

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.