Community-based responses to IPV against older women in the Maritimes

1. **Family Violence Services:**
   - Emergency shelters/transition houses
   - Second-stage housing
   - Domestic violence outreach programs
   - Crisis lines
   - Sexual violence services
2. **Adult Protection Services:**
   - Safeguard vulnerable adults (older 65+ and adults with a disability)
   - Investigation, referrals, case management, court ordered supervision, etc.

Barriers for older women seeking help:

- Stigma and shame
- Lack of awareness
- Financial dependence on partner
- Trust issues
- Cultural norms
- Isolation

The Advocacy Intervention for Women in Midlife and Older who Experience Intimate Partner Violence: The AIM Study

Design: Randomized controlled trial with a qualitative component

Goal: To test the effectiveness of the **A**dvocacy **I**ntervention for women in **M**idlife and older who have experienced intimate partner violence (IPV), the AIM Program, and to learn from the experiences of those who implemented and participated in the program.

Data Collected:

1. Quantitative: survey measures collected at baseline, 3-months, and 9-months
2. Qualitative: semi-structured interviews with program participants and program facilitators

The AIM Program

Information-sharing component:

A 1-hour information sharing session focusing on:

1. information about older women and abusive relationships
2. awareness raising
3. safety planning
4. decision making, problem solving
5. information about local resources

Social support component:

12-weekly social support sessions lasting approximately 20 minutes per session.

- These sessions were designed to provide encouragement and support and to answer questions the woman may have.
- There were no specific or scheduled topics that were planned for each session. These sessions were to be individualized to women's needs.

AIM Study
Results & Implications

- The quantitative measures showed promising trends for the effectiveness of the AIM Program.
- The qualitative findings highlighted the benefits of receiving social support for women in midlife and older who have experienced IPV.
- Future research is needed to examine the effectiveness of the AIM Program after adaptations are made, most notably with the addition of a peer support component.
- The AIM Program should be further adapted and implemented with midlife and older women who are marginalized in the Maritimes that may have unique needs (e.g., Black Nova Scotians, Indigenous women, newcomer women).

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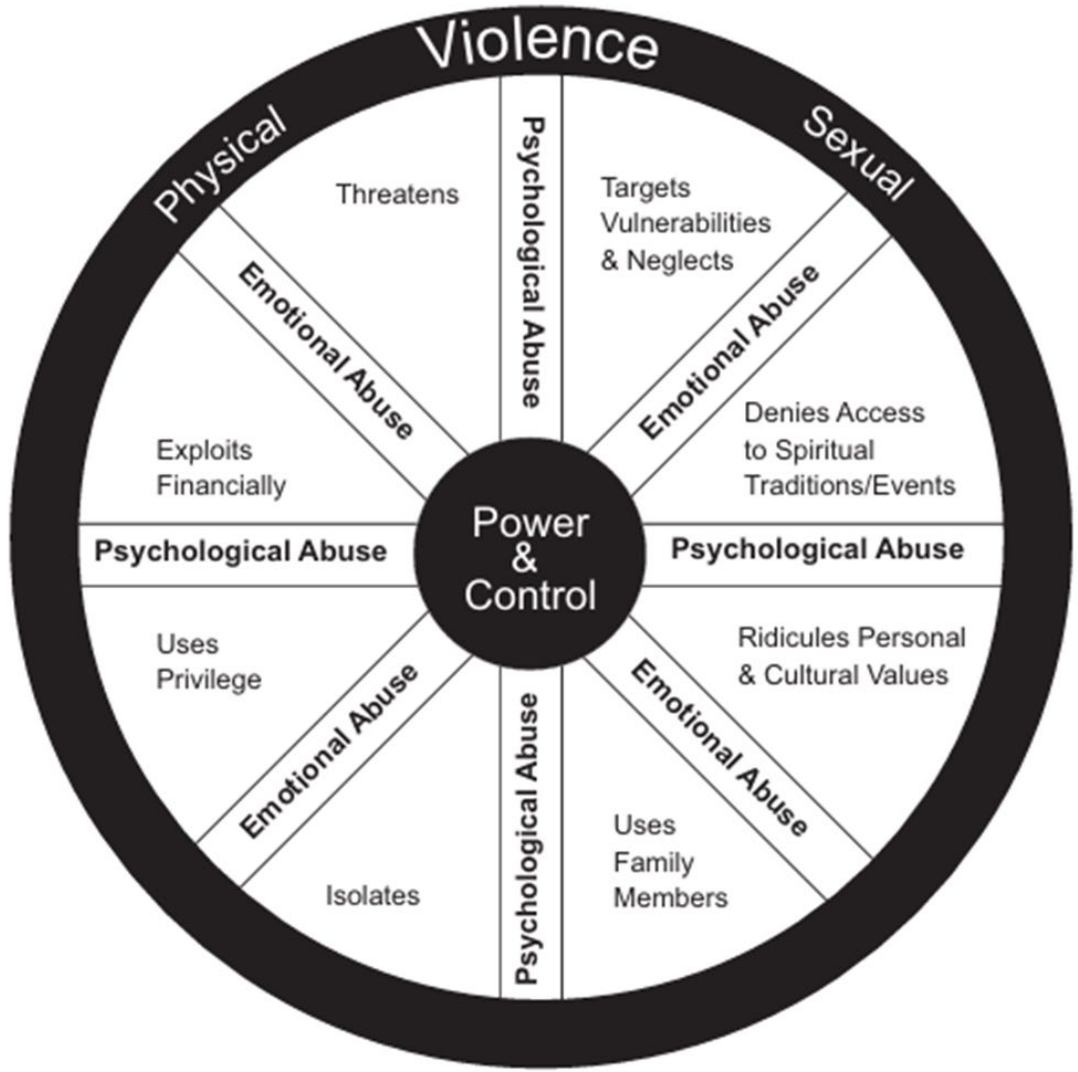
Abuse in Later Life Power & Control Wheel



In 2006, NCALL adapted the Power and Control Wheel,
developed by the Domestic Abuse Intervention Project, Duluth, MN.
Resource updated, April 2011.

Effectiveness of Internet-Based Multicomponent Intervention for Family Caregivers and Community Organizations in Preventing and Addressing Older Adult Mistreatment

Chaire de recherche sur la maltraitance envers les personnes aînées
Research Chair on Mistreatment of Older Adults

Mélanie Couture, Ph.D.
Associate professor and Chairholder of the Research Chair on Mistreatment of Older Adults
School of social work, Université de Sherbrooke

Webinar, June 19th 2025

1. What are the gaps in community-based responses to elder abuse and IPV among older adults, and how can research projects like bridge these gaps?

Recent data from 2019 show that:

5.9% of older adults aged 65+ living at home in Quebec have been **mistreated** within the last year, mostly by a **family member** (Gingras 2020).

Context of caregiving comprises multiple risk factors for mistreatment including:

- Functional dependency,
- Use of home care services,
- Low social support (Walsh et al., 2007).

Both the **person receiving care** and the **caregiver** can experience mistreatment (Éthier et al., 2021).

UNIVERSITÉ DE SHERBROOKE

Chaire de recherche sur la maltraitance envers les personnes aînées
Research Chair on Mistreatment of Older Adults

Proche aidance Québec

ROMAN
Regroupement des organismes montérégiens d'aidants naturels

CNPEA RCPMTA
RÉSEAU CANADIEN pour la PRÉVENTION du MAUVAIS TRAITEMENT des AÎNÉS

1. What are the gaps in community-based responses to elder abuse and IPV among older adults, and how can research projects like bridge these gaps?

Need to improve identification and reporting of mistreatment:

- Multiple **help-seeking barriers** for people who are mistreated including: **Lack of awareness** about mistreatment, fear of consequences for self or the perpetrator such as **losing the relationship or institutionalization**,

Internet based-interventions are a promising avenue:

- **Educational programs** for social and health care professionals have been associated with **increase in knowledge** about mistreatment as well as **identification and reporting** of mistreatment situations (Alt et al., 2011; Mohd Mydin et al., 2021).
- Numerous systematic reviews report **improvements in informal caregivers' wellbeing through eHealth interventions** (Boots et al., 2014; Egan et al., 2018; Hopwood et al., 2018; Parra-Vidales et al., 2017).

1. What are the gaps in community-based responses to elder abuse and IPV among older adults, and how can research projects like bridge these gaps?

Need to improve evidence:

- Existing scientific **evidence** on educational programs **about mistreatment applies only to** people working in the **social and health care system**.
- There is a **need to study** effects on **informal caregivers** and people working in **community organizations**.

Need to develop educational programs:

Acknowledging and Responding to Mistreatment in CARegiving (ARMCAR)

- **Internet-based** multicomponent health promotion program to improve:
  - **Knowledge** of caregivers and community organizations workers/volunteers about older adult mistreatment in the context of family caregiving.
  - **Identification and reporting** of mistreatment
  - **Caregivers help seeking behaviors, social support and health**

Learning Network & Knowledge Hub | Webinar Series

Strengthening Community Responses to Elder Mistreatment: Innovations, Interventions, and Lessons learned

RISE

Elder Abuse Prevention Ontario

David Burnes, PhD, FGSA
Canada Research Chair in Older Adult Mistreatment Prevention
Professor, University of Toronto, Factor-Inwentash Faculty of Social Work
Affiliate Scientist, Baycrest, Rotman Research Institute

CURRENTLY NO SYSTEM OF PREVENTION AND RESPONSE FOR ELDER MISTREATMENT

RISE

Elder Abuse Prevention Ontario

A SOLUTION ADDRESSING SYSTEM GAP

RISE

The RISE Model

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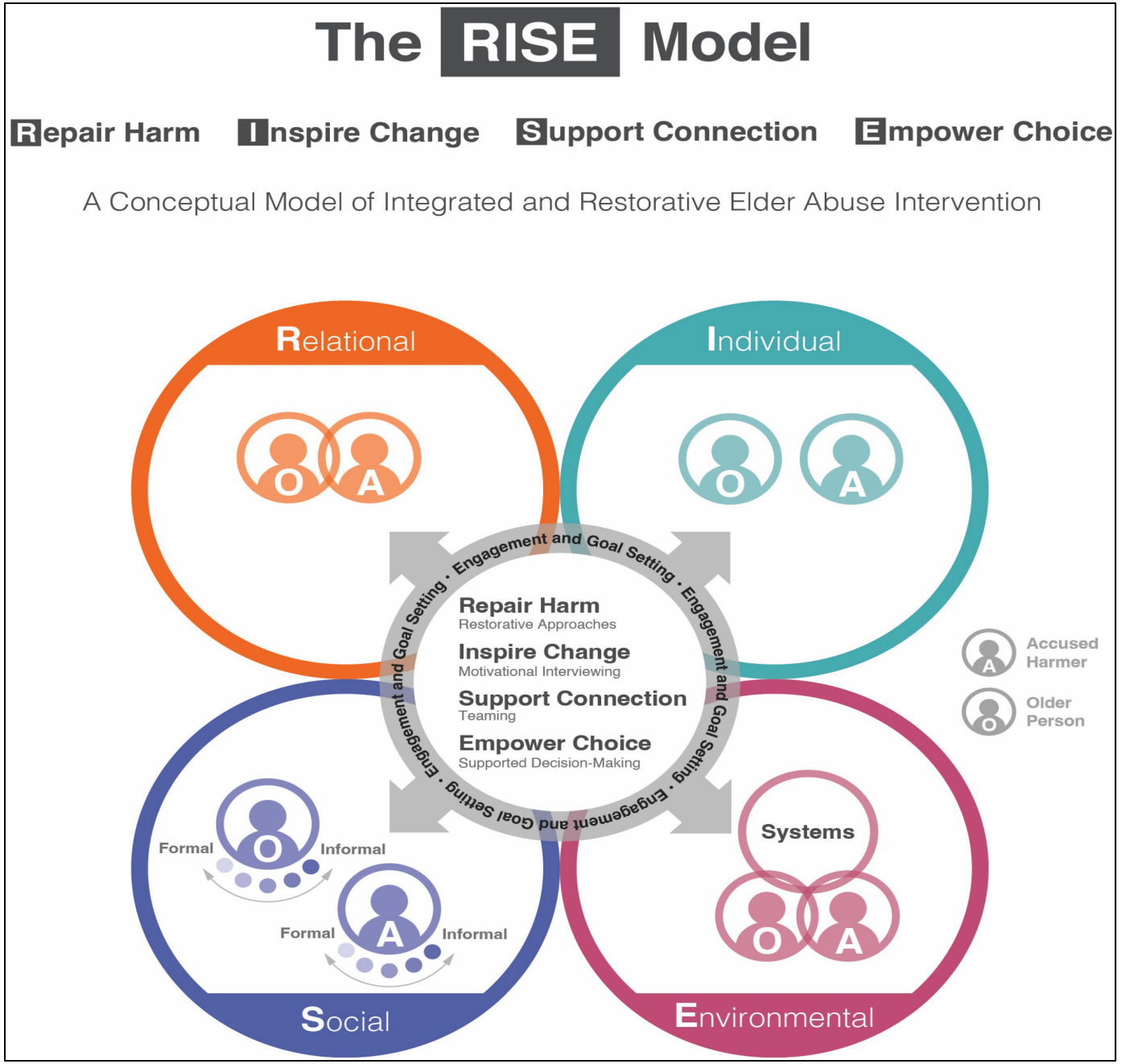
Forum

RISE: A Conceptual Model of Integrated and Restorative Elder Abuse Intervention

David Burnes, PhD,[1,*] Marie-Therese Connolly, JD,[2] Erin Salvo, JD,[3] Patricia F. Kimball, MS,[4] Geoff Rogers, BA,[5] and Stuart Lewis, MD, FACP[6]

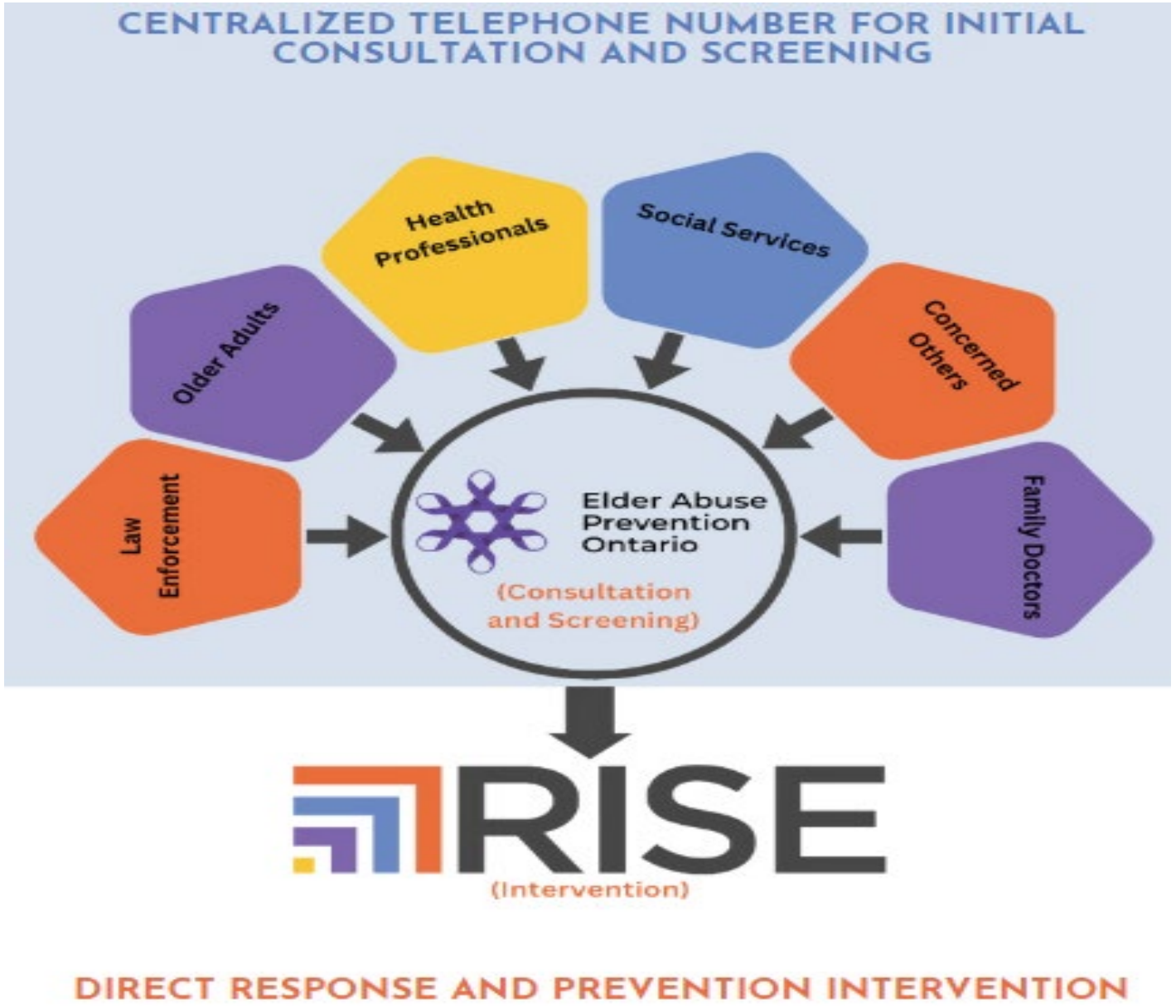
https://academic.oup.com/gerontologist/advance-article/doi/10.1093/geront/gnac083/6608975



Elder Mistreatment Response Framework in Ontario

Eligibility

- Pass cognitive screen
- Live in community
- Accept services
- Any type of EM or Self-Neglect



Case Outcomes Across Intervention Groups

Randomized Control Trial Data Preliminary Analysis to Date

- Prospective data collection at three times (pre, 3 months, 6 months) across intervention groups (treatment, control) via computer-assisted, telephone-based survey interviews (n= 53)
- Blinded RA interviews
- Mixed between-within ANOVA
- Comparing EM cases in control group (brief case consultation only, n = 22) to cases in treatment group exposed to full EM response framework (case consultation + RISE prevention/response model, n =31)

- **Emotional Support**
- **Information Support**
- **Perceived Stress**
- **Problem Concern**
- **Social Interaction Self-Efficacy**
- **General Self-Efficacy**
- **Total Life Satisfaction**