them to share their responses.

## **Activity 4 & 5: Reflection & Discussion**

*Ahead of time:* Write questions 1 and 2 below on a flipchart. Post it where all can see.

1. *What does aging look and feel like to you?*
2. *How do our perceptions of aging affect our helping responses?*

- Divide the participants into small groups of three to six.
- Provide the following instructions:
  - *Now that you have worked through your own individual reflections on aging, look at what you have written, or try to remember the key images or ideas that came up for you in your responses; and,*
  - *Without identifying who said what, in your small group, use the flipchart to record key points, words and images to respond to these two questions.*
- Read the two questions from the flipchart.
- Each group will end up with two flipchart pages, one for each question.
- Ask each group to appoint a recorder and reporter.
- Ask groups to work quickly.

### **Reporting back**

- After about 20 minutes, bring the large group back together for discussion.
- Ask each group to report back responses to the first question. Ask reporters to read out any words or phrases and explain any images.
- *Note to trainer:* The words people use to describe aging are often stereotypical and negative. There are few positive stereotypes of aging. Words that may be used to describe positive aging are more hopeful. This activity may result in a lot of discussion.
- Remember not to be judgmental in this learning environment – participants should feel safe and free to express themselves.
- Ask for comments from the group.
- Ask participants to speak only for themselves and not to judge others' responses.
- Now ask groups to report their responses to the second question.

- Ask participants:
  - *What will they do differently as helpers?*
  - *What did they learn from this activity?*
- Thank group members for their participation. Mention that personal reflection and sharing in a class can be difficult for some people.
- Offer to stay after the session if anyone needs to debrief further.

# PREVENTION – SESSION 10 HANDOUT

## HANDOUT: SENTENCE COMPLETION ACTIVITY

*On your own, complete the following statements by writing down or reflecting on **what you think about older people**. You will **not** be asked to share your specific responses – these are for your own personal reflection.*

1. Older people can't ...

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2. Older people are good at ...

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3. Growing older means ...

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---

4. Older people need ...

---

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5. Violence against older persons ...

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6. Older women who stay in violent relationships ...

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7. Most older persons who are victims of violence are ...

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8. Violence against older persons is caused by ...

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9. One thing I believe about violence is that ...

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10. When I get old ...

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11. The older people in my life ...

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12. A good helper ...

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13. The best thing I can do to help an older victim of violence is ...

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## PREVENTION

### Session 11: Safety planning

#### Materials for this session<sup>40</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 11 for each participant (Manual pages 130-143)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Form #1
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points for Module 11

##### ***Safety planning for older persons***

- Safety planning: a process in which an older person and a trusted helper work together to ensure the older person's safety *in advance of any crisis*.
- Recommended even if the person has sought some form of protection through the justice system.

##### ***Five strategies for safety planning***

- To begin safety planning, know the status of the relationship between the older person and the person who is causing harm or making threats.
- The older person may:
  - want to stay with the other person;
  - be in the process of leaving or going back to the other person;
  - or,

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<sup>40</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- have already ended the relationship.
- Five strategies for safety planning include:
  1. *Prevention*: preventing future violence or abuse;
  2. *Protection*: looking at ways older persons can protect themselves during a violent incident;
  3. *Notification*: planning ahead for ways to get help in a crisis;
  4. *Referral*: finding services that can help; and,
  5. *Emotional support*: finding emotional support and ways to become less isolated.

### ***What you can do as a helper***

- Build rapport and help the older person feel safe by active listening.
- Learn about what the older person fears about the perpetrator and what might happen if harmful actions or threats are carried out.
- Brainstorm creative options and ideas together. A good safety plan is victim-driven and victim-centered. It is based on the older person's goals, and not the helper's opinions.

### ***What NOT to do as a helper***

- Tell the older person what to do ("I think you should live with your son.")
- Simply refer the older person to local agencies ("Here's a list of agencies you can call. Let me know how it goes.")
- Impose your cultural, spiritual or generational values that may impact the older person's choices. ("I think your only choice is to divorce him.")
- Talk to the perpetrator on your own.
- Recommend strategies that could increase risk for the older person (such as recommending the purchase of a gun or other weapon, attending couples counseling, saying "just stand up to him".)
- Blame the older person if he or she does not follow the safety plan and experiences further violence.

***If you work with or care for an older person: planning for your own safety***

- Ahead of time:
  - Call ahead to assess the situation;
  - Do not enter the home if you suspect or sense danger;
  - Have a cell phone with you, especially if the older person has no phone;
  - Let someone from your office know where you will be;
  - Ask a colleague to go with you on the visit, so you do not go alone; and,
  - Carry only what you need.
- During a home visit:
  - Do not enter a home if your instinct tells you not to go in;
  - Do not stay if you are being threatened. Leave immediately;
  - If you arrived by taxi, ask the driver to wait outside. If you are not out in a given time, ask the driver to call your cell phone;
  - When going into a home, try to stay near an exit door at all times;
  - Check for household objects that could be used as weapons; and,
  - If you need help immediately, and others may hear you, shout “Fire!”

**Safety planning involves problem-solving in advance!**

**PREVENTION**  
**Session 11: Safety planning**

**AGENDA**

<b>Activity #</b>	<b>Activity</b>	<b>1.5 Hour session</b>	<b>Materials</b>
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 11 in the <i>Respect Aging</i> training program. Today's topic is <i>Safety planning</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 11.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 11 for each participant</li> </ul>
2	<p><b>Learning together</b> <i>Safety planning</i></p> <ul style="list-style-type: none"> <li>• Show slides.</li> <li>• Refer to the Additional Notes on the slides for more information.</li> </ul>	25 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-12</li> <li>• Handout 1</li> </ul>

	<ul style="list-style-type: none"> <li>• At slide 5, read Sandra's story from <i>Stories from the Front Lines</i> (available on the Notes page for slide 5).</li> <li>• For each of the Five Strategies, ask the group to call out ways to make Sandra safer.</li> </ul>		
3	<p><b>Small group activity</b> <i>Practicing safety planning</i></p>	35 minutes	<ul style="list-style-type: none"> <li>• Flipchart and markers for each group</li> <li>• Handouts 2 &amp; 3</li> </ul>
4	<p><b>Learning together</b> <i>Safety planning</i></p> <ul style="list-style-type: none"> <li>• Show remaining slides.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 13-15</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask that they be completed.</li> <li>• Do a final go-round. Ask participants to briefly share how the session was for them.</li> <li>• Ask them how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
Women's Policy Office/Violence Prevention Initiative  
Government of Newfoundland and Labrador  
Confederation Building, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

PHONE: (709) 729-5009  
FAX: (709) 729-1418  
EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# PREVENTION – SESSION 11 ACTIVITY

### Activity 3: Practicing Safety Planning

1. Divide the group into five smaller groups. Assign one of the five safety-planning strategies to each group - Prevention, Protection, Notification, Referral, Emotional Support.
2. Hand out one copy of *Handout 2: Matthew's Story* to each group. Ask for a volunteer to read the story out loud to her or his group. Also provide a copy of *Handout 3: Checklist for Creating Safety Plans* to all participants.
3. Ask each group to assign a reporter and a recorder.
4. Ask each group to use *Matthew's Story* to create a safety plan based on their assigned safety-planning strategy. Remind groups that in developing a safety plan, they are working together with Matthew and others in Matthew's circle of family, friends and helpers.

#### Matthew's Story

*Matthew, 65, has a developmental delay. He lived with his mother until she died last year. He then lived on his own in the family home with the help of neighbours. Recently, his younger brother Phil was released from jail and moved in with him. Phil has a drug problem. Phil has been taking all of Matthew's money. He has been physically and emotionally abusive. Matthew now wanders the streets asking for money and food. The neighbours do not come by anymore because they are afraid of Phil.*

5. Recorders in each group should make notes on a flipchart of highlights of the group's conversation.
6. Ask groups to consider the following questions as they plan:
  - How would you engage Matthew to talk about the importance of safety planning?
  - What concerns would you raise with Matthew?
  - What issues need to be taken into account?

7. Bring the large group back together. For each strategy, have the group report the highlights of their conversation.

# PREVENTION – SESSION 11 HANDOUTS

## HANDOUT 1: FIVE STRATEGIES FOR SAFETY PLANNING

Strategy	Description	Examples
<b>1. Prevention</b>	Preventing future violence or abuse	<ul style="list-style-type: none"> <li>• Going to a shelter</li> <li>• Moving to another residence</li> <li>• Getting a peace bond or Emergency Protection Order</li> <li>• Hiding or disarming weapons</li> <li>• Changing schedules and routes to avoid being found</li> </ul>
<b>2. Protection</b>	Looking at ways older persons can protect themselves during a violent incident	<ul style="list-style-type: none"> <li>• Having an escape route</li> <li>• Having the older person seek shelter in a room where a door can be locked from inside, with a working phone available</li> </ul>
<b>3. Notification</b>	Arranging ways to get help in a crisis	<ul style="list-style-type: none"> <li>• Cell phone</li> <li>• Emergency numbers on hand</li> <li>• Life-lines (personal security devices)</li> <li>• Security system</li> <li>• Waving a towel in a window</li> <li>• Having secret code words with trusted family, neighbours or friends</li> </ul>
<b>4. Referral</b>	Finding services that can help	<ul style="list-style-type: none"> <li>• Regional Health Authority</li> <li>• Sexual assault centre</li> <li>• Mental Health Crisis Line</li> <li>• Justice system</li> <li>• Victim Services</li> <li>• Transition houses / shelters</li> <li>• Faith or spiritual community</li> </ul>

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<b>5. Emotional support</b>	Finding emotional support and ways to become less isolated	<ul style="list-style-type: none"><li>• Exercise/yoga group</li><li>• Hobby, art, music classes</li><li>• Trusted friends and family</li><li>• Peer support; support groups</li><li>• Seniors centre</li><li>• Community groups</li></ul>
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## **HANDOUT 2: MATTHEW'S STORY**

Matthew, 65, has a developmental delay. He lived with his mother until she died last year. He then lived on his own in the family home with the help of neighbours. Recently, his younger brother Phil was released from jail and moved in with him. Phil has a drug problem. Phil has been taking all of Matthew's money. He has been physically and emotionally abusive. Matthew now wanders the streets asking for money and food. The neighbours do not come by anymore because they are afraid of Phil.

## HANDOUT 3: CHECKLIST FOR CREATING SAFETY PLANS<sup>41</sup>

*Safety planning involves problem-solving in advance. This helps an older person know what to do, both during and after a crisis situation. Below is a list of questions to consider and discuss with the older person when preparing the safety plan.*

- What experience has the older person had with safety planning and protection strategies? Which strategies worked? Which were ineffective?
- How has the perpetrator behaved in the past? Is the perpetrator likely to re-offend?
- Does the perpetrator have access to weapons? Have weapons been used in the past?
- Is there a peace bond or protection order in effect? If so, what is the status?
- Where does the older person keep important phone numbers, personal documents, photographs, bank books?
- What/who are the older person's community supports?
- Does the older person have information on counselling and other therapeutic or support services?
- Is there a process to review and update the safety plan on a regular basis?
- Has the older person practiced giving precise information on where she or he is and if there is danger?
- What are the older person's cultural or religious values about independence and the right to unrestricted movement?
- Is the older person willing to move to a safe place (shelter or transition house)?
- What are the older person's experiences with the justice system and other service providers?
- What is the older person's first language and country of origin? Is language a potential barrier to getting help?
- What is the older person's legal status (i.e. refugee, landed immigrant)?
- What is the older person's physical and health status?

<sup>41</sup> Adapted in part from:

Ontario Network for the Prevention of Elder Abuse. (no date). *The Free from Harm Tools Guide*. Retrieved from [www.onpea.org/english/download.php?name=FreeFromHarmTools.pdf](http://www.onpea.org/english/download.php?name=FreeFromHarmTools.pdf).

- If the older person is living with a disability, are there physical barriers in the person's environment that may prevent a safe exit or access to safety?
- What challenges might affect the older person's safety or ability to follow through with a safety plan? This could include things such as substance abuse, mental health issues or dementia.
- Is the older person comfortable with the safety plan and willing to live life within its constraints, at least in the short term?
- Is the older person aware of other potential risks, such as:
  - Cyber-stalking on the Internet?
  - Identity theft (credit cards, passport, other ID)?
  - Seeking help from people or organizations that have little experience with violence against older persons?

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## PREVENTION

### Session 12: Self-care for violence prevention helpers

#### Materials for this session<sup>42</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 12 for each participant (Manual pages 144-154)
- Trainer Notes
- PowerPoint
- Prepared flipchart for *Brainstorming* activity
- Handouts
- Participant Evaluation forms
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 12

##### *Why self-care for helpers?*

- We all need to have some degree of stress in our lives to be functional.
- Stress can help us set goals, complete work and structure our days.
- It is when stress becomes distress that problems arise.
- Working with older persons who live with violence can be very stressful.

##### *Definitions revisited*

- *Stress*: the body's reaction to a change that requires a physical, mental or emotional adjustment or response.
- *Burnout*: a state of emotional, mental and physical exhaustion caused by extreme and prolonged stress.

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<sup>42</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- *Vicarious trauma*: the negative changes that happen to helping professionals, volunteers and others over time that result from empathetic dealings with clients and victims and hearing or seeing their traumatic experiences.

### ***Vicarious trauma***

- Both burnout and vicarious trauma can occur when you are witness to violence, human suffering and stories of unkindness and loss on a regular basis.
- You may witness the suffering of people you care for or feel responsible to help.
- Vicarious trauma happens *because you care*: you empathize with people who are hurting.
- Empathy is the ability to identify with another person, to understand and feel another person's pain and joy.

### ***Minimizing vicarious trauma requires***

- Being aware of our own thoughts and behaviours;
- Reflecting on our beliefs, values and assumptions; and
- Being willing to share our vulnerability with people who support us.

### ***Recognizing stress***

- No two people who work with older victims of violence respond the same way to the stresses and challenges of this work.
- You may experience changes in:
  - How you see yourself and the world;
  - Your emotional beliefs and needs;
  - Self-care and behaviour (psychological and physiological signs and symptoms);
  - Relationships; and,
  - Beliefs about spirituality, meaning, purpose.
- These changes may be serious warning signs that you are over your stress limit, and need to take care of yourself.

- If you experience any of these changes and they are worrisome, consider seeing a physician or mental health professional.

### ***ABCs of healthy self-care***

Healthy self-care can renew our bodies, hearts, minds and spirits. It can help us become more resilient. Self-care is most effective when approached proactively, not reactively. Think of self-care as having three basic aspects: Awareness, Balance and Connection — the ABC's of self-care.

- ***Awareness***
  - The sooner you notice that something is troubling you, the less likely it is to develop into a much bigger problem.
  - Helpers need to take time to self-reflect.
  - Journal writing, therapy and talking with a supervisor or friend are examples of good habits that build self-awareness.
- ***Balance***
  - Awareness must be balanced with action.
  - Effective self-care involves finding and keeping the right balance for yourself as often as you can.
  - Balance guides your choices about taking on certain activities, behaviours or attitudes. Balance informs how you nurture and align the physical, emotional, spiritual and social aspects of your being.
  - It relates to how much time you spend working, playing and resting.
  - This means balancing demanding work with less challenging work. It means balancing work with the rest of your life.
- ***Connection***
  - Healthy self-care involves being connected in meaningful ways with others and to something beyond ourselves.
  - Social support – connecting meaningfully with people you like and care about – is good for just about everything related to physical, emotional, mental and spiritual health.
  - Being connected goes beyond our relationships with other people. This may involve relating to faith, nature, humanity or another source of meaning and purpose.

**PREVENTION**  
**Session 12: Self-care for violence prevention helpers**

**AGENDA**

Activity #	Activity	1.5 Hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 12 in the <i>Respect Aging</i> training program. Today's topic is <i>Self-care for violence prevention helpers</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 12.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i></li> <li>• OR one copy of Module 12 for each participant</li> </ul>
2	<p><b>Brainstorming:</b></p> <ul style="list-style-type: none"> <li>• Ask the group: <i>Thinking about "work stress", what do you think are some of the signs and symptoms?</i></li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• Prepare a flipchart ahead of time with four</li> </ul>

	<ul style="list-style-type: none"> <li>On prepared flipchart, enter responses in appropriate columns.</li> </ul>		<p>columns at the top: <i>Physical,</i> <i>Emotional,</i> <i>Mental,</i> <i>Spiritual</i></p>
3	<p><b>Learning together</b> <i>Self-care</i></p> <ul style="list-style-type: none"> <li>Show slides.</li> <li>Refer to the Notes on the slides for more information.</li> </ul>	25 minutes	<ul style="list-style-type: none"> <li>PowerPoint slides 3-20</li> </ul>
4	<p><b>Small group activity</b> <i>Wellness Toolbox</i></p> <ul style="list-style-type: none"> <li>Hand out <i>Wellness Toolbox</i> and <i>Personal Wellness Toolbox</i>.</li> </ul>	30 minutes	<ul style="list-style-type: none"> <li>PowerPoint slides 21-22</li> <li>Handouts</li> <li>Flipchart</li> <li>Markers</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>Hand out <i>Questions to Ask in Times of Stress</i>. Tell participants that this is for their own personal use.</li> <li>Do a final go-round. Ask participants to briefly share how the session was for them, and how they will use what they have learned in their work or interactions with older persons.</li> <li>Thank participants once again for their input, sharing and time.</li> <li>Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li><i>Participant Evaluation Forms</i></li> <li>Handout</li> </ul>

<i>Total time</i>	<b>90 minutes</b>
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**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 221). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
 Women's Policy Office/Violence Prevention Initiative  
 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> floor, West Block  
 St. John's, NL  
 A1B 4J6

PHONE: (709) 729-5009  
 FAX: (709) 729-1418  
 EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# PREVENTION – SESSION 12 ACTIVITY

#### **Activity 4: Wellness Toolbox**

1. Divide the large group into smaller groups of at least four persons each.
2. Ask each group to appoint a Recorder and a Reporter.
3. Hand out the *Wellness Toolbox* handout to each participant.
4. Tell participants they will be working on their own to fill in as many of the boxes on their personal matrix as they can.
5. Once they have created their own Toolbox, have them work as a group to create a group Toolbox on a flipchart.
6. Bring groups back together. Have each small group report back to the larger group.
7. Tell participants that the *Personal Wellness Toolbox* sheet is for them to write down any new wellness tools they hear about and would like to try. They can also write down any former wellness tools that they would like to start using again. (This is for their own personal use. Participants will not be asked to share this list.)

# PREVENTION – SESSION 12 HANDOUTS



# Wellness Toolbox

	Awareness	Balance	Connection
<b>Physical</b>			
<b>Emotional</b>			
<b>Mental/ Intellectual</b>			
<b>Spiritual</b>			



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## HANDOUT: QUESTIONS TO ASK IN TIMES OF STRESS<sup>43</sup>

1. How am I doing?
2. What do I need? What would I like to change?
3. What is hardest about this work?
4. What worries me most about my work?
5. How have I changed since I began this work? Both for better or worse?
6. What changes, if any, do I see in myself that I do not like?
7. Am I experiencing any signs of stress, burnout or vicarious trauma?
8. What am I doing, and what have I done, to address my vicarious trauma?
9. What is my sense of personal accomplishment in my work?
10. What work barriers get in the way of my having more satisfaction? How can these barriers be addressed?
11. What am I going to do to take care of myself?
12. How can I keep going as a person while working with traumatized older persons?
13. How can I better use my social supports? *[Make a list of your social supports on the job (colleagues) and off the job (family, friends).]*
14. Have I talked to others about my concerns, feelings and rewards of my job?
15. Whom did I talk to (present and past)? How did they react?
16. What did he or she say or do that was helpful or unhelpful?
17. Is there anything about my work or other life stresses that I have not told anyone, that is 'unspeakable', that I have kept to myself (a secret)? *[Try putting it into words, such as, "I haven't shared it because..." or "I am very hesitant to share it because..."]*
18. What is the possible impact or emotional toll of not sharing or working through these feelings?
19. Is there anything about my stress experience that I keep from myself? An area or event that I have pushed away or kept at arm's length from myself?
20. How will sharing these feelings help? *[Remember, what cannot be talked about can never be put to rest.]*

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<sup>43</sup> Adapted in part from:

Donald Meichenbaum. (no date). *Self-care for Trauma Psychotherapists and Caregivers: Individual, Social and Organizational Interventions*. Retrieved from: [http://www.melissainstitute.org/documents/Meichenbaum\\_SelfCare\\_11thconf.pdf](http://www.melissainstitute.org/documents/Meichenbaum_SelfCare_11thconf.pdf).

## **INTERVENTION**

### **Sessions 13/14:**

**13) The Violence Prevention Continuum: A holistic model**

**14) Intervention approaches, practices and supportive legislation**

#### **Materials for this session<sup>44</sup>**

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Modules 13 and 14 for each participant (Manual pages 158-181)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation Forms
- Compilation and Summary of Data Collected with Evaluation Form #1

#### **Key learning points for Modules 13 and 14**

##### ***Useful intervention practices***

- This training program does not provide clinical assessment or screening tools to use in identifying older adult violence.
- The purpose of this training is to educate through practices and tools that will be useful to both helpers and older persons.
- Effective interventions use approaches that respect the rights of older persons to make their own choices.

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<sup>44</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

## ***The Violence Prevention Continuum***<sup>45</sup>

- The Violence Prevention Continuum is a new model that deals with the problem of violence against older persons.
- The Continuum provides three strategies to reduce risk and increase capacity and resilience.
- These three strategies are:
  1. *Short-term and emergency relief*
    - Provide short-term, temporary relief; usually for emergencies.
  2. *Capacity-building*
    - Individual skill-building strategies that help people develop effective coping skills.
    - Community capacity-building strategies that build skills and identify resources at the community level.
    - These strategies work best when the people experiencing the problem – older persons themselves, their families and their communities – are included and involved in finding solutions.
  3. *Systems change/societal change*
    - Longer-term strategies that aim to educate target groups and the public to improve the well-being of all.
    - It involves changes in policies, regulations, values, attitudes and relationships.

<sup>45</sup> Thanks to Dr. Patty Williams, the Nova Scotia Nutrition Council, and the Atlantic Health Promotion Research Centre, Dalhousie University, for conceptualizing the three strategies for social change.

***Promising Canadian intervention approaches and practices***

<b>Type of intervention</b>	<b>Description</b>
<i>Adult protection legislation and services</i>	<ul style="list-style-type: none"> <li>• varies by province</li> <li>• usually targets all adults (not just older persons)</li> </ul>
<i>Advocacy</i>	<ul style="list-style-type: none"> <li>• guidance on legal rights</li> <li>• legal research</li> <li>• public education</li> <li>• helps victims find their way through the “system”</li> </ul>
<i>Community response networks (CRNs)</i>	<ul style="list-style-type: none"> <li>• broad, integrated approach to helping</li> <li>• creates linkages between agencies and organizations</li> <li>• sharing of skills and knowledge</li> </ul>
<i>Consultation teams</i>	<ul style="list-style-type: none"> <li>• expertise and collaboration</li> </ul>
<i>Counselling</i>	<ul style="list-style-type: none"> <li>• psychological support</li> <li>• information about options</li> <li>• safety planning</li> <li>• advocacy</li> <li>• referrals</li> </ul>
<i>Hotline</i>	<ul style="list-style-type: none"> <li>• information and referral on services and resources</li> </ul>
<i>Information and education</i>	<ul style="list-style-type: none"> <li>• public education campaigns</li> <li>• websites</li> </ul>
<i>Multi-disciplinary team</i>	<ul style="list-style-type: none"> <li>• multiple skills and knowledge to respond to violence</li> </ul>
<i>Peer support and advocacy</i>	<ul style="list-style-type: none"> <li>• emotional support</li> <li>• practical help</li> <li>• information on rights</li> <li>• advocacy and help with self-advocacy</li> </ul>
<i>Shelters, safe houses</i>	<ul style="list-style-type: none"> <li>• crisis or short-term housing and support</li> </ul>

## ***Effective intervention***

- Before engaging with the older person who has been injured, abused or neglected, consider the following two factors of effective intervention<sup>46</sup>:
  1. *Level of risk*
    - High risk situations require *immediate action*.
    - “High risk” refers to a situation where the older person’s life is in immediate danger or the person is at risk of imminent harm.
  2. *Consent*
    - Provide enough information for the older person to make an informed choice.
    - Is the older person willing to accept help?

## ***How you can help***

- Give clear messages, such as “violence is never okay”.
- Help with safety planning.
- Find out about violence prevention and response resources in your region
- Be careful when giving advice: some advice may not be useful and may even pose a risk or danger for the older person.
- Remember that basic human rights apply to all people, including older persons.

## ***Intervening in violence against older persons requires a coordinated response***

- Responding to violence against older persons requires coordinated efforts. Agencies, community groups, government departments and individuals must work together to deal with the problem. These are some of the people that could be involved in a coordinated effort:
  - Trusted family member or friend
  - Banker

<sup>46</sup> Adapted in part from:  
Ontario Network for the Prevention of Elder Abuse. (no date). *Core Curriculum and Resource Guide*. Retrieved from:  
<http://www.onpea.org/english/trainingtools/corecurriculum.html>.

- Clergy, spiritual leader, community Elder
- Community support group
- Police officer(s)
- Lawyer
- Pharmacist
- Physician
- Health professional (psychologist, physiotherapist, nurse, etc.)
- Social worker
- Victim Services
- A coordinated response may also include organizations such as:
  - Agencies for immigrants and refugees
  - Mental health/addiction services
  - Regional Health Authorities, including hospitals
  - Royal Canadian Mounted Police (RCMP), Royal Newfoundland Constabulary (RNC)
  - Director of Neglected Adults
  - Sexual assault centres
  - Seniors' centres and organizations, such as the Seniors Resource Centre
  - Violence Prevention Initiative (VPI)<sup>47</sup>
  - VPI Regional Coordinating Committees<sup>48</sup>

### ***Legislative interventions***

- Federal laws include:
  - The *Canadian Charter of Rights and Freedoms*: states in the Canadian Constitution the rights and freedoms of citizens.
    - Sections 15(1), 15(2), 7 and 28 of the Charter may apply in certain situations of violence of older persons.
  - The *Criminal Code of Canada*: deals with criminal offences.

<sup>47</sup> Recall: The Violence Prevention Initiative is a six-year, multi-departmental, government-community partnership. It seeks long-term solutions to the problem of violence against core populations who are most likely to experience violence. The Women's Policy Office is the lead government department for the Violence Prevention Initiative (VPI).

<sup>48</sup> There are 10 Regional Coordinating Committees Against Violence in Newfoundland and Labrador. They are made up of representatives from community-based organizations and government service providers. Their mandate is to encourage an integrated approach to violence prevention leading to early identification of needs, improved communication between service providers and service recipients, greater public awareness and accountability, opportunities for information sharing on best practices, and overall improved efficiencies in service delivery.

- Provincial laws include:
  - The *Human Rights Act*: protects people from discrimination and harassment and also promotes equality.
  - The *Mental Health Care and Treatment Act*: protects people with mental health issues from harming themselves or others.
  - The *Family Violence Protection Act*: provides Emergency Protection Orders to help adult victims of family violence and their children.
  - *Advance Health Care Directives Act*: an Advance Health Care Directive (AHCD), or “living will”, is a written statement of an adult’s (age 16 and older) health care wishes.
  - The *Enduring Powers of Attorney Act*: allows a person to appoint an Enduring Attorney to manage his or her financial affairs.
  - The *Adult Protection Act*<sup>49</sup>: An adult in need of protective intervention lacks capacity and:
    - Is incapable of caring properly for himself or herself, or refuses, delays or is unable to make provision for proper care and attention for himself or herself; or
    - Is abused or neglected.
  
- Provincial services for victims of violence include:
  - *Victim Services*: a program offered through the provincial Department of Justice. An offence does not have to be reported to the police, and charges do not have to be laid, for a person to get help.
  - *Legal Aid*: The Legal Aid Commission ensures that people with limited financial means have access to legal advice and representation. The Legal Aid Commission is responsible for providing legal representation to those who are eligible in criminal and family matters, as well as some civil matters.
  - *Peace Bond*: A peace bond is a court order that places certain conditions on a person’s behaviour. There is no cost involved in applying for a peace bond. The peace bond is valid for up to 12 months.

<sup>49</sup> An *Act Respecting the Protection of Adults* (also referenced as the *Adult Protection Act*) was passed in the House of Assembly on May 31, 2011. Once proclaimed, this *Act* will replace the *Neglected Adults Welfare Act*.

- *Emergency Protection Order*. A Provincial Court order that provides immediate protection when family violence has occurred.

**INTERVENTION**

**Session 13/14:**

- 13) The Violence Prevention Continuum: A holistic model,  
14) Intervention approaches, practices and supportive legislation**

**AGENDA**

Activity #	Activity	1.5 Hour session	Materials
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 13-14 in the <i>Respect Aging</i> training program. Today's topic is <i>The Violence Prevention Continuum and Intervention approaches practices, and supportive legislation.</i></li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 13/14.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i> OR one copy of Module 13/14 for each participant</li> </ul>

2	<b>Group Activity</b> <i>Story from the Front Lines</i>	15 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slide 3</li> </ul>
3	<b>Learning together:</b> <i>Intervention approaches</i> <ul style="list-style-type: none"> <li>• Show slides.</li> <li>• Refer to the Additional Notes on the slides for more information.</li> <li>• At slide 17, tell the group that you will now provide the ending for Patricia and Helen's story.</li> <li>• Read Part 2 of <i>Patricia and Helen's story</i> (from <b>Activity 2</b>).</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 4-16</li> </ul>
4	<b>Small group activity:</b> <i>Intervention solutions</i>	35 minutes	<ul style="list-style-type: none"> <li>• Handouts 1, 2 &amp; 3</li> </ul>
5	<b>Wrap-up / Evaluation</b> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round, asking participants to briefly share how the session was for them, and how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants once again for their input, sharing and time.</li> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>
<i>Total time</i>		<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 226). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
Women's Policy Office/Violence Prevention Initiative  
Government of Newfoundland and Labrador  
Confederation Building, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

PHONE: (709) 729-5009

FAX: (709) 729-1418

EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# INTERVENTION – SESSION 13/14 ACTIVITIES

## **Activity 2: Story from the Front Lines**

1. Tell the group that they are going to hear a story about intimate partner violence. Tell them that this story has a twist.
2. Read Part 1 of Patricia and Helen's story out loud to the group (see story below).
3. Ask participants:
  - a. What types of violence are present?
  - b. What types of violence MIGHT be present?
  - c. Who is the perpetrator?
4. Tell the group that you will show some PowerPoint slides about Intervention. You will refer to the story to illustrate some concepts.

### **Patricia and Helen<sup>50</sup>**

#### ***Part 1:***

Patricia and Helen have been life partners for thirty years. Helen was diagnosed with Alzheimer's-type dementia four years ago. Before the disease, Helen was a quiet, non-violent person. She and Patricia had a very loving relationship.

Over the past few months, Helen's condition has worsened. Patricia tries to make conversation, but Helen seldom responds. When she does, she is loud and argumentative, and sometimes even strikes out at Patricia. Recently Helen tried to choke her, but stopped when Patricia cried out. Patricia believes her partner's behaviour is due to the disease. She does not want to place Helen in an institution. Patricia has a negative view of long-term care homes. She feels an obligation to look after her partner because of their many happy years together. *[Stop reading here.]*

<sup>50</sup> Story adapted from:  
Nova House Women's Shelter, Selkirk, MN. (no date). *What do You See? Understanding and Counseling the Abused Older Person: A Self-Study Training Manual.*

**Part 2:**

One day, while browsing the internet, Patricia found a day program in their community for older persons with dementia and related disorders. She and Helen went to visit the program. They took part in some of the activities for participants and their families. Helen now goes to the program four days a week. Patricia has joined a caregivers group that meets weekly.

## Activity 4: Intervention solutions

Handouts:

1. The story *Bea and her neighbour Andrea* (one copy for each group)
2. *The Violence Prevention Continuum* (one copy for each participant)
3. *Promising Canadian Intervention Approaches and Practices* (one copy for each participant)

1. Divide participants into three or four small groups of four to six people. Distribute the handouts as stated above.
2. A volunteer in each group should read the story out loud. Then, working together, the group should answer the questions below. Ask each group to appoint a recorder and a reporter. The recorder should write the group's responses on a flipchart.
  - What types of violence are involved?
  - Who is (are) the perpetrator(s)?
  - What laws do you think are being broken?
  - Use *The Violence Prevention Continuum* to suggest one intervention from each of the three strategies to help Bea.
3. Bring the large group back together. Ask one group reporter to share the group's response to the first question. Ask the others if they agree or have anything to add.
4. Ask a different group to report on its response to the second question. Again ask the others if they agree or have anything to add. Repeat the process with the third question.
5. For the last question, ask the fourth group reporter to share her or his group's response. Start with a Short-Term Strategy. (If there is no fourth group, go back to the first group.) Have the other suggest a Short-Term Strategy for this situation. Ask something like: "What short-term or emergency relief interventions would work in this situation?"
6. Repeat with the remaining groups and the other two strategies. Ask: "What capacity-building interventions would work in this situation?" and

7. finally, “What systems-change interventions would work in this situation?”
8. Conclude by reminding participants that, in any intervention, the *first consideration* should be the older person’s safety and whether there is any risk of harm. Any intervention should be carried out together with the older person. This includes safety planning.

# INTERVENTION – SESSION 13/14 HANDOUTS

## HANDOUT 1: STORY FROM THE FRONT LINES

### Bea and her neighbour Andrea<sup>51</sup>

Bea is 81 years old. She has no family in town, and lives alone in her own home. She was recently hospitalized, and was released after learning how to use a wheelchair.

Bea's neighbour Andrea receives Income Support. When Bea returned home from the hospital, Andrea offered to come over each day to help with cleaning, cooking, shopping and bathing. Things went well at first. Then Andrea started eating at Bea's house, saying she was hungry. Andrea complained about how hard it was to live on what she received from Income Support. Bea knew she was being taken advantage of, but was still not feeling well, and was afraid to be alone.

One day, Andrea told Bea to change her will. Andrea would become the sole beneficiary, in exchange for continuing to provide care to Bea. Bea refused, and Andrea screamed that she would no longer come over to help. She left, slamming the door. She took several hundred dollars in cash along with some kitchen pots and bowls. Bea is afraid that Andrea will return with some of her relatives who may steal from her or even hurt her. Bea has always been a fighter, but now she is not sure she has the strength to go on.

<sup>51</sup> Story adapted from:  
Nova House Women's Shelter, Selkirk, MN. (no date). *What do You See? Understanding and Counseling the Abused Older Person: A Self-Study Training Manual*.

## HANDOUT 2: THE VIOLENCE PREVENTION CONTINUUM

What can be done to prevent violence against older persons?

### The Violence Prevention Continuum

- Strategies for Change -



#### 1. Short-Term Strategies (Intervention)

- directed at those who have experienced violence or who are most at risk
- provide short-term relief for the immediate problem of violence
- usually for emergency situations; do not address underlying problems that cause violence
- examples: short-term shelters; police interventions; crisis counselling

#### 2. Capacity-Building Strategies (Prevention)

##### *Individual skill-building strategies:*

- assist individuals to develop effective coping skills; enhance knowledge of helpful resources; reduce isolation
- examples: safety planning with seniors; joining seniors' support groups; finding effective peer or professional support; counselling

##### *Community capacity-building strategies:*

- build skills and identify resources at the community level
- provide opportunities to bring people together to reduce isolation and develop social support networks
- examples: community centre programs for older persons; senior centres; coordinated community responses; volunteer friendly visiting or "daily hello" programs in local communities; Lunch and Learns on relevant topics

#### 3. Systems/Societal Change Strategies (Recognition/Prevention)

- longer-term strategies; aim to educate target groups and general public, and/or make changes to policies and programs that will build safety and prevent violence against older persons
- examples: Residents' Bill of Rights in residential care; adult support and protection laws; social marketing campaigns; school-based violence prevention programs

## HANDOUT 3: PROMISING CANADIAN INTERVENTION APPROACHES AND PRACTICES<sup>52</sup>

Type of intervention	Description
<i>Adult protection legislation and services</i>	<ul style="list-style-type: none"> <li>• varies by province</li> <li>• usually targets all adults (not just older persons)</li> </ul>
<i>Advocacy</i>	<ul style="list-style-type: none"> <li>• guidance on legal rights</li> <li>• legal research</li> <li>• public education</li> <li>• helps victims find their way through the “system”</li> </ul>
<i>Community response networks (CRNs)</i>	<ul style="list-style-type: none"> <li>• broad, integrated approach to helping</li> <li>• creates linkages between agencies and organizations</li> <li>• sharing of skills and knowledge</li> </ul>
<i>Consultation teams</i>	<ul style="list-style-type: none"> <li>• advice, expertise and collaboration</li> </ul>
<i>Counseling</i>	<ul style="list-style-type: none"> <li>• psychological support</li> <li>• information about options</li> <li>• safety planning</li> <li>• advocacy</li> <li>• referrals</li> </ul>
<i>Hotline</i>	<ul style="list-style-type: none"> <li>• information and referral on services and resources</li> </ul>
<i>Information and education</i>	<ul style="list-style-type: none"> <li>• public education campaigns</li> <li>• websites</li> </ul>
<i>Multi-disciplinary team</i>	<ul style="list-style-type: none"> <li>• multiple skills and knowledge to respond to violence</li> </ul>
<i>Peer support and advocacy</i>	<ul style="list-style-type: none"> <li>• emotional support</li> <li>• practical help</li> <li>• information on rights</li> <li>• advocacy and help with self-advocacy</li> </ul>
<i>Shelters, safe houses</i>	<ul style="list-style-type: none"> <li>• crisis or short-term housing and support</li> </ul>

<sup>52</sup> Eolas Consulting. (2009). *Final Report: Identification of Best Practices to Educate and Train Health Professionals in the Recognition, Intervention and Prevention of Violence against Older Persons*. Retrieved from: [http://www.gov.nf.ca/vpi/publications/vaop\\_final\\_report.pdf](http://www.gov.nf.ca/vpi/publications/vaop_final_report.pdf)

## INTERVENTION

### Session 15: Barriers and risks in reporting violence

#### Materials for this session<sup>53</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 15 for each participant (Manual pages 182-194)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation forms
- Compilation and Summary of Data Collected with Evaluation Form #1

#### Key points in Module 15

##### *The problem*

- Most violence against older persons remains hidden.
- It is estimated that only between four and 10 per cent of violence against older persons in Canada gets reported<sup>54</sup>.
- This figure is so low because *barriers to reporting* exist for both the *victim* of violence and for *witnesses or other concerned persons*.

##### *Barriers and risks for older persons*

BARRIER	DESCRIPTION
<i>The fear of more violence</i>	<ul style="list-style-type: none"> <li>• Older persons may fear that if they say something or complain, the perpetrator will find out, and the violence will worsen; even more so if the older person depends on the perpetrator for care or social contact.</li> </ul>

<sup>53</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

<sup>54</sup> Government of Newfoundland and Labrador. (no date). *Healthy Aging Policy Framework*. Retrieved from: [http://www.health.gov.nl.ca/health/publications/ha\\_policy\\_framework.pdf](http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf).

<p><i>Feelings of shame and humiliation</i></p>	<ul style="list-style-type: none"> <li>• Older persons may feel humiliated because they do not have enough power or control to stop the violence.</li> <li>• Victims may keep the violence secret because they are feeling shame, denial or fear.</li> <li>• Victims may feel shame if the perpetrator is a family member, and may worry about what others will think.</li> </ul>
<p><i>Blaming themselves for the violence</i></p>	<ul style="list-style-type: none"> <li>• Older victims of violence may feel they deserve what they are getting. They may feel they chose the “wrong” spouse or did a poor job raising their children.</li> </ul>
<p><i>The fear of loss of affection or connection</i></p>	<ul style="list-style-type: none"> <li>• Older persons may not have relatives still alive or living nearby. The perpetrator may be their only social contact.</li> <li>• Older persons may worry that if they report family violence, they will lose access to grandchildren or other family members.</li> <li>• Older persons may fear losing a pet if they report violence and are removed from their home.</li> </ul>
<p><i>Worries about what will happen to themselves and/or the perpetrator</i></p>	<ul style="list-style-type: none"> <li>• Older persons may fear being left alone.</li> <li>• Older persons may need help with activities of daily living. They may worry about who will care for them if the perpetrator is no longer there.</li> <li>• Older persons may fear moving into long-term care or other institutions. They may also fear losing their treasured possessions.</li> <li>• If the perpetrator is a loved one, older persons may not want to press criminal charges.</li> <li>• Older persons may not want to see their loved one sent to prison.</li> </ul>

<i>Concerns about “family honour”</i>	<ul style="list-style-type: none"> <li>• Older persons may fear that reporting violence will bring shame and dishonour to the family.</li> <li>• In some cultures, the family is considered more important than the individual. Older persons may feel that it is their duty to suffer in silence rather than bring disgrace to the family’s reputation.</li> </ul>
<i>Concerns about being seen as “weak”</i>	<ul style="list-style-type: none"> <li>• Older victims of violence may believe that they should solve their own problems and not have to reach out for help.</li> </ul>
<i>Medication issues</i>	<ul style="list-style-type: none"> <li>• Improper medication may cause disorientation or confusion. This may make it hard for older persons to think clearly or tell someone that they are in danger.</li> </ul>
<i>Past negative experiences disclosing violence</i>	<ul style="list-style-type: none"> <li>• Older persons may have had a bad past experience when telling someone that they have been harmed. The result may have been little or no change. Things may have gotten worse.</li> </ul>
<i>Lack of knowledge or understanding of human rights</i>	<ul style="list-style-type: none"> <li>• Older persons may not know they have the right to live safely and free from violence. They may not know about programs or services that support those rights.</li> </ul>
<i>Lifetime exposure to family violence</i>	<ul style="list-style-type: none"> <li>• Older persons who have been exposed to violence throughout their lives may see violence as “normal”. They may not see it as an unacceptable violation of their human rights.</li> </ul>
<i>Poverty or limited resources</i>	<ul style="list-style-type: none"> <li>• Older persons who live on lower incomes may feel powerless or alone. They may feel there is little or no help available for victims of violence who are poor.</li> </ul>
<i>Inability or challenges in communicating</i>	<ul style="list-style-type: none"> <li>• Some older persons with a disability may have trouble communicating.</li> </ul>

### ***Cultural and language barriers to disclosure***

- Cultural diversity is growing in Newfoundland and Labrador.
- We are seeing a wider variety of cultures and hearing a diversity of languages in this province.
- Cultural differences may be a factor in the reporting of older adult violence. Barriers may include:
  - The older person may not know sponsorship rules, laws and rights. He or she may fear being deported if violence is reported;
  - The older person may be financially or socially dependent on the perpetrator, which makes seeking help very difficult;
  - The older person may not have family, friends or a support network;
  - Older immigrants and refugees, Aboriginal elders, francophones, and others in this province may not speak English as their first language. Language barriers may hinder seeking help. There may be limited access to non-family, professional translators;
  - Perceptions of violence may differ among cultures; some older victims of violence may not see what happens to them as “violence”. They may not seek or even see the need for help;
  - An older person from a war-torn country may have survived many traumas. He or she may, as a result, fear or mistrust authorities and institutions; and/or,
  - Counseling may be foreign to the older person’s culture. Sharing personal concerns may be considered by the older person to be culturally unacceptable.

### ***Barriers to disclosure for older persons living in rural or isolated regions***

- Isolation due to geography may be a challenge for older victims of violence.
- Older persons may live far from neighbours, social supports, police and other services. This makes it hard to know where to turn when violence occurs.

- Older persons may not report violence if they think there is a lack of appropriate options for housing, respite care, or safe shelter in their community.
- In a small community there is a sense that “everybody knows everybody”. An older victim of violence may not be willing to share private family issues in such a situation.

***Barriers and risks to those who witness or suspect violence against older persons***

<b>BARRIER</b>	<b>DESCRIPTION</b>
<i>Lack of knowledge, education and training</i>	<ul style="list-style-type: none"> <li>• Lack of awareness, expertise and training in recognizing risk factors and signs of violence.</li> <li>• Lack of training in medical schools and other professional programs in:               <ul style="list-style-type: none"> <li>○ violence prevention;</li> <li>○ violence recognition; and,</li> <li>○ violence intervention, including screening, assessment or interviewing techniques with older adult patients or clients.</li> </ul> </li> <li>• Poor understanding of the prevalence of violence against older persons.</li> <li>• Not knowing what to do, whom to call, or where to report suspected violence.</li> <li>• Lack of training to deal with issues of language and culture.</li> </ul>
<i>Time</i>	<ul style="list-style-type: none"> <li>• Short visits to the service provider may not be enough to identify the subtle clues that indicate injury or harm from violence.</li> <li>• Lack of time and resources to follow-up on suspicions of violence.</li> </ul>

<i>Fear</i>	<ul style="list-style-type: none"> <li>• Fear of the suspected perpetrator (service provider’s fear of violence to themselves or their families).</li> <li>• Fear of lack of support from colleagues or management.</li> <li>• Fear of job and income loss.</li> <li>• Fear of getting a co-worker in trouble (protecting a co-worker); not wanting to be labeled as a “tattletale”.</li> <li>• Fear of lawsuits from patients, clients or families.</li> <li>• Fear of getting involved, going to court, lost wages from time in court.</li> </ul>
<i>Perception of lack of power</i>	<ul style="list-style-type: none"> <li>• Some service providers feel there is not much they can do to make the violence stop.</li> </ul>

### Reducing the Barriers: The “3 A’s”

- When an older person is being harmed, it takes courage to tell another person what is happening. The older person often feels shame, humiliation and fear.
- By taking these feelings into account, the listener can engage the older person in a way that is respectful and nonjudgmental, honouring the person’s values, wishes, right to make decisions, and to accept or decline help.
  1. Listen ACTIVELY and provide reassurance.
    - a. Listen carefully to the older person without interrupting. Provide the time needed for the person to tell her or his story.
    - b. Assure the older person that he or she is not to blame in any way. Victims of violence sometimes feel that they have done something to deserve it.
  2. ASK the older person what she or he wants.
    - a. People can make informed decisions if they have accurate information about:
      - Options;
      - Steps involved in making a report; and,
      - Follow-up and supportive resources.

3. ACT according to the older person's wishes and follow-up.
  - a. Be aware of your own biases. Avoid making judgments about what the older person decides to do. The older person may not do what you would do in a similar situation.
  - b. Whatever the person decides, it is important that he or she feels supported in this process.

**INTERVENTION**  
**Session 15: Barriers and risks in reporting violence**

**AGENDA**

<b>Activity #</b>	<b>Activity</b>	<b>1.5 Hour session</b>	<b>Materials</b>
1	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 15 in the <i>Respect Aging</i> training program. Today's topic is <i>Barriers and risks in reporting violence</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 15.</li> </ul> <p><b>What is the problem?</b></p> <ul style="list-style-type: none"> <li>• Most violence against older persons remains hidden.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-3</li> <li>• <i>Participant Manual</i> OR one copy of Module 15 for each participant</li> </ul>

2	<p><b>Brainstorming</b></p> <ul style="list-style-type: none"> <li>• Ask the group: “<i>Imagine that you are an older woman and you are being verbally abused by your adult daughter. What might prevent you from telling someone?</i>”</li> <li>• Brainstorm responses and record on flipchart.</li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slide 4</li> <li>• Flipchart</li> <li>• Markers</li> </ul>
3	<p><b>Learning together</b> <i>Barriers and risks for older persons</i></p> <ul style="list-style-type: none"> <li>• Show slides.</li> <li>• Refer to the Additional Notes on the slides for more information.</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 5-15</li> </ul>
4	<p><b>Small group activity</b> <i>Stories from the Front Lines: Darlene and Mrs. Clarke</i></p>	35 minutes	<ul style="list-style-type: none"> <li>• Handouts 1 &amp; 2</li> </ul>
5	<p><b>Wrap-up / Evaluation</b></p> <ul style="list-style-type: none"> <li>• Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them.</li> <li>• Do a final go-round, asking participants to briefly share how the session was for them, and how they will use what they have learned in their work or interactions with older persons.</li> <li>• Thank participants once again for their input, sharing and time.</li> <li>• Explain to the participants that the next session (#16 on Helpful Resources) will be followed directly by a short</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• <i>Participant Evaluation Forms</i></li> </ul>

	<p>Final Wrap-Up Session. You may want to ask members of the group how they would like to celebrate the end of the program. They may have some fun ideas.</p> <ul style="list-style-type: none"> <li>• Collect <i>Participant Evaluation Form #1</i>.</li> </ul>		
	<i>Total time</i>	<b>90 minutes</b>	

**IMPORTANT!**

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 226). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
 Women’s Policy Office/Violence Prevention Initiative  
 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> floor, West Block  
 St. John’s, NL  
 A1B 4J6

PHONE: (709) 729-5009  
 FAX: (709) 729-1418  
 EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

# INTERVENTION – SESSION 15 ACTIVITY

## **Activity 4: Stories from the Front Lines**

### **Darlene and Mrs. Clarke**

1. Divide participants into three or four small groups of four to six people. Hand out one copy of the *Stories from the Front Lines – Darlene and Mrs. Clarke* to each group. Hand out a copy of *Reducing the Barriers* to each participant.
2. A volunteer in each group should read the story out loud. Ask each group to appoint a recorder and a reporter. Each group should answer the questions below. The recorder should write the group's responses on a flipchart.
  - a) What types of violence can you identify in this situation?
  - b) Who is the victim? Who is the perpetrator?
  - c) How might Mrs. Clarke have felt while describing the incident to Darlene?
  - d) The long-term care home in this story has a mandatory reporting policy. Any staff person, volunteer or student who witnesses or receives a disclosure of violence must report it to a supervisor.
    - What was Darlene's dilemma?
    - Can this event be reported without causing problems for Darlene and her family? Use the "3A" model to design a solution.
3. Bring the large group back together. Read the first question out loud and ask for responses. Ask the others if they agree, disagree or have anything to add.
4. Repeat the process with the remaining questions. For the *final* question, ask each small group to share its solution using the 3A model.
5. Conclude by pointing out that it is important to know the legal reporting procedures for violence against older persons and the barriers to reporting. Most residential care facilities have mandatory

reporting requirements for all staff, volunteers and students. *In this case, because it is a long-term care facility, reporting is mandatory.* The situation can be handled with dignity by including the families in the process. All should agree that Mrs. Clarke's safety is the first concern.

# INTERVENTION – SESSION 15 HANDOUTS

## HANDOUT 1: STORY FROM THE FRONT LINES

### Darlene and Mrs. Clarke

Darlene is an orderly at a long-term care home in a small community. Mrs. Clarke, 88, is one of Darlene's patients. Mrs. Clarke loves to chat. She has lived in the home for two years and is seen as a "gossip". While receiving personal care, Mrs. Clarke always told stories to the staff about other staff and residents.

One night, Mrs. Clarke was unusually quiet and seemed troubled. Darlene asked what was wrong. Mrs. Clarke told her that Wanda, who also worked the night shift, had slapped her the night before. Darlene was shocked and asked Mrs. Clarke for more details.

Mrs. Clarke said, "I had an upset stomach last night and rang the call bell for assistance to get to the washroom. I waited a long time, but nobody came to help me. I tried to get out of bed myself because I knew I couldn't wait much longer. I didn't make it to the washroom and left a mess in my bed, on the floor and in the washroom. When Wanda finally got here, it was too late. Wanda slapped my arm and yelled at me. She told me that I would have to wear a diaper 'like a baby' because I 'obviously can't control myself'."

Darlene finished helping Mrs. Clarke with her blankets. She reassured her that she would look into the matter, and left the room.

Darlene did not know what to do. Her mother-in-law and Wanda were cousins. Darlene knew that it would cause problems within the family if she reported the incident to her manager.

## HANDOUT 2: REDUCING THE BARRIERS: THE “3 A’s”

When an older person is being harmed, it takes courage to tell another person what is happening. As mentioned previously, the older person often feels shame, humiliation and fear. By taking these feelings into account, you as the listener can engage the older person in a way that is respectful and nonjudgmental. You can honour the person’s values, wishes, right to make decisions, and to accept or decline help.

Here is a guide for interacting with an older person who is disclosing an experience of violence.

### **1. Listen *ACTIVELY* and provide reassurance**

- First, create a safe, non-threatening environment for the older person who may be overwhelmed by fear and uncertainty. You can:
  - Meet with the older person without the perpetrator present;
  - Try to help the older person relax by offering tea, water, or making small talk;
  - Eliminate or reduce distractions in the room;
  - Check to see that the older person has any needed communication aids, such as hearing aids or glasses;
  - Avoid language or professional jargon that the older person may not understand;
  - Be aware of gender and cultural norms (for example, a woman may feel more comfortable speaking with another woman); and,
  - Be sensitive to language barriers, and offer services in the language used by the older person.
- Listen carefully to the older person without interrupting. Provide as much time as needed for the person to tell her or his story. Always bear in mind that it is very painful to disclose violence.
- Use non-verbal communication such as gestures of understanding (nod your head, lean slightly forward). Be aware that social rules for making eye contact differ from culture to culture.
- Spoken encouragers such as “This must be difficult for you” or “Take your time, it must be hard to talk about this” may be helpful and

reassuring to the older person.

- Emphasize that confidentiality and wishes will be respected, within the limits of the law. For example, you may work in a long-term care home where it is mandatory for staff and volunteers to report violence. In that case, you need to inform the older person that whatever is disclosed must be reported.
- Avoid showing any negative reaction to the perpetrator or implying blame. The older person may want to protect the perpetrator and not disclose if there is a perceived risk of harm to the perpetrator.
- Assure the older person that he or she is not to blame in any way. Victims of violence sometimes feel that they have done something to deserve it.
- A relationship of trust must often be established over time for an older person to disclose violence. The older person may begin by sharing information in small bits, to feel safe and “test” your reactions. Be patient and supportive. This will allow the older person to open up to you whenever she or he is ready.

## ***2. ASK the older person what she or he wants***

- Ask the older person what he or she wants to do and how you can assist.
- The person may want to have a trusted family member or friend present to provide support.
- Be prepared for a strong emotional response or anxiety from an older person who is disclosing. You will need the skills to deal with these emotions. Plan to follow up with the person or refer for appropriate support.
- The older person may decide to do nothing about a violent situation. In that case, provide resources and other information in case there is a change of heart later on.
- People can make informed decisions if they have accurate information about:
  - Options;

- Steps involved in making a report; and,
- Follow-up and supportive resources.

### **3. ACT according to the older person's wishes and follow-up**

- **IMPORTANT:** If you feel that the person is in *imminent danger*, call 911 where available. Otherwise, be sure to have on hand the local police phone number.
- Be aware of your own biases. Avoid making judgments about what the older person decides to do. The older person may not do what you would do in a similar situation. Whatever the person decides, it is important that he or she feels supported in this process.
- An older person may not be ready to take action to address the harm directly. In that case, ask what changes he or she wishes to make. Support and assist the older person in working toward these goals. For example, activities that help increase self-esteem and self-worth can have a positive impact on the older person's life. It may also help to make changes to daily routines, get out of the house more often, and enhance social supports.
- The older person has the right to decline help. In that case, you may ask if it is safe to provide information in case the person wishes to follow-up later. Find a safe way to leave a phone number or follow-up information (for example, with a trusted neighbour, or in a safe place).

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## INTERVENTION

### Session 16: Helpful Resources

This last session examines the list of Helpful Resources with the participants. It enables participants to familiarize themselves with the range and diversity of resources available while emphasizing the importance of offering several points of entry into a system of assistance for all people concerned.

**Note:** this session will take approximately 45 minutes, leaving 30 minutes for the Final Wrap-Up session which includes the evaluation.

#### Materials for this session<sup>55</sup>

- Sign-in sheet
- Participant Manual, one for each participant  
OR copy of Module 16 for each participant (Manual pages 195-237)
- Trainer Notes
- PowerPoint
- Participant Evaluation forms
- Trainer Evaluation form

#### Key points in Module 16

***There is a wide array of resources available. It is important that participants familiarize themselves with these resources.***

- The listing offers the organization's name, its phone number and its website address where one can find out more about its mandate and goals.
- Helpers can support victims of violence and people at risk in accessing these resources.
- Helpers should know about these resources.

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<sup>55</sup> See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- Helpers can also consult with the service providers or agencies listed here as resources, to ensure that they, as helpers, are providing the best supports possible to a concerned individual and her or his friends and family where appropriate.

***The resources may be helpful if you are:***

- A service provider to older victims of violence;
- An older person who is a victim of violence;
- An older person at risk of violence;
- A perpetrator of violence;
- Someone with the potential to become violent; or,
- Concerned about someone in any of the above situations.

***Some resources may be more critical and should be highlighted***

- All of the resources listed in Module 16 can be important and helpful in finding solutions to prevent and address violence, depending on the situation.
- Some are particularly important. These are the telephone response lines where services are available 24 hours a day (crisis or emergency lines and policing agencies) as well as the telephone numbers of key contact persons for assistance in the Regional Health Authorities. These are listed on the first pages of resources in Module 16.
- The rest of the list of resources is organized according to the 10 regions of the province that are covered by the 10 Regional Coordinating Committees of the provincial Violence Prevention Initiative.

***“My Important Contacts” is a useful tool to share with older persons who may be at risk***

There is a chart after the list of helpful resources that helpers can give to an older person who may be at risk of violence. The chart provides a space for the older person to write down important names, numbers and other information on resources that could be of assistance to them. There are

categories of resources listed to help as prompts. If needed, helpers can offer to assist the older person fill in the chart.

***The Links section leads to more detailed resources on the internet***

Module 16 in the Participant Manual is followed by a section titled *Links* which provides internet resources (website addresses) for those who wish to further explore the topics covered in the *Respect Aging* Training Program.

**INTERVENTION**  
**Session 16: Helpful Resources**

**AGENDA**

<b>Activity #</b>	<b>Activity</b>	<b>45 minute session</b>	<b>Materials</b>
	<p><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> <li>• Participant introductions, if necessary.</li> <li>• Make housekeeping announcements.</li> </ul> <p><b>Guidelines for being together</b> (See some examples on p.14)</p> <p><b>Today's topic</b></p> <ul style="list-style-type: none"> <li>• Briefly explain that this is Session 16 in the <i>Respect Aging</i> training program. Today's topic is <i>Helpful Resources</i>.</li> </ul> <p><b>Agenda</b></p> <ul style="list-style-type: none"> <li>• Review Agenda.</li> <li>• If participants do not have their own copies of the Participant Manual, hand out copies of Module 16.</li> </ul>	5 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-2</li> <li>• <i>Participant Manual</i> OR one copy of Module 16 for each participant</li> </ul>
	<p><b>Learning together</b></p> <ul style="list-style-type: none"> <li>• Present slide 3. Explain that this is the order of presentation of resources in the Manual.</li> <li>• As you list each heading, invite participants to follow along in</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 3-4</li> </ul>

	<p>the Module as they discover the resources listed.</p> <ul style="list-style-type: none"> <li>• Show slide 4.</li> <li>• Explain how the resources can be helpful for different people.</li> </ul>		
1	<p><b>Small group activity</b></p> <ul style="list-style-type: none"> <li>• Divide the group into two.</li> <li>• Move one half to one side of the room and the other half to the other side.</li> <li>• Ask the group members to share with each other their knowledge or experience of the different agencies listed in the module on Helpful Resources, and to explore the following questions. <ul style="list-style-type: none"> <li>○ Was the experience with that agency helpful? If yes, in what ways?</li> <li>○ What feelings are evoked when you think of those resources/agencies?</li> <li>○ Are there barriers that would prevent us from asking for help from one of these agencies? If so, how can we overcome those barriers?</li> </ul> </li> <li>• Remind the group members that they are invited to share only to the extent that they are comfortable.</li> <li>• Remind the group about confidentiality.</li> </ul>	20 minutes	

2	<p><b>Debriefing</b></p> <ul style="list-style-type: none"> <li>• Bring the participants back together. Invite them to share in the full group their thoughts on the usefulness of the small group exercise.</li> <li>• Invite questions from the group regarding the mandate of any of the resources/agencies listed, and invite participants to assist in providing answers.</li> <li>• Show slides 5 and 6.</li> </ul>	10 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 5 &amp; 6</li> </ul>
	Proceed to the <b>Final Wrap-Up Session.</b>		<i>Wrap-Up</i> (below)
	<i>Total time</i>	<b>45 minutes</b>	

**IMPORTANT!**

Each time you facilitate a session in this program, please copy and complete a **Trainer Evaluation Form** (page 226). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
 Women's Policy Office/Violence Prevention Initiative  
 Government of Newfoundland and Labrador  
 Confederation Building, 4<sup>th</sup> floor, West Block  
 St. John's, NL  
 A1B 4J6

PHONE: (709) 729-5009  
 FAX: (709) 729-1418  
 EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

## WRAP-UP

It is proposed that trainers take 30 minutes after the last session on Helpful Resources to bring closure to the training program and to celebrate the experience of having learned about preventing violence against older persons together.

Before proceeding to the celebration, distribute the *Participant Evaluation Form #2* which contains a section for feedback on Session 16 and a section for feedback on the overall program and learning experience. Ask participants to complete the form. This will take approximately 10 minutes of the allotted 30 minutes.

There are many ways to celebrate the end of this learning journey. You may wish to begin your celebration by thanking the participants for their contributions. Some celebrate by eating together (for example, you might want to bring in a cake decorated with the words “Respect Aging” or “Congratulations” and have the group gather around as you cut and serve it). Others celebrate by giving out small prizes that become tokens of the appreciation of the group for the particular contributions of the group members (for example, humour or logistical support). Yet others invite a special guest to say a few words of inspiration and appreciation (for example, one of the senior managers in your organization who championed this learning opportunity, or the president of your voluntary organization.)

In bringing closure to the experience of learning together as a group, it will be important to thank all participants for their contributions.

Finally, congratulations to you for your role as Trainer.

**REMINDER!**

Please complete the Trainer's Evaluation Form and send it to us. Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator  
Women's Policy Office/Violence Prevention Initiative  
Government of Newfoundland and Labrador  
Confederation Building, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

PHONE: (709) 729-5009  
FAX: (709) 729-1418  
EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

## EVALUATION FORMS

## Respect Aging Participant Evaluation Form #1

Thank you for taking the time to respond to the following questions. Your feedback is very important to ensuring that project materials are kept relevant, useful and up-to-date.

Please indicate the date of the session: \_\_\_\_\_  
Day/Month/Year

Please tick the session in which you participated today:

- Introduction \_\_\_\_\_
- Session 1: Types of violence \_\_\_\_\_
- Session 2: Indicators of violence \_\_\_\_\_
- Session 3: Violence against older persons in residential care facilities \_\_\_\_\_
- Session 4: Gender dynamics of violence against older persons \_\_\_\_\_
- Session 5: Diversity, ageism and violence \_\_\_\_\_
- Session 6: Dynamics of family violence \_\_\_\_\_
- Session 7: Impact and effects of violence against older persons \_\_\_\_\_
- Session 8: Risk factors and preventive factors \_\_\_\_\_
- Session 9: Root causes of violence \_\_\_\_\_
- Session 10: Self-understanding for violence prevention \_\_\_\_\_
- Session 11: Safety planning \_\_\_\_\_
- Session 12: Self-care for violence prevention helpers \_\_\_\_\_
- Session 13/14: \_\_\_\_\_
- The Violence Prevention Continuum: a holistic model Intervention approaches, practices and supportive legislation \_\_\_\_\_
- Session 15: Barriers and risks in reporting violence \_\_\_\_\_

The *Respect Aging* Program to Prevent Violence against Older Persons was designed to address the learning needs of the people in the list below. What role(s) applies to you? (Tick all that apply.)

Older adult (65+ yrs) \_\_\_\_\_

Mid-age adult (30-64 yrs) \_\_\_\_\_

Young adult (18-29 yrs) \_\_\_\_\_

Family member of an older person \_\_\_\_\_

Caregiver of an older person (family, friend) \_\_\_\_\_

Employee of a Regional Health Authority \_\_\_\_\_

Employee of a long-term care home \_\_\_\_\_

Employee of a personal care home \_\_\_\_\_

Employee of a home support agency \_\_\_\_\_

Home support worker (not attached to an agency) \_\_\_\_\_

Employee of a financial institution \_\_\_\_\_

Law enforcement officer \_\_\_\_\_

Member or employee of a seniors' organization/retiree group \_\_\_\_\_

Member of an Aboriginal community \_\_\_\_\_

Member or employee of a Regional Coordinating Committee Against Violence \_\_\_\_\_

Other, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For the following questions, please circle or write your answer

1. How well did the session address your learning needs on the topic?

Very well

Somewhat

Not well

Comments:

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2. How would you rate your level of knowledge on this topic prior to this session?

Very good

Good

Fair

Weak

3. How would you rate your level of knowledge on this topic, now that you have completed this session?

Very good

Good

Fair

Weak

4. What worked well during the session?

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5. What would you change and how?

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6. Please rate the following.

Organization of the space:	very good	fair	needs improvement
Equipment :	very good	fair	needs improvement
Lighting:	very good	fair	needs improvement
Accessibility:	very good	fair	needs improvement
Comfort:	very good	fair	needs improvement
Pace:	very good	fair	needs improvement

7. Do you have any other comments?

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Thank you!

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## Respect Aging Participant Evaluation Form #2

Section A of this form is used to obtain feedback on the last session on the topic of Helpful Resources. Section B is used to obtain feedback on the *Respect Aging* Program overall.

Thank you for taking the time to respond to the following questions. Your feedback is very important to ensuring that project materials are kept relevant, useful and up-to-date.

---

The *Respect Aging* Program to Prevent Violence against Older Persons is designed to address the learning needs of the people in the list below. What role(s) applies to you? (Tick all that apply.)

- Older adult (65+ years) \_\_\_\_\_
- Mid-age adult (30-64 years) \_\_\_\_\_
- Young adult (18-29) \_\_\_\_\_
- Family member of an older person \_\_\_\_\_
- Caregiver of an older person (family, friend) \_\_\_\_\_
- Employee of a Regional Health Authority \_\_\_\_\_
- Employee of a long-term care home \_\_\_\_\_
- Employee of a personal care home \_\_\_\_\_
- Employee of a home support agency \_\_\_\_\_
- Home support worker (not attached to an agency) \_\_\_\_\_
- Employee of a financial institution \_\_\_\_\_
- Law enforcement officer \_\_\_\_\_
- Member or employee of a seniors' organization/retiree group \_\_\_\_\_
- Member of an Aboriginal community \_\_\_\_\_
- Member or Employee of a Regional Coordinating Committee Against Violence \_\_\_\_\_

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Other, please explain:

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**Section A – Feedback on Session 16 on Helpful Resources**

Please indicate the date of the session: \_\_\_\_\_  
Day/Month/Year

1. How well did the session address your learning needs on the topic?  
(Please circle answer.)

Very well

Somewhat

Not well

Comments:

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---

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2. How would you rate your level of knowledge on this topic prior to this session?

Very good

Good

Fair

Weak

3. How would you rate your level of knowledge on this topic, now that you have completed this session?

Very good

Good

Fair

Weak

4. What worked well during the session?

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5. What would you change and how?

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6. Please rate the following.

Organization of the space:	very good	fair	needs improvement
Equipment:	very good	fair	needs improvement
Lighting:	very good	fair	needs improvement
Sound:	very good	fair	needs improvement
Accessibility:	very good	fair	needs improvement
Comfort:	very good	fair	needs improvement
Pacing:	very good	fair	needs improvement

**Section B – Summary of Feedback on the *Respect Aging* Program overall**

The following questions refer to your experience of the *Respect Aging* Training Program as a whole.

1. In how many sessions of the Program did you participate?

All or mostly all	About ½ the sessions	Only a very few	Just this one
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2. Did this Program meet your learning needs in relation to violence against older persons?

Very much	Mostly	Somewhat	Not enough	Not at all
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Please explain.

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3. Please rate the following program components. (Please circle your answer.)

Program content:	Very strong	Average	Fair
Facilitation:	Very effective	Average	Fair
PowerPoint slides:	Very effective	Average	Fair
Small group activities:	Very effective	Average	Fair
Large group discussions/activities:	Very effective	Average	Fair

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4. What are the strengths of the program, if any?

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5. What would you change and how?

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6. Do you have any other comments? If so, please share them with us.

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**Thank you for your participation in the *Respect Aging*  
Program!**

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**Respect Aging  
Compilation and Summary of Data Collected with Evaluation Form #1  
(For use by Trainer)**

This form is used to compile and summarize data obtained through the Participant Evaluation Form #1 after any of the 1.5 hour training sessions ranging from 1 to 15. It also provides an opportunity for the trainer to provide her/his feedback to the Women's Policy Office, as lead agency for the Violence Prevention Initiative.

1. Please indicate the date of the session: \_\_\_\_\_  
Day/Month/Year

2. Please indicate where the session was held. Please indicate venue and city/town:

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3. Trainer's information (optional):

Trainer's name:

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Trainer's organization:

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Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

4. Please tick the session for which data is being summarized:

Introduction \_\_\_\_\_

Session 1: Types of violence \_\_\_\_\_

Session 2: Indicators of violence \_\_\_\_\_

Session 3: Violence against older persons in residential care facilities \_\_\_\_\_

Session 4: Gender dynamics of violence against older persons \_\_\_\_\_

Session 5: Diversity, ageism and violence \_\_\_\_\_

Session 6: Dynamics of family violence \_\_\_\_\_

Session 7: Impact and effects of violence against older persons \_\_\_\_\_

Session 8: Risk factors and preventive factors \_\_\_\_\_

Session 9: Root causes of violence \_\_\_\_\_

Session 10: Self-understanding for violence prevention \_\_\_\_\_

Session 11: Safety planning \_\_\_\_\_

Session 12: Self-care for violence prevention helpers \_\_\_\_\_

Session 13/14: \_\_\_\_\_

The Violence Prevention Continuum  
Intervention approaches, practices and  
supportive legislation

Session 15: Barriers and risks in reporting violence \_\_\_\_\_

5. What was the total number of participants? \_\_\_\_\_

6. What was the total number of evaluation respondents? \_\_\_\_\_

7. Please indicate the number of participants who identified with the following roles.

Older adult (65+ yrs) \_\_\_\_\_

Mid-age adult (30-64 yrs) \_\_\_\_\_

Young adult (18-29 yrs) \_\_\_\_\_

Family member of an older person \_\_\_\_\_

Caregiver of an older person (family, friend) \_\_\_\_\_

- Employee of a Regional Health Authority \_\_\_\_\_
- Employee of a long-term care home \_\_\_\_\_
- Employee of a personal care home \_\_\_\_\_
- Employee of a home support agency \_\_\_\_\_
- Home support worker (not attached to an agency) \_\_\_\_\_
- Employee of a financial institution \_\_\_\_\_
- Law enforcement officer \_\_\_\_\_
- Member or employee of a seniors' organization/retiree group \_\_\_\_\_
- Member of an Aboriginal community \_\_\_\_\_
- Member or employee of a Regional Coordinating Committee Against Violence \_\_\_\_\_

8. Please list the categories of other roles that applied, and their frequency:

- Other role \_\_\_\_\_ Frequency \_\_\_\_\_

9. Regarding the question on how well the session addressed learning needs on the topic, please indicate how many respondents circled each answer.

Very well \_\_\_\_\_ Somewhat \_\_\_\_\_ Not well \_\_\_\_\_

10. Please indicate the major themes that emerged through the Comments section pertaining to how well the session addressed the learning needs on the topic. Please indicate the frequency with which each theme emerged.

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

11. Please indicate the major themes that emerged in response to the question “What worked well during the session” and the frequency with which each theme emerged?

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme: \_\_\_\_\_

Frequency: \_\_\_\_\_

Theme: \_\_\_\_\_

Frequency: \_\_\_\_\_

12. Please summarize the changes that participants recommended. Please indicate the frequency of similar responses.

Change recommended: \_\_\_\_\_

Frequency: \_\_\_\_\_

Change recommended: \_\_\_\_\_

Frequency: \_\_\_\_\_

Change recommended: \_\_\_\_\_

Frequency: \_\_\_\_\_

13. Please indicate the frequency of responses to the question relating to the logistics.

Dimension of logistics	Response	Frequency
Organization of the space:	Very good	_____

	Fair	_____
	Needs improvement	_____
Equipment:	Very good	_____
	Fair	_____
	Needs improvement	_____
Lighting:	Very good	_____
	Fair	_____
	Needs improvement	_____
Sound:	Very good	_____
	Fair	_____
	Needs improvement	_____
Accessibility:	Very good	_____
	Fair	_____
	Needs improvement	_____
Comfort:	Very good	_____
	Fair	_____
	Needs improvement	_____
Pacing:	Very good	_____
	Fair	_____
	Needs improvement	_____

14. Please summarize the other comments provided by respondents by theme, and indicate the frequency of each theme.

Theme: \_\_\_\_\_

Frequency: \_\_\_\_\_

Theme: \_\_\_\_\_

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Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_

Frequency: \_\_\_\_\_

You may use space below if you need extra space.

15. Please answer the following questions relating to your experience as a Trainer using this section of the Guide.

a) What worked well?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What would you change, and how?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you!

Your feedback will help us keep project materials relevant, useful and up-to-date. Please mail or fax within one week of the session to:

Provincial Training Coordinator  
Women's Policy Office/Violence Prevention Initiative  
Government of Newfoundland and Labrador  
Confederation Building, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

PHONE: (709) 729-5009  
FAX: (709) 729-1418  
EMAIL: [vpi@gov.nl.ca](mailto:vpi@gov.nl.ca)

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**Respect Aging**  
**Compilation and Summary of Data Collected with Evaluation Form #2**  
**(For use by Trainer)**

This form is used to compile and summarize evaluation data obtained through Participant Evaluation Form #2 after the 1.5 hour session 16 on Helpful Resources and the Wrap-Up, and at a time when the whole Program will have been delivered. It also provides an opportunity for the Trainer to provide her/his feedback to the Women's Policy Office, as lead agency for the Violence Prevention Initiative.

1. Please indicate the date of session 16: \_\_\_\_\_  
Day/Month/Year

2. Please indicate where the session was held. Please indicate venue and city/town:

\_\_\_\_\_

\_\_\_\_\_

3. Trainer's information (optional):

\_\_\_\_\_

Trainer's name: \_\_\_\_\_

Trainer's organization: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail address: \_\_\_\_\_

4. What was the total number of participants? \_\_\_\_\_

5. What was the total number of evaluation respondents? \_\_\_\_\_

6. Please indicate the number of participants who identified with the following roles.

- Older adult (65+ years) \_\_\_\_\_
- Mid-age adult (30-64 years) \_\_\_\_\_
- Young adult (18-29) \_\_\_\_\_
- Family member of an older person \_\_\_\_\_
- Caregiver of an older person (family, friend) \_\_\_\_\_
- Employee of a Regional Health Authority \_\_\_\_\_
- Employee of a long-term care home \_\_\_\_\_
- Employee of a personal care home \_\_\_\_\_
- Employee of a home support agency \_\_\_\_\_
- Home support worker (not attached to an agency) \_\_\_\_\_
- Employee of a financial institution \_\_\_\_\_
- Law enforcement officer \_\_\_\_\_
- Member or employee of a seniors' organization/retiree group \_\_\_\_\_
- Member of an Aboriginal community \_\_\_\_\_
- Member or Employee of a Regional Coordinating Committee Against Violence \_\_\_\_\_

7. Please list the categories of other roles that applied, and their frequency:

- Other role \_\_\_\_\_ Frequency \_\_\_\_\_

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## Section A – Compilation and Summary of Feedback on Session 16 on Helpful Resources

1. Regarding the question on how well the session addressed learning needs on the topic, please indicate how many respondents circled each answer.

Very well \_\_\_\_\_ Somewhat \_\_\_\_\_ Not well \_\_\_\_\_

2. Please indicate the major themes that emerged through the Comments section pertaining to how well the session addressed the learning needs on the topic. Please indicate the frequency with which each theme emerged.

Theme:

\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme:

\_\_\_\_\_

Frequency: \_\_\_\_\_

3. Please indicate the major themes that emerged in response to the question “What worked well during the session” and the frequency with which each theme emerged?

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

Theme:

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Frequency: \_\_\_\_\_

4. Please summarize the changes that are recommended. Please indicate the frequency of similar responses.

Change recommended:

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Frequency: \_\_\_\_\_

Change recommended:

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Frequency: \_\_\_\_\_

Change recommended:

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Frequency: \_\_\_\_\_

5. Please indicate the frequency of responses to the question relating to the logistics.

<b>Dimension of logistics</b>	<b>Response</b>	<b>Frequency</b>
Organization of the space:	Very good	_____
	Fair	_____
	Needs improvement	_____
Equipment:	Very good	_____
	Fair	_____
	Needs improvement	_____
Lighting:	Very good	_____
	Fair	_____
	Needs improvement	_____
Sound:	Very good	_____
	Fair	_____
	Needs improvement	_____
Accessibility:	Very good	_____
	Fair	_____
	Needs improvement	_____
Comfort :	Very good	_____
	Fair	_____
	Needs improvement	_____
Pacing:	Very good	_____
	Fair	_____
	Needs improvement	_____

**Section B – Compilation and Summary of Feedback on the *Respect Aging* Program overall**

1. Please indicate the frequency of responses to the question regarding the number of sessions in which the participant participated:

	Frequency
All or mostly all	_____
About ½ the sessions	_____
Only a very few	_____
Just this one	_____

2. Please indicate the frequency of each of the following responses to the question regarding the degree to which the Program met the learning needs of participants.

	Frequency
Very much	_____
Mostly	_____
Somewhat	_____
Not enough	_____
Not at all	_____

3. Please indicate the frequency of each of the following responses regarding the quality of the program components.

		Frequency
Program content:	Very strong	_____
	Average	_____
	Fair	_____
Facilitation:	Very effective	_____
	Average	_____

	Fair	_____
Powerpoint slides:	Very effective	_____
	Average	_____
	Fair	_____
Small group activities:	Very effective	_____
	Average	_____
	Fair	_____
Large group discussions/activities:	Very effective	_____
	Average	_____
	Fair	_____

4. Please summarize the strengths of the Program as identified by the participants, if any, and indicate the frequency with which each strength was mentioned.

Strength: \_\_\_\_\_

Frequency: \_\_\_\_\_

Strength: \_\_\_\_\_

Frequency: \_\_\_\_\_

Strength: \_\_\_\_\_

Frequency: \_\_\_\_\_

Strength: \_\_\_\_\_

Frequency: \_\_\_\_\_

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5. Please summarize the changes that are recommended. Please indicate the frequency of similar responses.

Change recommended: \_\_\_\_\_

Frequency: \_\_\_\_\_

Change recommended: \_\_\_\_\_

Frequency: \_\_\_\_\_

Change recommended: \_\_\_\_\_

Frequency: \_\_\_\_\_

6. Please summarize, by theme, the other comments provided by respondents, and indicate the frequency of each theme.

Theme: \_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme: \_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_

Theme: \_\_\_\_\_

\_\_\_\_\_

Frequency: \_\_\_\_\_

You may use extra space below if necessary.

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7. Please answer the following questions relating to **your experience as a Trainer using the Guide.**

a) What worked well?

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b) What would you change, and how?

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Thank you!

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