

Developing Support Groups for Older Abused Women A Resource Manual

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2005***

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Supporting Older Abused Women

Preface

We women 50 plus years of age are as diverse a group as our younger sisters. Few of us think of ourselves as old. Most of us continue to grow and create as we age. Some of us are late life career bloomers: we become active in our communities, advocate for our peers and even enter the political arena at local, provincial and national levels. But there is one unfortunate thing we all share in common. We are all victims of the stereotypical picture of “older women” as dependent, unattractive, unwanted and unneeded.

Two hard realities of some older women’s lives, as with some younger women, are poverty and abuse. Older women continue to be one of the poorest groups in Canada in terms of average income. Sole support women sixty-five and older have lower incomes than people in any other age-gendered group over 24 years. Many of these women have outlived husbands, have worked in low paying jobs or been full time homemakers. (Statistics Canada 1999) As with their younger sisters, far too many older women are subjected to physical, emotional, sexual and financial abuse, and denial of human rights.

Older women victims of abuse and violence need many of the same services and support as their younger sisters. However, there are important age and health differences among generations of women that affect delivery of outreach, education, shelter and support services. The purpose of this publication is to provide information and resource suggestions to help in the delivery of support groups for older women.

Jill Hightower
M.J. (Greta) Smith
2005

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Introduction

Background

Being female is as much a risk factor for victimization in older years as for younger women, and is complicated by age related issues. Older women face many of the same challenges as younger women and have similar needs for safety, emergency shelter and follow-up support. The prevention of older woman abuse, as with all abuse prevention strategies, incorporates one of the most important outcomes of the community development process which is intimately related to crime prevention: improving quality of life.

Why a Support Group for Older Women?

There are many books and instructional manuals on developing support groups to assist individuals coping with a variety of health and social problems. Support groups for younger women victims of violence help break through victims' isolation, provide information on violence and abuse and an opportunity to share experiences with other victims. While older and younger women victims of violence and abuse share similar experiences, older women often feel out of place in a group composed mostly of younger women who are dealing with issues of child custody, job training and job placement. Similarly, younger women don't face (yet) issues of pension benefits, dealing with adult children, and age-related medical conditions.

The internal values of many older women reflect their upbringing in a social and cultural environment that stressed privacy about family issues. The cardinal rule they often learned from their mothers and her peers is that you keep your family troubles within the family. This long-held belief impacts on older women's comfort in sharing personal information in a mixed age group.

“The term older woman has come into prominence as a way of referring to a significant group of individuals in our society. It is commonly used to describe women in various stages from 50 years of age onward, up to the age of 80, 90 or even 100. The term holds within it both our personal experiences, beliefs, and values and the social meaning and value given to ‘older’, being older and being a woman.” (Elliott, 1994:1)

The purpose of this resource document is to provide background information on older women victims of violence and abuse to enhance the knowledge of facilitators around issues of aging, ageism and the lives of older women. This document also includes some suggestions and examples of resources developed for support groups for older women. The material presented in this document includes:

- Background information on gender, health, demographics, aging, ageism and sexism
- An overview of the dynamics of violence and abuse of older women
- Some practical suggestions on assessing the need in a community for providing such a group
- Suggestions around starting and facilitating a group
- Some questions and exercises specifically for facilitators to help check their attitudes and beliefs around aging and older women
- Some sample exercises and resource material for use in a group
- General Information around pensions, and housing, etc.
- Links to resources and information, and a bibliography.

Please note: This resource document is not an instructional manual on the mechanics of running a support group. It is not intended to enhance clinical skills, nor for use as a training manual. It is simply to highlight issues and needs of abused women in their later years who are participating in support groups.

Older Women, Aging and Ageism

Before you can provide services appropriately and respectfully to older women who have experienced abuse, you need to be able to challenge your own biases and perceptions about age and ageism and take the time to differentiate between actual age-related issues and the perceptions and myths about aging that circulate in our society.

The aging process is universal and common to both genders. However, growing up is spoken of with respect and anticipation, while growing old connotes disrespect and fear. This fear feeds on stereotyped pictures of aging. Those who are older are seen as losing their faculties, beauty, energy, memory, and creativity, and their value to society. There is underlying fear of the possibility of dependency, for personal care and for income or the necessities of life. The reality is that individuals age in their own unique ways, and most remain alert, attractive, active and competent virtually to their moment of death. One's health and well being in later life develops out of life experiences and patterns in the various transitions through life. For some older women, these experiences involve child abuse, and spousal violence.

Physical changes associated with aging

Diseases that affect older adults are not the same thing as changes that occur as part of the aging process. The physical changes associated with aging that are the easiest to recognize are gradually declining acuity in:

- Vision
- Hearing
- Temperature sensitivity
- Touch
- Taste

“The feminization of the older population is a global phenomenon, and it appears equally prevalent that the older women get, the poorer they become. They face a higher risk of chronic illness and disability, discrimination and marginalization.”
(Kofi Annan 1998)

Want to better understand some of the changes that accompany aging?

- Look through a pair of glasses sprayed with hairspray.
- Put un-popped popcorn kernels in your shoes.
- Wear a blindfold and a nose-clip and try to tell the difference between a barbecue potato chip and a plain one.
- Turn the pages of a book wearing cloth gardening gloves.
- Look through the wrong end of binoculars and try to follow a right turn line on the ground.

(Rivkin S. 2003, 4)

The Importance of Gender

Gender structures our relations throughout our entire life cycle, from birth to old age. Gender differences in aging reflect biological, economic and social differences. As noted by Pratt (1997), “Throughout life in all societies, males and females play different roles, receive different rewards and experience different realities.” Gender influences access to resources and opportunities and shapes life choices at every stage through life. These gendered experiences impact on the health and well being of both women and men in later years.

While it is recognized that there are elderly men victimized in later life, this particular resource is specific to the needs of older women.

Gender and Aging Demographics

In nearly all countries in the world, women live longer than men, on average. Worldwide, currently 55% of older people (65 & older) and 65% of those aged 80 and older are women (*Women 2000, UNFPA 2000*).

In Canada, the average life expectancy at birth is 81.7 years for girls and 76.3 years for boys. Males have somewhat higher death rates at all ages, and at birth there are somewhat more boys than girls, so the proportion of the population that is female gradually increases to a majority at roughly 60. On average, women have taken as partners somewhat older men, which in combination with males’ higher death rates explains why there are many more widows than widowers. By the year 2002, older women accounted for approximately 85% of persons aged 65 or older who live alone. At 1999 Canadian rates, women who have lived to age 65 can expect to live another 20.3 years, and men at 65 can expect another 16.5 years. One in every ten Canadian persons is a woman who is at least 60 years old. Compared to men, older women are three times more likely to be living alone, spend more years and a larger percentage of their lifetime with disabilities, are nearly twice as likely to reside in a nursing home, and are more than twice as likely to live in poverty. Poverty increases with age and is especially prevalent among First Nations women, women with disabilities, and women of colour.

While men and women may suffer from the same illnesses in late life, there are pronounced gender differences in disease patterns, presentation and diagnosis. (*Dennerstein 1997*) Older men tend to have acute illness, which may be followed by a relatively short period of ill health before death. Women tend to have longer periods of ill health before death. For women, life after age 65 may be characterized by multiple, chronic, non-life threatening impairments that may have a profound negative impact on their quality of life.

Ageism

Ageism can be defined as the prejudices and stereotypes placed on individuals simply because they are old. Ageism reflects a deep-seated uneasiness on the part of the young and middle-aged. It can be seen as a personal revulsion to and distaste for growing old. It ties to disease, disability, and a fear of powerlessness, uselessness, and death. The definition can be used more broadly to include any form of prejudice or discrimination against or in favor of an age group.

Ageism is manifested in a number of ways, some explicit, some subtle

Basic characteristics of this form of stereotyping involve exaggerating the importance of a few characteristics and omitting or minimizing other positive characteristics.

The following examples illustrate how negative ageism works:

- An older person falters for a moment because he or she is uncertain of the situation and is immediately described as “infirm”.
- An older person expresses alarm about a change in his or her circumstances and is immediately thought to be in need of protection.
- An older person forgets someone’s name and is thought to be senile.
- An older person who does not “accept” the limitations of aging is thought to be in denial.
- An older person who misses a word or fails to hear the complete sentence is said to be “failing” rather than having a hearing difficulty.

“While older women may suffer more functional limitations than men, it is inaccurate to say that older women are generally frail.”
(WHO 2002)

“The physical side of aging accounts for perhaps 25 percent of aging that we see in society. Seventy-five percent is accounted for by another type of aging, which has no physical basis. It is the role which our folklore, prejudices, and misconceptions about age impose on ‘the old’.”
(Ontario Human Rights Commission 2000)

Contemporary media encourage older women being devalued by magnifying the negatives of the aging process, and equating beauty and value with youth. Older women are also often viewed as ineffective, dependent, and passive. (Duncan 2002, 30)

- An older person who becomes sexually attracted to or involved with another person is accused of being exploited or out of control.
- An older person who expresses dissatisfaction with his or her current situation is thought to be “cranky.”
- An older person is charged with being “childlike” after caregivers, family members, etc. have taken away all of his or her decision making and independence.

Consequences of ageism are similar to those experienced by other discriminated groups. Persons subjected to prejudice and discrimination tend to adopt the dominant culture’s expectations and negative imagery. This is often called “internalized oppression”. These negative images often involve a set of behavioral expectations and characteristics that define what a person is and is not to do. Older women, for example, are expected to be asexual, unproductive, unhappy, lonely, invisible, passive, and uncomplaining. (*Rivkin, S. 2003, 14*)

Ageism and Sexism

Older women are in double jeopardy as the sexism they experienced in their earlier years continues, with the added burden of ageist attitudes. The outcomes of this double discrimination are that older women may be stigmatized, objectified, marginalized, segregated and stereotyped. Their past, present and future contributions may be denied or ignored. (*Duncan 2002, 30*)

The following chart, adapted from the work of Duncan, links ageism and sexism to the misconceptions and realities of violence and abuse of older women.

Misconceptions and realities about older women and violence and abuse

MISCONCEPTIONS/MYTHS	REALITIES/FACTS
It only happens to young 'sexually attractive' women.	There is no evidence to suggest that age or appearance is associated with the incidence or prevalence of violence against women.
Older women have unreliable memory.	Undermining a woman's sanity, intelligence and memory are typical ways to cast doubt on what she reports. Violence may be perpetrated with confidence, at least in part, because the victim's story will be met with disbelief.
She really looks for trouble.	Women are often blamed for provoking violence and men are excused of responsibility for their behaviour.
Old women are demented or confused and make things up.	Disability such as dementia may add to an older woman's vulnerability, her inability to speak about what is or has happened to her as well as her chances of being believed.
It only happens in poor or dysfunctional families.	Violence happens in families across all socio-economic groupings but more so in male dominated households.
Sexual assault can be avoided by staying at home and locking the door.	In most cases, violence against women occurs in their homes and is perpetrated by someone they know.
Elder abuse only happens in Nursing Homes.	Violence against older women occurs wherever they live. Sexual assault is perpetrated on those who are seen to be passive and vulnerable, and easy to control at the time of the assault.
Violence, especially sexual assault is perpetrated by disturbed, sex-crazed young 'madmen'.	Most perpetrators of violence are 'ordinary' men — they represent all socio-economic classes, professions and cultures.
"He's stressed about retirement." "He had a terrible childhood." "The war affected him badly."	In general, men's emotions and experiences are used to minimize their responsibility for their own actions, including sexual violence.
Old men are weak and harmless.	Ageist and inaccurate stereotypes about older men deny their human rights and their responsibilities as well as their capabilities.
They've been together for so long — the violence is part of their relationship.	In the long term, violence means loss of self esteem and confidence, breakdown of social networks and reduced options of escape and safety.

(Adapted from Duncan 2002)

Older Women, Violence and Abuse

The term “older women” encompasses up to three generations of women and may include parents, grandparents, and great-grandparents.

Definitions of Older Woman Abuse

Research and program development on violence and abuse in older women undertaken by the Society uses a broad definition of abuse adapted from the UN Declaration on Violence Against Women (1993) as follows:

Any act of gender-based violence or threats of such acts, coercion or arbitrary deprivation of liberty, that results in, or is likely to result in harm or suffering to older women, including physical abuse, psychological abuse, financial abuse, neglect, sexual assault, and violation of human rights

Using this definition, the approach to issues of violence in the lives of older women recognizes the combination of gender and power and ageism. This clearly recognizes that domestic or partner or family violence is a fact in many older women’s lives. It recognizes that older women like younger women can suffer physical, sexual, financial and emotional abuse and violation of their civil rights.

Perpetrators of Abuse

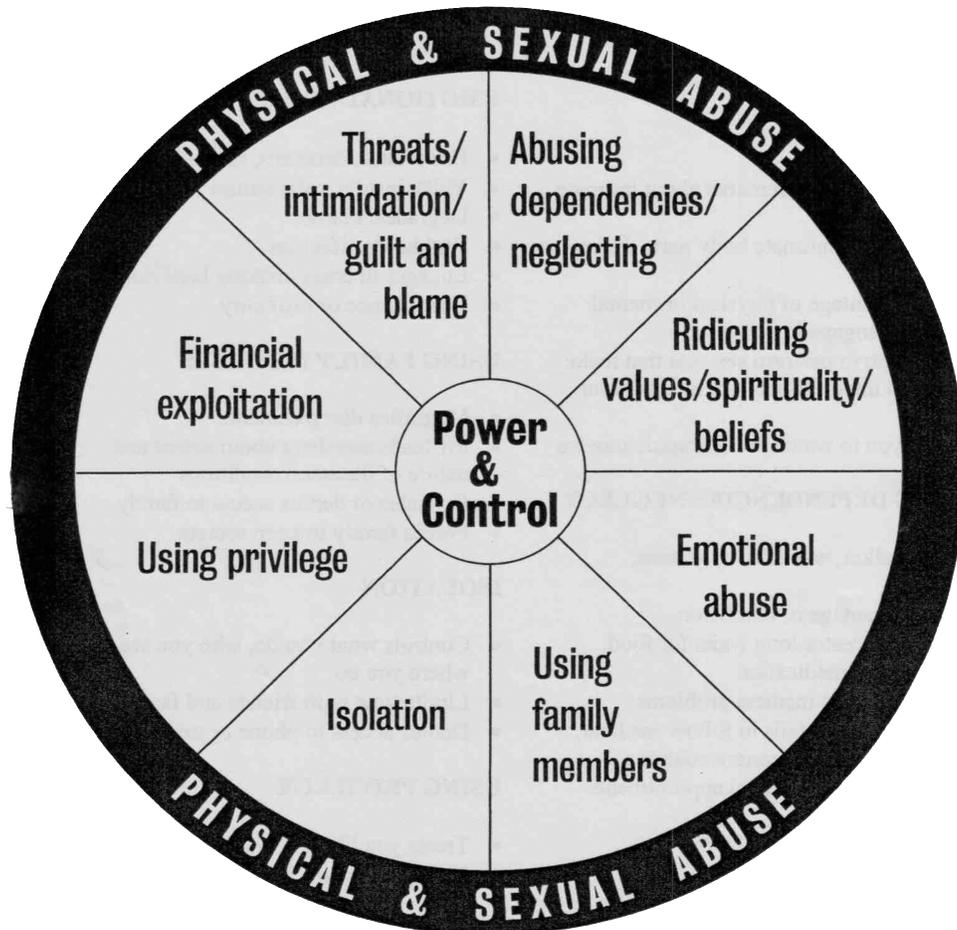
An abuser may be a spouse, adult children, grandchildren or a trusted caregiver, or less commonly, a more distant relative, friend or acquaintance. The abuse may be a continuation of partner violence that has been ongoing for many years, or begun in a new intimate relationship. Abuse in later years may be aggravated by the declining health of the victim or her abuser. Abusive adult children or other family members may be dependent on the victim for emotional and/or financial support. They may be unemployed, chemically dependent, mentally ill, under financial pressure, or have a sense of entitlement.

Older women are less likely than younger women to report abuse, to seek help or use the services of a women’s emergency shelter. Shame and humiliation may stop an older woman from revealing abuse from a family member. Fear of further abuse, loss of services, being abandoned or deported may also prevent her from disclosing the abuse.

The dynamics of abuse of older women are illustrated in the following Power and Control chart. It is divided into six forms of abusive behaviour (physical, psychological, financial, sexual, or spiritual abuse, or abuse of dependencies) followed by a list of some of the associated tactics.

Power and Control Wheel

Violence and Abuse of Older Women



*Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 1, Madison, WI, 53703*

This diagram is based on the Power and Control/Equality Wheels developed by the Domestic Violence Intervention Project, Duluth, MIN

TACTICS USED BY ABUSIVE FAMILY MEMBERS

PHYSICAL ABUSE

- Slaps, hits, punches
- Throws things
- Burns
- Chokes
- Breaks bones

SEXUAL ABUSE

- Makes demeaning remarks about intimate body parts
- Is rough with intimate body parts during care giving
- Takes advantage of physical or mental illness to engage in sex
- Forces you to perform sex acts that make you feel uncomfortable or against your wishes
- Forces you to watch pornographic movies

ABUSING DEPENDENCIES/NEGLECT

- Takes walker, wheelchair, glasses, dentures
- Takes advantage of confusion
- Denies or creates long waits for food, heat, care or medication
- Does not report medical problems
- Understands but fails to follow medical, therapy or safety recommendations
- Makes you miss medical appointments

THREATS/INTIMIDATION

- Threatens to leave, divorce, commit
- Suicide or institutionalize
- Abuses or kills pets or prized livestock
- Destroys property
- Displays or threatens with weapons

RIDICULING VALUES/SPIRITUALITY

- Denies access to church or clergy
- Makes fun of personal values
- Ignores or ridicules religious/cultural traditions

EMOTIONAL ABUSE

- Humiliates, demeans, ridicules
- Yells, insults, calls names
- Degrades, blames
- Withholds affection
- Engages in crazy-making behaviour
- Uses silence or profanity

USING FAMILY MEMBERS

- Magnifies disagreements
- Misleads members about extent and nature of illnesses/conditions
- Excludes or denies access to family
- Forces family to keep secrets

ISOLATION

- Controls what you do, who you see, and where you go
- Limits time with friends and family
- Denies access to phone or mail

USING PRIVILEGE

- Treats you like a servant
- Makes all major decisions

FINANCIAL EXPLOITATION

- Steals money, titles, or possessions
- Takes over accounts and bills and spending without permission
- Abuses a power of attorney

Barriers to Seeking Help

There are a variety of barriers that affect an older woman's ability to seek help. These include:

- t Not knowing that help is available through services used by younger abused women
- t Some older women deny that they are 'abused' but accept that they 'have been mistreated,' referring to years, perhaps decades, of serious emotional and physical abuse. They may have been raised within a family philosophy that stressed, 'you made your bed, you lie in it', along with the notion you don't share your family problems with outsiders.
- t Having a deep attachment to home, keepsakes, photos, friends and neighbours who may have been part of their lives for many years; concern for the well being of a pet that may be an older woman's only solace
- t Physical impairments, deteriorating health, or disabilities may make a woman highly dependent on her abuser. Disclosing the abuse may leave her without the supports she needs.
- t A fear of the consequences of intervention, a fear of appearing in court, leaving her home, losing a treasured pet, being institutionalized or having her decision-making rights taken away by service providers

Women who are abused by their adult children often feel guilty and do not want to report the abuse. They may worry about what will happen to the child if they stop having contact.

Some adult children will be supportive of their mothers and help them in any way they can. Others create barriers by encouraging women to stay, believing that, if she leaves, the children may need to take responsibility for their abusive father. Some side with the batterer, believing their mother's role is to keep the family together.

Even when older women victims of abuse are willing to reach out and seek help, there are many barriers that prevent them from actually receiving it, such as:

- t The impact of geographic and social isolation. In small communities bus service is limited. In certain rural locations, seasonal harsh weather limits an older woman's access to the outside world. Many older women have mobility problems and have to make special arrangements for transportation. Others can't afford to drive a car. Eyesight problems or other disabilities can prevent driving. Some older women never learned to drive because this was their husband's role and right.
- t An older woman living in the close-knit community of a First Nations reserve may face additional problems. She may not feel safe revealing abuse in a place where many people are related and word gets around. A First Nations woman may not regard the police force as helpful or friendly and might find it difficult to approach the law to stop the abuse. If she leaves the reserve, she will exchange her familiar community and family life for a strange, often poor and lonely life.

- t Older women are less likely to find a job, especially if they have no work history outside the home. Many are dependent on their husbands' pensions and unfamiliar with family finances because their husbands have always maintained control.
- t Immigrant women who do not understand and speak English are particularly isolated from various avenues of help. Some cultures promote the ideals of harmony and family honour, the woman as enduring caretaker. It is very hard to escape from abuse when it is supported by cultural expectations.

What Older Women Need

From our research and that of Jackie Pritchard (2001), we have listed below things that older abused women have said that they need. As discussed in the following section, support group facilitators can anticipate dealing with these as they provide support, advocate for and help older women move toward independence.

Older abused women say they need:

- | | | |
|-------------------------|--|--|
| § advice | § health information | § to be believed |
| § to talk | § housing information | § to be listened to |
| § choices and options | § money, benefits and
pension information | § to feel safe at home
and in the community |
| § company | § physical help | § to know who to call
for help |
| § counselling | § a safe place | |
| § control over own life | § privacy | |
| § food and warmth | | |

Establishing Support Groups

In the anti-violence movement, support groups for women survivors of violence and abuse have helped to break through women's isolation, provided opportunities to share experience, provided information about the dynamics of abuse, provided opportunities to problem solve with others experiencing the same problems, and women have gained strength from the support of a group. However, ages of the participants can be a critical factor in a group when older women are involved. It can be extremely difficult for a woman in her late sixties or older to feel at ease in the group setting if she finds herself the only woman of her generation in the group. She will probably find many of the issues discussed are not relevant to her needs. In recent years, groups for older abused women are being developed and we know from the literature, particularly work reporting experiences in the voices of older women, that older women support groups can:

- ◆ Reduce an older woman's isolation
- ◆ Encourage exchange of information, practical help and emotional support
- ◆ Explore alternatives for action and discover coping strategies
- ◆ Help participants understand power and control that are at the roots of abuse
- ◆ Help participants learn what actions individual women can take to change the situation
- ◆ Help women to explore individual self image and gain confidence
- ◆ With the help of the whole group, identify their own needs and values
- ◆ Help older women appreciate their strengths and accomplishments

Assessing the Need for a Group

Before establishing a group, it is important to undertake some research to examine if there is a need for such a group in your community. The first step is to check what is already being offered in your community. Women's shelter agencies, information and referral services, social support agencies and seniors' centres are places to ask about support groups for abused women. Then you can speak with leaders of those you identify about their experiences, if any, with older women and get their perceptions of the need for an older women's group. Among the questions that will help you answer are:

- § What services are there in the community for older women?
- § Is there already such a program operating in the community?
- § Are there older women looking for such a program or who might benefit from such a program?
- § Are older women seeking shelter at the transition house?

For me this support group is where I come to restore my shattered soul. Each week I put little pieces back together, recreating the person my parents brought into the world (An older woman still in her 45 year abusive relationship)

- § Is there a need to increase awareness of the issue of older woman abuse in the community?
- § Is there a Community Response Network in your community?
- § Is there a prevention of violence against women coordinating committee in your community?
- § Is there funding available to start such a group?

Secondly, you may need to look at the demographics of your area to assess the numbers of older women in the area you could serve. A municipal planning office or public health department should be able to give you appropriate statistics. Consider public transportation as well as driving distances, as some potential clients will not drive or have a vehicle available to them.

Having determined that there is a need, the focus will shift from fact finding to planning how to attract suitable women to the group. This will lead you back to people and organizations you talked with in the first step, to seek their assistance in identifying and referring appropriate women. But you may also have found that there is a serious need to raise awareness of abuse of older women as an issue in your community. Developing and announcing a new service to the community is a good way to get publicity for the issue as well as for a specific service. Planning for publicity goes along in parallel to work on the issues of finding an appropriate location, recruiting facilitators, and sources of funding for those and snacks, handouts, videos and other mechanics.

You will likely need to widen your network of contacts to include:

Health service professionals in continuing care services such as home support and mental health services, seniors groups, church groups, police services, victims' services, and merchants' associations, Chambers of Commerce, service clubs and other services support groups. Phone calls to facilitators of support groups involving younger women in your area, and to a facilitator of a group for older women in another community could be quite helpful.

While there are many different types of support groups, it seems that generally groups for older abused women follow similar models as those used with younger women victims. These include a program of emotional support and education or a program which has a more recreational focus.

Emotional Support Groups

This type of group can benefit current victims or women who have been victims in the past. Its purpose is to break isolation and help the healing process. It has an educational approach, often covering issues of self-esteem, assertiveness, and boundaries. Discussion topics include parenting, the role of women, grief, etc. The length of time in this sort of group may be limited to six to eight weeks. Some groups start and end at specified dates, and others are ongoing with new members joining and others dropping out at any time.

Recreation Groups

Those with a more recreational focus aim to break down isolation and provide social activities and fun for older women. This kind of group can also be ongoing or time limited.

Victoria Women's Transition House runs both an emotional support group and a recreational group for older women survivors of abuse. It is critical to refer any older woman needing a more therapeutic intervention to appropriate mental health services or professionally based counselling. As far as the age of those attending such groups, women of fifty and older appears to be the norm.

Size of Group

The size of the group is dependent on a whole series of factors such as the room space, the past experience of the facilitators, and the budget to cover resource materials and refreshments. The smaller the group, the more attention and interaction each woman has.

How do you Find Women to Attend the Group

Older women who have used women's shelters or safe homes are obvious participants. These women often talk about the group with friends and acquaintances. Some women will respond to public advertising. Some group facilitators have advertised the group in local newspapers, display posters and brochures in libraries, churches, seniors groups and through home support and other continuing care services, and beauty shops. Take advantage of your local media, including your cable network, as many older adults watch the local cable stations. Try using phone number tear offs on posters that will make it possible for a woman to take the information more privately. It is important not to include your agency or words like 'abuse' on the tear off section. (*See resource section for advertising examples*)

Diversity

When developing a group it is important to take into consideration the diversity of the community. It is critical to reach out to older women who identify as First Nations, immigrant and refugee women, women with disabilities, deaf women, lesbians and bisexual women.

It is important to try and advertise the support group in ways that will ensure information reaches members of these different communities. Organizing this process can be most challenging. Check with existing service groups in these communities for suggestions as to the best way to reach older women. Reaching older immigrant women living with their extended families and who speak little English is difficult. The term and concept of “abuse” may not be familiar or not easily understood in situations where there is a very strong value on community solidarity and the extended family.

Group Location – Privacy and Transportation Issues

Privacy and confidentiality are often of major concern to older women. This fact will have a major impact on where you hold your group meetings. A local seniors centre, health care centre or church can be problematic in terms of confidentiality and privacy issues. How do you protect an older woman’s confidentiality in a community where everyone knows everyone else’s business? Public libraries may be reasonable locations. One group we are aware of meets in the boardroom of a local police detachment. Other important concerns about location include: accessibility for women with a variety of disabilities, public transportation and parking. Finally, is the location in an area that older women feel comfortable and safe?

Based on our research and program experience in working with older women, if the group is going to reach out and support older women living in rural communities, it will need to decide how to handle transportation issues if there is no convenient bus service.

Facilitating a Group

One or two facilitators usually run support groups. The advantage of two facilitators is that they can bring to a group a wide range of skills, resources and experience. Facilitators can help each other and provide more support to the group members. We suggest that, if it is at all possible, facilitators should be reasonably close in age to the participants. Some older women will feel uncomfortable talking to and sharing life experiences with someone the age of their daughter, granddaughter or even great granddaughter. If the group facilitator has experienced abuse, she might bring empathy and understanding but, if she has not resolved her own issues, this situation could be very problematic.

Facilitator Background and Training

For an educational or recreational group, it is critical that the facilitators have strong backgrounds in:

- § Dynamics of domestic abuse, sexual assault and abuse in later life
- § Crisis intervention skills including suicide prevention
- § Safety planning
- § Legal advocacy
- § Aging issues
- § Health, social and economic resources
- § Group dynamics and facilitation
- § Cultural appropriate services

Taking Care of Yourself – Personal Boundaries

Facilitators need to be very clear about their personal boundaries with group members. It is critical to maintain a professional relationship. A woman may see a facilitator as her only source of support and start making inappropriate requests. It is important as a facilitator to recognize the limitations of your role as a support provider and understand this role is not one of rescuing an older woman.

Guiding Principles for Working with Older Women

- ◆ Believe the victim.
- ◆ Assume the problem involves power and control unless this is proven not to be the case.
- ◆ Build on the victim's strengths and skills.
- ◆ Ensure that an older woman has the opportunity to talk about her beliefs and values. Consider how they impact on her decisions and her safety.
- ◆ Focus on offering strategies that promote her safety, break isolation, support her decisions, and provide additional information.
- ◆ Recognize and respect her cultural and religious beliefs. Language issues and values may create challenges in the group.
- ◆ Recognize that older women often want to maintain their relationship and help their abuser.
- ◆ It will take time to build a relationship with older women. They may have been unsuccessful in obtaining help before.
- ◆ It is critical to give accurate information on services and offer as many options as possible.
- ◆ Don't promise more than you can deliver.
- ◆ Support her decisions on staying, leaving or leaving and returning to an abusive relationship. Younger women do this many times.
- ◆ Don't make statements that blame the victim.
- ◆ Treat an older woman as you would want to be treated — as an adult, and with respect and kindness.

continued on next page...

Counselling and group support is vital for many abused older women, but accessing this help in a small community can be difficult for a variety of reasons. Maintaining confidentiality while accessing services in a smaller town can be a challenge. If there is counselling available in a small centre, often the woman seeking help knows the counsellor. This can be particularly difficult for an older woman. Much will depend on the relationships she and her counsellor have or have had in the past. (Hightower et al. 2001)

- ◆ Don't treat her as a child, ignore her when she is present or make decisions for her. She must make her own decisions.
- ◆ Remember to acknowledge how difficult her situation is if she is being abused by an adult child.
- ◆ Acknowledge how very difficult it is to end a relationship that has existed for forty, fifty or sixty years.

Meeting a woman before she joins the group can be really helpful in assessing her need and suitability for a support group. Obviously, not all older women will benefit from a group and some will need a different form of support. (*See intake form in resources*)

It is critical not to tell an older woman what to do, or presume in any way to be an expert in any of her situations.

Information that is helpful to know about a woman before she joins a group may include:

- § What she likes to be called
- § Home address
- § Home phone/work phone
- § Who to contact in an emergency
- § Is she providing care for anyone at home?
- § Best time of day to contact her
- § Is she safe at home?
- § Does she need a safety plan?
- § Is it safe to contact her by phone?
- § How did she hear about the group?
- § Does she need transportation?
- § What does she expect to get from the group?
- § What are her concerns?

In order to protect individual privacy, some programs ask for very little personal information about their clients. The right to privacy must be balanced against a need to have the information in order to provide the service.

Safety Issues

During your initial contact with a woman who has experienced violence, you will need to focus on her safety needs. If she is still living in an abusive situation, you will need to discuss her immediate safety and help her develop a safety plan. This plan

needs to be practical, flexible and consistent with her current situation. The actions in the plan must be things that she is physically able to manage and that she can carry out without increasing the risk to herself.

It is critical to take into consideration any physical difficulties she might have. It is important to respect the woman's reality, and at the same time give her factual information about the risks she faces. While you can't tell her what to do, you can be clear with her about her present circumstances and the ongoing risk to herself. (*See resource section for an example of a safety plan*)

Issues that can arise during the group process

Health Concerns

If you are concerned about an older woman's short term or long term memory or her competency, remember that while there are some women who may not be competent to make their own decisions, the vast majority of abused older women are very capable. As with many abused women, symptoms of passivity, withdrawal, lack of initiative, inability to retain new information or display insight often result from living in an abusive situation. When working with younger abused women, staffs listen to their stories, believe them and offer options. The same consideration must be given to older women. However, if the condition persists it may be a good idea to contact local health services. (*Hightower, Smith 2001*)

Crisis Issues and Changes in Health Situations

If an older woman comes to a group session and is in crisis following an incident at home, you may need to help her determine her needs, what she would like to do and help her develop or review a safety plan.

It is more than possible that one of the members of a group could have a medical emergency during a session. Before starting a group, remember to discuss with each woman any existing medical conditions, or serious allergies.

Plan ahead on what you might need to do if a participant becomes ill or her cognitive status changes. It is quite possible that one of the group members may die. In this instance, facilitators and group members will need time to grieve and comfort each other. Often a short ritual or ceremony is a helpful way of honouring the member who died and the group itself.

Older women are the least likely group to be recognized as having alcohol problems. This may reflect the fact that many women who have alcohol problems are able to portray an image of calm and well being to the world, hiding feelings of low self-esteem, doubt and pain.

Research indicates that physicians are quick to prescribe mood-altering drugs to women with symptoms of depression or anxiety. Older women appear to be at greater risk for physician-perpetrated drug abuse involving psychoactive prescription medications than any other age or gender group.
(<http://www.agingincanada.ca/Seniors%20Alcohol/1e6.htm>)

The Group Process

Beginnings

It is going to take time for participants in a new group to get to know each other. This is particularly true for older women. Warm up or ice-breaking exercises can help the women get to know each other. When choosing such an exercise, it is important to match the exercise with the abilities of the group.
(See resources for suggestions)

Having group members select a name for the group is a great way of developing attachment and trust in the program. It is important in the first session to set the framework or guidelines for safety in the group including confidentiality, and to note the limitations to this rule such as the facilitator's obligation to all laws relating to child abuse. This means they will report any situation disclosed in the group which leads them to believe a child is currently at risk of abuse or witnessing abuse. Participation in developing guidelines for group activities helps participants and the facilitators recognize their responsibilities to the group as a whole.

The first task is really to establish "safety" within the group.

Sample ground rules might include: respect others; listen while others are speaking; honour differences; be on time; contribute to the group; encourage input from everyone; no one has to talk; emotions are o.k. and are respected; no one puts anyone else down; one person speaks at a time; there are no stupid questions; everything that is said or happens in the group is confidential; start and end on time.

At the start of the regular meetings, an informal check in gives an opportunity for each woman to speak and share without interruptions. It might prove necessary to set a time limit for this interaction.

‘Competency’
While some women are not competent to make their own decisions, the vast majority of abused older women are very capable. As with many abused women, symptoms of passivity, withdrawal, lack of initiative, inability to implement new information or display insight result from living in an abusive situation. In working with younger abused women, we listen to their stories, believe them and offer options. The same consideration must be given to older women. (Hightower and Smith (2001))

Themes and Topics for Discussion

There are many common themes and topics for discussion that have been used in support groups for older women. Interactive exercises are helpful in helping women examine their aging, abuse and their own feelings. It is useful to have individuals from the community come and speak on various issues of concern. When inviting speakers, it is really important to remember the confidentiality needs of the group members.

Topics for discussion might include:

- § How to speak up, setting limits and saying no, exploring our roots, sharing our stories, what is abuse?
- § Coping with stress, setting personal boundaries, financial issues, building a positive self-image and self-esteem
- § Substance abuse and living with a substance abuser, mental illness and living with a person with mental illness, what it means to be an older woman
- § Grief and loss, depression
- § Impact of racism – ethnicity, disabilities and homophobia
- § Accessing affordable housing, understanding financial benefits, safety planning
- § Our values and traditions

A break for some refreshments during the program can serve as a celebration for birthdays, a relief from the intensity of some activities and an opportunity to stretch, and walk around.

Endings

It is really helpful to incorporate a tradition whereby you end the session. This could be a closing statement, a relaxation exercise, the reading of an inspirational piece. It is important to end on a strong positive note. It is important to include a program evaluation for the group members to complete. This can help you assess what works and what does not work. *(An example of one used in an older woman’s program is included in the resources)*

There are many excellent books that include detailed lesson plans, activities and handouts to help develop the support group. The next and last section of this document includes sample suggestions for interactive exercises and topics for discussion. Some information on pensions, housing, and other resources are included along with some suggested websites.

Resources

Publicity – An example of a poster from Victoria Women’s Transition House

Education and Support Group for Older Women Who Have Experienced Abuse

Women (55 plus) who have experienced or continue to experience abuse (emotional/physical/financial) in their relationships are invited to participate in an education and support group (no cost). Participants will work towards gaining an understanding of life experiences, recognizing the cycle of abuse and the effect of abuse on self-esteem. There will be opportunities to meet other women with similar experiences to develop mutual support and to explore choices and options. Transportation available.

Topics include:

- *Coping with stress*
- *Boundaries and Assertiveness Training*
- *Expressing Anger*
- *Self-esteem; Choosing healthy relationships*
- *Problem-solving strategies*
- *Other topics participants identify*

To register, or for more information on this 10-week program, please call Dianne at the Transition House at telephone: 250-380-7527

Mondays 1:15- 3:15 pm

Sessions begin mid-September, January, April

Co-Facilitators: Joan Feyrer & Dianne de Champlain

Sponsored by:

[Pacific Coast Capital Savings Foundation and the Logo of the transition house society]

Sample — Group Intake Form

*All information is optional.
Please fill in only what you are comfortable sharing with the facilitators.*

Date:

Name:

Age:

Is it safe to leave telephone messages? Send Material?

If not, how might we leave a message for you?

Telephone Number: If applicable, Work Number:

Address:

Emergency Contact:

Doctor:

Health concerns or special needs that the facilitators should know about:

Situation that brings you to the group:

Group Experience:

Have you ever participated in a group before?

In thinking about being in a group, what do you think might be difficult for you?

What concerns you about participating in a group?

What do you hope to get out of this support group?

Sometimes childhood or past issues are triggered during the group by what other members say, or by circumstances that are occurring in your life. If you would like, you can share any past experiences that you think might be helpful for the facilitators to know in advance.

Do you have transportation to the group?

Source Joan Feyrer and Dianne de Champlain, Victoria Women's Transition House Older Women's Support Group

Sample Client Evaluation Form

1. Why did you start attending this group?
2. How many sessions have you attended?
3. What difference has attending these sessions made for you?
4. What have you learned that was useful to you?
5. How has the group helped you cope with the abuse in your life?
6. Was the size of the group effective for your participation? The location?
7. How satisfied were you with the group's facilitators?
8. Please tell us anything you would like to have changed about the group?

(Source Joan Feyrer and Dianne de Champlain, Victoria Women's Transition House Older Women's Support Group)

Design and Layout: Suggestions for Brochures and Other Printed Material for Older Women

- ◆ Use plain, clear typeface.
- ◆ Avoid script and ornamental print (Times Roman and italics are hard to read).
- ◆ Don't combine many different typefaces on the same page.
- ◆ Use dark print on light backgrounds.
- ◆ Best is black type on white paper.
- ◆ Avoid jargon.
- ◆ Avoid long paragraphs. Avoid long sentences (anything over 10 words).
- ◆ Aim for eighth-grade reading level, as with any publication for the general public.
- ◆ Provide good spacing between the lines. Often it makes reading easier even if the print size is small, because the words don't run into each other.
- ◆ Avoid technical terms or phrases. (In the context of seniors and alcohol, that includes things like "cognitive-behavioral therapy"; "psycho-social-biological"; "withdrawal"; "detoxification"; "rehabilitation")
- ◆ Avoid abbreviations and acronyms (that includes things like local acronyms that health providers and others might commonly use, such as CAG, CEAS or BCYSTH). Even if there are local abbreviations that you think everyone knows, write it out the first time.
- ◆ Use graphics (clipart or photos) to illustrate key ideas and to break up heavy text. Don't combine photos and clip art.

Facilitators: Test Your Knowledge of Aging Myths and Realities

True or False Statements

1. Most people will become senile if they live long enough.
2. Intelligence declines with age.
3. Older people have little interest in or capacity for sexual relations.
4. The majority of North American families support and enhance the role of elders.
5. Depression is one of the most common causes of accidents among older people.
6. Personality changes with age just like hair colour and skin texture.
7. All five senses decline with age.
8. Older adults represent the group most at risk for suicide.
9. Older persons have more acute, short-term illnesses than younger persons.
10. The elderly naturally withdraw from participation in community life as they become older.
11. Hearing loss is the third most chronic condition for the elderly.
12. Older people tend to become more religious/spiritual with age.
13. The majority of older people are socially isolated and lonely.
14. Older drivers have more accidents than younger drivers.
15. At least 25% of the elderly population live in long-term care facilities.

(Rivkin S. 2003, 33)

Myths and Realities Answer Key

1. False. Even among those 80 years and older, only 20-25% develop some form of cognitive impairment or dementia.
2. False. Intelligence does not decline with age; most people either maintain their intelligence or improve as they get older. While many elderly people take more time to learn new things and have slower reaction time, their ability to reason and function is not impaired by age.
3. False. The majority of older adults continue to have both the interest in and capacity for satisfying sexual relations well into their 80s and even their 90s.
4. True. Despite many stories to the contrary, the family is still the number one caretaker of older family members. Most older adults live close to their children and 60-70% reside with their family at some point in their lives.
5. True. Depression is one of the most serious mental health problems among older adults. Some studies estimate that 30-60% of those older people who experience depression experience a severe enough form to impair their functioning.
6. False. Personality does not change with age. People who are rigid and opinionated when they are older probably were rigid and opinionated when they were in their 20s.
7. True. All five senses do decline with age, although the extent varies from person to person.
8. True. Suicide is a more frequent cause of death among the elderly than among any other age group primarily due to the high suicide rate among older men, especially older white men over 85 years. People age 65 years and older have a suicide rate of 50% greater than the rest of the population.
9. False. Older people have less acute illnesses but have more chronic illnesses than younger people.
10. False. Disengagement as a result of aging is generally discredited as a theory to explain the relative decrease in activity among older adults. Reduced activity may be attributed to many other things, including loneliness, poverty, loss of spouse or friends, discrimination, and lack of transportation.
11. True. Third after heart disease and arthritis.
12. False. Older people do not become more religious/spiritual as they age. The current generation of older people has tended to be more religious/church-going than the younger generation, so it is more a generational issue than an aging issue.
13. False. The majority are not isolated or lonely. Most have close relatives living within a short distance. Other factors may be contributing, such as family circumstances, health problems, poverty, etc.
14. False. Drivers over the age of 65 tend to have fewer accidents per person than drivers under the age of 65.
15. False. Recent studies show that less than 10% of seniors over the age of 65 and only 10% of seniors who are 75 years and over live in continuing care facilities.

Safety Planning For Older Women

Information to consider when helping to develop a safety plan:

- The older woman's experiences with safety planning and protection strategies; what has worked for her and what has not worked
- Information on the abuser's past behaviour and his likelihood to re offend
- Information on whether the abuser has access to weapons, and whether the abuser has used or threatened to use one in the past
- Information on the status of any protective means/orders
- Names of friends and family members who can be trusted and are able help
- Location of necessary documents, photos, papers, etc.
- Information about the woman's health status, her level of mobility, memory and problem solving skills
- Information on the woman's daily routines, her social activities, medical appointments, etc.
- Resources that can assist the woman
- Availability of counselling and other services
- A process to review and update the safety plan at regular intervals
- Opportunities to practise giving precise and accurate information regarding her whereabouts and threats to her safety

Factors to consider when helping to develop a safety plan:

- The woman's values and beliefs regarding her own independence and right to have unrestricted movement
- The woman's willingness to or, conversely, her lack of interest in residing in a safe place, such as a shelter or transition house
- The woman's past experiences with the justice system and other service providers
- The woman's first language and country of origin
- The woman's legal status, as a Canadian or resident in Canada
- Any barriers that the woman might be experiencing that affect her safety, such as substance misuse or mental health issues
- The woman's access to supports within and outside her extended family
- The woman's comfort with the safety plan and her willingness to live her life within the restrictions set down
- The woman's awareness of and experience with other potential risks, such as cyber-stalking, access to confidential information through credit card activity, her experiences with organizations and agencies unfamiliar with issues related to violence against women

Key Strategies to share with the older woman when developing a safety plan:

- Identify, in advance, a safe place where you can go if the situation puts you at risk.
- Speak with friends, adult children, or other family members about your situation and your need for a safe place.
- Put aside some emergency money that you can access quickly if the need arises.
- Find a safe and secure place to store relevant documents, extra clothing, extra batteries for hearing aids, medication, etc.
- Avoid storing items with a family member or neighbour who is in contact with the abuser.
- Keep a list of emergency phone numbers in your purse.
- Keep a list of medications and your physician's and pharmacist's phone numbers
- Plan ahead for the care and shelter of any pets.

Sample Group Activity / Exercises

Ice Breakers, Energizers

Names

Have each person introduce herself and then state something they have done that they think no one else in the group has done. If someone else has also done it, the group member must state something else until she finds something that no one else has done.

Have the group members introduce themselves and tell the group what they know about why they got their name, e.g. mother wanted to name me after her great Aunt Helen who once played tennis at Wimbledon, etc. It could be a first, middle or nickname.

Variation: Group members say their first names preceded by an adjective beginning with the same letter as their first names (for example, honest Helen, idealistic Ivy).

The following three exercises are useful in-between sessions or when the group's spirits need lifting up:

Traffic lights:

Ask the participants to ride imaginary cars or bikes and tell them they are being judged upon their driving. The facilitator becomes the traffic regulator and calls out the colours of the traffic lights. Green signifies step forward, red means jump where you are (on the spot) and yellow means step backwards. People who break traffic rules end up in the jail, i.e. in the middle of the circle. People who manage to follow the rules will be awarded licenses – imaginary of course.

Two truths and a lie

Have participants share 3 things about themselves: 2 true and 1 a lie. Others should try and guess which one is the lie.

Dinner Menu

Ask the group to design a dinner menu with four to five items depending on the size of their group by selecting foods whose names start with the first letter of each of the group members' first names. Allot 2 minutes for this task. Then ask the group to describe their selected menu.

Sample Group Exercises

Activity 1

As a woman today what does it mean to be older?

This is an activity that creates an opportunity to actively reflect on the meaning of aging. It focuses attention on the personal meanings and understanding of group participants being older and old.

Material and preparation needed: nil

1. What does the word “old” mean in your language?
2. What do you think are the good things about growing older?
3. What do you think are the not-so-good things about growing older?
4. What things do you think are particular to you as a woman in the experience of growing older?

(Adapted from Duncan 2002, p11.)

Activity 2

Snapshots of you – now and then.

This activity is for an individual or group and is intended to:

- ◆ make the experience of aging a personal one;
- ◆ raise awareness about the values individuals learn about aging;
- ◆ consider physical, social and chronological understanding of aging.

Materials and preparation: Each participant needs to bring two photographs to the session, one relatively current and the other taken in adolescence.

Paper, pens or pencils to answer questions 1 and 2.

1. Look closely at the younger you. Think about yourself at that time. What was your age? Do you remember how you felt about being that age? Were you aware of your age? What were the things being that age entitled you to do and what did being that age prevent you from doing? Do you remember what your dreams and aspirations were at that time?

2. Now look closely at the picture of the older you, the “now” you. How many years are there between these pictures? What are your feelings about being the age you are now? What are the things that make you aware of your current age? What are the ways and circumstances that seem to make you aware of your age? What are the privileges and entitlements that go with your current age? What are the limitations that your current age places on you?
3. Look at and compare your answers to both questions. What are the similarities and differences?

Activity 3

Power and Control

This activity is for an individual or group and is intended to examine abusive behaviour and involves using the Power and Control Wheel.

Materials needed: pen or pencil and paper.

Partner the women and give each a slice of the wheel with the headings. Have them list the behaviours for each of the headings. Then have them share their lists with the whole group.

Boundaries

Self-care is about setting boundaries, letting go.

“Some of us have so many voices in our heads, we could hold group therapy by ourselves,” said Rokelle Lerner, a popular speaker and trainer on relationships, women’s issues, and addicted family systems.

This internal chorus is often composed of voices from our family of origin, voices of critical teachers or bosses, voices from past relationships or current situations. Often these voices are drowned out by our own voice nagging, reprimanding, berating, but rarely praising us.

In times of stress or chaos, the voices grow louder and it’s easy to go numb, Lerner recently told the audience at Hazelden’s Women Healing Conference in Minneapolis. “We become estranged from our purpose and our passion. Our response is fear, and our reaction is an attempt at control.” We frequently become children again during times of stress reverting to old and unhealthy patterns that were present in dysfunctional families or relationships. Our boss becomes our mother, and the vindictive co-worker becomes the childhood bully. Although we are adults, we feel like vulnerable children, and this vulnerability puts us at risk for depression, substance abuse, or other addictive behaviors.

“We need to ‘grow ourselves up’ when we feel little,” said Lerner. Growing up is about setting appropriate boundaries and limits and turning from reactivity to creativity. “Without boundaries, we all react to the past and retreat to family patterns,” said Lerner. Boundaries communicate “what I value I will protect, but what you value I will respect.”

Lerner said that growing up is about maintaining dignity and integrity, and being “authentic” with ourselves — a skill that takes practice and preparation. It’s about learning how or whether you want to “show up” in a situation, how you want to communicate what you need or want to say, and then taking the consequences for what you say and do. It’s also about listening attentively and with respect. When people communicate clearly, directly, honestly, and sensitively, they are learning to speak from the best part of themselves to the best part of others, said Lerner.

Healthy adults learn how to make appropriate requests, how to set limits, and how to take action, said Lerner. She gave an example of a skateboarder who taunted a woman by skating too close to her, knocking the newspaper she held out of her hands. The woman at first reacted explosively by yelling and calling the adolescent every derogatory name she could think of. He just laughed and walked away. Overcoming that first raw reaction, she called him back, this time explaining in a much calmer voice, “What I meant to say is that you scared me. I thought you were going to hurt me.”

“If you can’t identify your emotions right away, at least you can control your behavior,” said Lerner. This “fake it ‘til you make it” approach is one of the first things people recovering from addiction learn. It often requires counting to 10, breathing deeply, or excusing yourself until you feel more in control. Reacting reflectively rather than reflexively opens the door for honest interaction.

Boundaries differ for each individual and for each situation, but run along a continuum from “too intrusive” on one end to “too distant” on the other. The trick is to pay close attention to your instincts and feelings so you can strike a healthy balance in relationships that will honor your own boundaries. If an interaction feels inappropriate or uncomfortable, the chances are a personal boundary is being tested or crossed or a need is not getting met.

The more we practise sifting through all the voices in our heads, tuning into and trusting the one clear voice within that guides and protects us, the better we will get at identifying and respecting our own personal boundaries. We will also get better at developing strategies to take the best possible care of ourselves when we feel our boundaries are being violated. We discover how outlets like mutual-help groups, hot baths, long walks, and prayer or meditation feed our soul better than drugs or alcohol. We discover how good it feels to be a grown-up.

Published July 28, 2003, Alive & Free is a health column that provides information to help prevent substance abuse problems and addresses such problems. It is created by Hazelden, a nonprofit agency based in Center City, Minn. http://www.hazelden.org/servlet/hazelden/cms/ptt/hazl_alive_and_free.html?sf=t&sh=t&page_id=25706

Information on Programs and Services

Note: The information on provincial programs in this section is specific to British Columbia, but similar programs are generally found elsewhere in Canada and information on these should be available from provincial and territorial sources.

When one of the group members needs some basic pension or financial support information, the following summary provides some basic information and sources for further information.

Information on the Government of Canada and its programs and services:

Toll Free: 1 800 622-6232 (1 800 O-Canada)

www.canada.gc.ca

B.C. Health and Seniors' Information Line:

Toll free in B.C.: 1 800 465-4911

Victoria: 250 952-1742

INCOME SECURITY – PENSIONS

Old Age Security Pension

The Old Age Security Pension (OAS) is a federally funded base monthly pension which is paid to you when you reach the age of 65, if you are a Canadian citizen or a legal resident of Canada and if you meet the residence requirements. To receive OAS, you should apply at least six months before your 65th birthday or the date of your eligibility. Or, if you live outside of Canada, you may qualify under an international agreement. For further information about the Old Age Security pension, contact Social Development Canada. Those who have worked in another country and contributed to a government pension plan (e.g., Social Security in the U.S.) may also be eligible for a pension from that country.

Guaranteed Income Supplement

Depending on your income and your marital status, you may be eligible for the Guaranteed Income Supplement (GIS). To receive the GIS, you must apply by providing an application which can be obtained from Social Development Canada. The GIS is based on your annual income, or the combined income of you and your spouse. Since your annual income can change from year to year, you must renew the Supplement each year. If an application is required, one will be sent to you. In many cases, it is not necessary for you to provide a new application, as income will be obtained when you file your income tax return for that year.

Allowance/Allowance for the Survivor

If your partner has died, you may qualify for an Allowance. You must be between 60 and 65 years of age and meet residence and legal residence requirements. Your benefit will be based on the combined incomes of you and your spouse. If your spouse dies (or has died), you may receive an Allowance for the Survivor until you reach age 65 depending on your income. As your annual income may change from year to year, you must provide your income yearly either by application or by filing your income tax return.

Canada Pension Plan

Canada Pension Plan (CPP) provides retirement pension and other benefits for those who have contributed to the Plan through paid employment in Canada. The amount of CPP benefit is determined by the contribution you made during the time you were employed. Canada Pension Plan retirement benefits may begin as early as age 60. The CPP is fully indexed to the cost of living and is increased annually. You should apply for CPP at least six months before you want to receive it. If you have contributed to the CPP for the necessary number of years, your estate may, upon application, receive a lump-sum benefit upon your death. Your legal or common-law partner may be eligible to receive a survivor's pension if he or she meets certain requirements. Your children will receive benefits until they reach age 18, or up to age 25, if they continue to attend school full-time. Applications for Canada Pension Plan benefits are available from any federal Human Resources Canada office.

For further information on Old Age Security Pension, Guaranteed Income Supplement, Allowance/ Allowance for the Survivor and Canada Pension Plan call:

English: Toll free 1 800 277-9914; French: Toll free 1 800 277-9915

TDD/TTY: Toll free 1 800 255-4786

www.sdc.gc.ca/en/gateways/topics/cpr-gxr.shtml

FEDERAL NON-REFUNDABLE TAX CREDITS

Age Amount

In addition to the Basic Personal Amount, if you turned 65 during the year (or are older), you may be entitled to claim the Age Amount which allows eligible seniors a non-refundable tax credit to reduce their income tax payable. Your eligibility and the amount you can claim is based on your level of net income.

Pension Income Amount

If you receive pension income, you may be able to claim an allowable amount for certain pension incomes. Your qualifying Pension Income Amount will be used in determining the total nonrefundable tax credits used to reduce your federal income tax.

Amounts Transferred from Spouse

Your spouse may be able to transfer to you amounts that he or she qualifies for but does not need to reduce his or her federal income tax to zero, for example, the age amount, pension income amount or the disability tax credit.

Other Amounts

You may also be able to claim a disability amount, an amount for medical expenses, and expenses for an attendant or full-time care in a nursing home. For more information, please refer to your income tax guide or call Canada Revenue Agency at:

Toll free: 1 800 959-8281

GOODS AND SERVICES TAX CREDIT

The Goods and Services Tax (GST) Credit is a tax-free quarterly payment that helps individuals and families with low and modest incomes offset all or part of the GST that they pay. To receive GST credit quarterly payments, people must file their income tax and benefit return and complete the goods and services tax/harmonized sales tax (GST/HST) credit application on the first page of the return. Individuals who move must inform the Canada Revenue Agency (CRA) immediately to ensure that payments of their GST/HST credit are not disrupted, even if they use direct deposit and their bank account does not change.

General information regarding the GST/HST credit can be obtained through the CRA's automated Tax Information Phone Service (T.I.P.S.) at:

Toll free: 1 800 267-6999

BRITISH COLUMBIA SALES TAX CREDIT

The Provincial Government offers a tax credit of \$75 (per person) for low-income families or individuals residing in British Columbia on December 31 in the year for which the income tax return is submitted. The application for this benefit can be found on the British Columbia Credits (form BC479) included with your income tax return package. For more information contact:

Ministry of Provincial Revenue Income Taxation Branch
PO Box 9444 STN PROV GOVT
Victoria, B.C. V8W 9W8

SENIORS NOT RECEIVING OLD AGE SECURITY

If you are 65 or over and not eligible for the Old Age Security Pension and its supplement (GIS), you may be eligible for assistance from the Ministry of Human Resources. Eligibility is based on your income, assets and shelter costs. For more information contact your local Ministry of Human Resources office listed under "Governments - British Columbia" in the blue pages of your telephone book.

TRAVEL ASSISTANCE PROGRAM

The Travel Assistance Program (TAP) offers travel discounts to eligible B.C. residents who must travel within the province for non-emergency medical services not available in their own community, and whose travel expenses are not covered by third party insurance or other government programs. A physician's approval is necessary, and the patient must have the physician complete a TAP form. The TAP program must be contacted prior to travel for an approval number in order to receive a discount. TAP is a private and public sector corporate partnership program that is co-ordinated by the Ministry of Health Services. The ministry does not provide direct financial assistance with travel costs. Rather, the transportation partners agree to waive or discount their regular fees. For more information and to process your completed TAP form, contact our automated service: Toll free in B.C.: 1 800 661-2668
Victoria: 250 952-2657

HOUSING

Shelter Aid for Elderly Renters (SAFER)

The Shelter Aid for Elderly Renters (SAFER) Program provides direct cash assistance to eligible residents of British Columbia who are age 60 or over and who pay rent for their homes. Seniors may be eligible if: they pay more than 30% of household gross monthly income toward rent for their homes; they are age 65 or over, and entitled to Old Age Security from the Government of Canada; they are age 60-64 and a Canadian Citizen or landed immigrant; they have resided in British Columbia for the full 12 months immediately preceding application; they have lived in Canada for 10 continuous years.

For more information contact: Greater Vancouver and area: 604 433-2218

Elsewhere in B.C.: Toll free 1 800 257-7756

BC Housing SAFER 101 - 4555 Kingsway, Burnaby, B.C. V5H 4V8

Property Tax Deferment

The Property Tax Deferment Program allows qualified British Columbia homeowners to defer the payment of annual municipal or rural property taxes on their home. The deferred taxes are paid by the province to the taxing authority (municipality or provincial collector), on behalf of the homeowner. The deferred taxes must be repaid with interest and administration fee to the province, either: 1) before the home can be transferred to a new owner, other than to their surviving spouse; or 2) upon their death, with repayment through their estate. Homeowners aged 60 years and over may defer the payment of annual property taxes on their principal residence. The program is also available to homeowners of any age who are widowed spouses, or who meet the definition of a person with disabilities, in the *Disability Benefits Program Act*. For more information on the Property Tax Deferment program, contact your municipal office or nearest Service BC – Government Agent office (refer to page 75) where you pay your property taxes, or:
Victoria: 250 387-0540 Real Property Taxation Branch Tax Deferment Section
Ministry of Provincial Revenue
PO Box 9446 STN PROV GOVT
Victoria, B.C. V8W 9V6

Affordable Housing for Seniors

Seniors who are able to live without any support services or who can continue to live independently with the assistance of home care, can apply for seniors affordable housing developments managed by BC Housing or non-profit and co-op housing providers. BC Housing accepts applications and maintains a registry on behalf of some non-profit and co-op housing providers. To apply, seniors can complete an application form that is available from any BC Housing office (see page 67 for contact numbers) or can be downloaded from www.bchousing.org. However, many non-profit societies and housing co-ops maintain their own registry and seniors are encouraged to apply to these groups directly. Seniors can obtain contact information for societies and co-ops, and information about housing developments from “The Link”, a resource directory that provides information on affordable housing across the province. “The Link” is available at all BC Housing offices. Information about housing options in the Lower Mainland can be obtained from Seniors Housing Information Network (SHIP) <http://www.seniorshousing.bc.ca/>
Phone 604 520-6621.

LEGAL ASSISTANCE

Legal Services Society

If you need legal assistance, but cannot afford a lawyer, the Legal Services Society may be able to help you. Through offices operated or funded by the society throughout the province, you will be able to get information and general guidance about legal problems. If you are financially eligible, the society may also be able to provide you with legal aid. You may contact the Legal Services Society free of charge through Enquiry BC at Victoria: 250 387-6121; Vancouver: 604 660-2421; Toll free in B.C.: 1 800 663-7867.

The above information is an excerpt from the publication “INFORMATION FOR SENIORS Your Guide to Programs and Benefits in British Columbia 7TH Edition.” For updates and additional information, check the Ministry of Community, Aboriginal and Women’s Services website at: <http://www.mcaaws.gov.bc.ca/seniors/PDFs/inforseniors.pdf>

B.C. Coalition to Eliminate Abuse of Seniors Legal Information and Advocacy for Seniors Program (Funded by the Laws Foundation of British Columbia)

Services are available Monday to Thursday 8:30 a.m.– 3:30 p.m.

Phone: 604 437-1940 or Toll Free: 1 866 437-1940

Nasser Amiri and Patricia McDonald

Services include: information, referral and resources, Summary advice and advocacy.

Address: #304- 5050 Kingsway Street, Burnaby, B.C. V5H 4C2

Phone: 604 437-1940; Fax: 604 437-1929

www.bcceas.ca

Useful Websites

BC/Yukon Society of Transition Houses

<http://www.bcysth.ca/>

BC Institute Against Family Violence

<http://www.bcifv.org/index.shtml>

Office of the Public Guardian and Trustee British Columbia

<http://www.trustee.bc.ca/>

Education Wife Assault

<http://www.womanabuseprevention.com/>

B.C. Coalition to Eliminate Abuse of Seniors

<http://www.bcceas.ca/>

National Clearing House on Family Violence

<http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/index.html>

Alcohol abuse and seniors

<http://www.agingincanada.ca/Seniors%20Alcohol/1e6.htm>

B.C. Ministry of Community, Aboriginal and Women's Services

<http://www.mcaws.gov.bc.ca/seniors/PDFs/inforseniors.pdf>

National Center on Elder Abuse

<http://www.elderabusecenter.org/default.cfm>

Medline Plus Elder Abuse

<http://www.nlm.nih.gov/medlineplus/elderabuse.html>

National Committee for the Prevention of Elder Abuse

<http://www.preventelderabuse.org/>

Older Women's Network

www.olderwomensnetwork.org/publications/papers/abuseofolderwomen.htm

Canadian Network for the Prevention of Elder Abuse

http://www.cnpea.ca/abuse_of_older_women.htm

Why Older Women rarely Report Abuse

www.crisisconnectioninc.org/Elderabuse/why_older_women_rarely_report_ab.htm

Older Women Hidden Sexual Abuse Victims

<http://danenet.wicip.org/dccrsa/saissues/elder.html>

Summary INSTRAW Electronic Discussion Forum on Gender Aspects of Violence and Abuse of Older Persons

http://www.un-instraw.org/en/docs/ageing/AgeNet_Summary.pdf

Sexual Assault and Older Adults

<http://www.wcasa.org/resources/factsheets/oldersa.html>

Women Growing Older International Health and Aging: Elder Abuse and Other Crimes

<http://www.womenaging.unc.edu/topics/elderabuse.html>

Clearing House on Abuse and Neglect of older Adults

http://www.elderabusecenter.org/default.cfm?p=cane_obw.cfm

A Feminist Perspective on Gender and Elder Abuse: A Review of the Literature

<http://www.elderabusecenter.org/pdf/publication/FinalGenderIssuesinElderAbuse030924.pdf>

Geriatrics and Aging

<http://www.geriatricsandaging.com/pdf/pdfMarch2004/0703violence.pdf>

National Clearinghouse on Abuse in Later Life

<http://www.ncall.us/directory.html>

Support Groups

Happy Hopefuls

<http://www.onpea.org/Strategy/Communication/conference04/06NiggebaumPurvisMagoulasWhithead.pdf>

The Needs of Older Women

<http://www.jrf.org.uk/knowledge/findings/socialcare/5100.asp>

Milestones to Happiness

<http://www.bcifv.org/resources/newsletter/1999/winter/milestones.shtml>

Resources for Support Groups for Older Abused Women

Nova House Women's Shelter (1995) *Support Groups for Abused Older Women: A Facilitators Manual*, Selkirk, Manitoba

Helping Ourselves: A Handbook for Women Starting Groups, The Women's Press, 229 College Street, Suite 204, Toronto, 1985. Originally published by the Women's Counselling Referral and Education Centre (WCREC).

NiCarthy, Ginny; Merriam, Karen and Coffman, Sandra. (1984). *Talking it Out: A Guide to Groups for Abused Women*. Seattle, Washington: Seal Press

Pritchard, Jackie (2003). *Support groups for older people who have been abused: Beyond existing*. London, Jessica Kingsley

Bibliography

- Annan, K. 1998.
Message from the Secretary-General, Kofi Annan, launching the International Year of Older Persons, 1999.
New York: United Nations, Bulletin on Ageing: Bulletin No. 2/3 (1998) Part 1/8.
<http://www.un.org/esa/socdev/ageing/agb98231.htm>
- Duncan, J. 2002.
Working with Older Women: Resources and Standards for Responding to Current or Past Violence.
Casa House, Melbourne, Australia
- Elliott, A. 1994.
Being Our Age: older women's voices exploring new options for women and health workers.
Women's Health Resource Service, Melbourne
- Dennerstein, L. 1997.
"Gender and Health Issues in Ageing". Proceedings of the 1997 World Congress of Gerontology.
<http://www.cas.flinders.edu.au/iag/proceedings/proc0013.htm>
- Health Canada, 2002a.
The Population Health Approach.
<http://www.hc-sc.gc.ca/hppb/phdd/> updated 2002-02-08
- Hightower, J., Smith, M.J. 2002.
Silent and Invisible: What's Age Got to Do With It? A Handbook for Service Providers on Working with Abused Older Women in British Columbia and Yukon.
Vancouver: BC/Yukon Society of Transition Houses
- Hightower, J., Smith M.J., and. Hightower, H. 2001.
Silent and Invisible: A Report on Abuse and Violence in the Lives of Older Women in British Columbia and Yukon.
- Krug, E., and others, eds, 2002.
World report on violence and health. Geneva: World Health Organization
- Lerner, R. 2003.
Boundaries: Self-care is about setting boundaries, letting go.
Alive & Free. Hazelden, Center City, Minn.
<http://www.hazelden.org/servlet/hazelden/cms/ptt/>
- Ontario Human Rights Commission 2000.
Discrimination and Age: Human Rights Issues Facing Older Persons In Ontario.
<http://www.ohrc.on.ca/english/consultations/age-discussion-paper.shtml>
- Ontario Human Rights Commission 2001.
Time for Action: Advancing Human Rights of Older Ontarians (Consultation Report).
<http://www.ohrc.on.ca/english/consultations/age-consultation-report.shtml>

- Pratt, C. 1997.
Aging: A Multigenerational, Gendered Perspective. United Nations Bulletin on Aging 2/3.
<http://www.un.org/esa/socdev/ageing/agb97232.htm>
- Pritchard, J. 2000.
The Needs of Older Women: Services for Victims of Elder Abuse and Other Abuse.
Bristol, UK: The Policy Press
- Rivkin, S. 2003.
Working with Older Women who are Victims of Violence in Relationships: Training Curriculum,
Vancouver, B.C.
BC/Yukon Society of Transition Houses
- Statistics Canada, 1999a.
Report on the demographic situation in Canada. The Daily. Wednesday, December 22, 1999.
Ottawa: Statistics Canada
- Statistics Canada, 1999b.
“More Women than Men”. Statistical snapshot No. 5. Ottawa: Division of Aging and Seniors, Health
Canada.
http://www.hc-sc.gc.ca/seniors-aines/pubs/factoids/1999/pdf/entire_e.pdf
- Statistics Canada, 1999c.
“Seniors with disabilities”. Statistical snapshot No. 43. Ottawa: Division of Aging and Seniors, Health
Canada.
http://www.hc-sc.gc.ca/seniors-aines/pubs/factoids/1999/pdf/entire_e.pdf
- Spencer, C. Alcohol and Seniors 2005.
<http://www.agingincanada.ca/>
- UNFPA United Nations Population Fund 2000.
The State of World Population 2000, Chapter 3: Ending Violence against Women and Girls: A Human
Rights and Health Priority. New York, UNFPA
<http://www.unfpa.org/swp/2000/english/ch03.html>
- United Nations, 1993.
Declaration on the Elimination of Violence against Women. New York, UN.
<http://www.un.org/documents/ga/res/48/a48r104.htm>
- United Nations, 1996.
The Beijing Declaration and the Platform for Action. New York, UN
- Wisconsin Coalition Against Domestic Violence Power and Control Wheel. Madison, WI.
- Women 2000.
Gender Dimensions of Ageing (March 2002 issue). United Nations, Division for the Advancement of
Women, Department of Economic and Social Affairs.
<http://www.un.org/womenwatch/daw/public/mar02e.pdf>
- Women’s Health Bureau, 1999.
The Health of Senior Women. Ottawa, Health Canada.
http://www.hc-sc.gc.ca/english/pdf/womens/facts_seniors.pdf