

**WEBINAR**

# Responding to the Crisis of Intimate Partner Violence and Homicide amongst Older Adults



Muriel McQueen  
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for Family Violence Research



Centre Muriel  
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pour la recherche sur la violence familiale



ALLIANCE OF CANADIAN  
RESEARCH CENTRES  
ON GENDER-BASED VIOLENCE



**Western**  
Centre for Research & Education on  
Violence Against Women & Children

From screening and assessment to developing appropriate parenting plans after family violence

# Before we start:



All attendees are **muted** during the webinar.  
If you are **experiencing issues**, please type into the chat box.



If you have a **question** for the webinar speakers, please type into the **Q&A box** and we will spend 15 mins near the end on Questions and Answers



There will be an **evaluation link in the chat box at the end** of the webinar, please fill out the form as your feedback will guide our future webinars.  
Once you complete the evaluation form, you will be directed to a website where you will be prompted to enter your full name and email address. **A certificate of attendance will be generated and emailed to you.**



**Presentation slides are posted on our website**, there will be a link in the chat box.  
The webinar recording will be posted on our website within the next few days



**Code of conduct** is in the chat function



Please think about the traditional lands you are currently situated on and join us in **acknowledging and thanking the generations of Indigenous peoples** who have cared for these Lands and in celebrating the continued strength and spirit of Indigenous Peoples. The ongoing work to make the promise of truth and reconciliation real in our communities and in particular to bring justice for murdered and missing Indigenous women and girls across the country should inform our discussions in this webinar and beyond.

Western  Centre for Research & Education on  
Violence Against Women & Children

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# Welcome to our webinar!



**Lisa Marie Hunter**

Individual Case Specialist  
Office of the New Brunswick  
Advocate



**Katherine Cake**

Individual Case Specialist  
Office of the New Brunswick  
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**Kristina Fifield, MSW, RSW, CCTP**

Certified EMDR/Trauma Therapist  
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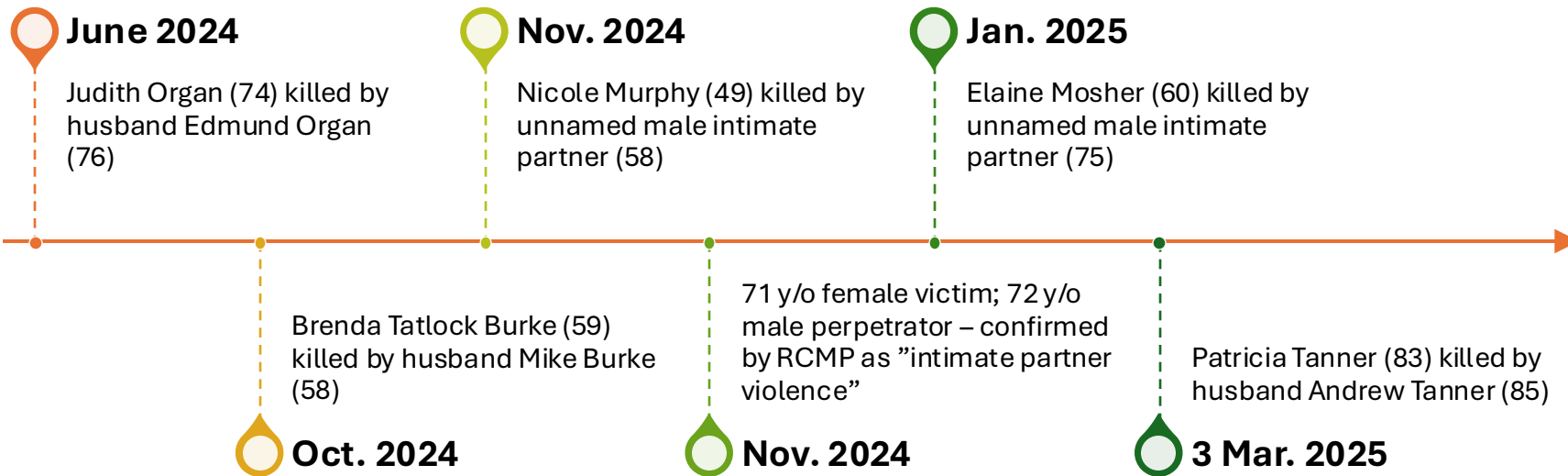
*Financial contribution from*



Department of Justice  
Canada

Ministère de la Justice  
Canada

# Nova Scotia 2024/2025



# The Office of the New Brunswick Advocate: Responding to the Complex Needs of Older Adults

Elder Abuse, Intimate Partner Violence, and Aging in New Brunswick

*Katherine Cake and Lisa Marie Hunter*

*Individual Case Specialists*



**The Advocate** is an Officer of the Legislature with powers of access to information, conduct investigations and reviews, and is independent of any government Department or Office.

**The Advocate operates under the Child, Youth and Senior Advocate Act.**

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# Our Act

## Older Adults

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1

Ensures rights and interests are understood, protected, and promoted

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2

Ensures views are heard and considered in appropriate forums where those views might not be otherwise advanced

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3

Ensures access to services and that complaints about services receive appropriate attention

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4

Provides information and advice to the government, its agencies, and communities about the availability, effectiveness, responsiveness, and relevance of services

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5

Acts as an advocate for rights and interests generally



# Jurisdiction

- ✓ Departments of the provincial government
- ✓ Commissions, boards, agencies and other bodies created by legislation or responsible to the province
- ✓ Municipal government
- ✓ Health authorities
- ✓ Nursing Homes, Special Care Homes, Home Support Service Providers contracted by government
- ✓ Institutions as defined in the Adult Education and Training Act



1

## Individual Advocacy

Advocating for the rights of  
individuals on a case-by-case basis

2

## Systemic Advocacy

Advocating for the collective rights  
through systemic reform



# Individual Advocacy

**Quick Resolution:** Information is provided to address the inquiry, and help is provided to self-advocate in navigating systems.

**Complex Advocacy:** Advocacy requires long-term support or complex interventions. Complex advocacy cases often require coordination with multiple service providers.

For **vulnerable populations**, advocacy can help in accessing essential services, understanding rights, and navigating complex systems. This support can be crucial for individuals who may face language barriers, discrimination, or lack of information.



# Practical Examples of Our Work

**Housing:** “My request for repairs to my Housing NB unit has been denied. Housing NB is not returning my phone calls.”

- ✓ **What Our Office Can Do:** Our office can assist by engaging with Housing NB to review the criteria used to deny your request and advocate for them to reconsider. Additionally, we can inquire about the lack of response to your calls and emphasize the importance of maintaining communication.

**Nursing Home or Special Care Home:** “The financial contribution required for me to live in a Nursing Home/Special Care Home is too high in relation to my income.”

- ✓ **What Our Office Can Do:** Our office can contact the Department of Social Development to review the reasons your contribution was assessed at this rate and request justification. The Advocate can also request a reassessment and ask for a change to your contribution rate if necessary.



# Practical Examples of Our Work

**Home Support Services:** “It is difficult for me to access the full hours of home support services that I am entitled to.”

- ✓ **What Our Office Can Do:** Our office will contact the Department of Social Development to review the steps they have taken to allocate the agreed-upon number of home support service hours. We will advocate on your behalf to ensure you receive the full hours determined by your needs assessment.

**Elder Abuse:** “I have been physically and psychologically abused in the care home where I live.”

- ✓ **What Our Office Can Do:** Once you have reported the event to the Department of Social Development’s Adult Protection Program, our office can follow up with Adult Protection to advocate for your concerns and ensure that appropriate measures are taken to address the situation. Additionally, we will contact Adult Protection to ensure they have received the intake, and if not, we will report it ourselves.





An increase in individual advocacy cases about the **same issue** may lead to a systemic review

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## Older and Vulnerable Adults

**April 2, 2023 to March 31, 2024:** 399 individual case advocacy files reviewed

**April 2, 2024 to December 31, 2024:** 232 individual case advocacy files reviewed



# Systemic Reviews

**What We All Want:** A Review and an Urgent Proposal for Change in New Brunswick's Long Term Care System

**How It All Broke:** Fixing How Government Manages Social Policy in New Brunswick

**He Deserved Better:** One Man's Final Days in Long Term Care



# From Advocacy to Action: Understanding Abuse in Aging

Through our **individual** and **systemic advocacy work**, we see firsthand how older adults in New Brunswick navigate **complex systems**—often while facing **isolation**, **health challenges**, and **service gaps**.

Among the **most serious** and **overlooked** issues are those involving **abuse**—especially when **intimate partner violence** intersects with **elder abuse**. Let's take a look at this critical intersection.



# Intersection of Elder Abuse and Intimate Partner Violence in Canada

Understanding Overlapping Risks and Systemic Barriers

1. Definitions and Overlap
2. Systemic Response Gaps
3. Vulnerability and Risks
4. Caregiving and Dependency
5. Barriers to Reporting/Services
6. Legal Landscape in Canada
7. Key takeaways



# Definitions and Overlap

**Elder Abuse:** Harm toward older adults by someone in a position of trust

**Intimate Partner Violence (“IPV”):** Violence from a romantic partner—can continue into older age

**In older adults,** IPV is often misclassified as elder abuse, creating confusion between police and Adult Protection Services

Source: Government of Canada, 2019;  
CNPEA, 2021



**Older victims** of intimate partner violence experience unique challenges and barriers to live free from harm.

**Underreporting:** Only 1 in 5 incidents of elder abuse are reported to authorities, indicating significant underreporting.

**Types of Abuse:** The most common forms include psychological, financial, and physical abuse.

**Femicide Among Older Women:** In Canada, women are eight times more likely to be killed by a spouse than men.

Source: Elder Abuse Prevention Ontario, 2025



# Systemic Response Gaps

**Adult Protection** may not intervene if the older adult “chooses to stay”

**Police** may decline to act, treating it as a social service matter

**Result:** Victims fall through cracks due to jurisdictional confusion.

Source: Canadian Women’s Foundation, 2020; Justice Canada, 2017



# Future Us

**Future Us:** Launched in 2022, it is a Pan-Canadian Engagement Strategy has been created to outline a roadmap for preventing elder abuse.

[www.futureus.cnpea.ca](http://www.futureus.cnpea.ca)

## Prioritize Prevention

**Establish and support** abuse prevention networks at local, regional, and national levels.

**Raise awareness** among everyone about how to identify and respond to abuse and neglect.

Source: Elder Abuse Prevention Ontario, 2025



# Pan-Canadian Elder Abuse Networks

## Provinces with Elder Abuse Strategy and Network

- ✓ Northwest Territories
- ✓ British Columbia
- ✓ Alberta
- ✓ Manitoba
- ✓ Ontario
- ✓ Quebec
- ✓ Nova Scotia (Strategy only)
- ✓ PEI (Network only)
- ✓ NFLD & Labrador

## Provinces without an Elder Abuse Strategy or Network

- New Brunswick
- Saskatchewan
- Yukon
- Nunavut

### Funded and formalized networks:

- ❖ Deliver public education
- ❖ Enhance community coordination
- ❖ Participate in knowledge sharing
- ❖ Contribute ideas, experiences, and innovations
- ❖ Support collective action

Source: Elder Abuse Prevention Ontario, 2025



# Vulnerability and Risks

**Social Isolation**

**Health and Mobility Issues**

**Coercive Control**

**Financial Dependence**

**Societal and Generational Beliefs**

**Negative Health Outcomes**

Source: BC Community Response Networks, 2024; U.S. Centers for Disease Control and Prevention, 2024



# Signs of Intimate Partner Violence in Older Adults

Physical Injuries

Emotional Changes

Social Withdrawal

Financial Discrepancies

Source: BC Community Response Networks, 2024



# Caregiving And Dependency

**Emotional, Financial, and Physical Abuse** can be exacerbated by life circumstances and age-related changes.

**Psychological violence** becomes more prominent with advancing age.

**When Intimate Partners are also Caregivers:** The control exhibited by caregivers often leaves victims feeling powerless.

Source: BC Association of Community Response Networks, 2024



# Barriers to Reporting and Services

**Generational Stigma:** cohorts may have a belief that the abuse is “private”

**Older Victims** may have lived through decades of physical, sexual, emotional, and financial abuse and trauma.

**Older women** may be less likely to report instances of intimate partner violence due to several factors, including generational beliefs about privacy, stigma surrounding divorce or separation, and a lack of awareness about the support services available to them.

**Shelters** often inaccessible for older adults with health needs

**LGTBQ+** older adults face added discrimination

Source: CNPEA, 2021; NICE Network, 2022;  
Elder Abuse Prevention Ontario, 2025



# Legal Landscape in Canada

**No specific federal offense** for elder abuse;  
cases addressed under assault, theft, etc

**Nova Scotia:** *Adult Protection Act* allows  
intervention for those unable to protect  
themselves

**New Brunswick:** *Family Services Act* covers  
abuse/neglect of vulnerable adults

**Competent adults** may refuse services—  
autonomy can limit protective intervention

Source: Justice Canada; Nova Scotia Dept. of Health; Canadian Centre for Elder Law;  
Lausi, G. et al., 2023 Decision-Making and Abuse, What Relationship in Victims of  
Violence?



# Key Takeaways

**IPV** in older adults is often misunderstood as elder abuse

**Dependency and systemic gaps** worsen risk

**Coordinated** responses and age-inclusive IPV services are critical

Source: CNPEA, 2021





# Responding to the Epidemic of Intimate Partner Violence & IPV Femicide in Older Adults

Kristina Fifield- MSW, RSW, CCTP, Certified EMDR Therapist



# Terminology

**Intimate Partner Violence (IPV)** – is more specific than “gender-based violence,” and is sometimes used interchangeably with “domestic violence,” but different in that it applies specifically to intimate relationships, whether or not partners are legal spouses or currently living together to include all types of intimate relationships -couples, serious or casual, exclusive or non-exclusive, short and long term. IPV is defined as behaviours by an intimate partner or ex-partner that cause physical, sexual, or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (coercive control). It can occur among heterosexual or same sex couples and does not require sexual intimacy.

**Intimate Partner Femicide** - refers to the killing of women, girls, trans, non-binary individuals by current or former partners, because they are female-identified.

**Intersectional** – describes how systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class and other forms of discrimination “intersect” to create unique dynamics and effects.

**Coercive control** – is a pattern of behaviours to assert control over a person through repeated acts that disempower the other partner through fear for the safety of self or others, removal of rights and liberties or fear of this removal, by isolating them from sources of support, exploiting their resources and capacities for personal gain, removing the victim’s rights and liberties, depriving them of the means needed for independence, resistance, and escape, and regulating their everyday behaviour. When it is present, it more commonly results in death.



# Normalization of Violence

The normalization of violence takes place in all communities, across institutions, and within services. It involves cultural beliefs and values that treat gender-based violence and violence as a normal or unremarkable part of relationships. This normalization both increases the rates of IPV and gender-based violence and decreases the ability to recognize and respond to that violence.

When violence is normalized, those who experience or witness it may not question it or may remain silent about it. In some cases, this normalization of violence is exacerbated by harmful stereotypes and victim-blaming.

**How might the normalization of IPV and gender-based violence impact older adults?**



# Epidemic of IPV & GBV

Unpacking recent IPV femicides through an intersectional lens:

Older Adults

IPV & Rural Communities

Access to Weapons/Firearms

Culture of Silence

Lack of Resources

Patriarchy & Misogyny



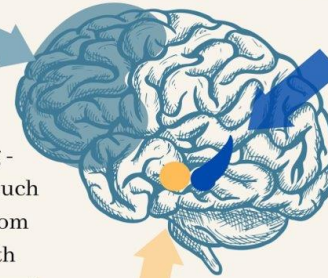
# IPV and Neurobiology of Trauma

## HOW TRAUMA AFFECTS THE BRAIN

Prefrontal Cortex

Being aware when the frontal lobe is online or offline is key in working with survivors of IPV

Rational thinking - regulates emotions such as fear responses from the amygdala - with PTSD this has a reduced volume



Hippocampus

Responsible for memory and differentiating between past and present – works to remember and make sense of the trauma. With consistent exposure to trauma, it shrinks.

Amygdala

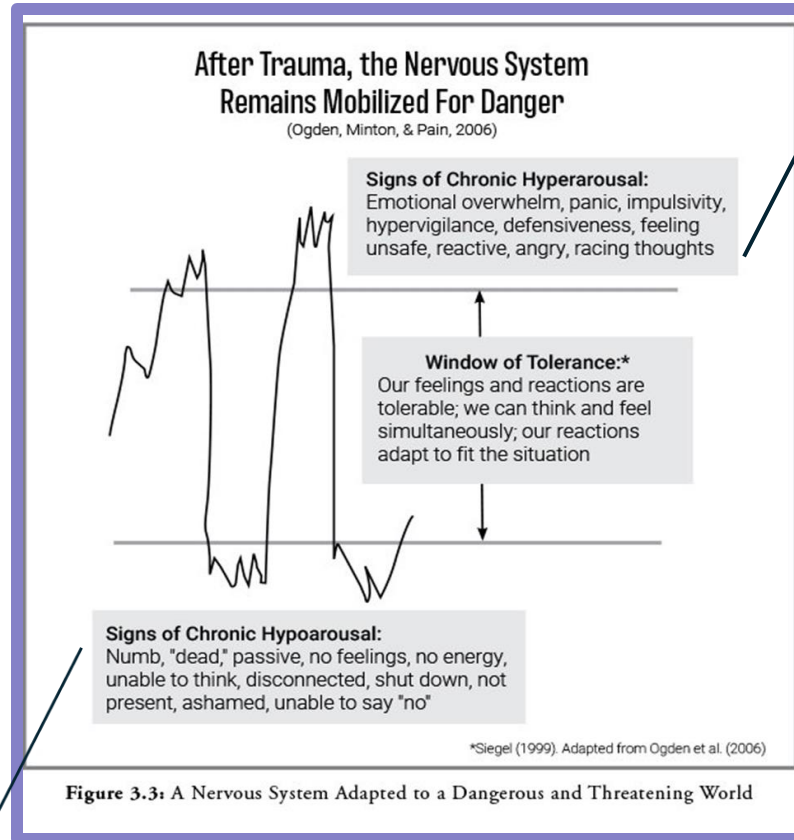
Wired for survival, when active it is hard to think rationally. The more hyperactive the amygdala is, the more signs of PTSD are present.

@PSYCHOTHERAPY.CENTRAL

Awareness of the neurobiology of trauma is vital in providing trauma-informed care



# IPV Impacts & Neurobiology of Trauma



Frontal lobe  
offline

Frontal lobe  
offline

**Figure 3.3:** A Nervous System Adapted to a Dangerous and Threatening World



# Risk Assessments and Screening

-Preparing for Intakes and Initial Meetings

-Trauma-Informed Screening Questions

-Women-centric risk assessments and Danger Assessment Tool (DA Tool)

-Awareness of Neurobiology of trauma

-Training on IPV



# IPV Safety Planning

-Knowledge is Power- GBV & IPV Informed

-Trauma-informed, warm handoffs \*

-Safety planning and resources

-Working with older adults designated as high risk for lethality

-Supporting individuals who plan to stay with their partner



# GBV Embodied Activism

**We have an individual & collective responsibility to take action!**

**What role will you play?**





# Questions



[www.alliancevaw.ca](http://www.alliancevaw.ca)

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