

## Intervention 3-hour training session

### Materials for this session<sup>10</sup>

- 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.

<sup>10</sup> 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 Continuum***<sup>11</sup>

- 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.

<sup>11</sup> Thanks to Dr. Patty Williams, the Nova Scotia Nutrition Council, and the Atlantic Health Promotion Research Centre, Dalhousie University, for conceptualizing the three strategies for social change.

**From Module 14: Intervention approaches, practices and supportive legislation**

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

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

## ***Effective intervention***

Before engaging with the older person who has been injured, abused or neglected, consider the following two factors of effective intervention:<sup>12</sup>

### ***1. Level of risk.***

- High risk situations require *immediate action*.
- “High risk” refers to a situation where the older person’s life is in immediate danger or the person is at risk of imminent harm.

### ***2. Consent.***

- Provide enough information for the older person to make an informed choice. Is the older person willing to accept help?

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

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

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

- Responding to violence against older persons requires coordinated efforts. Agencies, community groups, governments and individuals must work together. This includes:
  - Trusted family member or friends;
  - Banker;
  - Clergy, spiritual leader, community Elder;
  - Community support group;

<sup>12</sup> Adapted in part from:  
Ontario Network for the Prevention of Elder Abuse. (no date). *Core Curriculum and Resource Guide*. Retrieved from:  
<http://www.onpea.org/english/trainingtools/corecurriculum.html>.

- 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)<sup>13</sup>;
    - VPI Regional Coordinating Committees against Violence<sup>14</sup>;
    - 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.

<sup>13</sup> Recall: The Violence Prevention Initiative is a six-year, multi-departmental, government-community partnership. It seeks long-term solutions to the problem of violence against those most at risk in society. The Women's Policy Office is the lead Provincial Government department for the Violence Prevention Initiative (VPI).

<sup>14</sup> There are 10 Regional Coordinating Committees against Violence in Newfoundland and Labrador. They are made up of representatives from community-based organizations and government service providers. Their mandate is to encourage an integrated approach to violence prevention leading to early identification of needs, improved communication between service providers and service recipients, greater public awareness and accountability, opportunities for information sharing on best practices, and overall improved efficiencies in service delivery.

- Provincial laws include:
  - The *Human Rights Act*: protects people from discrimination and harassment and also promotes equality;
  - The *Mental Health Care and Treatment Act*: protects people with mental health issues from harming themselves or others;
  - The *Family Violence Protection Act*: provides Emergency Protection Orders to help adult victims of family violence and their children;
  - *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*<sup>15</sup>: An adult in need of protective intervention lacks capacity and:
    - Is incapable of caring properly for himself or herself, or refuses, delays or is unable to make provision for proper care and attention for himself or herself; or
    - Is abused or neglected.
  
- Provincial services for victims of violence include:
  - *Victim Services*: a program offered through the provincial Department of Justice;
  - *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.

<sup>15</sup> 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***

<b>BARRIER</b>	<b>DESCRIPTION</b>
<i>The fear of more violence</i>	<ul style="list-style-type: none"> <li>• Older persons may fear that if they say something or complain, the perpetrator will find out, and the violence will worsen; even more so if the older person depends on the perpetrator for care or social contact.</li> </ul>
<i>Feelings of shame and humiliation</i>	<ul style="list-style-type: none"> <li>• Older persons may feel humiliated because they do not have enough power or control to stop the violence.</li> <li>• Victims may keep the violence secret because they are feeling shame, denial, or fear.</li> <li>• Victims may feel shame if the perpetrator is a family member, and may worry about what others will think.</li> </ul>
<i>Blaming themselves for the violence</i>	<ul style="list-style-type: none"> <li>• Older victims of violence may feel they deserve what they are getting. They may feel they chose the “wrong” spouse or did a poor job raising their children.</li> </ul>
<i>The fear of loss of affection or connection</i>	<ul style="list-style-type: none"> <li>• Older persons may not have relatives still alive or living nearby. The perpetrator may be their only social contact.</li> <li>• Older persons may worry that if they report family violence, they will lose access to grandchildren or other family members.</li> <li>• Older persons may fear losing a pet if they report violence and are removed from their home.</li> </ul>



<p><i>Worries about what will happen to themselves and/or the perpetrator</i></p>	<ul style="list-style-type: none"> <li>• Older persons may fear being left alone.</li> <li>• Older persons may need help with activities of daily living. They may worry about who will care for them if the perpetrator is no longer there.</li> <li>• Older persons may fear moving into long-term care or other institutions. They may also fear losing their treasured possessions.</li> <li>• If the perpetrator is a loved one, older persons may not want to press criminal charges.</li> <li>• Older persons may not want to see their loved one sent to prison.</li> </ul>
<p><i>Concerns about “family honour”</i></p>	<ul style="list-style-type: none"> <li>• Older persons may fear that reporting violence will bring shame and dishonour to the family.</li> <li>• In some cultures, the family is considered more important than the individual. Older persons may feel that it is their duty to suffer in silence rather than bring disgrace to the family’s reputation.</li> </ul>
<p><i>Concerns about being seen as “weak”</i></p>	<ul style="list-style-type: none"> <li>• Older victims of violence may believe that they should solve their own problems and not have to reach out for help.</li> </ul>
<p><i>Medication issues</i></p>	<ul style="list-style-type: none"> <li>• Improper medication may cause disorientation or confusion. This may make it hard for older persons to think clearly or tell someone that they are in danger.</li> </ul>
<p><i>Past negative experiences disclosing violence</i></p>	<ul style="list-style-type: none"> <li>• Older persons may have had a bad past experience when telling someone that they have been harmed. The result may have been little or no change. Things may have gotten worse.</li> </ul>
<p><i>Lack of knowledge or understanding of human rights</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>
<p><i>Lifetime exposure to family violence</i></p>	<ul style="list-style-type: none"> <li>• Older persons who have been exposed to violence throughout their lives may see violence as “normal”. They may not see it as an unacceptable violation of their human rights.</li> </ul>

<i>Poverty or limited resources</i>	<ul style="list-style-type: none"> <li>• Older persons who live on lower incomes may feel powerless or alone. They may feel there is little or no help available for victims of violence who are poor.</li> </ul>
<i>Inability or challenges in communicating</i>	<ul style="list-style-type: none"> <li>• Some older persons with a disability may have trouble communicating.</li> </ul>
<i>Cultural and language barriers to disclosure</i>	<ul style="list-style-type: none"> <li>• Cultural diversity is growing in Newfoundland and Labrador.</li> <li>• We are seeing a wider variety of cultures and hearing a diversity of languages in this province.</li> <li>• Cultural differences may be a factor in the reporting of older adult violence.</li> </ul>
<i>Isolation</i>	<ul style="list-style-type: none"> <li>• Isolation due to geography may be a challenge for older victims of violence.</li> </ul>

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

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

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

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

- When an older person is being harmed, it takes courage to tell another person what is happening. The older person often feels shame, humiliation and fear.
- By taking these feelings into account, the listener can engage the older person in a way that is respectful and nonjudgmental, honouring the person’s values, wishes, right to make decisions, and to accept or decline help.
  1. Listen ACTIVELY and provide reassurance.
    - 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><b>Welcome</b></p> <ul style="list-style-type: none"> <li>• Welcome participants.</li> <li>• Introduce yourself if necessary.</li> </ul> <p><b>Housekeeping announcements</b></p> <ul style="list-style-type: none"> <li>• Time and place for refreshment break.</li> <li>• Location of washrooms.</li> <li>• What time the session will end.</li> <li>• Guidelines for being together (see some examples on p.16).</li> </ul>	5 minutes	
1	<p><b>Icebreaker: <i>Ins and Outs</i></b></p> <ul style="list-style-type: none"> <li>• 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).</li> <li>• Agenda.</li> </ul> <p><i>*If participants do not have a copy of the Participant Manual,</i></p>	15 minutes	
	<ul style="list-style-type: none"> <li>• 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).</li> <li>• Agenda.</li> </ul> <p><i>*If participants do not have a copy of the Participant Manual,</i></p>	5 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 1-5</li> <li>• Copies of Modules 13 - 16</li> </ul>

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

4	<p><b>Small Group Exercise:</b> <i>“Workshopping” the Helpful Resources</i></p>	15 minutes	<ul style="list-style-type: none"> <li>• Handout 5</li> </ul>
	<p><b>Debriefing and Learning Together</b></p> <ul style="list-style-type: none"> <li>• Bring the participants back together. Invite them to share in the full group their thoughts on the usefulness of the small group exercise.</li> <li>• Invite questions from the group regarding the mandate of any of the resources/agencies listed, and invite participants to assist in providing answers.</li> <li>• Show slides 31-32.</li> </ul>	15 minutes	<ul style="list-style-type: none"> <li>• PowerPoint slides 31-32</li> </ul>
	<p><b>Wrap-up/Evaluation</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Thank participants for their input, sharing and time.</li> </ul>	20 minutes	<ul style="list-style-type: none"> <li>• Evaluation forms</li> </ul>



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

**\*Note about celebrating/marketing 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, 4<sup>th</sup> floor, West Block  
St. John's, NL  
A1B 4J6

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

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.

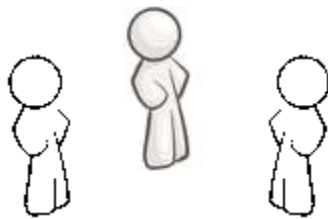
(Fig. A) Ches + service provider



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

## 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?