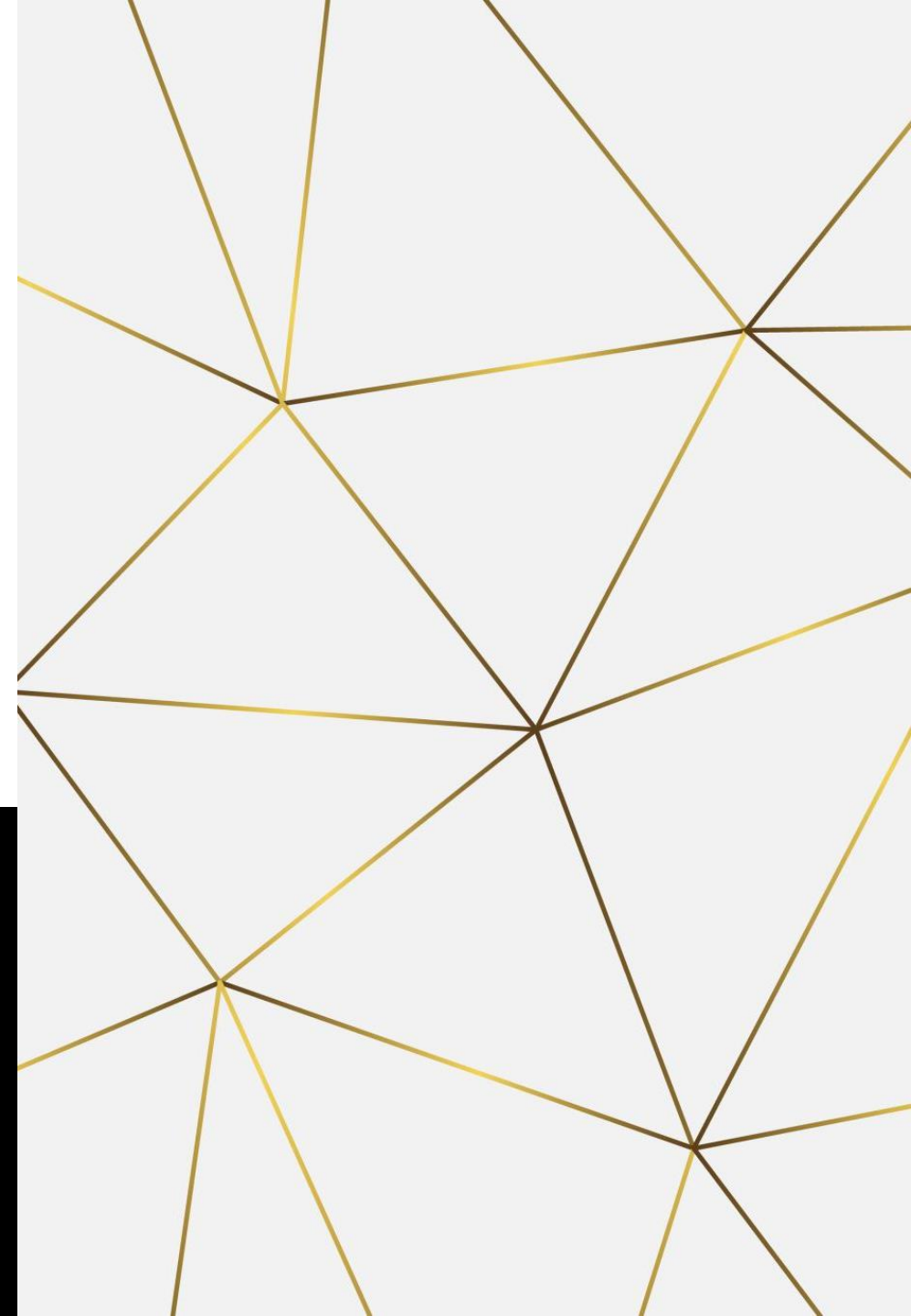


INTIMATE PARTNER VIOLENCE AND ABUSE IN LATER LIFE

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LEARNING OBJECTIVES

Define and discuss Elder Abuse, intimate partner violence, and domestic abuse

Identify risk factors for the above

Identify strategies for improved communication between HCP

THE CASE



An 11-day inquest into the shooting deaths of Gladys Helen Ryan, 77, and William Thomas Ryan, 70, who died at Northumberland Hills Hospital on Oct. 27, 2017, has concluded. - Metroland file photo

[HTTPS://WWW.NORTHUMBERLANDNEWS.COM/NEWS/DECLARE-INTIMATE-PARTNER-VIOLENCE-AS-AN-EPIDEMIC-INQUEST-INTO-NORTHUMBERLAND-HOSPITAL-SHOOTING-DEATHS-CONCLUDES/ARTICLE_FB59E91B-196B-57A8-B417-E8F3048868E5.HTML](https://www.northumberlandnews.com/news/declare-intimate-partner-violence-as-an-epidemic-inquest-into-northumberland-hospital-shooting-deaths-concludes/article_fb59e91b-196b-57a8-b417-e8f3048868e5.html)

THE INQUEST

Coroner's inquests are public hearings meant to inform the public of a death and the circumstances surrounding that death.

Comprised of:

- a coroner (or judge or retired judge or a lawyer) presides over the inquest
- 5 jury members from the community
- Parties with standing
 - Family members of the deceased may or may not participate
 - Individuals with “substantial and direct interest” in the case ([Ontario.ca](https://www.ontario.ca))

THE RECOMMENDATIONS

1. Ministry of Health (Emergency Health Services Branch) : To review the Ambulance Documentation Standard and the Ambulance Call Report (ACR) completion manual for paramedic services across Ontario with a view to improving how information about intimate partner violence (IPV) risk factors is flagged for hospital staff in an ACR, for example, including relevant check boxes and a comment area to note source who communicated risk factors and/or details.
2. Paramedics services across Ontario and central ambulance communication centres: Review internal information sharing protocols and work to ensure that paramedics teams have the necessary guidance and training on how and what types of information they should be sharing with colleagues who may be providing service to the same household, where operationally feasible. The policy guidance and training should include safety risks, including those related to IPV.
3. Ministry of Health, Ontario Hospital Association and hospitals across Ontario: Consider steps to modernize the delivery of ambulance call reports to ensure that reports can be received electronically and in the timeliest possible manner to assist with patient care, and that the Ministry pursue funding options to assist hospitals with this transition.

THE RECOMMENDATIONS

4. **Ministry of Training, Colleges and Universities, College of Nurses, College of Physicians and Surgeons, Ministry of Health (Emergency Health Services Branch), Ontario Personal Support Workers Association and Regulators of Health Professionals who provide support in the home: Develop elder abuse and IPV education and include as a mandatory component of training for personal support workers (and regulated health professionals who provide support in the home), paramedics, nurses and doctors.**
5. Paramedics services across Ontario: Provide training on risk factors related to IPV and seniors to all paramedics, paramedic supervisors, chiefs and deputy chiefs.
6. Ministry of Health: Develop policies and procedures to assist health care professionals in flagging cases of IPV in the elderly population to ensure a coordinated and integrated approach to providing appropriate health care services. Provide ongoing funding directed to training health care professionals including care service providers including personal support workers, regulated health professionals and paramedics.
7. Ministry of Health, Hospitals: Review and ensure that structured screening tools are available to assist hospital triage staff in identifying IPV concerns to ensure patient and staff safety. Develop mandatory training on these screening tools which may be delivered in an interdisciplinary fashion with other health service providers, such as paramedics. Ministry of Health to provide funding to support the recommendation.

DEFINING THE PROBLEM

Intimate partner violence (IPV)

- AKA spousal abuse or domestic violence
- Impacts people of all genders, ages, socioeconomic, ethnic, religious and cultural backgrounds
- Women experience gender-based violence at a much higher rate and it is most often at the hands of men

IPV

Happens within any context of relationship

- Marriage, common-law, or dating relationships
- At any time during the relationship (including after it has ended)
- Whether or not the partners live together or have a sexual relationship

IPV –WHAT DOES IT LOOK LIKE?

- coercive control
- criminal harassment (also referred to as stalking)
- emotional/psychological abuse
- financial abuse (also referred to as economic abuse)
- physical abuse
- reproductive coercion
- sexual violence
- spiritual abuse
- technology-facilitated violence (also referred to as cyberviolence)

IPV - CONCERNS

There are physical, psychological/emotional, and financial impacts

Many incidences of IPV are not reported “In 2019, 80% of people who had experienced IPV did not report it to the police (women reported 22% of the time, and men 14% of the time)” (Conroy, 2021)

Abuse and violence tends to become more noticeable and police involvement occurs when the abuse occurs at a higher frequency (i.e. monthly bases)

In many cases (34%) the IPV is not discussed with anyone (friends, family) and never reported.

Indigenous women are particularly vulnerable

Rates of gender-related homicide in Canada were 2.5x greater in rural areas than urban

ABUSE IN LATER LIFE - TYPES

Elder Abuse

IPV

Sexual Abuse

Stalking

Economic Abuse

Financial Exploitation

DEFINING ELDER ABUSE & ABUSE IN LATER LIFE



WHY DEFINITIONS MATTER

Increase awareness on how elder abuse affects potential victims seeking help

Better understanding of roles and responsibilities of collaborative partners

Improve communication with collaborative partners by understanding each other's language

ELDER ABUSE DEFINED

“

Elder abuse is any action by someone in a relationship of trust that results in harm or distress to an older person. Neglect is a lack of action by that person in a relationship of trust with the same result. Commonly recognized types of elder abuse include physical, psychological and financial. Often, more than one type of abuse occurs at the same time. Abuse can be a single incident or a repeated pattern of behaviour.

Financial abuse is the most commonly reported type of elder abuse

Government of Canada, 2012 “What is elder abuse”



**Abuse in Later
Life is the nexus
between domestic
abuse, sexual abuse,
and elder abuse.**

**National Clearinghouse on Abuse in Later Life (NCALL),
(2016).**



INTIMATE PARTNER VIOLENCE IN LATER LIFE

Physical, sexual, emotional, economic, and/or psychological abuse, neglect or stalking against an older victim by a former or current intimate partner

Victim is 50 years of age or older

ABUSE IN LATER LIFE POWER & CONTROL WHEEL



Created by the National Clearinghouse on Abuse in Later Life (NCALL) , Madison, WI • www.ncall.us
This diagram adapted from the Power and Control/Equality wheels developed by the Domestic Abuse Intervention Project, Duluth, MN • www.duluth.model.org

PHYSICAL ABUSE

Actions the injure or risk injuring the person and cause them physical pain. They may include:

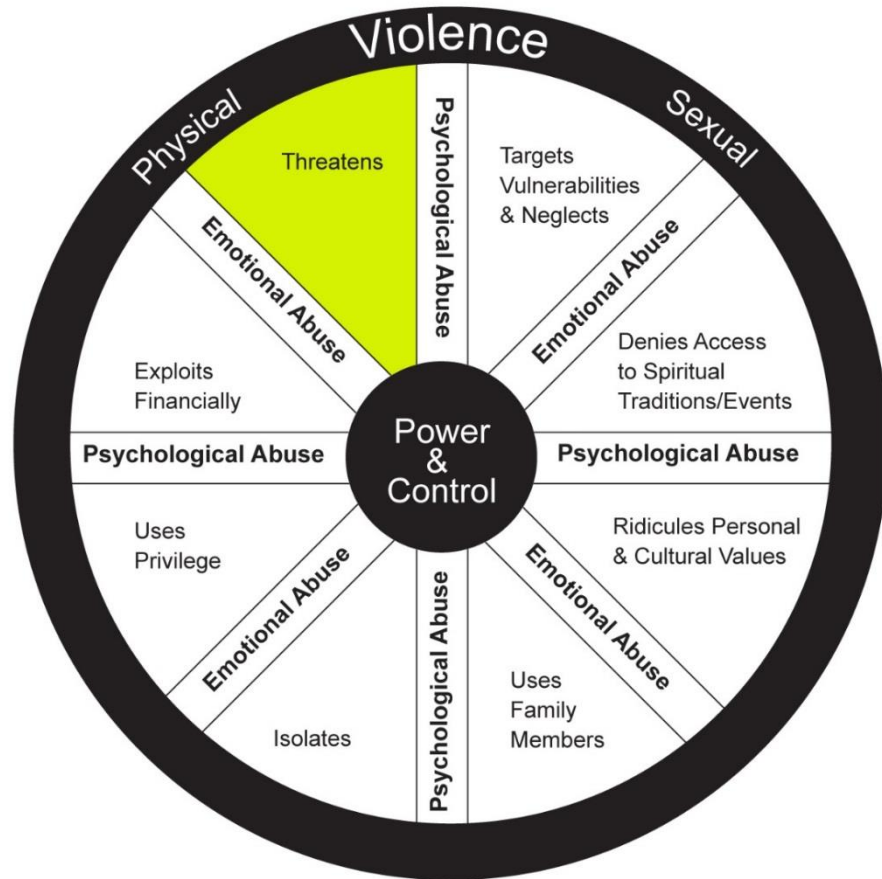
- striking;
- hitting;
- pushing;
- shaking;
- burning;
- shoving;
- inappropriate physical and chemical restraints; or
- harm created by over or under medicating.

TACTIC: TARGETS VULNERABILITIES & NEGLECTS



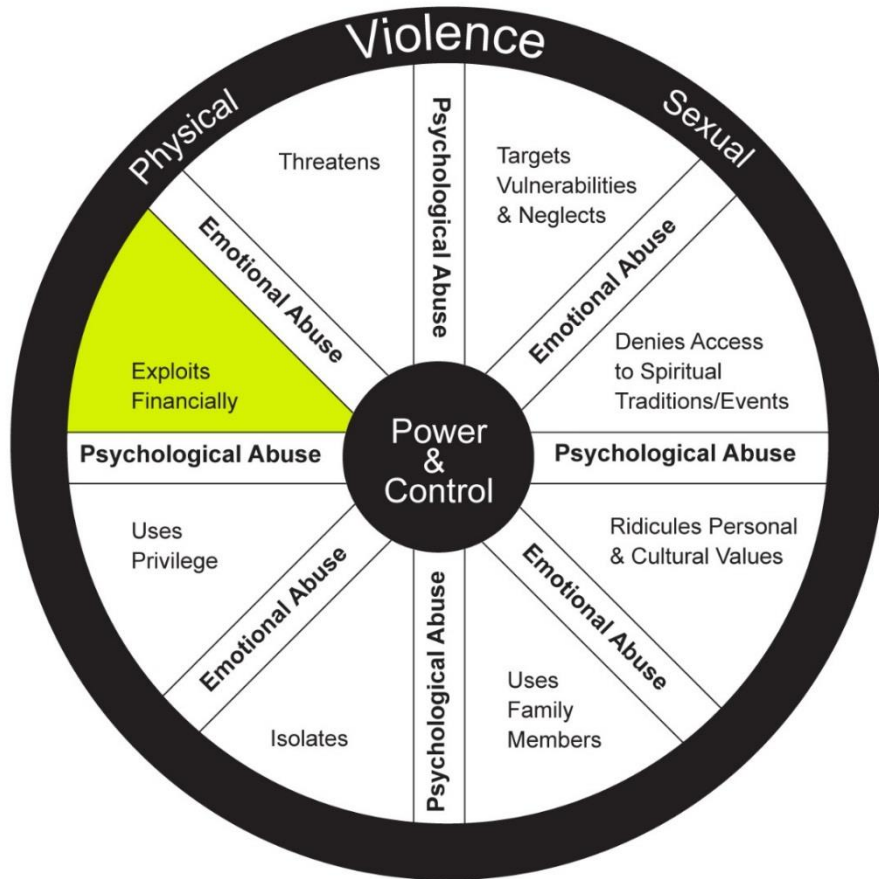
- Takes or moves walker, wheelchair, hearing aids, glasses
- Takes advantage of confusion

TACTIC: THREATENS



- Threats to kill or harm
- Threats to commit suicide
- Threats to leave
- Threats to institutionalize

TACTIC: EXPLOITS FINANCIALLY



- Long standing financial abuse
- Not allowing victim to have any money
- Keeping victim in the dark about family assets

TACTIC: USES PRIVILEGE



- Treats victim like a servant
- Makes all major decisions
- Manipulates ageist assumptions

TACTIC: ISOLATES



- Controls what victim does, whom they see, and where they go
- Limits time with friends and family
- Denies access to phone and computer

TACTIC: USES FAMILY MEMBERS



- Magnifying family disagreements
- Denying access to adult children and grandchildren
- Misleads family members about extent and nature of illnesses/conditions

TACTIC: RIDICULES PERSONAL & CULTURAL VALUES



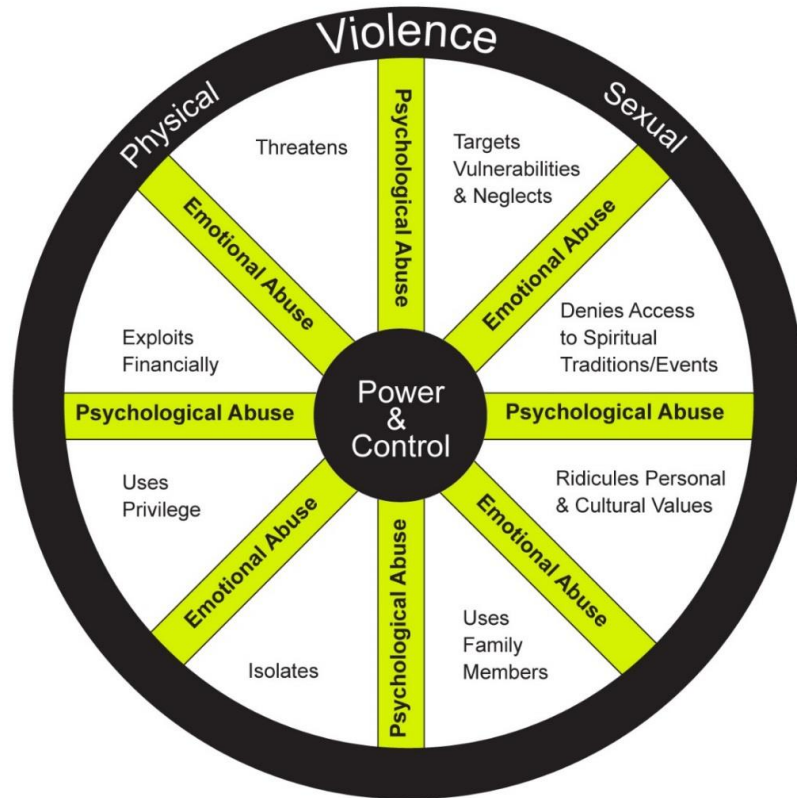
- ❑ Ridiculing religious, personal and cultural values
- ❑ Use victims religious or personal belief and values to keep victim trapped in relationship

TACTIC: DENIES ACCESS TO SPIRITUAL TRADITIONS/EVENTS



- Prevents victim from attending important spiritual, cultural, or religious events
- Prevents victim from practicing important spiritual, cultural, or religious traditions

EMOTIONAL AND PSYCHOLOGICAL ABUSE



□ Emotional Abuse

- Name calling
- Verbal attacks and abuse
- Yelling

□ Psychological Abuse

- Crazy-making behavior to make victim doubt own judgement or thinking
- Withholds affection

LOIS

TACTICS USED AGAINST LOIS



- ☐ Physical abuse: kicked, pushed, knocked to the ground, blackened eyes, pushed down stairs
- ☐ Threatens: threatened with guns
- ☐ Using family members: threatened to kill daughter

SAM

TACTICS USED AGAINST SAM



stabbing

- ☐ Isolation: alienating Sam from his family and friends
- ☐ Threats: threatened with knives
- ☐ Emotional: verbal abuse
- ☐ Psychological: using his beliefs and values to keep Sam in the relationship

SUMMARY - IPV

IPV in later life can occur in new or long-term relationships

Many elder abuse cases involve abuse by an intimate partner

Power & control tactics are often used against older victims

SEXUAL ABUSE IN LATER LIFE



SEXUAL ABUSE IN LATER LIFE (1)

Any type of sexual contact or behavior that occurs without the explicit consent of an older adult

Victim is 50 years of age or older

SEXUAL VIOLENCE IN LATER LIFE



Statistics around sexual violence later in life are thought to be serious underestimates, and reliable data is not yet available.

Teaster & Roberto, (2004).

SEXUAL ABUSE PERPETRATORS



In the community, older victims of sexual abuse were violated most often by spouses/partners.

Acierno, et al., (2010).

In facilities, employees responsible for care (43%) or other residents (41%) were most likely offenders.

Ramsey-Klawnsnik, et al., (2008).

SEXUAL ABUSE

Elder sexual abuse is often embedded in a pattern of multifaceted elder abuse, whether it occurs in domestic or institutional settings.

Ramsey-Klawnsnik, (2009).



SEXUAL ABUSE IN A FAMILY

Sexual abuse by a spouse or partner

Incest such as abuse by an adult child or grandchild

UNIQUE ISSUES

Incestuous sexual abuse may add to shame & self-blame for victims

May feel need to protect perpetrator if it is an adult child or grandchild

System may be less responsive to older victim making a report

AL



UNIQUE ISSUES

Male victims may not be believed or may have additional shame

Victims who have dementia may not be believed or seen as credible witnesses

Challenges of making a report in a facility setting

Power imbalances may make it difficult for victims to report or seek help

Fear of retaliation

ADDITIONAL ISSUES TO CONSIDER

Less likely to have strong support system

Ageism creates environment where older victims are less likely to be believed or taken seriously

Increased risk of injury and/or infections

Hearing impairment and/or physical limitations may make forensic exam difficult

SUMMARY – SEXUAL ABUSE

Sexual abuse in later life is seriously underreported

Older victims of sexual abuse are less likely to be believed

Unique issues exist for older survivors of sexual assault

STALKING IN LATER LIFE



Add your agency name here

Date of the training

STALKING IN LATER LIFE

A pattern of unwanted behavior and tactics directed at an older individual that would cause them to feel fear for their own personal safety or the safety of someone they know

Stalking (legally known as criminal harassment in Canada)
criminalizes otherwise non-criminal behavior

Victim who is 50 years of age or older

BEHAVIORS OF STALKERS

Follow victim

Damage property

Threaten victim, family, friends, or pets

Send unwanted gifts, letters, cards, or emails

Other actions that control, track, or frighten the victim

TECHNOLOGY AND STALKING

Computers and the Internet

Phones

Global Positioning Systems (GPS)

Older Adults and Technology

- **77% of older adults have a cell phone**
- **59% of older adults go online**
- **Of these, 29% use social networks**

Older Adults and Technology Use, Pew Research Center, (2014)



RELATIONSHIPS WHERE STALKING OCCURS

Intimate partner violence

Dating violence

Acquaintance, neighbor, or stranger

In most cases the victim does know the stalker

BARRIERS

Victim may not be aware that stalking is a crime or know how to get help

System belief that perpetrator is no longer a threat because of his age

Not believing victim or underestimating the threat

SYSTEM RESPONSE WHEN REPORTED

77% of older victims were told they were overreacting

66.7% of older victims were not taken seriously by law enforcement

Stalking and Age, Sheridan et al. (2014)

SUMMARY

Stalking in later life is a pattern of unwanted behavior that targets an older adult

Older victims experience unique issues when reporting stalking

Stalkers may use technology to stalk older victims

FINANCIAL ABUSE IN LATER LIFE



FINANCIAL ABUSE

Financial abuse includes actions that decrease the financial worth of an older person without benefit to that person and may include:

- misusing or stealing a senior's assets, property or money;
- **Misuse of powers of attorney or guardianships**
- cashing an elderly person's cheques without authorization;
- forging an elderly person's signature;
- unduly pressuring seniors to make or change a will, or to sign legal documents that they do not fully understand; and
- sharing an older person's home without paying a fair share of the expenses when requested.

FINANCIAL ABUSE

Financial abuse can also occur when an intimate partner controls access to economic resources and creates a situation where the are completely financially dependent on the perpetrator financially

- Not allowing access to funds or including them in financial decisions
- Taking the victims money or making the victim ask for money
- Destroying credit

COMMON TOOLS USED TO GAIN ACCESS

Guilt, manipulation, and undue influence

Threats and intimidation

Powers of Attorney

Guardianships

Transfer of home and other property to offender

STRANGER SCAMS

Identity theft

Investment fraud

Mortgage and lending fraud

Mass marketing (calls, emails, letters)

Romance Scams

IMPACT ON ANNE AND OTHER VICTIMS

Betrayal by family member

Shame and embarrassment

Loss of financial resources that they may not be able to ever recover

Can lose life savings, home

SUMMARY - ALL

It is important to remember that Abuse in many forms can occur at any time in a person's life – it is not limited to our younger years

We must continue to be observant and look for signs of abuse and identify risk factors that may be present.

- Fear, anxiety, depression or passiveness in relation to a family member, friend or care provider;
- unexplained physical injuries;
- dehydration, poor nutrition or poor hygiene;
- improper use of medication;
- confusion about new legal documents, such as a new will or a new mortgage;
- sudden drop in cash flow or financial holdings; and
- reluctance to speak about the situation

QUESTIONS TO ASK

Are there times when people you trust or love hurt or harm you, or make you feel afraid?

Put you down or make you do things you don't want to do?

Use your things or money without your permission?

Keep you from seeing your doctor or friends?

Keep you from practicing your spiritual beliefs?

Threaten to share private things (like your immigration status, sexual orientation, or gender identity)?

Make you do sexual things you don't want to do?

SUMMARY - ALL

If risk factors for abuse or actual abuse is identified, we must ensure that information is forwarded to the appropriate services to maintain patient safety

Healthcare providers are in a unique position to help with this as many older adults will have ongoing relationships with one or more HCP's.

WARNING SIGNS OF ABUSE

- changes in mood (depression, fear, anxiety or detachment)
- changes in behaviour (social withdrawal)
- physical harm (unexplained injuries)
- neglect (lack of hygiene, food, clothing)
- failure to meet financial obligations or unusual bank withdrawals
- changes in living arrangements (people moving in or being forced out)

OLDER PERSON REPORTS ABUSE:

- Be patient – listen to them carefully
- Believe them – do not question what they are telling you; they may not continue if they feel judged or not believed
- Understand change may be difficult for them – it may take a long time before someone decides to make a change in their life (for many different reasons)
- Do not deny what is going on – you do not want to further isolate the victim
- Do not confront the perpetrator yourself
- Provide resources – your service may have a list of resources that you can offer the patient; speak with the receiving facility about the situation and ensure they are aware of the situation

REPORTING GUIDELINES

There is a legal duty to report elder abuse when:

- An older adult lives in a Long-term Care Home or a Retirement Home
 - LTC home report to the Director at the MoHLTC via the long-term care family support action line @ 1-866-434-0144
 - Retirement home - The abuse must be reported to the Registrar of the Retirement Homes Regulatory Authority Tel: 1-855-ASK-RHRA (1-855-275-7472)
- If imminent danger exists, ensure that police respond



Abuse of Older Adults: Criminal Code of Canada and Role of Police

All acts of abuse are unacceptable. Many forms of abuse are Criminal Code offences. Listed below are some of the charges that police can lay under the Criminal Code of Canada.

Physical Abuse	Sexual Abuse	Emotional Abuse	Verbal Abuse	Financial Abuse	Neglect
Assault (Sec. 265 C.C.)	Sexual Assault (Sec. 271 C.C.)	Intimidation (Sec. 423 C.C.)	Intimidation (Sec. 423 C.C.)	Fraud (Sec. 320 C.C.)	Criminal Negligence (Sec. 219 C.C.)
Assault with a Weapon or Causing Bodily Harm (Sec. 267 C.C.)	Sexual Assault with a Weapon, Threats or a Third Party or Causing Bodily Harm (Sec. 272 C.C.)	Offering Threats (Sec. 264.1 C.C.)	Offering Threats (Sec. 264.1 C.C.)	Fraud by Exerting Power of Attorney (Sec. 321 C.C.)	Criminal Negligence Causing Bodily Harm or Death (Sec. 219.01 C.C.)
Aggravated Assault (Sec. 268 C.C.)	Aggravated Sexual Assault (Sec. 273 C.C.)	Criminal Harassment (Sec. 264 C.C.)	Criminal Harassment (Sec. 264 C.C.)	Stealing (Sec. 322 C.C.)	Failure to Provide Necessaries (Sec. 218 C.C.)
Forcible Communication (Sec. 275 C.C.)	Sexual Exploitation (Sec. 273.1 C.C.)	Harassing Telephone Calls (Sec. 372.3 C.C.)	Harassing Telephone Calls (Sec. 372.3 C.C.)	Extortion (Sec. 346 C.C.)	Breach of Trust (Sec. 278.01 C.C.)
Murder (Sec. 229 C.C.)	Murder (Sec. 229 C.C.)			Forgery (Sec. 325 C.C.)	
Sexual Offence (Sec. 273 C.C.)				Fraud (Sec. 320 C.C.)	
Obstructing Police or a Commissioner of Offences (Sec. 238 C.C.)				Criminal Breach of Trust (Sec. 278 C.C.)	

QUESTIONS???

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VIDEO PRESENTERS

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