

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

TRAINER'S GUIDE
3-hour training sessions

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

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3-HOUR TRAINING SESSIONS

Training Sessions in this Trainer's Guide correspond to the following Groupings of Modules in the Participant Manual (for participants)

RECOGNITION

Module 1: Types of violence

Module 2: Indicators of violence

Module 3: Violence against older persons in residential care facilities

Module 4: Gender dynamics of violence against older persons

Module 5: Diversity, ageism and violence

Module 6: Dynamics of family violence

Module 7: Impact and effects of violence against older persons

PREVENTION

Module 8: Risk factors and protective factors

Module 9: Root causes of violence

Module 10: Self-understanding for violence prevention

Module 11: Safety planning

Module 12: Self-care for violence prevention helpers

INTERVENTION

Module 13: The Violence Prevention Continuum: A holistic model

Module 14: Intervention approaches, practices and supportive legislation

Module 15: Barriers and risks in reporting violence

Module 16: Helpful resources

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 Provincial 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 our core populations most likely to experience violence.

The vision of the Violence Prevention Initiative 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 **Violence Prevention Initiative guiding 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 Violence Prevention Initiative 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 Violence Prevention Initiative) and the Office for Aging and Seniors of the Department of Health and Community Services, one of the Violence Prevention Initiative'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*;
- Because of 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** contains all the materials you will need for facilitating the training sessions:

- Three session outlines covering 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 or section at a time. These

materials can also be viewed or downloaded from the *Respect Aging* website at 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. The feedback obtained can help you to recognize what works well and what could be improved for future training sessions. **Participant Evaluation Form #3** is used at the end of sessions #1 and #2, while **Participant Evaluation Form #4** is used after session #3.¹ Participant Evaluation Form #4 contains a section for feedback on the last session as well as a 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 participants' 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 to support other trainers in the effective use of the *Respect Aging* program. Please return these **Compilation and Summary of Data Forms** to the Training Coordinator for the Violence Prevention Initiative at the address provided in the *Contact Information* section below.

¹ Participant Evaluation Forms #1 and #2 are used only with the Trainer's Guide for 1.5-hour sessions.

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

The *Respect Aging* program provides a range of training options to meet the diverse needs of both trainers and participants. This Trainer's Guide is divided into three three-hour sessions, one for each of the three sections of the Participant 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 Plans in this Trainers' 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 Manual provide information to guide learners in planning for or taking action based on what they have learned.

Creating a Safe and Comfortable Training and 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; and,

- 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; and,

- 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. (e.g., 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.² 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.

² 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,
- 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,
- 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, 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 society 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; and,
 - 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?”; and,
 - “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 the suggestions below 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 another knowledgeable participant to begin the session with a *smudge*. Smudging involves burning certain herbs such as sage or sweet grass to create a cleansing smoke bath. Smudging is used to purify people, spaces and ceremonial tools and objects;
- Invite an Elder or another 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; and,
- 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 self-identify.

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, but 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 require help to leave in an emergency.
- Arrange tables to allow room for wheelchairs in seating areas throughout the training space.
- 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.
- 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(s) of Violence*³

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.

³ 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>.

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 Modules 5 and 10 in the Participant Manual and then do the exercises at the end of 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 participants' 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:	

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

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

<i>Equipment</i>	<i>Supplies</i>	<i>Materials</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:

RECOGNITION

3-hour training session

Materials for this session⁴

- Sign-in sheet
- Participant Manual, one for each participant
OR photocopy the *Introduction, Definitions* and Modules 1 - 7 for each participant
- PowerPoint (includes Additional Notes)
- Handouts
- Participant Evaluation Form #3
- Compilation and Summary of Data Collected with Evaluation Form #3 (for Trainer's Use)

Overall goals

- To provide a learning environment that promotes dialogue and interaction.
- To enhance participants' knowledge and understanding about recognition of violence of older persons.

Learning objectives

At the end of the session, participants will be able to:

- MODULE 1: List and give examples of the nine types of violence against older persons;
- MODULES 2 and 3: Recognize the signs (indicators) of violence against an older person, whether the person lives at home, in the community or in a residential care facility;
- MODULE 4: Understand how older women and men are affected differently by violence;
- MODULE 5: Recognize dimensions of diversity. Appreciate how stereotypes, prejudice and discrimination, including ageism, contribute to violence;

⁴ See page 30-31 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- MODULE 6: Explain the dynamics of family violence; and,
- MODULE 7: Understand the impacts and effects of violence on older persons, families and society.

Target audience

This training session was designed for a range of audiences. It can be used with professionals, volunteers and other helpers in health care, law enforcement and community support. It will be most useful for those who work on the front line with older persons, their families, caregivers and perpetrators.

Number of participants

The training session and activities were designed for a minimum of 12-15 participants, and a maximum of 25-40. You should have enough participants for the small group activities.

Room set-up and equipment

You will need a training space large enough to allow for a break-out area for each small group. Set up the room with tables and chairs that can be moved, or have extra tables and chairs available around the edges of the training space for small group work. Another option is to have break-out areas outside the main training room.

You will need a laptop, projector and projection screen (or light-coloured blank wall) for the PowerPoint presentations. Set up the screen where all participants can see it. For safety, tape down any loose electrical cords with masking tape or duct tape. You will also need a flipchart stand, flipchart paper, and enough markers for yourself and each small group.

Key learning points

*Note to trainer: This training session provides a broad overview on the topic of **recognition of violence against older persons**. Provide participants with copies of the Participant Manual for more in-depth information. The*

content for this session can be found in the Recognition section of the Participant Manual.

- INTRODUCTION
 - As the population ages, it is timely that we take steps to prevent violence against older persons.
 - The expression “violence against older persons” is preferred over “elder abuse”.
 - The *Respect Aging* training program is based on recognized violence prevention principles.

- MODULE 1: Violence against older persons...
 - includes both intentional and unintentional acts;
 - occurs in all economic, social, cultural groups;
 - occurs in the home, community and in residential care facilities; and,
 - can happen once, occasionally, or long-term.

There are 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;
 7. Neglect;
 8. Spiritual violence; and,
 9. Cultural violence.
- MODULE 2: For each type of violence, there are warning signs, or *indicators*, that violence may be taking place.

 - MODULE 3:
 - The majority of older persons in Newfoundland and Labrador live in the community (over 93 per cent).⁵ For those in residential care

⁵ 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.

- facilities, the two most common settings are long-term care homes and personal care homes; and,
- Besides the nine types of violence against older persons, there are two other forms of violence that occur in residential care facilities, (1) systemic violence and (2) failure to respect residents' basic rights.
- MODULE 4: Issues of power and control are central to the problem of violence, and particularly gender-based violence. Statistics show that violence against older persons is “gendered”; in other words, the manifestation and experience of violence against older persons looks different for women and men.
 - MODULE 5:
 - 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;
 - Ageism is negative stereotyping, prejudice or discrimination against older people based on their age. It involves negative attitudes, false information and mistaken beliefs about people of a certain age;
 - Discrimination and prejudice based on age or gender can overlap with discrimination and prejudice based on other factors such as sexual orientation, marital status, ethnicity, ability and/or a person's level of income; and,
 - Differences between you and the older person with whom you are interacting need not be a barrier to helping the older person, as long as these differences are respectfully acknowledged and addressed.
 - MODULE 6: Violence against older persons can also occur within the family setting. Perpetrators of violence against older persons are most often family members.⁶

⁶ Statistics Canada. (2013). *Family Violence in Canada: A Statistical Profile, 2011*. Ottawa, ON: Minister of Industry.

- MODULE 7: Violence can affect an older person's:
 - Physical health;
 - Emotional health;
 - Sexual health;
 - Spiritual health;
 - Financial well-being; and,
 - The well-being of families, communities and society.

Violence affects older persons in different ways.

AGENDA RECOGNITION: 3-HOUR TRAINING SESSION

*Note: Trainers are asked to familiarize themselves with the activities in advance. Due to time restrictions and the diverse needs of training groups (training target audiences), trainers are asked to **choose in advance to complete either Activity 3a (The Stories of Joan and John) OR Activity 3b (The Bird Cage)** as described below.*

**** This training session does not have a 15-minute break incorporated into it so it is up to the trainer to determine when or if you want to take a break during the session, making it a total of 3.25 hours.***

Activity #	Activity	Suggested time	Materials
	<p>Welcome</p> <ul style="list-style-type: none"> • Welcome participants. • Introduce yourself if necessary. <p>Housekeeping announcements</p> <ul style="list-style-type: none"> • Time and place of refreshment break. • Location of washrooms. • What time the session will end. 	5 minutes	
1	<p>Icebreaker: <i>Pocket Introductions</i></p>	15 minutes	
	<ul style="list-style-type: none"> • Introduction to the session. • Guidelines for being together (see some examples on p.16). 	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 1-7

	<ul style="list-style-type: none"> Briefly explain the background of the <i>Respect Aging</i> project (see section titled <i>Overview of the Education and Training Project</i> p.7). Agenda (slide 7). 		
	<p>Learning together: <i>Recognizing violence against older persons</i></p> <p><i>* Please distribute the Participant Manual to each participant or a copy of the Introduction, Definitions and Modules 1 – 7, if you have not already done so.</i></p>	15 minutes	<ul style="list-style-type: none"> PowerPoint slides 8-10 Participant Manual, one for each participant OR: copies of modules needed
2	<p>Small group activity: <i>Just the Facts</i></p>	20 minutes	<ul style="list-style-type: none"> Handouts 1, 2 & 3 Flipchart paper Markers Masking Tape
	Reporting back, discussion	10 minutes	<ul style="list-style-type: none"> Masking tape
	<p>Small group activity</p> <ul style="list-style-type: none"> Divide participants into small groups of 3-6. <i>Trainer tip:</i> Mix up the groups to allow people to meet new contacts. Ask each group to respond and discuss the <i>Question</i> on Handout 4 amongst themselves. 	15 minutes	<ul style="list-style-type: none"> Handout 4
	<p>Learning Together: <i>Gender dynamics of violence against older persons</i></p>	15 minutes	<ul style="list-style-type: none"> PowerPoint slides 11-16

3a OR 3b	<p>Group activity: Choose between Activity 3a) <i>The Stories of Joan and John</i> OR Activity 3b) <i>Birdcage</i>. Allow 10 minutes out of the 25 minutes for group discussion. Note: If Activity 3b is chosen, then do the activity after completing the “Learning together: <i>Who harms? The perpetrator and family violence</i>” (as shown below).</p>	25 minutes	<ul style="list-style-type: none"> • 3a) Ball or talking stick • 3b) Handouts 5 & 6
	Learning Together: <i>Diversity, ageism and violence</i>	15 minutes	<ul style="list-style-type: none"> • PowerPoint slides 17-28
	Learning together: <i>Dynamics of family violence</i>	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 29-35
Group activity: Activity 3b (optional) see above			
	Learning Together: <i>Impact and effects of violence against older persons</i>	10 minutes	<ul style="list-style-type: none"> • Slides 36-38
	<p>Wrap-up / Evaluation</p> <ul style="list-style-type: none"> • Distribute <i>Participant Evaluation Form #3</i>. • Do a final go-round. Ask participants to briefly share how the session was for them. Ask how they will use what they have learned in their work or interactions with older persons. • Thank participants for their input, sharing, and time. • Express appreciation to the group for being open to new learning on a difficult topic. 	15 minutes	<ul style="list-style-type: none"> • Evaluation forms

	<ul style="list-style-type: none"> • Collect <i>Participant Evaluation Form #3</i>. 		
	Total time	180 minutes (3 hours)	

IMPORTANT!

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #3** (page 143). 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

RECOGNITION ACTIVITIES

Activity 1: Icebreaker - Pocket Introductions

Purpose of this activity

To have participants introduce themselves and get to know one another. Participants will share information that is revealed by what they carry in their pockets, wallets or bags (purses, knapsacks or briefcases, for example).

Activity Instructions

- Begin by telling participants that they will be introducing themselves in an unusual manner.
- Ask participants to look in their pockets, wallets or bags. Have them select something that represents or is a symbol of their personal or professional self (for example: a photo, a membership card or a key.)
- After five minutes, ask each participant to say her or his name and the item she or he has chosen. The person then says why they chose that item and how it represents them in some way. Proceed until all participants have introduced themselves and shared their chosen objects with the group.

Activity 2: Just the Facts

Purpose of this activity

To identify the types, indicators, impacts and effects of violence against older persons, in order to better understand the problem.

Materials

- Handout 1 (Stories), Handout 2 & 3 (Charts)
- Flipchart paper
- Markers
- Masking tape

Activity Instructions

- Break into groups of three to five people. Assign one story from *Stories from the Front Lines* (Handout 1) to each group. There are nine different stories provided. If you have fewer than nine groups, you may choose which stories to use. If you have more than nine groups, assign the same story to more than one group.
- Ask each group to read its assigned story. Have groups complete the charts on Handouts 2 and 3, using details from the story. One chart is for the older person(s) in the story. The other chart is for the perpetrator(s). Explain to the groups that they can reference Modules 1 and 2 from the Participant Manual, as necessary.
- Ask each group to assign a Recorder and Reporter. Give each group two pieces of flipchart paper. Ask the Recorders to reproduce and fill out the charts on the flipcharts based on their small group discussions. Assign 10 minutes to do this.
- Once groups have completed the charts, bring the large group back together. Have each Reporter report back to the larger group. Each Reporter will read the story out loud and then report the information on the charts. For each story, discuss other possible responses.

Activity 3a: The Stories of Joan and John (optional – may be replaced with 3b)

Materials

- Ball or talking stick, or other item that can be safely thrown or passed around the group

Purpose of this activity

- To work as a group to construct a biography of a female victim of violence and a male perpetrator.
- To see how gender roles are socially constructed and how those socially constructed roles can contribute to situations where there is violence.
- To become aware of and identify assumptions and perceptions about gender.

Activity Instructions

Note to Trainer: This can be a high-energy activity. You should try to get a sense of whether participants can throw or catch a ball. If that is likely to be a challenge for anyone, you may consider passing around a talking stick instead.

- Ask for a volunteer to record information on flipcharts.
- Ask the group to form a circle. Explain that they are going to construct biographies of two imaginary people, Joan and John. Tell the group that Joan is now 83 years old. She is a victim of violence. John is 67. He is the perpetrator.
- Give a ball to one of the participants. Ask that person to throw the ball to anyone else in the group. The person who catches the ball then says something about the life of Joan, starting with her birth. The catcher then tosses the ball to someone else who adds to the story of Joan's life. Participants may describe the conditions of her life, her activities, her

hopes and dreams, her achievements, and her situation now as an older person of 83.

- Ask the group to repeat the game. This time they are constructing the life of John to his present age of 67.
- Ask participants to keep the ball or stick moving. Participants can say whatever comes into their minds to help develop the stories while they are holding the ball or stick.
- As this is going on, have the volunteer recorder write the key elements of each story on flipcharts. These will be used for discussion later.
- When both stories are complete, start a discussion. Refer to the flipcharts. Ask the group, “What do you notice?” The aim is to bring out the ways that female and male roles are constructed over a lifetime, and how those roles might contribute to violence. Avoid blaming Joan for being a victim. Ask participants what assumptions have been made about Joan (female roles) and John (male roles).

Activity 3b: Birdcage⁷ (optional – may be replaced with 3a)

Purpose of this activity

- To better understand how our responses to violence as helpers, family members and friends impact older persons.
- To better understand the complex nature of family violence.
- To assist participants in reflecting on their understanding, assumptions and perceptions about violence against older persons.

Materials

Make copies of Minnie’s Script (Handout 5) and the Volunteer Statements (Handout 6) in advance, as follows:

- One set for you, the trainer (Handouts 5 and 6);
- One set for Minnie, the “victim” (Handouts 5 and 6); and,
- Eight copies of Handout 6, one for each volunteer.

Set-up

You will need nine volunteers for this activity. Find a space in the training room large enough to “build the birdcage”. The space should be large enough for eight participants to form a circle around the ninth person. Try to set up the activity in a space where the remaining participants can easily observe the exercise.

Activity Instructions

- Tell participants that this activity will help show:
 - The complexity of family violence;
 - The challenges in detecting it; and,
 - The difficulties older victims face in getting help.
- Ask participants:
 - To pay attention to what they are seeing, feeling and hearing;

⁷ This activity was adapted from *Interactive Training Exercises on Abuse in Later Life* by Bonnie Brandl and Deb Spangler. Published by the Wisconsin Coalition against Domestic Violence. See http://www.ncall.us/docs/Bird_Cage_Ex_NCAllmanual04.pdf

- To listen to the assumptions that are being made; and,
 - To think about how the different players could better respond.
- To begin, ask nine volunteers to come to the front of the room. Tell them they will be reading some short statements out loud.
 - Ask for one of the volunteers to play the part of the female victim, Minnie. Give her a copy of Handouts 5 and 6. You, as trainer, will also need a copy of Handouts 5 and 6.
 - Assign one of eight roles (Long-Time Friend, Sibling, etc.) to each of the remaining volunteers. Pass out Handout 6 (Volunteer Statements) to each of the volunteers.
 - Ask the person playing Minnie to read her part loudly enough to be heard. Other participants may not be able to see her once the circle of volunteers (the “birdcage”) has been built around her.
 - Ask the Long-Time Friend volunteer to come forward and face Minnie.
 - Minnie reads her script to her Long-Time Friend.
 - The Long-Time Friend will respond by reading her part. She will then turn around and stand with her back to Minnie.
 - Next, ask the Sibling volunteer to come forward and face Minnie. Minnie will read her statement to her “sibling”. The volunteer will respond to Minnie by reading her or his part. The volunteer will then turn around and stand with her or his back to Minnie.
 - Repeat with remaining roles.
 - The final effect will be that a circle, or “birdcage”, has been formed around Minnie, with Minnie in the centre.

Talking Points/Discussion

After the final volunteer has spoken and the birdcage is completed, start a discussion by asking the following questions:

- Ask the whole group:
 - What kinds of violence can you identify in this situation?
 - What are some of the indicators or signs of violence?
 - Look at this scene, with Minnie in the centre. What do you see?
(*Responses could include: She’s trapped, can’t get out, there’s*)

no opening, or all the presumed helpers have their backs to her.)

- Ask the person playing Minnie: What do you feel? *(Responses could include: I'm trapped, I'm in a cage, there's no opening, or no one is paying attention to me.)*
- Ask the volunteers: What do you feel? *(Responses could include: I wasn't helpful, or I should have said something else.)*
- If there is time, direct questions to specific volunteers. For example, ask the Financial Advisor: Should you have only listened to the perpetrator? Is a joint bank account really such a great idea?
- Ask the whole group: What could the people in Minnie's circle have done differently?
- Ask what assumptions the people in Minnie's circle were making. For example:
 - She was old; therefore, all problems are medical.
 - Victims are responsible for making the violence end.
 - Older women who remarry are lucky and should be happy they are not alone.
- The birdcage shows how assumptions and missing information can keep a victim of violence trapped and unsafe. Ask if there are any final thoughts, observations or comments.

Facilitation Tips

- Everyone needs to be able to hear all the speakers. Invite participants to move closer to the "birdcage" if necessary.
- If the group is too small and you do not have nine volunteers, have some individuals read more than one volunteer statement.
- If two trainers are present, one can announce when each volunteer speaks. The other trainer can assist people in making a circle around the "victim."

RECOGNITION HANDOUTS

HANDOUT 1: JUST THE FACTS

Stories from the Front Lines

- Gloria, 75, cannot read or write. She was quite dependent on her husband. He has recently died. Gloria's son and daughter-in-law have moved into her home. They have taken control of her finances. They neglect to pay her bills in order to purchase things they "need". They refuse to help her monitor her blood sugar. They do not take her to medical appointments. They go for days without speaking to her.
- 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. 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. He has also had a foot amputated because of an illness. Mrs. Tarkani has diabetes and heart disease. The Tarkanis are the only persons of colour in the residence. They feel very alone, especially Mrs. Tarkani, who speaks no English at all. No one from their family ever 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 appear 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.

- Jack, 83, lives in long-term care. His family visits him often. They ask him for money for food or for their children. There is a family history of alcohol abuse. Some family members appear drunk and smell of alcohol when they visit. Jack is able to make his own decisions, but he gives them money because he fears that they will not visit him.
- 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 has 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.
- 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.
- 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.

- Dorlene, 77, just sold her home and moved in with her daughter, Rachelle, and her family. Dorlene always felt a little uneasy around her son-in-law, Melvin, but she adores her daughter and grandchildren.

Melvin is pleasant to Dorlene when other family members are present. When they are alone, Melvin calls Dorlene old and stupid. He makes fun of the way she talks and her lack of education. Melvin tells Dorlene that she disgusts him. He says that he will make sure she gets sent to a home. Melvin threatens Dorlene not to tell Rachelle. He says he will deny everything and say Dorlene is getting senile.

Rachelle cannot figure out why her mom has become so withdrawn. Dorlene spends almost all of her time in her room, except for meals. During mealtimes with the family, Dorlene is quiet. She does not eat much, and seems depressed. Rachelle wonders why her mother would shut down like this in such a loving home. She figures that Dorlene is adjusting and will come around. Melvin agrees completely.

- Kay, 75, was having trouble getting around her three-story home. She agreed to sell the house and move in with her son and daughter-in-law. Things have not been working out since Kay moved in. Her daughter-in-law has hit Kay more than once. She is also emotionally abusive. Kay's son managed the sale of the home. He then put the money in his own bank account. He also takes her pension cheques. Kay feels trapped and sees no other option, but to stay where she is.
- Saamir was a 72-year-old Muslim man who lived in a long-term care home. Saamir needed to say his prayers five times each day. One day, a woman walked into his room and said she was there to clean. Saamir asked her to come back a short while later, after he had finished praying. The woman insisted she had to clean immediately.

**HANDOUT 2: JUST THE FACTS
Older Person**

Story #: _____

Older person's name	Age	Sex	Types of violence	Indicators/Signs	Impact/Effects of violence on older person (actual or possible)

HANDOUT 3: JUST THE FACTS
Perpetrator

Story #: _____

Perpetrator's name	Age	Sex	Relationship to older person	Description of behaviour, action or neglect	Response / Reason given for why violence occurred (if available)

HANDOUT 4: QUESTION FOR REFLECTION

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?

HANDOUT 5: BIRDCAGE

Minnie's Script [for Minnie to read out loud]

My name is Minnie. I am 70 years old. I was married to Harold for 48 years. Harold was a wonderful husband and a good provider. We had four children. They all live far away in other cities. Harold died last year from lung cancer.

10 months after Harold's death, I met Oliver, who is 68. Oliver is funny, caring, compassionate and romantic. I introduced him to my children and grandchildren. They all love him. My friends thought I was lucky to have found someone so charming.

Before we got married, I sold my home. We planned to live in Oliver's apartment until we could find a place of our own. Once I moved in, we never went to look for another place.

HANDOUT 6: BIRDCAGE

Volunteer Statements [for reading out loud by Minnie and Volunteers]

Instructions for Minnie: Turn to your Long-Time Friend and read your statement out loud. The other person will respond. Repeat with other volunteers, reading your statement and waiting for a response.

Instructions for Volunteers: Read your statement out loud to Minnie. When you have finished reading, turn around and stand with your back to her. You and the other volunteer readers will create a circle, or “birdcage”, around Minnie, with Minnie at the centre.

Volunteer role	Minnie says:	Volunteer responds:
Long-Time Friend	“I have to cancel lunch again this week. Oliver likes me to stay home.”	“It isn’t like you to cancel plans so often. We used to have lunch every Monday. But I understand you and Oliver are still newlyweds, so I guess I will forgive you this time.”
Sibling	“Oliver isn’t like he was when we were dating.”	“Stop complaining - you are so lucky to have found him. I’m so lonely since my Stanley’s death.”
Doctor	“I have been having chest pains lately.”	“Your heart is fine. I think you’re just nervous and depressed. I am going to prescribe an antidepressant. By the way, I also noticed you have some old and new bruises. I think some of those bruises are because of your diet. I am also concerned about how often you are falling down. I would like to talk to you about seeing a specialist.”

Police Officer	“I’m afraid he is going to hurt me.”	“Unless there is a witness or physical proof, fear alone is not enough for us to get involved.”
Home-Care Worker	“I don’t know what is wrong with me lately. I’m so nervous and easily irritated these days. Whenever Oliver walks through the door my heart starts to beat faster. He came home angry last night. I was just so afraid.”	“I’ve known you for years. You do seem off. And I see you have lost weight. I could contact your social worker - she could do an assessment and see if we could get you into a nursing home.”
Landlord	“I have some questions about our lease.”	“I got a call from the neighbours complaining about a loud argument last night. If you can’t keep Oliver quiet, I will evict both of you. You will be financially responsible for any property damage.”
Financial Advisor	“I am interested in getting some information about protecting my finances.”	“I can understand you and Oliver wanting a joint account so you don’t have to worry about your finances. You’re so lucky to have Oliver around to help you. He seems to have a good handle on your finances.”
Clergyperson	“My husband seems to have a problem with anger. What should I do?”	“I have explained to you that second marriages can be a struggle at first. Try harder to please your husband. It must be difficult for him to adjust to marriage after living alone for so long.”

Prevention 3-hour training session

Materials for this session⁸

- Sign-in sheet
- Participant Manual, one for each participant
OR photocopy Modules 8 - 12 for each participant
- Trainer Notes
- PowerPoint (includes Additional Notes)
- Handouts
- Participant Evaluation Form #3
- Compilation and Summary of Data Collected with Evaluation Form #3
(for Trainer's Use)

Overall goals

- To provide a learning environment that promotes dialogue and interaction.
- To enhance knowledge and understanding about prevention of violence of older persons.
- To build awareness and practice skills to prevent violence against older persons.

Learning objectives

At the end of this session, participants will be able to:

- MODULE 8:
 - Understand the factors that place older people at risk of violence; and,
 - Understand the factors that help protect older people from violence;
- MODULE 9: Recognize the root causes of violence against older persons;

⁸ See page 30-31 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- MODULE 10: Understand that how we make a difference when working with or relating to older victims of violence is linked to who we are as human beings;
- MODULE 11: Prepare a safety plan; and,
- MODULE 12: Identify self-care practices to help with stress, burnout and vicarious trauma.

Note: When the training program is delivered through three 3-hour sessions, the learning objective associated with module 10 is addressed only briefly in explicit terms, but is observed and experienced first-hand through the discussions and group activities (more specifically, in Session 1, through discussions regarding diversity and ageism, and the activity titled The Bird Cage; in Session 2, through the activities titled Positive Age and The Power Line; and in Session 3, through the activity titled What Keeps Us Apart.)

Target audience

This training session was designed for a range of audiences. It can be used with professionals, volunteers and other helpers in health care, law enforcement, and community support. It will be most useful for those who work on the front line with older persons, their families, caregivers, and perpetrators.

Number of participants

The training session and activities were designed for a minimum of 12-15 participants, and a maximum of 25-40. You should have enough participants for the small group activities.

Room set-up and equipment

You will need a training space large enough to allow for a break-out area for each small group. Set up the room with tables and chairs that can be moved, or have extra tables and chairs available around the edges of the training space for small group work. Another option is to have break-out areas outside the main training room.

You will need a laptop, projector and projection screen (or light-coloured blank wall) for the PowerPoint presentations. Set up the screen where all participants can see it. For safety, tape down any loose electrical cords with masking tape or duct tape. You will also need a flipchart stand, flipchart paper and enough markers for yourself and each small group.

Key learning points

*Note to trainer: This training session provides a broad overview on **preventing violence against older persons**. Provide training participants with copies of the Participant Manual for more in-depth information. More detailed content for this session can be found in the Prevention section of the Participant Manual.*

- MODULE 8:
 - There are personal, environmental, relationship and societal factors that place older persons at risk of violence. There are also personal, environmental, relationship and societal factors that can protect them.

- MODULE 9:
 - Violence is an abuse of power and control. It is rooted in inequality;
 - In abusing power, people use various control tactics that it is important to recognize and avoid;
 - Caregiver stress is often described as a primary cause of violence against older persons. This theory suggests that caregivers want to be caring, but lose control under stress. 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; and,
 - Each of us needs to make conscious choices about how to deal with stress and use our power.

- 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; and,
 - Involving older persons in planning for their safety helps them to be prepared.
- **MODULE 10:**
 - Effective helping depends on self-understanding. How we make a difference in the world is linked to who we are as human beings. Who we are as human beings is determined by many factors including our personality, dimensions of diversity, principles, values, communication style, past experiences with violence, biases, self-concept and objectives.
- **MODULE 11:**
 - Safety planning is 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;
 - Five strategies for safety planning include:
 - Prevention: preventing future violence;
 - Protection: looking at ways older persons can protect themselves during a violent incident;
 - Notification: planning ahead for ways to get help in a crisis;
 - Referral: finding services that can help; and,
 - Emotional support: finding emotional support and ways to become less isolated.
 - 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; and,
 - If you work with or care for an older person who may be at risk of violence, there are measures to be taken in planning for your own safety.

- MODULE 12:
 - Working with older persons who live with violence can be very stressful;
 - *Stress* refers to the body's reaction to a change that requires a physical, mental or emotional adjustment or response;
 - *Burnout* refers to a state of emotional, mental and physical exhaustion caused by extreme and prolonged *stress*;
 - *Vicarious trauma* refers to 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;
 - There are signs of stress, burnout and vicarious trauma of which helpers should be aware; and,
 - The ABCs of healthy self-care are awareness, balance and connection. Various steps can be taken to ensure that these are achieved and maintained.

AGENDA PREVENTION: 3-HOUR TRAINING SESSION

*Note: Trainers are asked to familiarize themselves with the activities in this session in advance. Because of time restrictions and the diverse needs of training groups (training target audiences), trainers are asked to **choose in advance to complete either Activity 4a (Power Line) OR Activity 4b (Exploring the Power and Control Wheel)** as described below.*

****This training session does not have a 15-minute break incorporated into it so it is up to the trainer to determine when or if you want to take a break during the session, making it a total of 3.25 hours.***

Activity #	Activity	Suggested time	Materials
	<p>Welcome</p> <ul style="list-style-type: none"> • Welcome participants. • Introduce yourself if necessary. <p>Housekeeping announcements</p> <ul style="list-style-type: none"> • Time and place for refreshment break. • Location of washrooms. • What time the session will end. • Guidelines for being together (see some examples on p.16). 	5 minutes	
1	Icebreaker - Positive Age	15 minutes	<ul style="list-style-type: none"> • Flipchart • 3 different coloured post-it notepads. • Marker
	<ul style="list-style-type: none"> • Briefly review key messages of the <i>Respect</i> 	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 1-5

	<p><i>Aging project (see section titled <i>Overview of the Education and Training Project</i>, p. 7).</i></p> <ul style="list-style-type: none"> • Agenda. <p><i>*If participants do not have a copy of the Participant Manual, please distribute Modules 8 - 12 to each participant.</i></p>		<ul style="list-style-type: none"> • Copies of Modules 8 - 12
2	<p>Show slides; then do Small group activity: <i>Risk and Protective Factors</i>. It is not necessary to share slide notes before the activity as the goal of the activity is to have participants think of the specific factors themselves, together. You may wish to share orally some of the slide notes after the activity if necessary.</p>	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 6-7 • Flipchart paper • Markers • Masking Tape
	Reporting Back	10 minutes	
	Learning together: <i>Power and Control Tactics</i> - Show slides	4 minutes	<ul style="list-style-type: none"> • PowerPoint slides 8-9
3	Brainstorm: <i>Tactics in Five Minutes or Less</i>	8 minutes	<ul style="list-style-type: none"> • PowerPoint slide 10 • Flipchart • Markers • Masking tape • Small prize or chocolates
4a OR 4b	Group Activity: Choose between <i>Activity 4a) Power Line</i> OR <i>Activity 4b)</i>	25 minutes	<p>Activity 4a) Power Line</p> <ul style="list-style-type: none"> • Handouts 1, 2

	<p>Exploring the Power and Control Wheel. A choice of activities is provided to enable either a more open, shared exploration of power and control issues (which is provided by the Power Line activity) or a more intimate exploration afforded by activity 4b in which participants work with one partner. Some participants might be more comfortable with the more intimate activity with one partner.</p> <p>Note: If activity 4b is chosen, then do the activity only after doing “Learning Together: Power and Control; Advocacy and Empowerment” (as shown below). Otherwise, complete activity 4a now.</p>		<p>& 3</p> <ul style="list-style-type: none"> • Masking tape • 2 small signs • 10 participant cards • PowerPoint slide 11 <p>Activity 4b) Exploring the Power and Control Wheel</p> <ul style="list-style-type: none"> • Handout 4 • PowerPoint Slide 15 (which will be placed onto the screen for the exercise) • Advocacy and Empowerment Wheel from Module 9 in Participant Manual. (If participants do not have Participant Manual, make and distribute copies of the wheel.)
	<p>Learning Together: Power and Control; Advocacy and Empowerment - Show slides</p>	<p>15 minutes</p>	<ul style="list-style-type: none"> • PowerPoint slides 12-16
<p>Group activity: Activity 4b (optional) see above</p>			

	<p>Learning together and brainstorming activity: Introduce the model on Prevention of Family Violence which is complementary to the Advocacy and Empowerment Model. Do group brainstorm activity at bottom of notes page for slide 18, using Maxine’s story at the end of Module 4 of Participant Manual. If participants do not have Manual, distribute Handout with Maxine’s Story.</p>	15 minutes	<ul style="list-style-type: none"> • PowerPoint slides 17-18 • Maxine’s story in Module 4, or Handout 5
	<p>Learning together: <i>Self-understanding for violence prevention</i> - Show slides.</p> <p>If participants have Manual, reference Module 10; otherwise distribute Handout 6: <i>Self-understanding for violence prevention</i>.</p>	8 minutes	<ul style="list-style-type: none"> • Module 10, or Handout 6 • PowerPoint slides 19-21
	<p>Learning together: <i>Safety planning</i>- Show slides. For slides 24-28: As you show slides, ask questions at bottom of slides to prompt exploration of safety planning strategies. Then continue with slides 29-31.</p>	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 22-31

5	Activity: <i>Practicing Safety Planning</i>	25 minutes	<ul style="list-style-type: none"> • Handouts 7, 8 & 9
	Learning together: <i>Self-care for violence prevention helpers</i> – Show slides.	5 minutes	<ul style="list-style-type: none"> • PowerPoint slides 32-34
	Wrap-up / Evaluation <ul style="list-style-type: none"> • Distribute <i>Participant Evaluation Form #3</i>. • Do a final go-round. Ask participants to briefly share how the session was for them. Ask how they will use what they have learned in their work or interactions with older persons. • Thank participants for their input, sharing and time. • Express appreciation to the group for being open to new learning on a difficult topic. • Collect <i>Participant Evaluation Form #3</i>. 	15 minutes	<ul style="list-style-type: none"> • Evaluation forms
	Total time	180 minutes (3 hours)	

IMPORTANT!

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected using Evaluation Form #3** (page 143). 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

PREVENTION ACTIVITIES

Activity 1: Icebreaker - Positive Age

Materials

- Prepare ahead one flipchart and divide it into three columns. Put a different coloured square sticky note at the top of each column (yellow, pink, green). At the top of the first column write “Up to 35”. At the top of the second column write “36 - 59”. At the top of the third column, write “60 +”.
- Three packages of 3-inch square sticky notes, each package in a different colour.
- Make sure all participants have writing tools (a pen or pencil for each).

Purpose of this activity

- To have participants introduce themselves and learn something new about one another.
- To start participants thinking about age and aging.

Activity Instructions

- Have participants work in small groups of three to four people. Try to have people who do not know each other well sitting together. Tell participants to introduce themselves to their small group or partner. Each participant should state his or her:
 - Name;
 - Organization where they work or volunteer; and,
 - (Without telling age) one good, positive thing about being this age.
- Model what you mean by introducing yourself: “I’m Jean Smith. I work for the Seniors’ Link. One thing I enjoy about being the age I am is that I am old enough to have some wisdom and young enough not to have significant health issues.”

- Provide a stack of sticky notes in each of the three colours to each group. Instruct participants to write down their positive aging statement on the colour sticky note that corresponds with their age (for example: yellow for age up to 35, pink for ages 36-59, and green for ages 60 and over).
- Give participants about five minutes to share with their group or partner.
- Bring the whole group back together. Ask one person in each group to collect all the sticky notes and then go to the flipchart and post them in the correct columns. (Participants are not required to identify themselves when the sticky notes get posted.)
- Ask participants how it felt to speak about being the age they are. Note that people tend to have both positive and negative feelings about their age. Read out some of the statements from the sticky notes on the flipcharts.
- Point out that it is helpful to look at how we see our own age and aging. This helps us to work more effectively with older victims of violence.

Activity 2: Risk and Protective Factors

Purpose of this activity

To identify factors that place older persons at risk of violence, and the factors that protect them from violence.

Materials

- Flipchart paper
- Markers
- Masking tape

Activity Instructions

- Ask participants to move into new small groups. You will need at least four groups of three to eight people. Each group should select a Recorder and a Reporter (different people from the last activity).
- Assign one of the four categories below to each group. Give two flipcharts to each group. Ask them to write “Risk Factors” at the top of one flipchart, and “Protective Factors” at the top of the other.
- Give the groups five minutes. On the first flipchart, have them list all the factors in their category that place older persons at risk of violence. On the second flipchart, have them list all the factors that protect older persons from violence.
- Categories:
 - Personal and health factors;
 - Environmental factors;
 - Relationship factors; and,
 - Societal factors.
- After five minutes, bring the groups back together into the large group. The group with the longest lists goes first and reports back to the whole group. After each report, ask participants if they have anything to add.

Activity 3: Brainstorm - Tactics in Five Minutes or Less

Materials

- Flipchart paper
- Markers (one for each group)
- Masking tape
- Small prizes or chocolates

Purpose of this activity

- To review the many ways that older persons are harmed by perpetrators (as discussed in Session 1 – Recognition).
- To identify tactics used by perpetrators against their victims.
- To see power and control tactics often present in violence in later life.

Activity Instructions

- Ask participants to form small groups of four to six people.
- Each group should appoint a recorder and a reporter.
- Give each group three minutes to list as many tactics used by perpetrators against older persons as they can.
- At the end of three minutes, bring the whole group back together. The group with the longest list presents first.
- The other groups then add any ideas not mentioned by the first group.
- You may want to reward the group with the longest list with chocolate or a small prize for each participant.

Activity 4a: Power Line (optional – may be replaced with 4b)

Materials

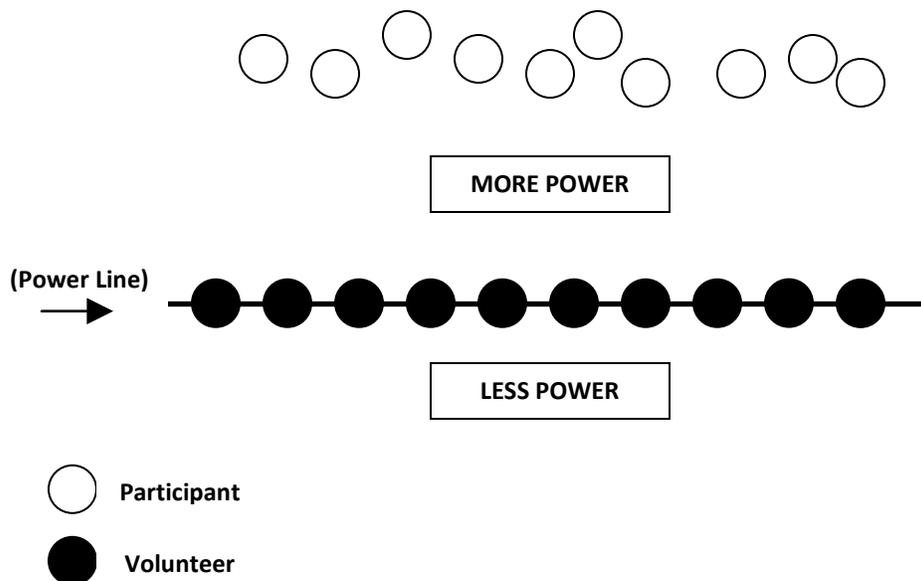
- Masking tape
- Two 8.5” x 11” signs (Handout 1):
 1. “More power”
 2. “Less power”
- 10 two-sided cards that describe characteristics of people standing on the line (Handouts 3 and 4.)

Purpose of this activity:

- To show how gender, social roles, social inequalities and age impact perceptions of power.

Arranging the room

- Place a horizontal line on the floor with masking tape. It should be long enough for 10 people to stand shoulder-shoulder on the line, with a few inches between them. This is the *Power Line*. (See diagram below.)
- Make sure you have several feet of empty space in front of and behind the line.
- On one side of the line, tape to the floor the sign that says “More Power”. On the other side of the line, tape to the floor the sign that says “Less Power”. (See diagram below)



Activity instructions

- Ask for 10 volunteers. The volunteers may be a mix of men and women. All other participants will be observers.
- Tell participants that this activity will help us begin to look at inequality and how it impacts perceptions of power.
- Ask the volunteers to stand in a straight line along the masking tape.
- Tell them that each of them represents a 63-year-old woman.
 - Ask them to think about being this 63-year-old woman.
 - Ask them, without sharing their thoughts with the rest of the group yet, how they feel about being this person.
 - Some of the volunteers may better relate than others to what it is like to be a 63-year-old woman.
- Explain the following:
 - They are standing on a Power Line.
 - They are all at the same place on the Power Line, since all we know about them is that they are 63-year-old women.

- Give each volunteer one card. One at a time, ask each volunteer to read out loud the characteristic written on side 1 of their card.
- Ask each volunteer to decide two things: **what direction** to step in (forward or back), and **how big** a step to take. They are to decide based on whether they think the characteristic on their card gives them more power or less power. Does the characteristic on their card *add* power or does it *take away* from their power in society?
- Ask the volunteers to repeat the activity with the characteristic written on Side 2 of the card, stepping forward or back, based on the new characteristic.
- Ask the volunteers to stay where they are. Begin a discussion by asking the observers to share how the activity felt to them. Ask the following:
 - What did they notice?
 - Do they think they would have done things differently from the volunteers?
 - Do they think the volunteers would have behaved differently if they were 63-year-old men? How would they have behaved differently?
- Ask the volunteers if they would like to share why they chose to step as they did. If you have time, it might also be interesting to ask any male volunteers how it felt to imagine themselves as an older woman.
- Thank the volunteers for taking part. Remind participants that in helping situations, the issues can be very complicated. They will need to ask questions and listen carefully to identify all the various issues affecting a person who has experienced violence. Things may not always be as they appear.

Activity 4b: Exploring the Power and Control Wheel (optional – may be replaced with 4a)

This is an alternate activity to replace 4a depending on the trainer’s discretion or preference. This is to be done only after presentation of slides on Power and Control Wheel and the Advocacy and Empowerment Wheel.

Ask the participants to find a partner and sit next to them. Explain that they will be working together on this activity but that, first, you would like participants to close their eyes.

Now provide the following verbal instructions (Handout 4):

- Recall a time in your life (at home, work, or school, for example) when you felt powerless. Now recall a time when you felt powerful and empowered.
- Now I would like you to share some information about those situations with your partner. You are asked to share only to the extent that you feel comfortable. If you do not feel comfortable sharing, you can just say so. While you discuss with your partner, I am going to go around the room with a handout containing a few prompts to help you explore these memories with your partner.

After seven minutes of this sharing between the two participants, gently interrupt to explain part 2 of the exercise. Invite participants to refer to the Power and Control Wheel (the slide for which you will have at the front of the room projected onto the screen).

You can use the following verbal instructions which are reinforced on the handout you just distributed. Note: 10 minutes are allotted to this part of the activity.

- As part two of the exercise, I would like you to draw on the back of your handout a Power and Control Wheel for your own life. How would it look? Here are some ideas for creating your own “Wheel of Life”:

- Include only the number of sections that have meaning for you. Your wheel may have as few as three or four sections, or as many as 15.
 - Add sections to reflect other things that have happened in your life.
 - Make some sections small and some larger. The size depends on their influence in your life.
 - Label each section. Add some words that have personal meaning.
 - Add any power or control tactics that have been part of your life experience.
- Insert elements or sections from the Advocacy and Empowerment Wheel (see model at the end of Module 9 in your Participants Manual), if you would like to represent some positive experiences of power.
 - As you draw your own “Wheel of Life”, you may discuss with your partner to the extent that you feel comfortable.

Activity 5: Practicing Safety Planning

Materials

- Handout 7: *Stories from the Front Lines* (cut apart into individual stories)
- Handout 8: *Five Strategies for Safety Planning*
- Handout 9: *Checklist for Creating Safety Plans*

Purpose of this activity

- To gain experience preparing a safety plan.
- To learn about the Five Strategies for Safety Planning.
- To think of ways to involve older persons in planning for their own safety.

Activity Instructions

- Divide participants into smaller groups of four to six people. Hand out one of the *Stories from the Front Lines* (in Handouts section) to each group. (If you have more than four groups, give some groups the same story.)
- Tell each group to assign someone to read the story out loud to their small group. Hand out *Five Strategies for Safety Planning* and *Checklist for Creating Safety Plans* (in Handouts section) to all participants.
- Ask each group to assign a reporter and a recorder.
- Ask each group to use its Story to create a safety plan using each of the Five Strategies. Remind groups that making a safety plan involves working with the older person and any supporters in their circle of family, friends and helpers. Give them 10 minutes to develop their safety plan.

- Recorders in each group should highlight key conversation points on flipchart paper.
- Ask groups to think about the following questions as they plan:
 - What are the specific concerns? Is the older person safe for the time being? Is she or he in immediate danger? At risk? What kind of danger or risk?
 - How will you engage the older person to talk about safety planning?
 - What concerns will you raise with the older person?
 - What special considerations do you need to take into account?
- After 10 minutes, bring the large group back together. Have each group read its story and then report the highlights of the conversation. If there is time, invite brief comments from the other participants. Ask them what they would add, change or do differently.

PREVENTION HANDOUTS

HANDOUT 1: POWER LINE SIGNS (Activity 4a)

MORE
POWER

LESS
POWER

HANDOUT 2: POWER LINE CARDS (Activity 4a)

↓ Side One ↓	↓ Side Two ↓
--------------	--------------

1 Married to a wealthy judge	2 No access to money
--	--------------------------------

1 Lesbian	2 Senator
---------------------	---------------------

1 Earns \$150,000/year	2 HIV Positive
----------------------------------	--------------------------

1 Multiple sclerosis	2 Wealthy and supportive family
--------------------------------	---

1 Multiple sclerosis	2 Lives alone on Income Support in rural community
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HANDOUT 3: POWER LINE CARDS (Activity 4a)

↓ Side One ↓	↓ Side Two ↓
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1 Immigrant	2 English-speaking, from Australia
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1 Immigrant	2 Non-English-speaking, from Colombia
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1 Single, custody of grandchild	2 Aboriginal living on reserve
--	---

1 African Canadian	2 Successful business owner
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1 White	2 Sex worker
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HANDOUT 4: EXPLORATION OF THE POWER AND CONTROL WHEEL (Activity 4b)

Part 1:

See if you can recall a time in your life (at home, work, or school, for example) when you felt powerless. Now recall a time when you felt powerful and empowered. Share information and your memories about these situations with your partner to the extent that you are comfortable.

For each situation, answer the following questions:

- Who was involved?
- What were the events leading up to the situation (the “tension buildup”)?
- What types of control tactics were used?
- How did you respond?
- How did you feel about your response?
- How did it end (or is it still ongoing)?

Part 2:

If you were to draw a Power and Control Wheel for your own life, how would it look? Here are some ideas for creating your own “Wheel of Life”:

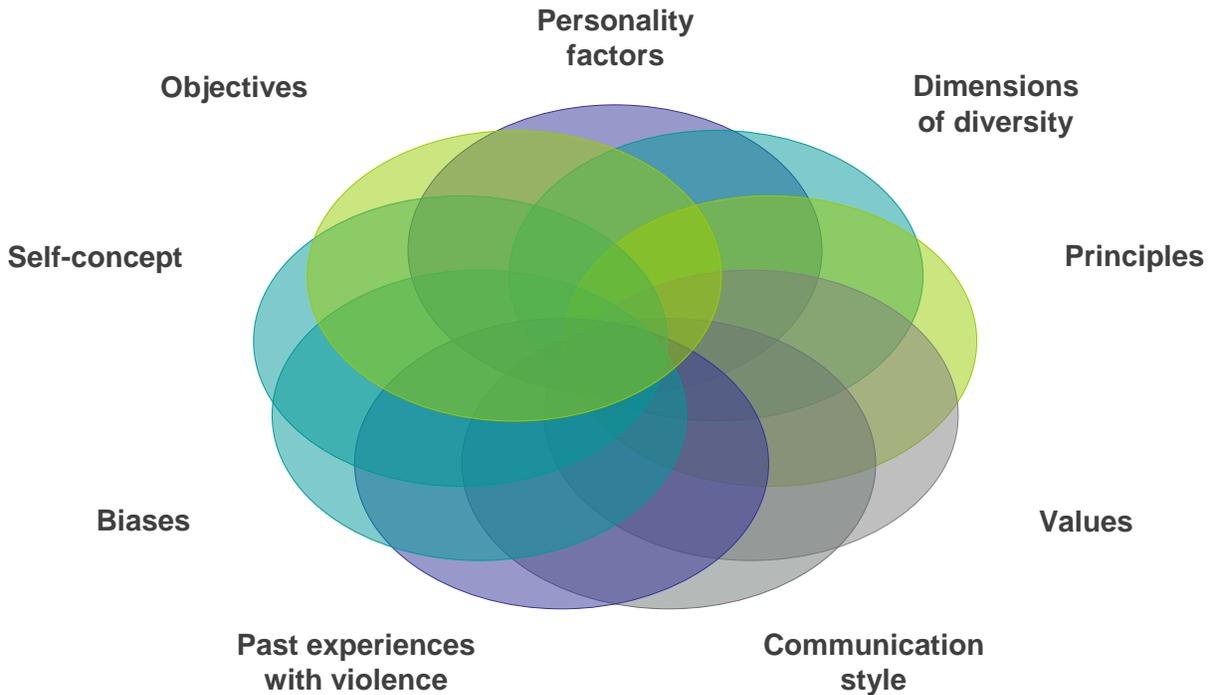
- Include only the number of sections that have meaning for you. Your wheel may have as few as three or four sections, or as many as 15.
- Add sections to reflect other things that have happened in your life.
- Make some sections small and some larger. The size depends on their influence in your life.
- Label each section. Add some words that have personal meaning.
- Add any power or control tactics that have been part of your life experience.

Insert elements or sections from the Advocacy and Empowerment Wheel (see model at the end of Module 9 in your Participants Manual) if you would like to represent positive experiences of power. As you draw your own “Wheel of Life”, you are invited to discuss with your partner to the extent that you feel comfortable.

HANDOUT 5: 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.

HANDOUT 6: SELF-UNDERSTANDING FOR VIOLENCE PREVENTION



- Personality factors may affect how you respond to situations. These include:
 - Openness to change;
 - Reasoning ability;
 - Emotional intelligence;
 - Extroversion or introversion, including readiness/ability to trust others; and,
 - Degree of self-reliance.

- Various dimensions of diversity may also affect your thoughts, feelings and behaviour in these situations. These include your:
 - Gender role;
 - Cultural background;
 - Language skills;
 - Citizenship status;

- Physical abilities;
 - Mental health status and so on.
- Self-awareness is an essential ingredient for growth and self-understanding. Without awareness, we act only out of habit and conditioning. How you think, feel and respond to situations will be affected by your distinctive style of communicating and relating, along with the following factors:
 - Principles - The ways you think people *should* behave and how things *ought* to be;
 - Values - The personal qualities, characteristics, or attributes that help you make decisions or set priorities;
 - Past experiences - Your own experiences with violence and abuse and how you dealt with them;
 - Biases - Your preference for one person or group of people over another, and tendency to think or behave in a certain way;
 - Self-concept - Your beliefs about the kind of person you are or would like to be, what you expect of yourself;
 - Objectives - What you are trying to accomplish in any given situation; and,
 - Obligations - What you think others expect of you personally and professionally.

HANDOUT 7: PRACTICING SAFETY PLANNING

Stories from the Front Lines

Elizabeth

Elizabeth, 66, lives with her husband Wes. After retiring four years ago, Wes became depressed and started drinking. He had always been verbally abusive to her. It became a lot worse in recent years. Wes has also become very controlling. He will only let Elizabeth use the car for medical appointments. Elizabeth is having trouble coping, and the stress is affecting her health. She is worried that one day Wes will harm her physically. She does not know whom to turn to.

Kay

Kay, 75, was having trouble getting around her three-story home. She agreed to sell the house and move in with her son and daughter-in-law. Things have not been working out since Kay moved in. Her daughter-in-law has hit Kay more than once. She is also emotionally abusive. Kay's son managed the sale of the home and then put the money in his own bank account. He also takes her pension cheques. Kay feels trapped and sees no other option, but to stay where she is.

Maria

Maria, 86, lives with her husband Oliver, 88, and daughter Carol, 67. Maria is frail and has developed incontinence. She depends on Oliver and Carol for personal care. Oliver and Carol are both in poor health themselves. Maria needs help with meals, bathing, and getting dressed. Maria's son, Danny, returns to the province for a rare family visit. He finds Maria very unkempt and living mostly in her filthy cluttered bedroom. Oliver complains that he is doing his best to care for Maria. He says that Carol is nothing but a "lazy bum" who never lifts a finger to help. Oliver says that Maria is always "crooked". He does not think either of them values his help.

Sandra

Sandra, 79, lives with her husband Gerard, also 79. They have been married for 55 years. Gerard is an alcoholic. He has been emotionally and physically abusive for many years. Sandra would like to leave Gerard. She worries whether she will be able to manage on her own because she cannot read or write.

HANDOUT 8: PRACTICING SAFETY PLANNING

Five Strategies for Safety Planning

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

5. Emotional support	Finding emotional support and ways to become less isolated	<ul style="list-style-type: none">• Exercise/yoga group• Hobby, art, music classes• Trusted friends and family• Peer support; support groups• Seniors centre• Community groups
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HANDOUT 9: PRACTICING SAFETY PLANNING

Checklist for Creating Safety Plans⁹

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? If so, 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?

⁹ Adapted in part from:
Ontario Network for the Prevention of Elder Abuse. (no date). *Free from Harm Tools Guide*. Retrieved from:
www.onpea.org/english/download.php?name=FreeFromHarmTools.pdf.

- 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? (refugee, landed immigrant)
- What is the older person's physical and health status?
- 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); and,
 - Seeking help from people or organizations that have little experience with violence against older persons.

Intervention 3-hour training session

Materials for this session¹⁰

- Sign-in sheet
- Participant Manual, one for each participant
OR photocopy Modules 13 - 16 for each participant
- Trainer Notes
- PowerPoint (includes Additional Notes)
- Handouts
- Participant Evaluation Form #4
- Compilation and Summary of Data Collected with Evaluation Form #4

Overall goals

- To provide a learning environment which will promote dialogue and interaction.
- To enhance knowledge and understanding on intervention in violence of older persons.
- To build awareness and provide tools and resources for intervening in violence against older persons.

Learning objectives

At the end of this session, participants will be able to:

- MODULE 13: Identify three strategies for intervening in violence against older persons.
- MODULE 14: Describe federal and provincial intervention approaches, practices and supportive legislation.
- MODULE 15:
 - Understand the barriers and risks for older persons in reporting violence; and,
 - Understand the barriers and risks for helpers in reporting violence against older persons.

¹⁰ See pages 30-31 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

- MODULE 16: Develop familiarity with resources that can be helpful in addressing violence against older persons.

Target audience

This training session was designed for a range of audiences. It can be used with professionals, volunteers and other helpers in health care, law enforcement, and community support. It will be most useful for those who work on the front line with older persons, their families, caregivers, and perpetrators.

Number of participants

The training session and activities were designed for a minimum of 12-15 participants, and a maximum of 25-40. You should have enough participants for the small group activities.

Room set-up and equipment

You will need a training space large enough to allow for a break-out area for each small group. Set up the room with tables and chairs that can be moved, or have extra tables and chairs available around the edges of the training space for small group work. Another option is to have break-out areas outside the main training room.

You will need a laptop, projector and projection screen (or light-coloured blank wall) for the PowerPoint presentations. Set up the screen where all participants can see it. For safety, tape down any loose electrical cords with masking tape or duct tape. You will also need a flipchart stand, flipchart paper and enough markers for yourself and each small group.

Key learning points

*Note to trainer: This training session provides a broad overview of **intervention in violence against older persons**. Provide participants with copies of the Participant Manual for more in-depth information. More*

detailed content for this session can be found in the Intervention section of the Participant Manual.

From Module 13: The Violence Prevention Continuum: A Holistic Model

Useful intervention practices

- This training program does not provide clinical assessment/screening tools to use in identifying older adult violence.
- The purpose of this training is to inform and 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.

The Violence Prevention Continuum¹¹

- The Violence Prevention Continuum is a new model for thinking about and acting on the problem of violence against older persons.
- The Continuum provides three strategies to reduce risk and increase capacity and resilience.
- The three strategies are:
 1. *Short-term and emergency relief*
 - Provide short-term 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.
 3. *Systems change/societal change*
 - Longer-term strategies to educate target groups and the public to improve the well-being of all.

¹¹ 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.

From Module 14: Intervention approaches, practices and supportive legislation

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>Counseling</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 intervention:¹²

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, governments and individuals must work together. This includes:
 - Trusted family member or friends;
 - Banker;
 - Clergy, spiritual leader, community Elder;
 - Community support group;

¹² 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>.

- Police officer(s);
 - Lawyer;
 - Pharmacist;
 - Physician;
 - Health professional (psychologist, physiotherapist, nurse, etc.);
 - Social worker; and,
 - Victim Services.
- A coordinated response may also include:
 - Violence Prevention Initiative (VPI)¹³;
 - VPI Regional Coordinating Committees against Violence¹⁴;
 - Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre;
 - Regional Health Authorities, including hospitals;
 - Royal Newfoundland Constabulary (RNC), Royal Canadian Mounted Police (RCMP);
 - Director of Neglected Adults;
 - Mental health / addiction services;
 - Agencies for immigrants and refugees; and,
 - Seniors' centres and organizations, such as the Seniors Resource Centre.

Legislative interventions

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

¹³ 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 those most at risk in society. The Women's Policy Office is the lead Provincial Government department for the Violence Prevention Initiative (VPI).

¹⁴ 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;
 - *Advanced Health Care Directives Act*: an Advanced 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 estate;
 - The *Adult Protection Act*¹⁵: 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;
 - *Legal Aid*: The Legal Aid Commission ensures that people with limited financial resources have access to legal advice and representation;
 - *Peace Bond*: A peace bond is a court order that places certain conditions on a person’s behaviour; and,
 - *Emergency Protection Order*: A Provincial Court order that provides immediate protection when family violence has occurred.

¹⁵ An Act Respecting the Protection of Adults (also referenced as the *Adult Protection Act*) replaces the *Neglected Adults Welfare Act*.

From Module 15: Barriers and risks in reporting violence

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.
- 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 to disclosure for older persons

BARRIER	DESCRIPTION
<i>The fear of more violence</i>	<ul style="list-style-type: none"> • 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.
<i>Feelings of shame and humiliation</i>	<ul style="list-style-type: none"> • Older persons may feel humiliated because they do not have enough power or control to stop the violence. • Victims may keep the violence secret because they are feeling shame, denial, or fear. • Victims may feel shame if the perpetrator is a family member, and may worry about what others will think.
<i>Blaming themselves for the violence</i>	<ul style="list-style-type: none"> • 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.
<i>The fear of loss of affection or connection</i>	<ul style="list-style-type: none"> • Older persons may not have relatives still alive or living nearby. The perpetrator may be their only social contact. • Older persons may worry that if they report family violence, they will lose access to grandchildren or other family members. • Older persons may fear losing a pet if they report violence and are removed from their home.

<p><i>Worries about what will happen to themselves and/or the perpetrator</i></p>	<ul style="list-style-type: none"> • Older persons may fear being left alone. • 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. • Older persons may fear moving into long-term care or other institutions. They may also fear losing their treasured possessions. • If the perpetrator is a loved one, older persons may not want to press criminal charges. • Older persons may not want to see their loved one sent to prison.
<p><i>Concerns about “family honour”</i></p>	<ul style="list-style-type: none"> • Older persons may fear that reporting violence will bring shame and dishonour to the family. • 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.
<p><i>Concerns about being seen as “weak”</i></p>	<ul style="list-style-type: none"> • Older victims of violence may believe that they should solve their own problems and not have to reach out for help.
<p><i>Medication issues</i></p>	<ul style="list-style-type: none"> • 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.
<p><i>Past negative experiences disclosing violence</i></p>	<ul style="list-style-type: none"> • 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.
<p><i>Lack of knowledge or understanding of human rights</i></p>	<ul style="list-style-type: none"> • Older persons may not know they have the right to live safe and free from violence. They may not know about programs or services that support those rights.
<p><i>Lifetime exposure to family violence</i></p>	<ul style="list-style-type: none"> • 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.

<i>Poverty or limited resources</i>	<ul style="list-style-type: none"> • 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.
<i>Inability or challenges in communicating</i>	<ul style="list-style-type: none"> • Some older persons with a disability may have trouble communicating.
<i>Cultural and language barriers to disclosure</i>	<ul style="list-style-type: none"> • 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.
<i>Isolation</i>	<ul style="list-style-type: none"> • Isolation due to geography may be a challenge for older victims of violence.

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

BARRIER	DESCRIPTION
<i>Lack of knowledge, education and training</i>	<ul style="list-style-type: none"> • Lack of awareness, expertise and training in recognizing risk factors and signs of violence • Lack of training in medical schools and other professional programs in: <ul style="list-style-type: none"> ○ Violence recognition; ○ Violence prevention; and, ○ Violence intervention, including screening, assessment or interviewing techniques with older adult patients or clients. • Poor understanding of the prevalence of violence against older persons. • Not knowing what to do, whom to call, or where to report suspected violence. • Lack of training to deal with issues of language and culture.

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

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.
 - Listen carefully to the older person without interrupting. Provide the time needed for the person to tell her or his story.
 - Assure the older person that she or he 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.
 - 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.
 - 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 she or he feels supported in this process.

From Module 16: Helpful Resources and Links

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.
- 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; and,
- 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 against Violence 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 contains a section titled *Links: Internet resources* which provides Internet resources (website addresses) for those who wish to further explore the topics covered in the *Respect Aging* Training Program.

AGENDA INTERVENTION: 3-HOUR TRAINING SESSION

Note: Trainers are asked to familiarize themselves with the activities in advance.

****This training session does not have a 15-minute break incorporated into it so it is up to the trainer to determine when or if you want to take a break during the session, making it a total of 3.25 hours.***

Activity #	Activity	Suggested time	Materials
	<p>Welcome</p> <ul style="list-style-type: none"> • Welcome participants. • Introduce yourself if necessary. <p>Housekeeping announcements</p> <ul style="list-style-type: none"> • Time and place for refreshment break. • Location of washrooms. • What time the session will end. • Guidelines for being together (see some examples on p.16). 	5 minutes	
1	<p>Icebreaker: <i>Ins and Outs</i></p> <ul style="list-style-type: none"> • Briefly review key messages of the <i>Respect Aging</i> project (see section titled <i>Overview of the Education and Training Project</i>, p.7). • Agenda. <p><i>*If participants do not have a copy of the Participant Manual,</i></p>	15 minutes	
	<ul style="list-style-type: none"> • Briefly review key messages of the <i>Respect Aging</i> project (see section titled <i>Overview of the Education and Training Project</i>, p.7). • Agenda. <p><i>*If participants do not have a copy of the Participant Manual,</i></p>	5 minutes	<ul style="list-style-type: none"> • PowerPoint slides 1-5 • Copies of Modules 13 - 16

	<i>please distribute Modules 13 - 16 to each participant.</i>		
	Learning together: <i>Intervention approaches, practices and supportive legislation</i>	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 6-15
2	Activity: <i>Intervention Solutions</i>	35 minutes	<ul style="list-style-type: none"> • Handout 1, 2 & 3 • Flipchart paper • Markers • Masking tape
	Learning together: <i>Barriers and risks in reporting violence</i>	12 minutes	<ul style="list-style-type: none"> • PowerPoint slides 16-28
3	Activity: <i>What Keeps Us Apart</i>	40 minutes	<ul style="list-style-type: none"> • Handout 4 • Flipcharts • Marker • Masking tape
	Learning together: <i>Helpful Resources</i> <ul style="list-style-type: none"> • Present Slide 29. Explain that this is the order of presentation of resources in the Participant Manual. • As you list each heading, invite participants to follow along in Module 16 in the Manual (or handout) as they discover the resources listed. • Show Slide 30. Explain how the resources can be helpful for different people. 	8 minutes	<ul style="list-style-type: none"> • Module 16: Helpful Resources in the Participant Manual • PowerPoint slides 29-30

4	<p>Small Group Exercise: <i>“Workshopping” the Helpful Resources</i></p>	15 minutes	<ul style="list-style-type: none"> • Handout 5
	<p>Debriefing and Learning Together</p> <ul style="list-style-type: none"> • Bring the participants back together. Invite them to share in the full group their thoughts on the usefulness of the small group exercise. • Invite questions from the group regarding the mandate of any of the resources/agencies listed, and invite participants to assist in providing answers. • Show slides 31-32. 	15 minutes	<ul style="list-style-type: none"> • PowerPoint slides 31-32
	<p>Wrap-up/Evaluation</p> <ul style="list-style-type: none"> • Distribute <i>Participant Evaluation Form #4</i>. Point out that there are two sections to the Evaluation Form: one for the session on Intervention and one to summarize feedback on the whole program, for those who participated in all three sessions. • Do a final go-round. Ask participants to briefly share how the session was for them. Ask how they will use what they have learned in their work or interactions with older persons. • Thank participants for their input, sharing and time. 	20 minutes	<ul style="list-style-type: none"> • Evaluation forms

	<ul style="list-style-type: none"> • Express appreciation to the group for being open to new learning on a difficult topic. • Celebrate the completion of the program (see note below*). • Collect <i>Participant Evaluation Form #4</i>. 		
	Total time	180 minutes (3 hours)	

***Note about celebrating/marking the end of the *Respect Aging Program*:**

There are many ways to celebrate the end of this learning journey. Because of time constraints, you may wish to celebrate simply by thanking the participants for their contributions. Some also 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 some 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.)

Before proceeding to the celebration, distribute the *Participant Evaluation Form #4* which contains a section for feedback on Session 3 and a section for feedback on the overall program and learning experience. Ask participants to complete the form.

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.

IMPORTANT!

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected using Evaluation Form #4** (page 151).

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

Your feedback will help us keep project materials relevant, useful and up-to-date.

INTERVENTION ACTIVITIES

Activity 1: Icebreaker – Ins and Outs

Materials

- *Ins and Outs* list (below)

Purpose of this activity

- To have participants learn something new about each other.
- To start participants thinking about differences, similarities and diversity.

Activity Instructions

- You will need to have an open space that is large enough for all participants to stand or sit in a circle.
- Tell participants that this is a fun activity. It will show some of the diversity that is in the group. It will also help them learn some new things about each other.
- Tell participants that you will call out a category (for example, “Everyone who is left-handed”). Everyone who fits that category then moves into the center of the circle. Tell them that they are not required to come forward for a given category if they are not comfortable doing so.
- Call out the first category. Invite participants who identify with it to move into the center of the circle. (If participants are seated, ask those who identify with this category to raise their hands or make some other movement.) Wait so that all in the outer circle can see who has come forward. Thank those who came forward and invite them to return to their places in the outer circle.
- Call out the second category. Repeat the process until you have called out all the categories.

- Thank everyone for taking part. Invite participants to return to their seats.

Ins and Outs List

- Born in Newfoundland and Labrador
- Born outside of Canada (ask what countries)
- Lived outside Newfoundland and Labrador for at least three months (ask where)
- Born and raised on a farm
- Speaks and understands two or more languages (ask what languages they speak besides English)
- Left-handed
- Knows sign language
- Has ridden on a *komatik* (Note: Inuktitut word for a wood sled)
- Knows someone who is or who has been homeless
- Vegetarian or vegan
- Has experienced discrimination
- Has a living relative older than 90
- Is a twin or triplet
- Can name three prominent female politicians (ask those who come forward to call out female politicians' names; do not have to be politicians from Newfoundland and Labrador)

- Has never received a speeding ticket
- Has helped care for a sick person
- Has eaten flipper pie
- Has five or more siblings (ask how many)
- Plays a musical instrument (ask what instruments they play)
- Ask if participants have a category they would like to call out

Activity 2: Intervention Solutions

Materials

- Handout 1: *Story from the Front Lines* (Bea and her neighbor Andrea)
- Handout 2: *Violence Prevention Continuum*
- Handout 3: *Promising Canadian intervention approaches and practices*
- Flipchart paper
- Markers (one for each group)
- Masking tape

Purpose of this activity

- To practice skills and support previous learning about recognition of violence against older persons.
- To practice using the *Violence Prevention Continuum* tool.
- To learn about intervention approaches.

Activity Instructions

1. Divide participants into small groups of four to six persons. Hand out one copy of the *Story from the Front Lines (Bea and her neighbour Andrea)* to each group. Hand out a copy of the *Violence Prevention Continuum* and *Promising Canadian Intervention Approaches and Practices* to each participant. (See *Handouts* section.)
2. Tell participants to appoint a volunteer in each small group to read the story to the small group. Each group should then 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.

Questions for “Bea and her neighbour Andrea”

- 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.

- After 15 minutes, 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.
- 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.
- 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 groups suggest a Short-Term Strategy for this situation. Ask something like: "What short-term or emergency relief interventions would work in this situation?"
- Repeat with remaining groups and the other two strategies. Ask: "What capacity-building interventions would work in this situation?" and finally, "What systems-change interventions would work in this situation?"
- 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.

Activity 3: What Keeps Us Apart

Materials

- Handout 4: *Story from the Front Lines*
- Flipchart paper
- Marker
- Masking tape

Purpose of this activity

- To show how our misperceptions about each other can get in the way of interaction and helping.
- To understand how stereotypes, assumptions and misperceptions about aging and violence may cause harm.

Set-up

Arrange an open space in one area of the room where several volunteer participants can stand or sit in a straight line. Arrange the seating for the others so that all can observe the volunteers.

Activity Instructions

- Read *Part 1* of Ches's story to the whole group (Handout).
- Ask the group to call out answers to the questions below (this part of the activity should be done quickly, not more than five minutes). This will help provide a quick review of the Recognition material.

Questions for "Ches's Story"

- What types of violence are present in this story? (*Emotional violence, neglect*)
- What signs of violence did you notice? (*Making fun of Ches; no help feeding him. Note: He arrived malnourished and dehydrated. This may be a sign of neglect. It may also be a*

sign of self-neglect, which is NOT a type of violence. It is important to make the distinction).

- Who is/are the perpetrator(s)? (*Staff at the nursing station*)
- Ask participants to form new small groups of 4-6 participants each. Each group should appoint a recorder and a reporter. Ask groups to brainstorm answers to the following question:
 - ***“What myths, assumptions and stereotypes have you heard or read about older persons who experience violence?”***
- Group recorders should write answers on a flipchart. Reporters should be prepared to present these responses to the whole group. Make the point that these responses do not represent all group members. They show what people have *heard* about the issue. Give groups 10 minutes to complete this task. If participants are having trouble coming up with ideas, provide a few suggestions from the list below to get them started. After 10 minutes, call the large group back together.
- Ask for two volunteers from the large group. They will not be required to speak.
- Have the two volunteers stand (or sit), facing each other, several feet apart. (Figure A) There should be enough open space *behind* each of them to move backwards. Explain to the participants that one volunteer represents Ches and all older victims of violence. The other volunteer represents the service providers in Ches’s story and all others who assist older victims.

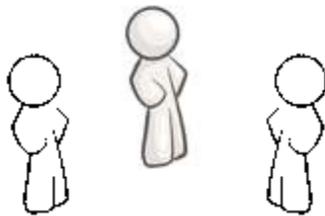
(Fig. A) Ches + service provider



- One at a time, have each group reporter read out a response to the question above from their flipchart. As each reporter calls out a response, have a member of that group come forward and stand or sit,

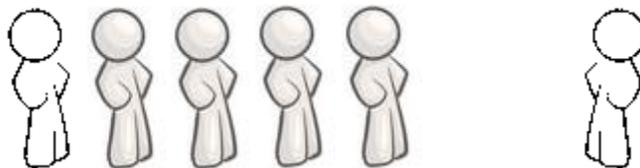
facing the service provider, in front of the “Ches” (Figure B). “Ches” will need to take one step backward and the new person will stand where “Ches” was standing. The new person will have his or her back to “Ches”. The person will now be blocking “Ches” view of the service provider.

(Fig. B) Ches + first participant blocker + service provider



Ask reporters to keep taking turns calling out responses to the question. For each response, have another group member come and join the line in front of “Ches”, facing the service provider and blocking “Ches” view. “Ches” will need to keep taking steps backward. Depending on the space available and the number of participants, have up to eight people come up and stand in a line in front of “Ches”. There should be a great distance between him and the service provider (Figure C).

(Fig. C) Ches + first through fourth participant blockers + service provider



If you have time, you can invite reporters to keep taking turns calling out responses to the question until they are finished, avoiding any repetitions. Ask reporters to hang their flipcharts on a nearby wall.

Responses may include:

- They are hard to work with;
 - Senile;
 - Weak;
 - Can't work – not financially self-sufficient;
 - Childish;
 - Disabled;
 - Old men aren't dangerous;
 - Suffered abuse in the past;
 - Stubborn, stuck in their ways;
 - They'll die soon anyway, so why should we use our resources on them;
 - Too old to learn anything new;
 - Don't want to change; and,
 - Depressed.
- After reporters have finished calling out responses, ask participants to look at the line that has formed in front of “Ches”.

Ask participants:

- “What do you notice?”
- “How do these myths and stereotypes get in the way of our ability to work effectively with older victims of violence?”

Explain that this demonstration shows how myths and stereotypes get in the way of our ability to see or reach the older person to “meet the person within”.

- Ask all but the two volunteers to sit down (or ask for two new volunteers). Ask for a third volunteer to come forward to be a recorder. Stay in the large group and perform the activity a second time.
- This time ask the following question: (You might want to have this question written ahead of time on a flipchart paper.)

- ***“What assumptions and beliefs do you think older persons have about providers of services for older victims of violence?”***
- Repeat the process. Have participants call out an assumption or belief they think older persons have about service providers or services. As each person calls out, have the person come to stand or sit in front of the *service provider*, facing the person who is playing “Ches” and all older victims. Have up to eight people come and stand in front of the service provider. The recorder should write each of the responses to the question on a flipchart.

Responses may include:

- They are all man-haters;
- They don’t really care about old people;
- They think they have all the answers;
- She’ll make me leave my husband;
- She won’t understand how much I love my child (who is beating me);
- They only serve young people;
- They’ll try to put me in a home;
- You’re too young to understand what I’m going through;
- They don’t understand verbal abuse;
- I can only get services if my life is in danger;
- The police won’t care because I’m old; and,
- They’ll blame me for staying all these years.

Talking points / Conversation starters:

- Ask participants to look at the line that has formed in front of the service provider and the distance between the service provider and “Ches”.
- Ask participants to describe what they see.
- Ask them, “What do you notice?”
- Ask: “How might service providers’ stereotypes, assumptions and misperceptions about older victims of violence affect their ability to meet the needs of older victims?”

- Ask, “How might the perceptions of older victims of violence about service providers impact older victims?”
- Discuss how these assumptions and beliefs can hamper service providers’ ability to work with older victims of violence. What can be done?
- Close by telling participants you would like to share with them how Ches’ story ends. Read Part 2 of Ches’ story.

Activity 4: “Workshopping” the Helpful Resources

- Divide the group into smaller groups of approximately six participants.
- Ask groups to move into different areas of the room.
- Ask the group members to share with each other their knowledge or experience of the different agencies listed in Module 16 on Helpful Resources, and to explore the following questions. These questions can be provided in hard copy using a handout.
 - Was the experience with that agency helpful? If yes, in what ways?
 - What feelings are evoked when you think of those resources/agencies?
 - Are there barriers that would prevent us from asking for help from one of these agencies? If so, how can we overcome those barriers?
- Remind the group members that they are invited to share only to the extent that they are comfortable. Remind the group about confidentiality.

INTERVENTION HANDOUTS

HANDOUT 1: INTERVENTION SERVICES

Story from the Front Lines

Bea and her neighbour Andrea

Bea, 81, 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.

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; and
- Examples: short-term shelters; police interventions; crisis counseling.

2. Capacity-Building Strategies (Prevention)

Individual skill-building strategies:

- Assist individuals to develop effective coping skills; enhance knowledge of helpful resources; reduce isolation; and
- Examples: safety planning with seniors; joining seniors' support groups; finding effective peer or professional support; counseling for perpetrators.

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; and
- Examples: community centre programs for older persons; senior centres; coordinated community responses; volunteer friendly visiting or "daily hello" programs in local communities; lunch 'n' 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; and
- 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

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"> • advice, expertise and collaboration
<i>Counseling</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

HANDOUT 4: WHAT KEEPS US APART

Story from the Front Lines

Part 1

Ches was a 78-year old widower. He lived alone in a small rooming house. One day, he was crossing an intersection on a busy road and was struck by a car. The driver took off, but a witness called an ambulance. Ches was taken to the hospital emergency unit, where he said very little, except to repeat, "Some idiot run me down. Some idiot run me down."

Ches suffered many bruises, some minor cuts, a broken wrist and a hip fracture. He was also found to be dehydrated and malnourished. Two days after admission, Ches was still in intensive care and did not seem to be improving. He did not interact with any of the medical personnel who came to check on his healing. He turned his face away from them when they approached. Meals and snacks were brought to Ches on a regular basis, but he was not able to sit up on his own to eat. No staff came to help. Ches' food was taken away each time, mostly untouched. No visitors came. Ches did not receive any get-well cards.

The staff thought that Ches did not seem to want to get well. His condition became a sort of joke at the nurse's station. Each day someone would ask, "What happened to Ches?" Like the chorus of a bad country song, the staff would sing out in unison, "Some idiot run him down, some idiot run him down."

Part 2

One morning, a group of nursing students were visiting patients. When they came to Ches' bed, a student named April asked Ches's nurse if she could comb his hair. The nurse said, "Sure, if he doesn't mind." April asked Ches. Getting no negative reaction, she sat down next to him and combed his hair into a neat look. She asked Ches if she could shave the week's growth of beard off his face. He did not appear to object to that either. April put the

comb and razor in a drawer in Ches's bedside table, where she noticed a pair of glasses. "Are these yours?" she asked. Ches nodded. She handed them to Ches and he put them on. "Would you like to move to the chair, Ches?" April asked. Ches nodded. With help from a nurse, April carefully sat Ches up in the chair near his bed, facing the nursing station where he could see all the action.

And then, an amazing thing happened. As the staff stood there staring and smiling at Ches's transformation, Ches smiled back; his whole face lit up. After Ches's hospital makeover, his recovery was rapid. He was moved to a medical floor where he was able to get out of bed and walk. He gained several pounds and his gaunt face filled out and brightened considerably. Ches was able to give the social worker the name and contact information for his son Jim who lived in a nearby village. Jim, who had not been aware that his father had been hospitalized, arrived the next day. Less than a week later, Ches was discharged. Follow-up appointments were made for Ches with the community health nurse and a physiotherapist. Jim invited Ches to stay with him until longer-term plans could be made for his housing and care.

HANDOUT 5: “WORKSHOPPING” THE HELPFUL RESOURCES

Instructions:

- Share with each other your knowledge or experience of the different agencies listed in Module 16 on Helpful Resources (in the Participant Manual). You are not required to take notes.
- As you do so, explore the following questions:
 - Was the experience with that agency helpful? If yes, in what ways?
 - What feelings are evoked when you think of those resources/agencies?
 - Are there barriers that would prevent us from asking for help from one or more of these agencies? If so, how can we overcome those barriers?

EVALUATION FORMS

Respect Aging Participant Evaluation Form #3

This form is used to obtain feedback on either session #1 or session #2. 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.

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

2. Which session(s) did you participate in today? Please mark an 'X' on the line provided to indicate your answer.

Session 1: Recognition _____

Introduction

Module 1: Types of violence

Module 2: Indicators of violence

Module 3: Violence against older persons in residential care facilities

Module 4: Gender dynamics of violence against older persons

Module 5: Diversity, ageism and violence

Module 6: Dynamics of family violence

Module 7: Impact and effects of violence against older persons

Session 2: Prevention _____

Module 8: Risk factors and preventive factors

Module 9: Root causes of violence

Module 10: Self-understanding for violence prevention

Module 11: Safety planning

Module 12: Self-care for violence prevention helpers

3. 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: _____

4. How well did the session address your learning needs on the topics listed? (Please circle your answer)

Very well

Somewhat

Not well

Comments:

5. What worked well during the session?

6. What would you change and how?

7. Please rate the following. (Please circle your answer)

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

8. Do you have any other comments?

**Respect Aging
Participant Evaluation Form #4**

Section A of this form is used to obtain feedback on session #3 (Intervention).

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.

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

2. 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: _____

Section A – Feedback on Session #3 (Intervention)

1. How well did the session address your learning needs on the following topics? Please circle the response that applies the most, and add comments as necessary.

- Self-care for violence prevention helpers (Module 12 in Participant's Manual)
- The Violence Prevention Continuum: A Holistic Model (Module 13)
- Intervention approaches, practices and supportive legislation (Module 14)
- Barriers and risks in reporting violence (Module 15)
- Helpful Resources and Links (Module 16)

Very well

Somewhat

Not well

Comments:

2. What worked well during the session?

3. What would you change and how?

4. Please rate the following. (Please circle your response)

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

5. Do you have any other comments?

Section B: Feedback on Overall Program

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

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

All three

Two

Just this one

2. Did this Program meet your learning needs in relation to violence against older persons?

Very
much

Mostly

Somewhat

Not
enough

Not
at all

Please explain.

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

Program content:	Very effective	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. What are the strengths of the program, if any?

5. What would you change and how?

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

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

**Respect Aging
Compilation and Summary of Data
Collected with Evaluation Form #3
(For use by Trainer)**

This form is used to compile and summarize data obtained with the Participant Evaluation Form #3, after either the 3-hour session #1 on Recognition or the 3-hour session #2 on Prevention. It also provides an opportunity for the Trainer to provide her/his feedback to the Women's Policy Office, as lead 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:

3. Trainer's Information (optional)

Trainer's name: _____

Trainer's organization: _____

Phone #: _____ E-mail address: _____

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

Session 1: Recognition _____

Introduction

Module 1: Types of violence

- Module 2: Indicators of violence
- Module 3: Violence against older persons in residential care facilities
- Module 4: Gender dynamics of violence against older persons
- Module 5: Diversity, ageism and violence
- Module 6: Dynamics of family violence
- Module 7: Impact and effects of violence against older persons

Session 2: Prevention _____

- Module 8: Risk factors and preventive factors
- Module 9: Root causes of violence
- Module 10: Self-understanding for violence prevention
- Module 11: Safety planning
- Module 12: Self-care for violence prevention helpers

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 topics covered, 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 on this part of the evaluation, and the frequency with which each theme emerged.

Theme:

Frequency: _____

Theme:

Frequency: _____

Theme:

Frequency: _____

Theme:

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:

Frequency: _____

Theme:

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:

Frequency: _____

Theme:

Frequency: _____

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
Confederation Building, 4th floor, West Block
PO Box 8700
St. John's, NL
A1B 4J6

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

**Respect Aging
Compilation and Summary of Data
Collected with Evaluation Form #4
(For use by Trainer)**

This form is used to compile and summarize evaluation data obtained through Participant Evaluation Form #4 after the 3-hr session #3 on Intervention, 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.

Trainer's Name: _____

Organization: _____

Address:

City/Town: _____ Postal Code: _____

Phone #: _____ E-mail address: _____

1. Please indicate the date of session on Intervention: _____
Day/Month/Year

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

3. What was the total number of participants? _____

4. What was the total number of evaluation respondents? _____

5. 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 _____

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

- Other role _____ Frequency _____

Section A – Compilation and Summary of Feedback on Session #3 on Intervention

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

Thoroughly _____ Partially _____ Not nearly enough _____

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

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:

Frequency: _____

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

Change recommended:

Frequency: _____

Change recommended:

Frequency: _____

Change recommended:

Frequency: _____

5. 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	_____

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 effective	_____
	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 major 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: _____

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: _____

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

a) What worked well?

b) What would you change, and why?

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:

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