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BRIEF

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Intimate Partner Violence and Homicide Among Older Adults.

ALLIANCE OF CANADIAN RESEARCH CENTRES ON GENDER-BASED VIOLENCE

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Intimate Partner Violence and Homicide Against Older Adults

INTRODUCTION

Canadian research on intimate partner violence (IPV) and family violence often focuses on women and girls aged 12-24, the group accounting for the highest rates of reported victimization (Statistics Canada, 2024). Therefore, preventative measures and awareness initiatives often target middle-school aged youth, and resources are primarily directed toward women shelters and services for women and children (Primc et al., 2025). While this is certainly an important target group, another important demographic is often overlooked, especially considering the upward trend of global and Canadian aging (United Nations Department of Economic and Social Affairs, 2023). People aged 65 and over in Canada represent approximately one fifth of the population, and Canadian seniors outnumber children in the country (Dawson, 2021). Because older adults[1] (aged 65+) are left out of common data gathering procedures, their unique circumstances are often overlooked and rarely incorporated into IPV research or intervention strategizing (World Health Organization, 2024). Older adults, and older women in particular, need tailored prevention, awareness, and intervention responses to IPV to reflect their unique circumstances, challenges and barriers.

ABOUT THIS BRIEF

This brief considers the importance of differentiating IPV among older adults from elder abuse, along with the unique risk factors and barriers to effective support experienced by this demographic. Circumstances of IPV lethality among older adults are also examined, along with the challenges that IPV within this demographic pose for frontline service providers. Social stereotypes rooted in ageism must be addressed to best promote increased victim reporting of IPV and effective responses to their experiences. Some recommendations for future initiatives that reflect these prevention and response efforts are noted in the brief's conclusion.

IPV among older adults is on the rise in Canada and throughout the world. The World Health Organization (WHO) reported that 22% of senior women experience IPV globally; that is over one-fifth of senior women internationally (World Health Organization, 2013). Likewise in Canada, between 2014-2022, Statistics Canada reported a 42% increase of IPV among seniors aged 65 and older (Statistics Canada, 2023). Research on IPV amongst older adults show that senior women are twice as likely to have been victimized by an intimate partner compared to men (Conroy and Sutton, 2022). Further, lethal IPV rose by 36% among older adults in Canada between 2018 and 2023 (Statistics Canada, 2024). Two-thirds of older adult female victims of

[1] There is not yet universal agreement on terminology to describe this demographic. While we have chosen to use the preferred term "older adults", other resources use "seniors" and as such, both terms are used interchangeably throughout this document.

homicide were killed by their intimate partner (Statistics Canada, 2022; Conroy & Sutton, 2022). Under-reporting of IPV is common among all sociodemographic groups, therefore the actual occurrence of IPV among older adults (or any age group) is likely higher than reported.

ELDER ABUSE OR IPV?

Research into IPV among older adults identifies two patterns: IPV that has "grown old" and always been part of the long-term relationship, and IPV that is "late onset" and thought to be related to retirement, disability and/or sexual changes (National Committee for the Prevention of Elder abuse, 2008; Sev'er, 2009). However, this work is limited and IPV among older adults is often overlooked and more commonly captured under the general umbrella concept of "elder abuse" (Roberto et al., 2013). Elder abuse considers abuse perpetrated by adult children, caregivers *and* spouses (who may also be caregivers). While there are commonalities between the two terms (e.g., they each include common forms of abuse, gendered dimensions of female victimization, and the possibility of lethality), the causes, risk factors, dynamics, social responses and applied legal frameworks differ between the two forms of harm.

Misclassifying IPV as elder abuse can attribute perpetrator behaviours to caregiver stress, obscuring relationship dynamics and misleading or restricting effective intervention strategizing (Roberto et al., 2013). If IPV is misclassified as elder abuse, victims are more likely to be referred to social development or adult protection services and therefore police are less likely to be notified or to intervene. IPV therefore becomes a social service issue rather than a crime or public safety concern (Cake et al., 2025). Social service responses may be largely different than a response from a criminal justice agency. As noted by Primc et al. (2025), "documentation practices in social work, legal systems, and healthcare settings frequently fail to capture the lived experiences of older survivors, reinforcing their invisibility in domestic violence policies and interventions" (p.2). For example, in New Brunswick, if abuse or neglect is identified, the Department of Social Development may provide personal care, relief care, meal services and/or housekeeping. Additionally, if the victim is deemed competent and declines services, the investigation will be closed (Department of Social Development, 2024). Such identification issues have been noted in the United Kingdom, where the victimization of older adults has largely been situated within the medical and social service fields (Bows et al., 2024). Problematic assumptions and stereotypes about the "ideal" victim and perpetrator in an IPV situation are common, yet "the relationship between ideal victimhood and the ideal offender when seen through the lens of older age has been invisible" (Bows et al., 2024, p.632). Biased perspectives, messages, and policy that reiterate the view of IPV victims as more often young, Caucasian, able-bodied women, who are victimized by their equally young and healthy male partners pushes IPV amongst older adults to the sidelines (Bows et al., 2024).

Effective intervention strategies rely on the victims and loved ones' knowledge of who to contact for help, as well as the responding professionals' knowledge of IPV and ability to make referrals to appropriate agencies. In a study conducted by Gill et al. (2019), 92.3% of participating police officers considered responding to IPV was their responsibility. Criminal justice responses to IPV may consider safety planning, mandatory charging policies or emergency intervention orders (Gill et al., 2019). The longevity of abuse may also be taken into consideration and risk factors may be interpreted differently to understand the relational dynamic between partners to ensure victim safety.

A variety of IPV risk assessment tools are available for use by police and other frontline workers, including both unstructured professional judgement tools, which are based on professional discretion and personal experiences; actuarial assessments, which include "specific and detailed scoring criteria" (Aspinall et al., 2024, p.614); and structured professional judgement which merges the two. Commonly used tools in Canada do not capture all possible IPV scenarios, especially considering the unique circumstances of older adults. Service providers' assessment of older adults may also be limited to the individual and fail to account for the risks posed by, or towards, others caring for and/or residing with them. This may be a direct result of myths or stereotypes of IPV that do not reflect the unique circumstances of an aging population. For example, care staff in the United Kingdom who were aware of an individuals' aggressive tendencies did not subsequently recognize the potential harm they posed to their spouse (Chantler et al., 2025). Focus on the aggressor, along with failure to share information across other agencies, hinders the perspective of a 'full picture' of the intimate partner dynamic, including a history of abuse. Fragmentation of knowledge through compartmentalized reports overlooks this bigger picture, which if intact, could help to mitigate an escalation of abuse or lethality through appropriate, coordinated intervention and safety planning. Discrepancies in a coordinated response leave many victims, especially older adults, falling through the cracks.

UNIQUE RISK FACTORS/CIRCUMSTANCES

Underreporting of IPV is a widespread issue for any social demographic, though older adults may not report their abuse for various complex reasons (United Nations Department of Economic and Social Affairs, 2023). These reasons may reflect dependence on abusive intimate partners as caregivers, normalization of violence and traditional beliefs, and social isolation. Stewart et al. (2020) estimated that only 20% of IPV incidents involving older adults were reported to the police. While the risk of lethality is present for all IPV demographics, there are several unique risk factors for IPV-related homicide amongst older adults. It should be noted that while we have separated these risk factors for the purpose of discussion, they often intersect.

INTIMATE PARTNERS AS CAREGIVERS

Often due to financial constraints, partner attachment, or hesitation to leave one's home or community, older adults may refrain from nursing homes/assisted living and remain living together in their familial home (Roberto et al., 2018). When children grow up and move out of the home, this leads to more limited family contact. While it may be expected that more dependence on each other will result, when there are uneven power dynamics and a history of abuse, the victim is at increased risk. When one intimate partner oversees driving the other or arranging transportation to medical appointments, administering medication, preparing meals, or oversees finances, the victim may not recognize their dependence. These may be normal caregiving tasks taken on with individuals of older age; however, abuse occurs when the caregiving partner assumes control over these matters beyond what is reasonably expected. For example, refusing to take a partner to a medical appointment or withholding medication to punish or intimidate a partner are circumstances that shift these behaviours into acts of abuse and coercive control. These lines between caregiving and abuse can be easily blurred and as such, Policastro and Finn (2017) suggest further research into coercive control and aging populations are needed. Victims may not recognize the power dynamic, or may believe their situation is common, normal, or a shameful, private matter. While difficult to detect, new physical injuries, emotional changes, social withdrawal, and financial discrepancies are some signs of IPV among older adults (BC Association of Community Response Networks, 2024).

NORMALIZATION OF ABUSE AND TRADITIONAL BELIEFS

Normalization of abuse occurs when the rules and consequences created by an abusive partner have been accepted as expected or common to all relationships. For older adults, violence experienced or witnessed in childhood can mean an expectation or acceptance of violence and "significant numbers of people who experienced physical and psychological violence in the past continue to be at risk into old age" (Miszurka et al., 2016, p.49). Further, longevity of the relationship can lead to the normalization of abusive power dynamics within the couple.

Abuse may also be normalized or accepted within traditional or religious belief systems. Brand-Winterstein (2015) refers to a "value gap" (p.304) between older and younger generations, as older adults have more commonly been socialized towards gendered submissiveness in familial relations. Research suggests that women born in earlier eras (i.e., Baby Boomers) tend to have strong traditional values and were raised at a time where IPV was not considered a crime (Hoppe, 2020). With a global trend of increasing support for gender equality, such traditional beliefs are more common among older adults as younger adults are "less exposed to formalized religious conditioning and unequal gender stereotypes" (Yang, 2022, p.117). Beaulaurier et al. (2008) heard women describe the need to keep the family intact, regardless of whether there were concerns about IPV. As social networks and attachments tend to reduce with age, older adults can place even more emphasis on maintaining family ties (Wydall & Zerk, 2017). Even with the criminalization of IPV behaviours, the social stigma of family violence persists, often

making it unacceptable to report abuse that could result in a spouse being arrested and/or charged (Beaulaurier et al., 2008).

Traditional gender roles often allocate men to a position of financial responsibility, where they are expected to leave the home to work while women's labour remains unpaid as they stay home to "keep house". Traditional gender roles in which the male partner is the "breadwinner", and the female spouse does not have her name attached to household and financial documentation may be more prevalent amongst older adults (Wydall & Zerk, 2017). Without a listed name on legal documents or personal bank accounts, older women often experience a life of financial dependence that is not easily changed without outside intervention. Financial abuse between older adults can take a number of forms. It may include exclusive control of money or assets (e.g., withholding bank cards, pensions or legal documents) or it may take the form of coerced debt in which one partner is manipulated or forced into taking out loans or credit cards in their own name, but to which they will not have access. Even where women were not fulltime homemakers, gendered pension gaps can cause financial dependence and act as a barrier to leaving abusive relationships (Shilton, 2024).

Particularly for victims who actively practice their religious faith, belief in the sanctity of marriage (Broissoie & Roberto, 2015) can be reflected in older victims' acceptance of violence. Nason-Clark (2004) suggested that some individuals of families with strong faith may be hesitant to end a relationship due to religious ideology that maintains women's roles as homemakers, opposes divorce, and believes that "happy families build strong nations" (p. 304). IPV offenders and victims may turn to scripture to justify abusive behaviours "through the misuse and interpretation of religious texts that endorse forgiveness, hierarchy, and misguided perceptions on sex and gender roles, as well as the condemnation of divorce" (Lalonde et al., 2023, p.4). Such justification is also noted by Ross (2012) as the weaponization of scripture to defend IPV perpetration by "subscribing to a whole set of religious tenets and beliefs around the nature of heterosexual relations, childbearing, child-rearing, and obedience to authority" (Ross, 2012, p.4) as a way to normalize the victims' experiences as their obedience. Internalization of misguided religious symbolism and language can leave victims feeling obligated to forgive their abuser and keep the marriage intact (Weeks et al., 2021).

Further, older adults may not have the familiarity with the language and terminology of IPV as it is understood today to effectively describe their experiences and report to the police (Roger et al., 2021). As such, their concerns of abuse may be downplayed or not considered serious enough to warrant intervention. Additionally, abuser behaviours may accumulate slowly and may not be easily identified as abuse, but rather related to circumstances of illness, aging, dependence, or frustration (e.g., with a caregiving role) (MacNeil et al., 2017). When violence is accepted as part of the relationship, help-seeking is deterred, and victim-blaming can be heightened. When family or friends try to intervene, the abuse may be justified by the victim as their own fault. Older adults that have accepted their abuse commonly reframe the abuse in ways that serve to normalize it (Safar et al., 2023).

SOCIAL AND GEOGRAPHICAL ISOLATION

IPV is "exacerbated by regionality, with women who live in rural areas disproportionately affected" (Wood et al., 2024, p.2). Rural living can mean isolation not only from friends and family, but also from services and emergency responders. This can include RCMP detachments (and response times), legal aid clinics, healthcare providers, and shelters. These issues of access may be intensified if transportation to an area with these services is problematic, either because the area is not serviced by buses or taxis or the victim cannot drive or otherwise relies on the abuser for transportation. Further, members of smaller communities often face issues with anonymity, and may fear gossip or retaliation, along with heightened fears of lifestyle change that come with relocation (Pathak et al., 2019; Roberto et al., 2014). Wrathall and Herron (2021) note that "rural areas tend be home to more older adults and children, and less working age individuals (p.139). Considering the increased commonality of older adults holding traditional or religious beliefs, as discussed above, older adults may experience the intersectionality of traditional beliefs and rural living that are not as prevalent in younger demographics (Pathak et al., 2019). Research has found that women often disclose their concerns of abuse informally (to family and friends) before doing so formally (police), therefore unhelpful responses from friends and family can deter or delay the victim from leaving and/or reporting the violence to authorities (Wrathall & Herron, 2021). Roberto et al. (2022) found that rural environments exacerbate concerns that their partner may find out what they are planning. Fear of having their partner find out their intentions to leave, or the broader community finding out about their victimization, can be a major obstacle for rural women to leave abusive relationships or otherwise seek help.

There are **limited shelters** specifically for older adults throughout Canada. For example, Alberta has a mere two shelters for seniors which contain individual suites rather than communal living; yet one of these shelters has a maximum capacity of eleven (Russell, 2020).

The Islington Senior's Shelter opened their doors in the Toronto area in December 2018 with space for 83 individuals aged 55 and older (The Salvation Army, 2025). However, this is not designed specifically for those fleeing IPV and caters to both men and women of older age who are experiencing homelessness.

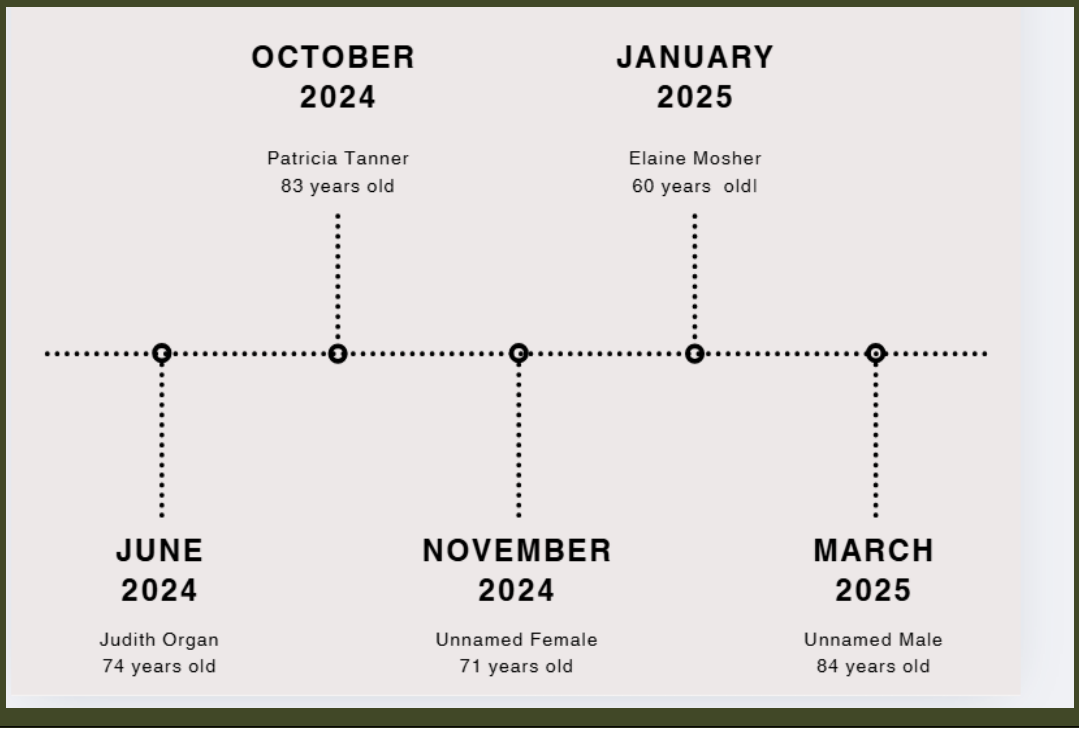
Housing can also be a barrier for older women who are financially dependent on their abusers or live remotely where housing options are limited, and relocation is expensive. This limits victims' options for leaving the relationship, increasing the level of fear and dependence (Wood et al., 2024). Further, emergency shelters are not equipped to work with the unique needs of older adults, especially those that require extra assistance with daily activities such as mobility, bathing, feeding, etc. (Bowden, 2024). Additionally, where shelters are available or accessible, they are often targeted toward younger adults and mothers and can therefore lack the

"necessary resources to address the unique medical, cognitive, social services, legal and therapeutic needs of older adults (Primc et al., 2015, p.2). Further, wait times to access long-term care and/or assisted living are also increasing across Canada, with some provinces experiencing wait times of up to two or three years (Senior Care Access, 2017). Media coverage has also sensationalized experiences of abuse and neglect in care homes, which may create greater fear for victims about moving to such establishments rather than remaining in the family home (Wydall & Zerk, 2017). A lack of supportive housing for older adults may further trap victims in abusive relationships, a risk even higher in rural areas due to the already limited nature of such resources.

IPV LETHALITY & OLDER ADULTS

Statistics Canada has reported that 1 in 8 gender-related homicides include senior women (aged 65 or older) and that when older women are killed, it is most often by an intimate partner or family member (Sutton, 2023). While a decline in homicide victimization of this demographic has been observed since 2010, spikes in IPV within smaller jurisdictions continue to occur (Sutton, 2023). As shown in Figure 1, within less than a year, Nova Scotia saw five cases of intimate partner homicide involving victims and perpetrators over the age of 60. In each case, the victim was killed by their male partners, and cases were found to seldom contain any record of IPV history (CBC News, 2025; Lau, 2025). This comes even after the province of Nova Scotia declared domestic violence an epidemic in September 2024 (Doucette, 2024) and developed a "highest-risk table" for files deemed at imminent risk of violence (Ryan, 2025). Such initiatives, however, are most effective only when reporting of abuse has occurred.

Fig. 1 Timeline of Nova Scotia victims of intimate partner lethality



In his research on **intimate partner homicide** in the United States and United Kingdom, Neil Websdale (2024) described the following cases:

A 72-year-old male in a dissociative state, killed his granddaughter who he mistook for an intruder.

"Eric" had been diagnosed with dementia, experienced frequent confusion and at times no longer recognized his family members. He stabbed his wife of over 50 years, with no prior history of known IPV in the relationship.

"Gwen" developed severe health problems and dementia. The medical bills were excessive, so her husband of 47 years "John" killed her and then himself.

96-year-old "Jack" strangled his 88-year-old wife "Ernestine", following the progression of her Alzheimer's disease and stroke that left her partially paralyzed. It was alleged the couple had previously agreed that if one of them ever had to enter an assisted-living facility, the other would take their life.

Perpetrator characteristics, social circumstances and criminal justice responses have all been found to be unique in response to different age groups (Dawson, 2021). In a study of femicide of older women in Canada, Dawson (2021) found that while younger women are more often killed by estranged partners, older women are more often killed by current partners. Motives for older adult homicides can also vary. So-called "mercy killings" are committed against older adults due to "caregivers' strain or burnout" and additional "stressors associated with their and their female partner's poor health" (Dawson, 2021, p.32). Perpetrators may also be the ones living with a life and/or memory limiting illness/disease. Individuals who are in a caregiver role for those living with dementia may also experience behavioural and/or psychological challenges such as depression, anxiety, guilt, loneliness, distress, exhaustion/fatigue, and aggression (Websdale, 2024). Chantler et al.'s (2025) study of older adult homicide in the United Kingdom found that the perpetrator's difficulty in coping with the victim's care needs and their own despair for what the future would hold were prevalent contexts for the abuse.

Mental health has been the focus of some domestic violence research regarding risk factors, including Shorey et al.'s (2012) study of the association between depression, PTSD, panic disorder, social phobia and substance disorders and male perpetration of IPV, finding each to be positively correlated with IPV perpetration. Dawson (2021) found that psychiatric histories (self-reported history of depression and/or anxiety, substance dependency, and/or suicidal ideation) are twice as common among perpetrators of older adult partner homicide than for younger couples, though few receive psychiatric help prior to the homicide.

CHALLENGES TO A CANADIAN RESPONSE TO IPV IN OLDER ADULTS

There is not yet a universal response to elder abuse or IPV among older adults in Canada. From a criminal justice perspective, there are no laws or *Criminal Code* offences specific to IPV or elder abuse. Rather, these situations are viewed as primarily incident-specific events, and the

same offences are applied to instances of violence committed by a stranger as by a partner. Several factors will aggravate the sentence an offender receives for an offence, however, including the abuse of a position of trust or authority; motivations of bias or hatred (e.g. based on age, mental or physical disability); or evidence that the offence was committed against an intimate partner and/or family member (see s. 718.2(a) of the *Criminal Code*).

While relationship between the victim and offender can be an aggravating factor for sentencing, age is found to be a possible mitigation. Dawson (2021) found that individuals who committed femicide against an older victim received lighter sentences and noted this may be related to a greater presence of sexual assault among younger victims which would increase the sentence to first degree murder rather than second. Stewart et al. (2020) suggested that there is more sympathy extended to perpetrators of older age because they are perceived as fragile individuals. Additionally, in an earlier report, Love (2010) found that despite common sentencing between younger and older offenders, Canadian judges were likely to consider old age as a mitigating factor. This was more recently confirmed yet again, as Iftene and Harris (2025) described Judges recognizing age as a justification for a non-custodial sentence and considering that older age reduced an individual's likelihood of re-offending.

Not all Canadian provinces have protective legislation that may be used to address abuse against older adults in an IPV context specifically. Rather, provincial and territorial legislation in Canada largely falls under two categories: those addressing general family violence and those focusing on elder abuse which concentrates on abuse and neglect, primarily within care facilities. For example, Nova Scotia's *Adult Protection Act* works to safeguard adults aged 16 and over who are at risk of neglect and/or abuse and unable to protect themselves (Government of Nova Scotia, 2021). In

Canadian CJS Response

In 2012, a 68-year-old male was found Not Criminally Responsible on Account of a Mental Disorder (NCRMD) after threatening and harassing his former common-law wife and her new partner. A psychiatrist testified that he was suffering from alcohol-related dementia and as a result, believed he was entitled to engage in such conduct (R. v. Szostak, 2012 ONCA 503)

In 2020, a 60-year-old male received a 10.5-year sentence (and served approximately 2 years after pre-trial custody credit) for killing and dismembering his wife's cousin who resided with them. While the offender testified to having auditory hallucinations, assessments showed no indication of mental illness but established the **possibility** of dementia (R v. Zhao, 2020 BCSC 1552)

In 2023, an 84-year-old male was sentenced to a 2-year probation order after committing a violent assault on his spouse. In addition to there being no reports of prior violence in their 59-year marriage, as the offender was of older age and suffering from hearing loss, these were considered mitigating circumstances (R v. Crawford, 2023 NBPC 1).

New Brunswick, under the *Family Services Act*, the Department of Social Development can intervene if it is believed there is abuse or neglect of a senior. Unlike Nova Scotia, the *Family Services Act* of New Brunswick considers adults in need of protection if they are experiencing abuse or neglect and are aged 65 and older (PLEIS-NB, 2023). Newfoundland and Labrador's *Neglected Adults Welfare* Act – the only neglect-specific statute in Canada – defines neglect but not abuse (Department of Justice Canada, 2021, np).

From a social perspective, there are a variety of initiatives. The Canadian Network for the Prevention of Elder Abuse (CNPEA) is committed to highlighting inequities and discrimination against older adults and to raise awareness of unique risk factors through the *Future Us* campaign (CNPEA, 2022). However, individual provinces and territories differ in their own approaches to addressing elder abuse. Alberta has a provincial strategy to prevent and address abuse against seniors, and from this, developed a coordinated community response in Edmonton. The Seniors Protection Partnership combines the City of Edmonton, Edmonton Police Service, Catholic Social Services, Sage Seniors Association, and Covenant Health to network and respond to cases of senior abuse that are assessed as high-risk (Bourgon, 2023). Alternatively, New Brunswick, Saskatchewan, Yukon, and Nunavut have **no** formalized elder abuse strategy or network (Elder Abuse Prevention Ontario, 2025). Discrepancies in resources and advocacy networks between jurisdictions impedes knowledge mobilization and standardized, universal, responses to age specific IPV victimization that could lead towards collective action (Elder Abuse Prevention Ontario, 2025). Collective action through inter-provincial and multi-agency response may lead to more effective strategies through the sharing of best practices that until now, have been discipline and/or province/territory specific.

RECOMMENDATIONS AND STRATEGIES FOR CHANGE

Improving responses to IPV among older adults entails systemic, inter-provincial/territorial efforts. These efforts should reflect research, evidence-based policy, and service improvements to address IPV risk factors and societal stigma regarding agism and sexism. Five recommendations for improving the availability and quality of care for older adults experiencing IPV are:

1. STRENGTHENING SCREENING

A proactive approach to responding to older adults facing IPV, like other vulnerable populations, could include a more thorough assessment of risk without first awaiting evidence or suspicions of abuse (Beach et al., 2016). An intersectional approach to screening, which recognizes overlapping systems of oppression (i.e., gender, race, socioeconomic status, etc.) (Dawson, 2021) could be included in these assessments. Where screening with a potential victim is challenging due to possible cognitive impairment, information may be gathered from caregivers (e.g., health care, social services, family) who are in frequent contact with the victim (Beach et al., 2016).

2. IMPROVE PRESONSE AND ACCESS TO SERVICES

Correct identification (differentiation of older adult IPV from elder abuse) and agency referral (Social Development or Police) are key to effective intervention in cases of IPV. Case management systems that allow for increased information sharing between IPV service providers, healthcare agencies, and law enforcement will improve access to support, coordination between services, and a more "holistic care" approach (Chantler et al., 2025). Required training and education for service providers on IPV in older adults that contains information about harmful myths and stereotypes of aging populations should improve practitioners' responses to IPV. Letourneau et al. (2023) also recommend integrating long-distance and public transportation options for rural residents seeking shelter, as noted above, rurality plays a large role in limiting access to resources. Additionally, staff turnover and burnout are especially common in rural areas where funding is even more limited. Increased support for professionals, especially in rural areas, should be prioritized.

3. CAREGIVER AND FAMILY EDUCATION

Similar to the above need for professionals to have increased knowledge of IPV in older adults, it is imperative for victims and their friends/families/informal caregivers to be able to identify IPV and access relevant information. This could be achieved using public education campaigns as well as resources and information provided by agencies and professionals in their jurisdiction.

4. FINANCIAL INDEPENDENCE

Economic independence is essential for a victim's autonomy, stability, and safety. Professionals should be trained to advise on (or refer to) strategies available for financial protection. Implementation of financial literacy programs should be available for victims who may be unfamiliar with banking procedures (Stylianou et al., 2019). Information on subsidized housing or other housing initiatives should also be shared. A tailored response that identifies the victim's possible economic dependence on their abuser can further assist the victim in maintaining their financial autonomy.

5. CHANGING SOCIAL ATTITUDES AND STIGMA

Attitudes of ageism and sexism are engrained in Canadian culture. These may include assumptions that older adults are incapable of making their own decisions, that they are resistant to change, that they are useless, or that they are a drain on the healthcare system, to name only a few harmful myths about older adults (Dawson, 2021; Government of Canada, 2024).

Ageism is a risk factor for elder abuse; however, such stereotypes can be reversed through education and inclusivity efforts (Dawson, 2021). Governments and not-for-profit organizations throughout Canada have implemented several strategies to raise awareness and education about ageism. Such initiatives should continue and be expanded.

Let's Stop Ageism was a three-year initiative in Alberta to promote inclusion of older adults (see Alberta Council on Aging on Facebook)

Ageism and Media Project in Saskatchewan raised awareness about ageism in the media (https://skseniorsmechanism.ca/words-are-powerful/)

Anti-Ageism in the Workplace was hosted in Toronto to create advice on establishing age-friendly workplaces (https://healthyagingcore.ca/featured-programs-and-initiatives/campaign-toronto-for-all-anti-ageism-in-the-workplace)

CONCLUSION

Older adult victims of IPV face numerous intersecting challenges, not only due to gender and age but also the lived experiences of having intimate partners as caregivers, social and geographical isolation, and traditional and historical belief systems that encourage the normalization of abuse. While additional research on treating and intervening with IPV perpetrators includes a focus on punishment and an understanding of their histories of trauma, abuse, and substance use, older adult perpetrators of IPV and homicide may face their own unique situations. Fear and uncertainty of being alone, stress of caregiving, and terminal or life-limiting illness are just a few circumstances rarely seen in younger demographics and under-studied in IPV prevention research. A focus on improving screening, expansion and collaboration of services, education, and the elimination of false social perspectives and stigma regarding this population will aid to better understand the unique experiences of older adult victims of IPV and develop improved safety and prevention plans for helping them.

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