

INTERVENTION

Sessions 13/14:

13) The Violence Prevention Continuum: A holistic model

14) Intervention approaches, practices and supportive legislation

Materials for this session⁴⁴

- 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.

⁴⁴ 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 Continuum⁴⁵

- 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.

⁴⁵ 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

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

Effective intervention

- Before engaging with the older person who has been injured, abused or neglected, consider the following two factors of effective intervention⁴⁶:
 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

⁴⁶ 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)⁴⁷
 - VPI Regional Coordinating Committees⁴⁸

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.

⁴⁷ 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).

⁴⁸ 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*⁴⁹: 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.

⁴⁹ 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>Welcome</p> <ul style="list-style-type: none"> • Welcome participants. • Introduce yourself if necessary. • Participant introductions, if necessary. • Make housekeeping announcements. <p>Guidelines for being together (See some examples on p.14)</p> <p>Today's topic</p> <ul style="list-style-type: none"> • 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> <p>Agenda</p> <ul style="list-style-type: none"> • Review Agenda. • If participants do not have their own copies of the Participant Manual, hand out copies of Module 13/14. 	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 1-2 • <i>Participant Manual</i> OR one copy of Module 13/14 for each participant

2	Group Activity <i>Story from the Front Lines</i>	15 minutes	<ul style="list-style-type: none"> PowerPoint slide 3
3	Learning together: <i>Intervention approaches</i> <ul style="list-style-type: none"> Show slides. Refer to the Additional Notes on the slides for more information. At slide 17, tell the group that you will now provide the ending for Patricia and Helen's story. Read Part 2 of <i>Patricia and Helen's</i> story (from Activity 2). 	20 minutes	<ul style="list-style-type: none"> PowerPoint slides 4-16
4	Small group activity: <i>Intervention solutions</i>	35 minutes	<ul style="list-style-type: none"> Handouts 1, 2 & 3
5	Wrap-up / Evaluation <ul style="list-style-type: none"> Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them. 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. Thank participants once again for their input, sharing and time. Collect <i>Participant Evaluation Form #1</i>. 	10 minutes	<ul style="list-style-type: none"> <i>Participant Evaluation Forms</i>
<i>Total time</i>		90 minutes	

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, 4th floor, West Block
St. John's, NL
A1B 4J6

PHONE: (709) 729-5009

FAX: (709) 729-1418

EMAIL: 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 Helen⁵⁰

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.]*

⁵⁰ 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 Andrea⁵¹

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.

⁵¹ 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 PRACTICES⁵²

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<i>Shelters, safe houses</i>	<ul style="list-style-type: none"> • crisis or short-term housing and support

⁵² 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