

bridging aging and women abuse - a toolkit

A resource for service providers
working with older women experiencing abuse
October 2009

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NICE

National Initiative for the Care of the Elderly
Initiative nationale pour le soin des personnes âgées

We care together

Ensemble pour le bien-être des aînés

introduction

section 1 what makes older women abuse unique

section 2 promising practices for service providers

section 3 informed consent

section 4 safety planning

section 5 activation plan

section 6 service directory

INTRODUCTION

WHY WE DEVELOPED THIS TOOLKIT

This toolkit was developed to support a more coordinated and effective community response to older women abuse. Older women are one of the fastest growing population groups and as the baby boomer generation age, the number of older women experiencing abuse will likely increase. The most recent Family Violence in Canada profile indicates that older women are more likely to be victims of family violence than men and that this rate has been steadily increasing since 1998. Previous work by the project team, as well as other research and reports, indicate that older women experiencing abuse are often caught between service systems. For example, older women may not identify with elder abuse programs, which largely assume that abuse occurs in a care giving context and typically do not address the gendered nature of abuse. Likewise, domestic violence services are often perceived to be for younger women with children and may not have age appropriate supports in place. For some older women these gaps in support lead to homelessness and homeless shelters where neither aging nor abuse is well addressed.

Although promising practices are emerging in response to these gaps, few tools have direct input by older women who have experienced abuse and the gaps in service systems. Further, few tools provide resources for service providers and older women to use while working together. We have built on but not replicated existing resources. We acknowledge all the important work¹ we drew upon but emphasize that THIS IS NOT ANOTHER MANUAL. It is an innovative and relevant compilation of ideas and tools that can be used to support an effective and empowering response to older women abuse.

HOW WE UNDERSTAND OLDER WOMEN ABUSE

Older Women

For the purposes of this project, 'older women' are defined as those **aged 50 years and older** rather than the conventional norm of 65 for seniors. Evidence-based research and service learning suggest that a person living in poverty and/or experiencing the emotional, physical and psychological trauma associated with abuse, and/or without access to appropriate health care and social services, suffer accelerated aging. For this reason, it is important to consider younger older women, as well as women aged 65+, in resource development and services addressing older women abuse. The project team uses the term 'older women' rather than 'seniors' or 'elderly women' to avoid the specific understandings associated with these terms and to privilege the subjective experience of age over *actual* years lived.

Older Women Abuse

Because there are numerous definitions of 'domestic violence,' 'domestic abuse,' 'violence against women,' 'elder abuse' and so on, it was necessary to establish a project-specific definition of the kind(s) of abuse that this toolkit aims to address. For the purposes of this toolkit, older women abuse is understood to be the mistreatment of an older woman (50+) in her home by anyone who lives in or visits the home, excluding paid caregivers and other support workers. Although this toolkit is focused on abuse in later life, it recognizes that many of the practices and tools included are relevant across the life course. In fact, for many older women their experience of abuse has occurred across the life course: '*abuse grown old.*' However, as they age certain aspects of that experience change (worsen), while new challenges emerge. For still other women, abuse only begins in later life and has different dimensions than '*abuse grown old.*'

¹ For example: 'Breaking the Silence' produced by Family Service Toronto, the multiple resources of Springtide/Education Wife Assault and the Women Abuse Council, and ONPEA's 'Free from Harm.'

Types of Older Women Abuse

While understanding that women often experience multiple types of abuse either simultaneously or at different times in their life and that the same behaviors can constitute more than one kind of abuse (i.e., few women experience physical abuse without emotional scars), these definitions informed this toolkit:

Physical abuse occurs when someone causes a woman physical harm by hitting, burning, or rough handling her; or restraining her from moving about or leaving a room (using physical force, alcohol or medication).

Emotional abuse occurs when someone does or says something to make a woman afraid, to make her uncertain about herself or to cause her emotional pain by calling her names, yelling at, insulting or threatening her. Emotional abuse can also involve controlling a woman's comings and goings, activities in or outside the home and/or who she talks to.

Sexual abuse occurs when someone exposes him/her self to a woman in a sexual way, makes sexual comments, forces her to have sex/perform sexual acts or to look at sexual material.

Neglect, which is a form of abuse, occurs when the person providing care to a woman consistently leaves her alone, without access to food, a phone, medication or a bathroom.

Financial abuse occurs when someone close to a woman is taking her money, wrongly spending money she has given them access to, or making her feel like she has to give them money.

HOW THE TOOLKIT WAS DEVELOPED

As previously mentioned this toolkit was produced by women who know firsthand the gaps in service delivery to older women experiencing abuse perpetrated by intimate partners and adult children. These women were engaged with the help of a network of service providers and then invited for an in-depth interview with the project staff. At the close of the interview they were invited to join one of two working groups.

Those that joined the groups worked over several months to develop **two resources**:

- 1) a tool for older women in the community who have not yet made contact with service providers regarding their abuse² and
- 2) a toolkit for use by service providers working with older women experiencing abuse.

Tool development was also informed by an environmental scan of the literature and reporting on older women abuse, key informant interviews, our project advisory, as well as focus groups with service providers and older women. The participation of older women in all project activities, including the development of project goals and objectives, ensured that the tools reflect the real interaction of older women experiencing abuse and the service systems and providers working to support them.



² To find out more about the first tool, as well as other project resources (e.g. a brief scan of the literature and reports on older women abuse), please visit: www.nicenet.ca

WHAT'S INSIDE THE TOOLKIT

This toolkit was developed to highlight what is unique to older women abuse, best practices to support older women; and to provide tools for service providers working with older women (including a comprehensive directory of the most age/gender appropriate services available). Depending on the area and context of service, some sections/aspects of the toolkit will be more relevant than others. Again, this is not a manual but a compilation of ideas and resources that can be selected and adapted as appropriate for a range of service providers.

The content/context of this toolkit is not crisis management. The toolkit is intended to support older women who are relatively safe, as they transition to medium and longer term planning for socio-economic inclusion and security. The following is a brief summary of the toolkit sections, many of which are designed to be photocopied for repeated use by service providers and clients.

Section 1 of the toolkit outlines what makes older women abuse unique.

Section 2 offers promising practices that respond to these unique needs.

Section 3 explores the intent, meaning and practices of obtaining informed consent to share a woman's personal health information with other relevant providers.

Section 4 is NOT a safety plan but rather an overview of safety planning (links to three sample safety plans are included) in the event that a woman has not considered such a plan and would like to discuss its value.

Section 5 provides a tool to explore and prioritize medium and longer term actions. This section contains an 'activation plan' which can be copied and used to support case management and referrals. The plan's key features are: 1) that it supports collaborative planning, 2) that the woman prioritizes areas for planning and 3) that it explicitly sets out goals and actions for both the service provider and client with check-ins and follow ups.

Section 6 provides a service directory that is based on the potential actions outlined in the activation plan.



WHAT MAKES OLDER WOMEN ABUSE UNIQUE?

Older women may be more vulnerable (both mentally and physically) than their younger counterparts and, as such, the consequences of abuse can be much worse. It is important to recognize the unique characteristics and needs of older women experiencing abuse as they can have significant implications for the women's behaviour and reactions to abuse, as well as for the provision of services and support. While some of these characteristics apply across the life course, we have tried to highlight dimensions that are most relevant to the experience of older women abuse. Many of these dimensions may be familiar to you, others may be less so. **We hope that you will integrate these considerations in your work with older women.**

Older women often suffer years of repeated abuse. For example, they may:

- come to believe they're worthless, 'develop a thin-skin' and/or be easily hurt or triggered
- be afraid to show anger or stand up for themselves OR they may unintentionally show anger to undeserving people
- find it difficult to talk about their abuse after being silent for many years, particularly if they taught their children that abuse should never be tolerated
- feel guilty for staying in the abusive situation for so long
- have abuse and related trauma that is historical while supports and services tend to focus on present abuse and trauma
- suffer from long lasting physical and mental effects of repeated abuse

Older women may be more susceptible to isolation and have limited access to support. For example, they may:

- face language and cultural barriers, especially if they are new immigrants
- have fewer allies and/or have allies (friends) who are also older and cannot always help
- experience health, mental health and/or mobility issues that prevent them from accessing help
- have an abuser(s) who controls their activity and contact with others

Older women may have certain generational and cultural beliefs and awareness.

For example, they may:

- believe in 'death do us part', that men are the head of the household and stay in their marriage despite abuse
- not know their rights and be accepting of hardship
- be accustomed to solving their own problems, believing that they 'have made their bed and have to sleep in it' or that they should not 'air their dirty linen'
- lack awareness of available options and services for older women
- believe that having less connection to family is a normal part of aging and Canadian culture
- feel obligated to provide physical, emotional or financial support to their spouse or partner
- be influenced by children or other family members who feel that the abuse is not a big deal or if their mother left, the responsibility would fall to them

Older women may have complex family relationships and responsibilities that influence their response to abuse.

For example, they may:

- believe that keeping the family together no matter what is most important
- wish to feel needed by their children
- believe that they owe their children for past mistakes such as their father's abuse towards them
- want to maintain their relationship with their children/grandchildren; and
- provide financial, emotional or physical support to their abusive child or spouse

Older women are often dependent on others. For example, they may:

- need personal support for physical and mental health issues
- require financial support due to their often times limited access to education, employment and independent income or to their citizenship status (e.g., sponsored by relatives).

Existing services may not be appropriate for older women. For example, they may find that:

- shelters serving younger women with children are too noisy and stressful and are usually not equipped for complex health or mobility issues
- co-ed shelters may be stressful or even dangerous for an older woman who is fleeing an abusive situation
- shelters may not accommodate women who care for older/adult children or grandchildren
- shelters often have limitations on the length of time clients can stay
- services which offer support in the area of elder abuse may not recognize the unique needs of women; they tend to see clients as frail, older adults needing medical care and they often see the abuser as an over worked caregiver
- women abuse services are often unfamiliar with the needs of and appropriate services for older adults, especially older women experiencing abuse

Older women are frequently devalued and, consequently, not given the support that they are entitled to. Also, they may internalize ageist and sexist discrimination and feel that they are of 'no value.'

For example, they may see that:

- service providers frequently treat older women as 'mentally incapable,' do not take their problems seriously and/or make decisions for them
- minimal attention is paid to older adults in health care education and training
- older women are not often recognized in the media, and when media images are portrayed, they often appear as ugly, ridiculous, lacking worth
- there is a tendency to blame the victim in cases of older women abuse
- negative attitudes about women, older adults and disAbled persons are common (e.g., that older adults are a 'drain' on health care)



PROMISING PRACTICES

Recommendations for Service Providers

The recommendations below are based on the lived expertise of our working groups and provide a unique window into the experiences of your clients. Many of these suggested practices and ideas may already be in place at your agency and not all of the recommendations may be relevant to your work. However, there may be some fresh approaches for you to consider.

Older women experiencing abuse may need counselling but what might be most important right NOW is having their basic needs met. For example:

- **Address immediate basic needs** such as clothing, transportation (cab fare or transit tokens), food and shelter first – ask detailed questions later. For example, many times women flee with nothing but the clothes on their backs
- **If a client calls, record contact information** so that you have a way of reaching her should the call end; **Ensure that clients know** they can be connected with appropriate agencies by calling 211, which is free from most pay phones
- Ask whether they have a **means of getting to the services** you have recommended or referred to them; and offer help if required

Older women experiencing abuse are not ‘sick’ they are responding ‘normally’ to assault, isolation, trauma and powerlessness. For example:

- **Recognize that confusion and distress may be an appropriate response** to abuse
- **Avoid assuming that an irrational behaviour or response is due to dementia;** and **avoid using diagnostic labels** such as post traumatic stress disorder or depression, unless used by your client
- **Focus on the abuse rather than the symptoms.** However, don't ignore the symptoms (e.g., distress or depression) but try alternative ways to help your client feel safe and supported. For example, try active listening

(versus problem solving), leading her in controlled breathing, providing a place for her to sit quietly alone or connecting her with free activities to counter isolation (e.g., art, music or dance therapy; exercise groups or social hubs)

- **Reflect on your communication and actions,** particularly if your client's stress level is escalating

Older women experiencing abuse are subject to enormous stress potentially worsened by age-related challenges. They may require ongoing support and advocacy to negotiate often complex, fragmented service delivery systems. For example:

- **Review intake and eligibility to ensure that practices do not exclude or create unnecessary barriers.** For example, intake that requires detailed forms to be filled out or eligibility that expires if a client is hospitalized (e.g., loss of bed)
- **Reflect on whether self-help models** that are often practiced with younger women experiencing abuse **are appropriate for older women** who may require more support. For example, consider accompanying her to appointments, providing context and information (if consent is provided) on behalf of your client to other service providers, and making reminder calls prior to appointments
- **Conduct ongoing training on the uniqueness of older women abuse** and promising practices to appropriately support (or refer) older clients

Older women experiencing abuse require client-centered support that reflects the pace and priorities of the older women themselves. For example:

- Tell your client what **you are able to do for her before you tell her what she has to do** in order to receive services or shelters. Listing chores, rules and conditions before service introduces new stress into an already stressful situation

- **Focus on the issues your client presents** rather than investigating additional needs until she is ready to prioritize other areas of her health, well-being and security
- **Avoid asking assumptive, directive questions.** Do not rush to conclusions or referrals, rather listen carefully and let your client tell as much or as little of her story as she sees fit
- **Ask your client how you can make her more comfortable** e.g., by changes to the physical environment or to the way you communicate (including content, body language and other non-verbal cues); places you meet
- Recognize that **your clients are the ‘experts’** in the circumstances of their lives. They may have accessed other services, or employed other strategies. Ask your client what she has tried, what worked and what did not and why; reinforce that your client has a say in in her own life and your partnership with her will continue to support this
- **Provide support to your client** that goes beyond agency protocols that often make women feel like ‘cases to be managed’ and ‘intake data’. It is important that your client feels that you truly want to support them
- **Seriously consider your client’s requests.** For example, help her obtain a refill for a pain prescription before the current medications are finished. Do not assume that she will abuse or confuse medications
- **Avoid making service provision conditional** on, for example, medication compliance, or on giving consent for sharing personal information
- **Be aware that the fit and the relationship between client and worker are crucial** to effective support. **Understand that your client may be better supported by someone else,** try not to take it personally and facilitate connections with another worker

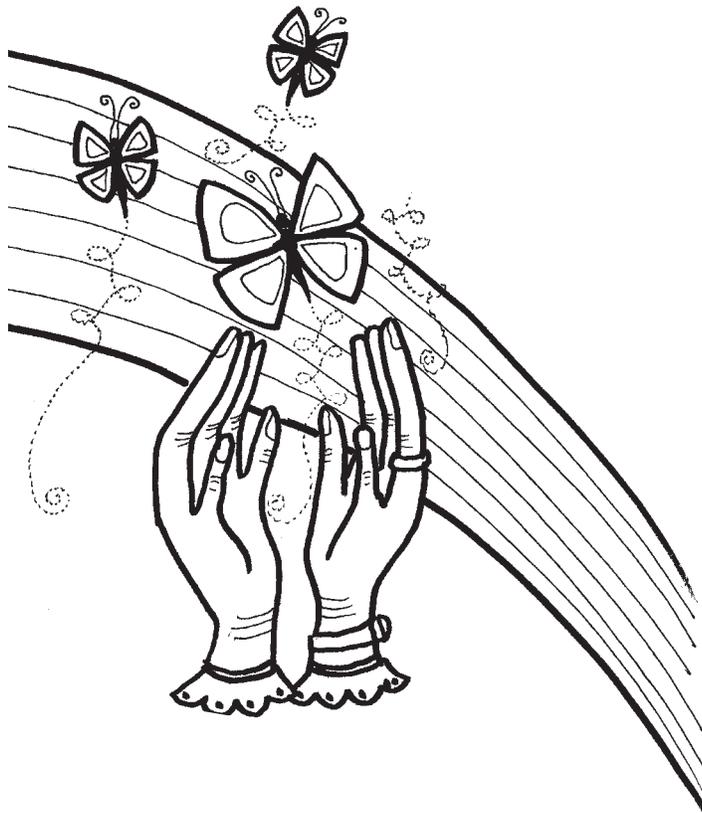
Older women experiencing abuse are coming to you for support and guidance. A relationship built on mutual respect, trust and dignity will be most productive and rewarding for you both. For example:

- **Avoid making assumptions about your client based on a previous worker’s notes.** Listen first and take the contents of her file under consideration later
- **Be reflexive.** Interrogate yourself and your role in the relationship. Be mindful of cues that constitute judging (for example, avoid doing or saying things that imply you do not believe she is telling the truth such as asking the same questions repeatedly)
- **Recognize that asking your client to repeat her story over and over again may be traumatic** for her. Administering multiple assessments and other measurement tools is traumatic too
- Acknowledge and respect your client’s situation, concerns, emotions, confusion. **Be mindful of saying “I know how you feel” if you have not had the experience.** You may also offer validation of what you are hearing such as “that sounds as if it was a very frustrating/scary/painful experience for you
- **Consider whether your client needs emotional support/therapy** in addition to more pragmatic forms of support (e.g., housing, financial aid)
- **Recognize the importance of earning your client’s trust.** Ask your client how she feels, try to build a sense of relationship, be transparent, and avoid passing her off to another worker without discussing the reasons

Older women experiencing abuse need ‘help that truly helps’ so that they do not fall through the cracks -- sometimes all the way down to the streets. For example:

- **Actions not referrals and information** are what older women need. For example, the ‘empowerment’ model of providing listings and numbers for the client to contact by themselves may not be helpful to women who are recovering from years of feeling powerless

- **Be realistic and clear about what you can reasonably provide** for your client and do not make promises you might not be able to keep, no matter how well-intentioned. Outline in writing what a woman can expect to receive help with including discretionary entitlements (e.g., special diet allowance). Listen to her feedback on this and change the plan accordingly, for example she may not be ready to involve others and the plan may have to be renegotiated
- Become an 'abuse detective' and **inquire about your clients' well being and safety.** Adopt a gentle set of probes such as: "How are things going at home?"; "I'm concerned about you"; "Is everything alright?"; "Do you need help?"; "Is there something you would like to share with me?" or "Is there anything causing you concern?"
- **Advertise your willingness to help** e.g., have a sign in your office that says: "we can help" and provide an example if appropriate
- **Appreciate the gendered nature of abuse** and avoid, as much as possible, referrals to co-ed services
- **Avoid discussing your own/agency's problems with your client.** For example, although you may be working with less staff and less money than before, sharing this kind of information with your client does not help her feel supported or safe, and it might discourage her from disclosing her abuse
- **Adopt a 'customer service' culture.** Identify agencies and staff who can help her, make calls for your client (use conference calling if available or low cost bell phone feature *71 for third party inclusion), stay on the phone with your client until help is confirmed and follow up to see how things are going
- **Document all interactions** with your client so that a comprehensive record is available for her future use
- **Strive to have more face-to-face contact;** bring your client to an agency/shelter and help her there
- **Be aware that access to support and services is required 24/7.** Review your practices to identify existing barriers (e.g., medication storage that prohibits clients' access during certain time periods)
- **Advocate for 3rd party, arms-length oversight** (e.g., ombudsman) so that professional standards are upheld and self-regulating professions such as lawyers, courts/judges, doctors, and government departments are monitored by external investigators
- **Advocate for a complaints process that protects and supports the client** (e.g., a process whereby the client can choose whether to file a named versus anonymous complaint)



INFORMED CONSENT TO SHARE CLIENT INFORMATION

In the event that your agency does not follow a protocol for obtaining informed consent, the following checklist highlights crucial components. Also, for your convenience a sample consent form as posted on the Ministry of Health and Long-term Care³ (MOHLTC) site is provided which has some, but not all, of the characteristics referred to in the checklists below.

RIGHTS & RESPONSIBILITIES CHECKLIST

Consent to share personal health information is a serious matter that is mandated by federal, provincial and municipal privacy acts. *Informed consent* implies mutual understanding and respect for the responsibilities of the service provider and for the client's right to privacy.

Provider Responsibilities:

- To be guided by principles of confidentiality such as:** confidentiality is essential to establishing and maintaining trust and relationships with both the client and relevant professionals; and it is a privilege and a pledge to safeguard personal information even in the event of unintentional sharing such as when overheard in an open space. Please note that under circumstances mandated by law such as for public health safety, intended serious harm to self or others, when subpoenaed or when child abuse is disclosed, a client's personal information must be reported.
- To collect only the information needed to provide care**
- To explain why an informed consent is necessary** (i.e. required to access counselling at agency X)

- To outline and post how the personal information collected will be protected, stored and disposed of;** and the relevant contact information should the client have questions/concerns
- To stress and uphold that informed consent is voluntary** and will not impact service delivery at the host agency (where the consent is obtained)
- To determine what information will be shared** (and any restrictions or information not to be shared), and **who the information will be shared with** (i.e., specific agencies, specific staff etc.)
- To establish how long** the consent will apply for and **how it can be revoked**

Client Rights:

- To consent or not** to personal information being shared with other service providers **without consequence to services provided at the host agency.** Please note that under circumstances mandated by law such as for public health safety, intended serious harm to self or others, when subpoenaed or when child abuse is disclosed, a client's personal information must be reported
- To understand when *implied consent*** (i.e., when doctors refer to specialists) **is assumed and when *express consent* is required** (i.e., when formal informed consent is sought prior to sharing information with a housing provider)
- To be informed of how** the personal information collected will be **protected, stored and disposed of**

³ For more information on rights and responsibilities legislated by the Personal Health Information Protection Act (PHIPA) please see the MOHLTC website at: http://www.health.gov.on.ca/english/providers/legislation/priv_legislation/priv_legislation.html

□ **To alter the contents of the informed consent** document prior to signing it (e.g., add a time limit if none is indicated)

□ **To access records⁴ on request and within a reasonable timeframe** (generally 30 days) and to receive timely written explanation if the request is denied along with information on who to contact if you are not satisfied with the decision

□ **To correct the information in personal records⁵** if it is believed to be inaccurate or incomplete; to receive a refusal in writing; to attach a statement detailing any disagreement with the record; to be provided with information on who to contact if the decision is not satisfactory

□ **To review, amend and revoke the details of the informed consent on demand.**



⁴ Be aware that the contents of an electronic document may vary from the original hand written notes of the record.

⁵ Although corrections can be made to the record, a separate record will include the corrections but the original may still exist intact.

Consent to Disclose Personal Health Information

Pursuant to the Personal Health Information Protection Act, 2004 (PHIPA)

I, _____ authorize _____
(Print your name) (Print name of health information custodian)

to disclose my personal health information consisting of:

or

the personal health information of _____
(Name of person for whom you are the substitute decision-maker*)

consisting of _____

(Describe the personal health information to be disclosed)

to _____
(Print name and address of person requiring the information)

I understand the purpose for disclosing this personal health information to the person noted above. I understand that I can refuse to sign this consent form.

My Name _____ **Address:** _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ **Date:** _____

Witness Name: _____ **Address:** _____

Home Tel.: _____ Work Tel.: _____

Signature: _____ **Date:** _____

*Please note: A substitute decision-maker is a person authorized under PHIPA to consent, on behalf of an individual, to disclose personal health information about the individual.

SAFETY PLANNING

An important step in supporting an older woman experiencing abuse is to help her complete a Safety Plan. You may have a safety plan at your agency and, thus, may find that the information in this section is already familiar to you. If not, a Safety Plan is a list of steps your client can take to increase her safety and, if she chooses, to leave her home quickly and safely- **numerous versions are now available online**⁶. Safety Plans can include checklists of important items to pack and ways to stay safe; or they can prompt the woman to generate her own steps to stay safe, yielding an individualized and self-prioritized plan.

To help you determine whether creating a Safety Plan is an appropriate activity for you and your client, a list of items typically included in most Safety Plans is provided below. This list is not exhaustive; it highlights some of the most important steps a woman can take to be safer, which should be factored into a safety planning discussion.

Important things to pack and to consider before leaving:

- Emergency numbers and originals/copies of important documents
- Medications, prescriptions, glasses or mobility devices
- A picture of the abuser and the abuser's license plate number to show the police, neighbors, etc.
- Photographs of abuse such as bruises or cuts, as well as bank records if available, to show patterns of withdrawal that you did not make
- Emergency money (\$10-\$20, change for payphone) and debit, credit, health, and drug cards

To be safer while living in the abusive environment:

- Call 911 if in immediate danger, leave the phone off the hook after the call is made, and make a lot of noise.
- Get a cell phone, keep it charged, and program numbers in speed dial
- Identify/go to a safe place (e.g., ER, public place)
- Create a code word or a signal (e.g., front porch light off at night or on during the day to signal distress) with a trusted friend or relative to signal distress. Ask them to call 911 if they think you're in danger
- Open your own bank account ideally at a different bank and/or branch than that used by the abuser (just \$5 to start)
- Ensure that no sensitive mail (e.g., mail from your bank or lawyer) is sent to your home - consider having it sent to a trusted friend or relative
- Ask a 3rd party, such as a neighbour, who witnesses the abuse to write and store notes for future use as evidence
- If needed, identify someone who can help you with transportation and accompany you to appointments
- If you do not speak English/French, identify someone who can help with interpretation

⁶ Peel Committee Against Woman Abuse - Creating a Safety Plan: <http://www.pcawa.org/Files/English+Safety+Plan+April+2006+with+Logo.pdf>
 Sheltersnet - Making a Safety Plan: <http://www.sheltersnet.ca/en/women/making-a-safety-plan/>
 ONPEA - Free From Harm Tools: <http://www.onpea.org/english/download.php?name=FreeFromHarmTools.pdf>

ACTIVATION PLAN FOR OLDER WOMEN EXPERIENCING ABUSE

This activation plan **presumes that your client is out of immediate danger and focuses on next steps** (i.e., activating medium and longer term goals). It is **not meant to replace safety planning**, which typically addresses the safety of a woman while she is still living with her abuser (for more information see the preceding section on safety planning). It is a tool to support collaborative planning between a service provider and her client, which recognizes that the diversity of agency practices and networks of service delivery will determine how the plan will be used. For example,

if case management is available, the plan can be used to track shared understandings as to 'who is doing what,' including referrals to other agencies. If the service being provided supports one aspect of a client's needs and the client is seeking service at multiple sites, the plan may be most useful as a record for the client to document what is happening, where and by whom. Key to the effective use of the plan is that the client is supported in determining her priorities and that specific tasks and time lines are outlined for both the service provider and the client.

Client Identification _____

Date _____

INFORMATION AND STRATEGIES FOR WORKING TOGETHER

How safe are you now? Do you have a safety plan? _____

What would be helpful to know so that we can work together respectfully and effectively? What would make you feel comfortable? What should we avoid?

Are there other people helping you? If so, what kinds of things are they doing to support you?

What sort of time frame and what other people, staff or agencies might help us work together?

WHAT IS MOST IMPORTANT TO YOU NOW (AND LATER?)

This section is to help prioritize areas that you may need help with. For each area of help listed here, check off the approximate time frame in which you would like to see actions/outcomes.

Please note that depending on the context, a service provider may not be able to help with certain priorities and/or may have to refer you to other staff or agencies. All of these factors will affect the time it takes to achieve your goals.

I need help with:	Now	In the next 3 months	In the next year
Housing			
Finances			
Accessing Food/Meal Programs			
Ongoing Safety			
Legal & Police			
Physical & Mental Health			
Social & Spiritual Well Being			
Transportation & Mobility			
Employment, Volunteering, Education & Training			
Personal/Household			
Other			

PLANNING TOGETHER

The following is a list of concerns women and their service providers may wish to explore⁷. Please remember that the client has indicated her priority concerns on the previous page and the planning should focus on these areas first. This plan does not include everything but it is a way to begin discussing important future actions for both the service provider and the client to take.

HOUSING

 Now

 Next 3 Months

 In the Next Year

- Explore the available options, needs and desires of the client regarding housing (e.g., retain current housing; housing repair & maintenance; moves to transitional or permanent independent housing; subsidized or market rent; support needs - on site such as assisted living or supportive housing or independent with home care; central lists or independent listings; seniors housing or not; priority status and documentation)

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

⁷ The areas of concern are listed in no specific order as priority is to be determined by the client.

FINANCES Now Next 3 Months In the Next Year

- Explore whether the client's income is adequate⁸ to meet her basic needs and whether there are additional entitlements she may be eligible for (e.g., Guaranteed Income Supplement)
- Explore whether she has assets she can use that are in her name; and whether there are assets to which she feels entitled but is either unclear about or knows they are not in her name
- Explore money management strategies including whether she has a personal bank account, Power of Attorney, Guardianships or Trusteeships in place and/or whether she is interested in attending workshops or other training forums to increase her financial literacy

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

⁸ Ensure that your client is aware that disclosure and records of income and wealth may be used to deny her certain entitlements and avoid asking for specific details unless they are absolutely necessary to taking an action.

ACCESSING FOOD/MEAL PROGRAMS

Now

Next 3 Months

In the Next Year

- Explore nutritional needs, access to entitlements (e.g., Special Diet Allowance if receiving social assistance)
- If required, review and document local meal programs (drop-in and Meals on Wheels) and food banks

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

ONGOING SAFETY

Now

Next 3 Months

In the Next Year

- Explore ongoing safety concerns and strategies to address them, for example: change/strengthen locks, install bars on windows/peephole
- Give neighbors picture of abuser, tell them abuser should not be around, ask them to notify you if they see the abuser or call the police if they suspect danger
- Change routines - switch banks, grocery stores, lawyers/ doctors/dentists if shared with your abuser
- Keep copies of court documents - restraining orders, custody orders, police reports - with you at all times; consider telling your co-workers/co-volunteers about your safety concerns and developing a code word to signal danger

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

LEGAL AND POLICE ISSUES Now Next 3 Months In the Next Year

- Explore if there are any ongoing or outstanding legal matters of concern (e.g., custody, divorce; ask whether your client has any charges: counter and dual; ask if your client has a Power of Attorney, guardianship; Substitute Decision Maker or acts as one for someone else; and whether your client has a Will etc.)
- Explore whether there are any new needs for police reports or court orders
- Explore whether your client is aware of how to amend police and court documents, how to register complaints about court and police officers and whether she has an advocate or someone else to accompany her to court or police divisions
- Explore whether your client would find it helpful to meet with a police officer (in communities where it is possible) who would discuss/explain what type of actions may be appropriate to her situation

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

PHYSICAL AND MENTAL HEALTH

Now

Next 3 Months

In the Next Year

- Explore current and future health needs (e.g., medications, surgery, chronic conditions, testing)
- Explore current physical health care (including vision and dental) and future needs (e.g., doctors and dentists in place; relationship and satisfaction with physicians; change of professionals shared with abuser *see ongoing safety section on page 18; desire or plans to see specialists; home care or informal care for activities of daily living such as bathing or shopping etc.)
- Explore current and future mental health needs (e.g., counselling, psychiatrists/ psychologists, medications, and support groups etc.)
- Explore alternative health and wellness options (e.g., chiropractors, occupational therapists, and naturopaths etc.)

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

SOCIAL AND SPIRITUAL WELL-BEING

Now

Next 3 Months

In the Next Year

- Explore current involvement in social/recreational activities
- Explore your client’s future desires. Discuss what do they enjoy doing now, as well as what type of activities they participated in previously. Explore the reasons for why they stopped participating in these activities
- Explore current, previous or desire for future connections with faith communities or other spiritual activities
- Explore current relationships with friends and family. For example: How are their relationships affected by the abuse? What support do they provide to others (e.g., spouse, children, other family/friends & pets)? What support do they receive from friends/family/neighbours?

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

TRANSPORTATION AND MOBILITY

Now

Next 3 Months

In the Next Year

- Explore transportation needs including car ownership, car insurance, public transit (e.g., metro pass entitlement if receiving income assistance and volunteering), Wheel-trans and other independent carriers
- Explore whether there is a need for walkers, scooters, wheelchairs, or other assistive devices

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

EMPLOYMENT, VOLUNTEERING, EDUCATION & TRAINING

Now

Next 3 Months

In the Next Year

- Explore current and historical employment, interest in maintaining or obtaining employment, interest in further education and training
- If interested, review and document options available, costs and locations including free programs for women fleeing abuse or for older adults

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

PERSONAL ITEMS/HOUSEHOLD

Now

Next 3 Months

In the Next Year

- Explore needs for personal items such as clothing, orthopedic accessories (e.g., shoes, back supports), toiletries, books, computers etc.
- Explore housekeeping and shopping needs

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

OTHER

Now

Next 3 Months

In the Next Year

- Explore other important things that may not have come up in discussion

Actions by Service Provider

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Actions by Client

What: _____

Date of progress check-in: _____

Date to be completed by: _____

Date of 1st follow-up: _____

Date of 2nd follow-up: _____

Notes _____

SERVICE DIRECTORY

This directory includes services to support the needs of older women experiencing abuse. Services were selected by the project team⁹. The directory is not exhaustive; it contains many of the services that are available which can be used to address each area of concern in the activation plan. For further help with services, call 211 (free from most pay phones). The symbols next to the listings are explained in the legend below. The team checked each listing, but be aware that programs may have wait lists, closed lists and eligibility requirements, serve specific areas of the city, or provide different services at different times. Ask for these details when you call.

SYMBOLS LEGEND	
LOCATION	SERVICES AVAILABLE
TN =Toronto North TE =Toronto East TW =Toronto West TC =Toronto Central E =Etobicoke S =Scarborough	ML = Service available in multiple languages IN = Service available through interpreters BF = Service is located in a barrier free building FR = Service available in french only W = Focus is women OA = Focus is older adults DV = Focus is domestic violence LGBT = Focus is lesbian/gay/bisexual/trans people

CRISIS SERVICES

If your client is in immediate danger DIAL 911: request a family violence officer **ML**

24 hour crisis lines:

- **Assaulted Women’s Helpline** 416-863-0511; TTY 416-364-8762 **ML**
- **Gerstein Crisis Centre** 416-929-5200 **IN**
- **Femmes Aide** 1-877-336-2433 **FR**
TTY 1-866-860-7082
- **Senior Safety Line** 1-866-299-1011
- **Toronto Rape Crisis Centre** 416-597-8808 **ML**

Mobile Crisis Teams offer mobile crisis intervention in the home/community to women experiencing a psychiatric/emotional crisis. Some examples:

- **Scarborough Hospital S** 416-289-2434
- **St. Elizabeth Health Care TN** 416-498-0043
- **St. Joseph’s Health Centre TW** 416-530-6486 ext. 4423
- **Toronto East General Hospital TE** 416-289-2434

Victim Services Program of Toronto has a Support Line 416-808-7066

Plus 2 programs for women at high risk of violence (call for eligibility):

- **SupportLink** 416-808-7059 provides a free cell phone for 911 calls only
- **Domestic Violence Emergency Response System** 416-808-7077 provides a personal alarm system

IMPORTANT SERVICES & RESOURCES - GENERAL

Translation & interpretation is available at many community based agencies. Some examples:

- **Access Alliance** 416-324-2731, **TW**
- **Multilingual Community Interpreter Services** 789 Don Mills Rd, Ste 608, **TN**, 24 hr crisis 416-422-5984
- **Polycultural Immigrant and Community Services** 3363 Bloor St. W, **E**, 416-233-0055
- **Riverdale Immigrant Women’s Centre** 1326 Gerrard St E, **TE**, 416-465-6021

Identification replacement and protection:

- **Street Health** stores identification in an “ID Safe” -- 338 Dundas St. E, **TE**, 416-921-8668
- **Woodgreen Community Services** 815 Danforth Ave, Ste 402, **TE**, 416-469-5211 ext 1175 and **The Stop Food Community Centre** 416-652-7867 ext. 228, help people replace their ID.

Voice mail and phone access:

- **Queen West Community Health Centre** Voice Mail Project provides private phone number and access to personal messages from any touch-tone phone (\$10 for 3 months) -- 168 Bathurst St, **TW**, 416-703-8480 **ML BF**

⁹ Inclusion of an organization/program does not imply endorsement by the project team, nor does exclusion indicate a lack of endorsement. This directory is for information purposes only and reflects the issues, recommendations & services put forward by the ‘Bridging Aging and Women Abuse’ project team.

SHELTER AND HOUSING

Women Abuse/Domestic Violence Shelters offer temporary residence & support (typically to women of all ages & experiencing all types of abuse -- but call to be sure). Some examples:

- **Ernestine's Women's Shelter** 416-746-3701  
- **Julliette's Place** 416-724-1316  
- **Nellie's** 416 461-1084  
- **North York Women's Shelter** (shared rooms) 416-635-9630 
- **Oasis Centre des Femmes** 1-877-336-2433
- **Red Door Shelter** (*4 beds for older abused women*) 416-423-0310
- **Redwood Shelter** 416-533-8538  
- **Yorktown Shelter for Women** 416 394-2999
- **YWCA Arise** 416-929-6944  & **Women's Shelter** 416-693-6978  

Women's Homeless Shelters provide temporary residence and may have counselors & provide referrals; some require clients to leave during the day -- ask if this will put your client at risk. To get a full list of homeless shelters contact the City of Toronto's referral line 416-338-4766 or 1-877-338-3398 (toll-free from a pay phone). Some examples:

- **Anduhyau Shelter** (Native women) 106 Spadina Rd., **TN**, 416-920-1492 ext. 221 
- **FCJ Refugee Centre** (refugee women) 208 Oakwood Ave., **TW**, 416-469-9754 
- **Fred Victor Centre Women's Hostel** 86 Lombard St., **TC**, 416-368-2642 
- **Salvation Army's Evangeline Residence** 2808 Dundas St. W., **TW**, 416-762-9636   & **Florence Booth** 723 Queen St. W., **TW**, 416-603-9800 **IN**
- **St Vincent de Paul's Elisa House** 60 Newcastle St., **E**, 416-259-2528 **BF** & **Mary's Home** 70 Gerrard St. E., **TC**, 416-595-1578
- **YWCA 1st Stop Woodlawn Shelter** 80 Woodlawn Ave. E., **T**, 416-922-6532   (Main Flr)

If you don't go to a shelter & need help finding permanent housing contact:

- **Centre for Spanish Speaking Peoples** 2141 Jane St., **TN**, 416-533-6411
- **Housing Help Centres** (also financial assistance for rent & utilities): **EYET Housing Help** 71 Gough

Ave., **TE**, 416-698-9306 **Etobicoke Housing Help Centre** 1530 Albion Rd. Ste 205, **TE**, 416-741-1553   & **York Community Services** 1651 Keele St., **TW**, 416-653-5400  

- **Native Women's Resource Centre** 191 Gerrard St. E., **TC**, 416-963-9963
- **Transitional Housing Support Workers** (must be fleeing abuse & NOT in a shelter):
- **Flemington Neighbourhood Services** 10 Gateway Blvd, Ste 104, **TN**, 416-424-2900 ext. 17   ; **St. Christopher House** 1497 Queen St. W., Ste 103, **TW**, 416-536-1234 ext. 28   ; **Women's Habitat of Etobicoke** 140 Islington Ave, **E**, 416-252-7949 ext. 228; **Yorktown Family Services** 21 Ascot Ave, 1st Fl, **TW**, 416-394-2960 ext. 236  

If your client requires help with maintaining her housing, contact:

- **Canadian Mortgage and Housing Corporation** provides information on financial assistance for home repairs and renovations for owners and tenants (Home Adaptations for Seniors Independence and Residential Rehabilitation Assistance Programs) -- 1-800-668-2642
- **Homelessness Prevention Program** at the Warden Woods Community Centre 74 Firvalley Crt., **TE**, 416-694-1161 ext 131  

If your client wishes to contact housing providers directly, here are some types of housing to consider:

Transitional Housing is time limited residence but of a longer duration than a shelter & generally with support staff. Some examples:

- **Margaret Frazer** 301 Broadview Ave., **TE**, 416-463-1481  
- **Pat's Place** 416-595-9230 OA & **Jewish Family & Child** 416-961-9344 
- **WoodGreen Community Services** 243 Cosburn Ave., **TE**, 416-469-5211 

Co-operative Housing offers both market & subsidized units and typically expects residents to participate on committees or act in other ways to support the housing community; contact the **Cooperative Housing Federation of Toronto** for a list of co-ops -- 416-465-8688

Rooming Houses are an inexpensive housing option usually with shared common rooms; for assistance contact the **Toronto Christian Resource Centre** -- 40 Oak St., **TE**, 416-363-4234 

Seniors Apartments usually 59+; Market rents but ask about subsidy qualifications. Listings for rental apartments are available online at: www.torontorentals.com; www.viewit.ca; Toronto Rents is a widely distributed print listing of apartments across the GTA (mostly in high rise buildings). Some examples:

- **Copernicus Lodge** 66 Roncevalles Ave., **TW**, 416-536-7122 **ML BF OA**
- **St Hilda's Towers** 2339 Dufferin St., **TN**, 416-781-6621 **ML BF OA**
- **Villa Columbo's Caboto Terrace** 3050 Dufferin St., **TN**, 416-7654, **ML BF OA** & **Casa Del Zotto** 3010 Dufferin St., **TN**, 416-789-7654 **ML BF OA**

Subsidized Housing has lower rents calculated according to your income. Subsidized (also known as Rent-geared to income-RGI) units may have long wait lists. However, it may still be worth calling and inquiring about priority placement for women fleeing abuse. Some examples:

- **Fontbonne Place** 791 Queen St. E., **TE**, 416-250-3100 **W**
- **Toronto Social Housing Connections** manages a city-wide wait list & has a priority stream for victims of abuse -- 416-981-6111. Some of the units are for women only such as **Project Esperance** 416-694-6391 **W** or for older adults: **Cecelia Murphy** 11 Coatsworth Cres, **TE**, 416-693-4764 **BF OA** **Norm Houghton Complex** 680 Kingston Rd., **TE**, 416-691-7407 **BF OA**; or **Yee Hong** 2319 McNicoll Ave, **S**, 416-298-0688 (building not townhouses) **OA**
- **Wigwamen Terrace** (for Aboriginals 59+) 14 Spadina Rd., **TN**, 416-925-9165 **BF** (not washrooms), **OA**
- **YWCA Bergamot** 66 Bergamot Ave., **E**, 416-748-7766 **BF W** & **Pape Ave. Apartments** 15 Pape Ave, **TE**, 416-469-0774 **ML BF W**

Supported Housing may have subsidized and/or market rentals with onsite staff or community partners who provide ongoing support to residents. For further information on supportive housing contact: **Toronto Supportive Housing Program** 416-392-8543. Some examples:

- **Dixon Hall** 58 Sumach Street, **TE** 416-365-0145 **ML** provides supports to the **Older Women's Network Housing Co-operative** 115 The Esplanade **TC OA**
- **Performing Arts Lodge** 110 The Esplanade **TC W**
- **New Hibret Co-op** 2 Market St. **TC OA**
- **Old York Tower** 85 The Esplanade **TC OA**

- **George Hermann House** (must be ODSP eligible) 158 Madison Ave., **TN**, 416-924-2539 **W**
- **Homes First Society Sheila Miller Building** 50 Earl St., **TC**, 416-395-0952 **BF W**
- **LOFT St. Anne's Place** (59+) 661 Dufferin St., **TW** 416-536-2761 **ML BF OA**
- **St Christopher House's** 20 & 25 West Lodge Ave. and 1447 King St. W., **TW**, 416-537-3553
- **Street Haven's Supportive Housing** 87 Pembroke St., **TC**, 416-967-6060

Retirement & Long-term Care Homes offer more extensive support. For more information contact: **Ontario Association of Non-Profit Homes and Services for Seniors** 905-851-8821; **Ontario Residential Care Association** 1-800-361-7254 or the **Community Care Access Centres** 416-310-2222

FINANCES

For emergency financial assistance: YWCA December 6 Fund 416-652-7176, **Jewish Family and Child** 416-638-7800 & **Victim Services Program of Toronto** 416-808-7066

For longer term financial assistance:

UNDER 65 contact **Ontario Works** 416-392-8623; TTY 416-392-2594.

If you also have a physical/ mental disability contact **Ontario Disability Support Program** 416-325-0500

65 AND OVER contact **Service Canada** to find out about pensions or to arrange for your client's cheque (priority timing for women fleeing abuse) English 1-800-277-9914; French 1-800-277-9915; TTY 1-800-255-4786 **TN**

For assistance during the waiting period contact **ServiceOntario** 1-800-257-8097

For help with government forms contact the **Bloor Information and Life Skills Centre** 672 Dupont St., **TW**, 416-531-4613 **ML BF**; Income tax clinics for seniors are available at **Dixon Hall** 58 Sumach St. **TE**, 416-863-0499 **ML**

If you suspect that your client is experiencing financial abuse contact the **Advocacy Centre for the Elderly** 2 Carlton St, Ste 701, **TC**, 416-598-2656 **BF**

FOOD AND MEAL PROGRAMS

A number of drop-in centres and shelters throughout Toronto offer free or low cost meals. Call for details on meal times and seasonal changes.

Free breakfast and/or lunch daily:

- **416 Community Support for Women**
416 Dundas St E, **E**, 416-928-3334  
- **Parkdale Activity Recreation Centre**
1499 Queen St. W, **TW**, 416-537-2262 
- **Toronto Friendship Centre** 323 Dundas St E, **TE**,
416-368-8179 

Free lunch &/or dinner on SOME DAYS of the week:

- **519 Church Street Community Centre, TC**
416-392-6874  
- **Christie Ossington Neighbourhood Centre**
854 Bloor St W., **TW** 416-534-8941 ext. 301  
- **Cornerstone Urban Church** 188 Carlton St, **TE**,
416-203-7117
- **Fairfield Seniors Centre** membership required
80 Lothian Ave, E, 416-394-8687  
- **Toronto Council Fire Native Cultural Centre** (native
focus) 439 Dundas St E, **TE**, 416-360-4350  
- **Salvation Army** 789 Dovercourt Rd, **TW**
416-532-4511 
- **Street Haven at the Crossroads** 87 Pembroke St,
TC, 416-697-6060 

Low cost meals:

- **Bloor-Bathurst Interchurch Gathering Spot** 188
Lowther Ave, **TN**, 416-924-5883 ext. 5 
- **Davenport Perth Neighbourhood Centre** 1900
Davenport Rd, **TW**, 416-656-8025  
- **Fred Victor Centre Friends Restaurant** 145 Queen
St E, **TC**, 416-364-8228 

Daily Bread Food Bank distributes food to social service agencies across the GTA. Call 416-203-0050, 8:30-4:30 Mon-Fri, for referral to an accessible food bank and/or meal program near you.

LEGAL, POLICE AND ONGOING SAFETY

Toronto Police Service (for non-emergency calls)
416-808-2222 TTY 416-467-0493

- Mental health coordinator 416-808-7040
- Domestic Violence Coordinator 416-808-7041
- Elder Abuse Coordinator 416-808-7040

Legal Aid Ontario provides financial assistance to low income individuals. For more information and to find the nearest legal clinic call 416-979-1446. Some clinics provide support to specific groups, for example:

- **Aboriginal Legal Services** 415 Yonge St, Ste 803,
TC, 416-408-3967  
- **Advocacy Centre for the Elderly** focuses on legal
& other support to individuals 60+ -- 2 Carlton St,
Ste 701, **TC**, 416-598-2656  
- **ARCH Disability Law Centre** provides legal advice
& referral to persons with disabilities - 425 Bloor St
E, Ste 110, **TE**, 416-482-8255; TTY 416-482 1254 
- **Community and Legal Aid Services Programme**
has a Women's Division offering advice & practical
assistance to assaulted women -- Osgoode Hall
Law School, York University, **TN**, 416-736-5029
  
- **Parkdale Community Legal Services** assists
assaulted women with court accompaniment,
peace bonds, restraining orders, etc. -- 1266 Queen
St W, **TW**, 416-531-2411 

Other Legal Information, interpretation & support is available through:

- **Barbra Schlifer Commemorative Clinic** 489
College St, Ste 503, **TW**, 416-323-9149 ext. 278;
TTY 416-323-1361    
- **Centre francophone de Toronto** 22 College St,
Ste 305, **TC**, 416-922-2672 ext. 300 
- **CLEO** has a 24-hour Legal Referral Hotline -- 119
Spadina Ave, Ste 600, **TC**, 1-866-667-5366 
- **COTA** offers court support to individuals with
mental illness - 2901 Dufferin Street, **TN**
416-785-9230 ext. 2565  
- **Court Support and Counselling Services, TC**
416-789-9793 
- **Victim/Witness Assistance Program** 18 King St.
E., **TE**, 416-325-0731, TTY 416-325-4935 & **Victim
Support line** 416-314-2447

PHYSICAL HEALTH CARE

Community Health Centres may not require ID or a health card (OHIP). Some health care centres provide support to specific groups, for example:

- **Anishnawbe Health** provides traditional health care for Aboriginals -- 225 Queen St. E., **TE**, 416-360-0486
- **Anne Johnston Health Station** 2398 Yonge St., **TN**, 416-486-8660
- **Centre Francophone de Toronto** 22 College St., **TC**, 416-922-2672
- **Davenport Perth Neighborhood and Community Health Centre** 1900 Davenport Rd., **TW** 416-656-8025
- **Rexdale Community Health Centre** 8 Taber Rd., **E**, 416-744-0066
- **Sherbourne Health** 333 Sherbourne St., **TE**, 416-324-4170 has a mobile health bus & operates a women only clinic Tues 6-7pm at Fred Victor Women's Hostel 86 Lombard St, **TC**

Hospital Emergency Departments-all will provide emergency care but some have special programs for women, older adults or for domestic violence such as:

- **Scarborough Hospital** 3030 Birchmount Rd, **S**, 416-495-2555; TTY 416-498-6739
- **Women's College Hospital** 76 Grenville St., **TC**, 416-323-6040
- **St. Joseph's Health Centre** 30 The Queensway, **TW**, 416-530-6850; TTY 416-530-6820

For **low cost dental services** contact:

Patient Clinic at the Faculty of Dentistry, University of Toronto, 101 Elm Street, **TC**, 416-979-4927 ; **George Brown Interpersonal Learning Clinic** 175 Kendal Avenue Rm B105, **TC**, 416-415-4547

If over 65 years of age, you may be eligible for free dental care, contact a **Toronto Public Health Dental Clinic** for details:

2398 Yonge St - 416-392-0907
 791 Queen St E - 416-392-6683
 235 Danforth Ave - 416-392-0934
 277 Victoria St, 2nd Floor - 416-392-6680
 340 College St, Ste 370 - 416-392-1410
 2340 Dundas St W - 416-392-0988
 95 Lavinia Ave - 416-392-1777

If receiving social assistance you may be eligible for free or low cost dental care. Call your OW or ODSP case worker for information

For **free hearing assessments** contact:
 George Brown Interpersonal Learning Clinic 175 Kendal Avenue Rm **TC**, 416-415-4547

For inquiries about financial assistance for hearing aids contact the **Assistive Devices Program** 1-800-268-6021 TTY 1-800-387-5559

For **free eye wear** contact:

- **LensCrafters or Pearle Vision** and ask about the "One Sight" Program. Call for eligibility
- **LensCrafters Toronto Eaton Centre** 416-290-0055
- **Pearle Vision** 142 Young Street 416-361-1700

If **over 65 years OHIP** will pay for annual eye examinations.

If **under 65 years** and receiving social assistance, **OHIP** will pay for your eye exam. Contact your OW or ODSP case manager for details

If **under 65 years** and have been diagnosed with certain medical conditions, one annual exam will be paid for by OHIP. Ask your optometrists for details

Community Care Access Centres can connect your client with a case worker who can help you with home care, transportation, day programs, meals and long term care 416-310-2222

MENTAL HEALTH AND COUNSELLING

Whether your client stays or leaves the abusive situation counselling is available at many agencies such as:

- **Centres d'Accueil Héritage** 416-365-3350 **TC**
- **Centre for Addiction and Mental Health** 1001 Queen St W., **TW**, 416-535-8501 ext. 2875
- **Circle of Care** 530 Wilson Ave, 4th Fl., **TN**, 416-635-2860
- **Family Service Toronto**, 355 Church St., **TC**, 416-595-9618
- **Oasis Centre des femmes** 416-591-6565
- **Reconnect Mental Health Services** 2150 Islington Ave, Ste 202, **E**, 416-248-2050
- **Riverdale Immigrant Women's Centre** 1326 Gerrard St. E., **TE**, 416-465-6021
- **Scarborough Women's Centre** 2100 Ellesmere Rd, Ste 245, **S**, 416-439-7111
- **SPRINT** 140 Merton St., 2nd Fl, **TN**, 416-481-6411 ext. 225
- **St. Christopher's House** 248 Ossington Ave., **TW**, 416-532-4828 ext. 236
- **Thorncliffe Neighbourhood** 45 Overlea Blvd, Unit 108, **TE**, 416-421-8997

SOCIAL WELL-BEING AND SUPPORT

There are a variety of women's support groups throughout the city. Here are a few to contact:

- **Canadian Mental Health Association's Keele Street Women's Group** 700 Lawrence Ave. W., **TN**, 416-789-7957 ext. 282   
- **Jane Alliance Neighbourhood Services** 999 Jane St., Ste 205, **TW**, 416-249-6742  
- **Malvern Family Resource Centre** 1321 Neilson Rd., **S**, 416-281-1376    
- **Northwood Neighbourhood Services** 2526D Weston Rd., **TN**, 416-748-0788    
- **Opportunity for Advancement: Breaking the Cycle** 54 Wolseley St, 2nd Fl, **TC**, 416-787-1481 ext. 225   
- **Rexdale Women's Centre** 23 Westmore Dr, Ste 400, **E**, 416-745-0062   
- **Working Women Community Centre** 533A Gladstone Ave., **TW**, 416-532-2824    
- **YWCA Choices for Living** 80 Woodlawn Ave E., **TN**, 416-961-5446    **Breakthrough** 700 Lawrence Ave W, Ste 445, **TN**, 416-487-7151 ext. 235   

Drop-ins can provide social support & meals. Here are a few to visit:

- **416 Community Support for Women** 416 Dundas St. E., **TE**, 416-928-3334
- **519 Church Street Community Centre, TC** 416-392-6874  
- **Sistering** 962 Bloor St W. 416-926-1946 & Outreach site 220 Cowan Ave., **TW** 416-588-3939  

TRANSPORTATION AND MOBILITY

Some community agencies provide low cost transportation such as:

- **Community Care East York TE** 416-422-2026 ext. 625  
- **Etobicoke Services for Seniors E**, 416-255-5969   
- **Silver Circle: West Toronto Support Services for Seniors TW**, 416-653-3535 
- **St. Clair West Services for Seniors TW** 416-787-2114 ext. 202   

Wheel-Trans: for persons with physical disabilities; anywhere within the City of Toronto -- regular TTC fare -- 416-393-4111

Canadian Red Cross: for those not eligible for Wheel-Trans who have a physical/mental challenge & can not use public transit -- nominal fee -- 416-236-3180

Ontario March of Dimes - Assistive Devices 1-866-765-7237 or the **Ontario Ministry of Health and Long-Term Care Assistive Devices Program** provides financial assistance for walkers/scooters 416-327-8804. **AdvoCare** rents gently-used assistive devices at a one-time low cost fee 416-248-1444; **Starkman's** rents/sells new assistive devices 1243 Bathurst St., TN, 416-534-8411

EMPLOYMENT, EDUCATION AND TRAINING

Agencies that specifically help abused women with employment & education include:

- **Arising Women Place** 4125 Lawrence Ave E., Ste 101, **S**, 416-281-6662  
- **Interval House** 131 Bloor St W, Ste 200, **TW**, 416-924-1411 ext. 228  
- **Oasis Centre des femmes** 416-591-6565   
- **Scarborough Women's Centre** 2100 Ellesmere Rd, Ste 245, **S**, 416-439-7111    
- **WoodGreen East Toronto Employment Resource Centre** 1080 Queen St. E., **TE**, 416-462-3110 ext 2140  
- **Working Women Community Centre** 533A Gladstone Ave., **TW**, 416-532-2824    

PERSONAL AND HOUSEHOLD SERVICES AND SUPPORTS

Clothing Banks:

- **416 Community Support for Women**
416 Dundas St. E., **TE**, 416-928-3334  
- **All Saints Church-Community Centre**
315 Dundas St. E., **TE**, 416-368-7768 
- **Evangel Hall** 552 Adelaide St., **TC**,
416-504-3563 
- **FACE** offers clothing for job interviews
(by appointment only) -- 143 Hammersmith Ave.,
TC, 416-787-7165 
- **Parkdale Activity Recreation Centre** 1499 Queen
St. W., **TW**, 416-537-2262
- **Salvation Army Community and Family Services**
has locations across the GTA; call 211 for the
nearest location

Furniture Banks:

- **Furniture Bank** (referral required) offers free
gently used furniture and household items to
homeless individuals or individuals leaving a
shelter -- 11 Peel Ave., **TW**, 416-934-1229
- **Interval House** supports economic indepen-
dence of women leaving abusive situation; furni-
ture bank available -- 131 Bloor St. W., Ste 200,
TW, 416-924-1411 ext 228  
- **Salvation Army Community and Family Services**
has locations across the GTA; call 211 for the
nearest location

Home Help And Homemaking Support

- **Carefirst Seniors Community Services
Association** offers home care services such as
homemaking and grocery shopping -- 3601
Victoria Park Ave., **S**, 416-502-2323   
- **Community Care Access Centres** can connect
you with a case worker who can help you access
home care, transportation, and meals --
416-310-2222    

REPORTING SUSPECTED ABUSE

If your client wants to know when and how to report suspected abuse, please discuss the following four circumstances provided by **The Ontario Network for the Prevention of Elder Abuse (ONPEA)**.

Please visit their website for more detail:

<http://www.onpea.org/english/elderabuse/faq.html>

1. If the situation is an emergency and you believe that the person for whom you are concerned is at risk, call "911."

2. If you suspect an older adult is being abused but is not at risk of imminent harm, you should speak to that person. If your suspicions are confirmed you can then provide them with information regarding their rights or individuals/agencies who can assist them. If they are not ready to address the situation, offer your personal support until they are ready to take action.

3. If the older adult does not have the capacity to understand their situation, phone the Office of the Public Guardian and Trustee (OPGT) at 416-327-6348 or Toll-free at 1-800-366 0335. The OPGT will conduct an investigation.

4. The only instance where reporting of suspected abuse of an older adult is mandatory is if that person resides in a Nursing Home, Home for the Aged or Charitable Home for the Aged (i.e., Long-Term Care Homes). When abuse is suspected in a Long-Term Care Home, everyone, with the exception of residents themselves (who have a choice in the matter), is required to report to the **Ministry of Long-Term Care** at 1-866-434-0144

*Why does he look at me
Like I am a stranger in his midst
Does he not remember who I am
When he hits me with his fists
Or calls me such hurtful names
As he slaps me with his hands
My heart is breaking, I don't understand
We have been married for so many years
And never have I cried so many, many tears*

*Another day, spent the same way
Sick and alone in my bed
No phone by my side
There is nowhere to hide
To escape all my fear and dread
I hope someone arrives soon
I need medication for pain
I am so very hungry and need to be fed*

*Just got home from the bank
My pension money has come in
Not much, but enough to survive
I am waiting for a call from Hank
He's my son and sure to arrive
He always needs money says he is broke
He gets angry if I tell him no
Wants more than I can afford to give
Makes it so hard for me to live*

*When it comes to elderly abuse
It's so easy to say "I am old, what's the use?"
My health is not good and who would care
About an unhappy lady with wrinkles and grey hair
Take heart, you are not alone
So many before you have picked up the phone
Found out where to go for help
Took that first step and started anew
If they can do it then so can you!*

*Sandra Lea Smith-Maharaj
July ninth, 2009*



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