

Nutrients for the Soil:

Wildflower GBV Primer with Pathways for Healing

- 20 Questions and Answers for Human Service Professionals on older women's experiences of gender-based violence (GBV)
- Pathways for Healing: Honouring the Strength and Healing of Older Women who are GBV victim-survivors

GBV Knowledge Check: 20 Questions

Basic Awareness & Knowledge

1. **True or False:** Older women do not commonly experience GBV.
2. **True or False:** Emotional abuse, financial control, and neglect, are *not* considered GBV.
3. **True or False:** Intimate partner violence (IPV) fades away as couples age.
4. **True or False:** Older women are just as likely as younger women to report or disclose GBV.
5. **True or False:** When a man kills his older ill partner out of love or to "end her suffering," it is not IPV.

Intersectionality and Structural Violence

6. **True or False:** Ageism and sexism overlap to increase older women's vulnerability to GBV.
7. **True or False:** An older woman's experience of GBV varies depending on who she is, where she lives, and how others see her.
8. **True or False:** Collectivist cultures are more tolerant of gender-based violence than individualist cultures.
9. **True or False:** Cognitive impairment increases the risk of experiencing harm in institutional settings.
10. **True or False:** Colonization and systemic racism continue to expose older women to GBV.

Service Gaps & Professional Responses

- 11. **True or False:** Most GBV services can accommodate older women's specific needs.
- 12. **True or False:** Signs of GBV in older women are often misattributed to aging or cognitive decline by healthcare providers.
- 13. **True or False:** Care work is highly valued in Canadian society.
- 14. **True or False:** Older women typically face fewer barriers when seeking support.
- 15. **True or False:** Older women in institutional settings are more protected against GBV.

Policy, Advocacy & Systemic Change

- 16. **True or False:** Current labour policies and pension structures contribute to older women's financial vulnerability, increasing their risk of GBV.
- 17. **True or False:** Policy and legal reforms, such as recognizing economic abuse would strengthen protections for older women.
- 18. **True or False:** GBV services should remain separate from other human services organizations because collaboration risks diluting the focus on GBV.
- 19. **True or False:** Ageism is not a significant issue in most human service organizations.
- 20. **True or False:** Existing services can accommodate the needs of older women who are seeking help for GBV.

Answers

Basic Awareness & Knowledge

1. **True or False:** Older women do not commonly experience GBV.

FALSE: Older women experience different kinds GBV and in a variety of contexts.

GBV Across the Lifespan: Many older women have experienced GBV throughout their lives, with abuse shifting forms over time. In intimate relationships, violence may evolve from physical violence to more psychological abuse and ongoing coercive control, which can be harder to recognize but is equally as harmful¹.

Older 2SLGBTQI+ people face additional risks for GBV, such as discrimination in shelters, healthcare, and long-term care, where their gender identity or sexual orientation may not be affirmed or may even expose them to targeted mistreatment².

Late-Onset Violence: Some older women encounter GBV for the first time later in life, triggered by life transitions such as retirement, declining health, or caregiving responsibilities. The violence and abuse may come from intimate partners, adult children, or other family members.

Caregiver Abuse: Abuse by caregivers, including family, partners, or paid professionals, can involve physical, emotional, sexual, or financial harm, as well as neglect (e.g., withholding necessary care or medication). As men age, they are also more vulnerable to this type of abuse as well as financial abuse and exploitation.

Financial Abuse and Exploitation: Financial control, theft, coercion to change legal documents, and asset manipulation are common forms of GBV that leave older people economically vulnerable, isolated, or unable to meet basic needs. The abuse can be committed by an intimate partner, family members, friends or in institutions by staff.

Sexual Violence and Coercion: Older women do experience sexual violence, which is underreported due to stigma, shame, and societal myths that deny older women's sexuality.

¹ Research indicates that while physical violence may decline as couples grow older, **psychological and emotional abuse** in the context of coercive control can persist or even become more prominent. This transition is often tied to changing power dynamics, dependency issues, or caregiving situations in later life. See: [The experience of intimate partner violence among older women: A narrative review - PubMed \(nih.gov\)](#)

² See [Egale: Aging and Living Well Among LGBTQI Older Adults](#). (2023)

Across Borders and Crises: In conflict zones and crisis contexts, older women also face heightened risks of GBV, including rape as a weapon of war, sexual violence, exploitation, and abuse. These risks are compounded by ageism, displacement, disrupted social networks, and limited access to protection or justice. Older women may be targeted specifically due to their perceived vulnerability, isolation, or lack of mobility.

2. True or False: Emotional abuse, financial control, and neglect, are *not* considered GBV.

FALSE: GBV is not limited to physical acts of violence.

Emotional, psychological, verbal, financial, and neglect-based abuse are all forms of GBV that are often part of a pattern of ongoing coercive control, a deliberate effort to dominate, isolate, or erode a person's autonomy. They may be harder to recognize or disclose, especially when compounded by ageism, health challenges, or reliance on the person causing harm.

3. True or False: Intimate partner violence (IPV) fades away as couples age.

False: Aging does not end IPV.

While physical violence may decrease in some long-term abusive relationships, psychological and verbal abuse, coercive control, financial exploitation, and neglect, often persist or worsen. According to the Canadian Femicide Observatory for Justice and Accountability, older women continue to be at significant risk of intimate partner femicide³. These acts of violence are often overlooked or mischaracterized, contributing to the invisibility of older victim-survivors. Older 2SLGBTQI+ individuals face compounded invisibility, as GBV research often fails to account for the ways heteronormativity and cisnormativity shape access to support services.

4. True or False: Older women are just as likely as younger women to report or disclose GBV.

FALSE: Older women are less likely, for reasons tied to a complex mix of structural, cultural, and personal factors.

Generations of women have been socialized in times when domestic violence was considered a private issue or a "normal" part of marriage, making them less likely to recognize or name their experiences as abuse. They may not disclose violence due to

³ See: Canadian Femicide Observatory for Justice and Accountability. [Call it Femicide](#) (2020)

shame, stigma, or generational norms that discourage speaking out about family matters.

Many fear losing their home, financial security, or independence if they leave an abusive partner or report violence by a caregiver. Internalized victim-blaming over a lifetime can lead older women to minimize their experiences. Others may distrust formal support systems, particularly those who have experienced systemic harm from state institutions. Older trans and nonbinary people, for example, may fear being misgendered, denied services, or placed in unsafe accommodations when seeking help.

When the person causing harm is an adult child or grandchild, an older woman may feel she has to protect them from authorities and judgement of others, especially in communities that have long experienced the misuse of power by authorities and/or the state, reflecting deep values tied to family commitment, self-sacrifice, and a sense of moral responsibility toward loved ones, even in the face of personal harm. When the societal response to abusive behaviour is limited to criminalization and jail, with no way back to the community or healing once labelled an ‘abuser’, mothers of any age are more likely to protect their children.

5. True or False: When a man kills his older ill partner out of love or to “end her suffering,” it is not IPV.

False: So-called "mercy killings" are often a form of IPV and femicide.

These acts are frequently perpetrated without the woman’s consent, are cruelly violent and reflect dynamics of control, not compassion. The Canadian Femicide Observatory has documented cases where men kill their partners under the guise of care, but these killings are rooted in power, entitlement, and a lack of regard for the woman’s autonomy and life.

Intersectionality & Structural Considerations

6. True or False: Ageism and sexism overlap to increase older women’s vulnerability to GBV.

TRUE: Ageism and sexism intersect to increase exposure to GBV

As women age, they are devalued in a society that prioritizes youth, productivity, and reproductive potential. This devaluation makes their experiences of abuse easier to ignore, both in personal relationships and institutional settings.

The term “older women” can be both helpful and harmful. The term highlights a group often overlooked in research, policy, and services. It also collapses multiple generations and diverse identities into a single, static category. For example, a woman in her early 60s may be navigating workplace harassment or post-divorce coercion, while a woman in her 80s may face caregiver violence or institutional neglect.

Age is not a fixed identity, it is shaped by social location, life experience, and systems of power. A trauma -and violence- informed approach must account for the full complexity of ageing and avoid one-size-fits-all responses.

7. True or False: An older woman’s experience of GBV will vary depending on who she is, where she lives, and how others see her.

TRUE: This is key to understanding GBV through an intersectional lens

Intersectionality is a framework that helps us understand how overlapping aspects of identity (such as race, Indigeneity, ability, gender, class, sexual orientation, language, immigration status, education, geographic location) shape a person's experience of violence, their access to support, and how they are treated by systems.

For example, an older woman living in a rural area may face geographic isolation and a lack of services, while a racialized older woman in an urban centre may encounter racism or language barriers when seeking help. How others perceive her, through the lens of ageism, sexism, and other forms of bias, also affects whether her experience is recognized or dismissed.

Ability is another important intersection that shapes experiences of gender-based violence. Ableism across the lifespan shows up in how we value independence, how we design systems, and who we listen to. When ableism intersects with ageism and sexism, it doesn't just shape how older women are treated, it reveals how society devalues interdependence, overlooks non-normative ways of living, and punishes those who fall outside narrow ideals of strength, autonomy, or productivity.

Intersectionality reminds us that GBV is always a unique experience, and that effective responses must acknowledge and reflect the diverse realities of older women’s lives.

8. True or False: Collectivist cultures are more tolerant of GBV than individualist cultures.

FALSE: This is a harmful stereotype that obscures the reality that GBV exists in every culture and community.

Tolerance of GBV is not inherent to any culture, it is rooted in patriarchal power structures, which take different forms across contexts. Violence against women is a global issue.

Collectivist cultures place strong value on family and community which can create different attitudes and pressures around disclosure, but this does not mean they accept violence more than others. Collectivist communities have rich traditions of mutual care, accountability, and resistance to violence.

The assumption that certain cultures are more tolerant of GBV reinforces racism, xenophobia, and colonial logic while deflecting attention from how GBV is normalized in white, Western, individualist societies, in different ways.

9. True or False: Cognitive impairment increases the risk of experiencing harm in institutional settings

TRUE: Older women with cognitive impairments face an increased risk of GBV, particularly in institutional settings where dependency, limited autonomy, and communication barriers can be exploited.

Human services must recognize and respond to the specific vulnerabilities of older women with cognitive or neurological disabilities, including dementia, mild cognitive impairment (MCI), acquired brain injuries, developmental disabilities, Parkinson's disease, and post-stroke impairments. These conditions may limit a woman's ability to recognize abuse, communicate concerns, or seek help, making them more susceptible to neglect, coercion, and exploitation.

Abuse is often dismissed as confusion or a "symptom" of cognitive decline.

Professionals in all sectors must be trained to recognize non-verbal signs of violence and coercion, and to avoid assumptions that undermine credibility or autonomy. In some cases, the abusive person, including family members or staff, use cognitive decline to justify unwanted medical decisions, restrict access to resources, or commit financial abuse.

Three potential non-verbal signs of abuse:

- Sudden or unexplained changes in behaviour or mood
- Avoidance or stress around specific people or places
- Physical signs that are inconsistent with the explanation provided, or that go unexplained

In the absence of a clear medical cause, these may be red flags for physical abuse, rough handling, or neglect.

To ensure safety and dignity, reporting mechanisms must be accessible and inclusive. Alternatives to traditional crisis lines, such as in-person support, visual tools, and community-based interventions, are essential for supporting victim-survivors with a range of communication needs. Advocacy, accessibility, and a trauma -and violence-informed approach are critical to protecting the rights of older women with disabilities.

10. True or False: Colonization and systemic racism expose older women to higher risks of GBV.

TRUE: Colonialism and racism continue to expose older women to GBV.

Colonialism, racism, and GBV are deeply intertwined, particularly for Indigenous women and Two-Spirit people, who experience higher rates of violence, systemic poverty, and state-imposed family separation. Older Indigenous women may be victim-survivors of residential schools, the Sixties Scoop, or other forms of state violence, making them more distrustful of institutions.

Racialized older women often experience language barriers, economic discrimination, and immigration-related vulnerabilities that increase their risk of GBV.

Service Gaps & Professional Responses

11. True or False: Most GBV services can accommodate older women's specific needs.

FALSE: Most GBV services were not designed with older women in mind.

They often lack age-specific outreach, accessible facilities, and staff trained to recognize or respond to GBV in later life. Shelters may be unable to accommodate mobility limitations, chronic illnesses, or cognitive decline. This creates significant barriers to access and support.

12. True or False: Signs of GBV in older women are often misattributed to aging or cognitive decline by healthcare providers.

TRUE: Ageist biases can prevent professionals from recognizing abuse.

Common misconceptions include:

- Assuming older women don't experience GBV
- Confusing financial abuse with "normal" family dynamics

- Dismissing sexual violence due to stereotypes about aging and desire
- Minimizing non-physical forms of abuse (emotional, financial, neglect)
- Attributing signs of trauma to age-related conditions like dementia
- Believing GBV only happens in heterosexual relationships, ignoring the risks faced by older 2SLGBTQI+ individuals.

13. True or False: Care work is highly valued in Canadian society.

FALSE: Care work, most often performed by women, is deeply undervalued in Canada

Older women are particularly affected by the long-term impacts of unpaid or underpaid caregiving. The systemic devaluation of care work contributes to financial insecurity, dependency, and increased vulnerability to GBV in both private and institutional settings. This economic vulnerability is not incidental, it results from structural gender inequalities, including wage gaps, pension disparities, and exclusion from labour protections. The exploitation of caregiving labour is a form of structural and gendered violence that persists across the life course.

14. True or False: Older women typically face fewer barriers when seeking support.

FALSE: Older women face multiple and unique barriers when seeking support.

GBV services often centre the needs of younger women with children, making older women feel invisible or out of place. Structural barriers include inaccessible shelters, limited income, pension gaps, lack of affordable housing, and services that don't account for chronic health conditions or cognitive impairments. Many professionals lack training in recognizing GBV among older adults, and when training exists, it may not take an intersectional approach. Ageism, sexism, ableism, and homophobia/transphobia further compound these challenges.

Older 2SLGBTQI+ individuals may avoid services due to fear of discrimination or retraumatization from past institutional harm.

15. True or False: Older women in institutional settings are more protected against GBV.

FALSE: GBV occurs in institutional settings, such as long-term care facilities and hospitals.

Older women may experience neglect, verbal abuse, financial exploitation, or physical and sexual violence—from staff, co-residents, or family members. In these settings,

they often lose control over their bodies, decisions, and dignity. Indigenous, racialized, disabled, and 2SLGBTQI+ older women face heightened risks due to intersecting biases. For example, older 2SLGBTQI+ residents may feel forced to hide their identities to avoid mistreatment, and trans residents may be denied gender-affirming care.

Policy, Advocacy & Systemic Change

16. True or False: Current labour policies and pension structures contribute to older women's financial vulnerability, increasing their risk of GBV.

TRUE: Labour policies and pension structures contribute significantly to older women's financial vulnerability and therefore greater risk of GBV.

Women are more likely to retire into poverty due to lower lifetime earnings, unpaid caregiving, and pension disparities. Without financial security, many are forced to remain in unsafe relationships or living arrangements where they experience abuse.

17. True or False: Policy and legal reforms, such as recognizing economic abuse would strengthen protections for older women.

TRUE: Policies and legal reforms can improve outcomes for older women.

Improving GBV responses for older women requires policy and legal reforms to address both immediate service gaps and the broader structural inequities that leave them vulnerable to violence. Such as:

Explicit Inclusion of Older Women in National GBV Strategies: Canada's National Action Plan to End Gender-Based Violence (2022) does not recognize older women as a priority group, despite their vulnerability to violence. Policy frameworks must explicitly include older women in GBV funding, research, and service models.

Stronger Legal Protections Against Economic Abuse: In some jurisdictions, laws and policies may not adequately protect older women from GBV, especially when the violence is committed by family members other than intimate partners. Many older women remain in abusive situations due to financial dependence, pension insecurity, or coercive control over assets. Legal reforms should recognize economic abuse as a distinct form of GBV, strengthen protections for victim-survivors, and ensure equitable pension and social security access for women who performed unpaid caregiving work.

GBV-Informed Long-Term Care and Health Policies: Long-term care facilities and healthcare systems must integrate GBV identification, prevention, and response

measures to address the violence, neglect, and abuse older women experience in institutional settings. This includes staff training grounded in an intersectional lens, clear complaint mechanisms, and oversight to prevent mistreatment.

Age-Inclusive Housing and Shelter Policies: Most shelters and transitional housing programs are designed for younger victim-survivors and do not accommodate older women's mobility, health, or long-term needs. Policies must fund age-appropriate housing solutions that provide safety, accessibility, and long-term stability for older victim-survivors.

Workplace Protections and Fair Pay for Care Workers: Many older women remain in precarious caregiving roles, where they are underpaid, overworked, and exposed to workplace harassment or abuse, as well as job-related injuries. Labour policies must ensure stronger protections for care workers, wage parity, occupational health and safety, and secure retirement benefits to prevent economic vulnerability and exploitation.

Integrated GBV Responses within Healthcare, Justice and Social Services: Current responses to elder abuse often depoliticize violence, framing it as a private or family issue rather than recognizing it as a gendered and systemic problem. This framing obscures power dynamics and minimizes the specific risks older women, and other marginalized older adults, face.

To address this, GBV and elder abuse services must be more effectively integrated, with a consistent application of a gendered, intersectional lens across all sectors. This includes training professionals in healthcare, justice, and social services to recognize the dynamics of GBV in later life, across all genders, while understanding how age, ability, race, sexuality, and class intersect to shape vulnerability and access to support.

Funding for Community-Based, Culturally Safe Services: Many racialized, Indigenous, rural older women and 2SLGBTQI+ people as well as those living with disabilities, face unique barriers to GBV support. Policy changes must prioritize funding for grassroots, culturally safe, and community-led services that reflect the diverse realities of older victim-survivors.

18. True or False: GBV services should remain separate from other human services organizations because collaboration risks diluting the focus on GBV.

FALSE: Collaboration strengthens, not weakens, the focus on GBV.

A whole-community approach is essential to prevention. GBV services should not operate in isolation. Older women experiencing violence may initially seek help through other services such as housing, healthcare, elder care, disability, or mental health services. Cross-sector integration ensures that signs of violence are recognized and addressed wherever support is accessed, reducing the burden on victim-survivors to navigate fragmented systems.

Traditionally, GBV and elder abuse have been treated as separate issues, one framed through gender and power, the other through age and vulnerability. This divide often leaves older women, especially 2SLGBTQI+ individuals, underserved or invisible. Bridging the gap requires embedding trauma -and violence- informed care into all responses, ensuring that GBV services include older adults, and that elder abuse services recognize gendered dynamics of power and control.

Ageism and sexism must be addressed together. Tailored training and coordinated services enhance safety, autonomy, and long-term stability for older victim-survivors.

19. True or False: Ageism is not a significant issue in most human service organizations.

FALSE: Age discrimination is the most socially tolerated form of discrimination and is most likely present in any organization that has not explicitly taken steps to address it.

Challenging ageism starts with recognizing and unlearning the biases that frame older women as invisible, passive, or a low priority in GBV work. Organizations can audit their policies, training, and service models to assess where age discrimination is embedded, whether intentionally or not. This includes reviewing outreach strategies, identification and assessment tools, and intake forms to ensure they reflect older women's realities. Professionals can advocate for funding allocations that include older victim-survivors, push for intergenerational approaches to GBV prevention, and ensure older women's voices are present in decision-making. At a broader level, disrupting ageist narratives in social services, media, and policy helps shift the cultural assumption that GBV is an issue only affecting younger women.

20. True or False: Existing services can accommodate the needs of older women who are seeking help for GBV.

TRUE and FALSE: On the surface, existing services could support older women, but only if they transform their structures, practices, and assumptions. Without that shift, “inclusion” risks tokenism or erasure.

Existing services can support older women experiencing GBV, but only if they are intentionally restructured. Simply inserting older women into current models risks overlooking age-specific barriers and reinforcing exclusion. Services must move beyond “inclusion” toward relational, equity-driven systems designed around older women’s lived realities. This means embedding trauma -and violence- informed, culturally safe, and adaptive practices into everyday service delivery. The Wildflower Guide emphasizes that transformation happens not just in policy, but in the ways professionals listen, engage, and create space for older women’s experiences. Only through such intentional redesign can existing services truly meet their needs.

Pathways to Healing

Honouring the Strength and Healing of Older Women who are GBV Victim-Survivors

Healing from GBV is not a linear path, it is a deeply personal, relational, and evolving process that extends beyond survival to reclamation, resistance, and renewal. For older women, healing is shaped by a lifetime of experiences, wisdom, and quiet acts of resilience, often in systems that have failed to recognize their struggles or their strength.

Despite the violence and invisibility many have endured, older women should not be viewed as passive victims. They can be active agents of healing, both for themselves and for their communities. Whether through advocacy, creative expression, economic independence, or mentorship, they demonstrate that healing is not just about overcoming harm, but about restoring dignity, reclaiming voice, and redefining what safety and joy look like on their own terms.

The pathways outlined below reflect not only the challenges older victim-survivors face, but also the many ways they cultivate healing, connection, and change, within themselves, their relationships, and the broader movements for justice. Healing is not just an individual journey, it is a collective act of resilience and transformation.

Post-Traumatic Growth: While trauma can have lasting effects, older women find meaning, purpose, and healing through community involvement, creative expression, and peer support. They often hold cultural knowledge and community connections that

serve as powerful sources of resilience. Listen for the ways an older woman finds strength in small acts of defiance, quiet planning, and seeking trusted allies, all forms of agency that contribute to healing.

Holistic Wellness: Healing is deeply connected to mental, physical, and spiritual well-being. Older women may draw on spiritual, cultural, and personal practices to process trauma, manage stress, and foster resilience. Movement, nature-based healing, and cultural traditions can help reconnect them to their bodies and emotions in ways that extend beyond medicalized approaches to trauma recovery.

Strength Through Connection: Supportive relationships, with peers, family, or professionals, are protective factors that promote healing, stability, and well-being. Intergenerational relationships allow older women to mentor and support younger generations, breaking cycles of violence while passing down knowledge, survival strategies, and cultural wisdom.

Advocacy for Change: Older women and their allies are driving change in service design, advocating for age-inclusive, trauma -and violence- informed, and culturally responsive supports. Many older victim-survivors become leaders in social movements, shaping policies and programs that better reflect their needs and experiences.

Lifelong Learning: Healing includes gaining knowledge, adapting to new technologies, and engaging with services that respect older women's autonomy and lived experience. Whether through learning financial literacy, legal rights, or self-advocacy skills, older women reclaim control over their lives in ways that counteract systemic disempowerment.

Economic Empowerment and Autonomy: Many older victim-survivors engage in financial advocacy, entrepreneurship, or peer-led initiatives to regain independence. Access to safe housing, fair wages, and financial literacy programs is critical in preventing revictimization and ensuring long-term stability.

Community Leadership: Many older women take on leadership roles within their communities, shaping programs and policies that reflect their strengths and lived realities. Their presence in grassroots movements, victim-survivor networks, and policy advocacy strengthens community-based solutions to GBV. Research shows that, around the world, countries with active grassroots women's movements are more likely to have progressive gender equality legislation⁴.

⁴ <https://www.cambridge.org/core/journals/american-political-science-review/article/abs/civic-origins-of-progressive-policy-change-combating-violence-against-women-in-global-perspective-19752005/810036AC92E6A7E245A083E3EEE4EFA0>

Reclamation of Self and Story: Healing often involves reclaiming identity, dignity, and voice after years, or even decades, of being silenced. Storytelling, art, poetry, and activism allow victim-survivors to rewrite their narratives and be heard on their own terms.

Radical Rest and Self-Compassion: Healing is not just about surviving, it's about reclaiming joy, peace, and rest as a fundamental right. Many victim-survivors have spent a lifetime caring for others while being denied care themselves. Learning to prioritize self-compassion, set boundaries, and embrace rest is a powerful form of resistance against systems that have undervalued women.

Valuing the Wisdom of Older Women in Human Services

Older women who work in GBV services, research, social work, healthcare, justice and community advocacy are not only supporting victim-survivors, they are also navigating systems that often undervalue their expertise and labour. Many have spent decades in frontline roles, mentoring younger colleagues, advocating for systemic change, and holding space for others, yet they face ageism, burnout, and exclusion from leadership roles.

Honouring their contributions means recognizing their knowledge as essential to trauma -and violence- informed, relational care and ensuring they have opportunities for leadership, professional development, and workplace accommodations that support their well-being, rather than forcing them to conform to productivity-driven service models. When older women in human services are valued and supported, their work not only sustains victim-survivor-centred care but also strengthens the intergenerational transmission of skills, advocacy, and resistance.

Resources:

[Families Canada | SAFE Women](#) for a free learning module on TVI financial literacy
[Gender, Trauma and Violence Knowledge Incubator @ Western: Intimate Partner Violence: Journeys to Safety](#)