The Wildflower Guide

Equity-Oriented Care for Women 55+ Who Experience Gender-Based Violence

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Executive Summary

The status quo in services for older women who are victim-survivors of gender-based violence is unacceptable

In Canada, services for older women who have experienced gender-based violence (GBV) are scarce or nonexistent. GBV is targeted violence most often committed against women, girls, and gender diverse people. GBV occurs at all ages and across all demographics. Whereas elder abuse emphasizes vulnerability related to age, dependency and cognitive or physical decline, GBV is rooted in systemic power imbalances and the unequal social positioning of women. These differing frameworks shape how risks are assessed and interventions are designed, which can obscure the gendered nature of violence experienced by older women. The absence of GBV services for older women underscores the need for a gendered and intersectional lens in both policy and practice.

GBV has been recognized as an epidemic by all three levels of government in Canada. Women who are pushed to the margins of society, particularly those impacted by racism, colonization, and systemic inequality, experience the highest rates. For example, Indigenous women are seven times more likely to be killed than non-Indigenous women. The *National Inquiry into Missing and Murdered Indigenous Women and Girls*, in its final report *Reclaiming Power & Place*, along with the Canadian government, has recognized GBV under colonization as a systemic and genocidal form of violence.

Ageism has created a significant gap in GBV research. Intimate partner violence (IPV) is the most commonly reported and recognized form of GBV globally, yet major studies on IPV and non-partner sexual violence (WHO, 2013; 2018) excluded women over the age of 49. This exclusion reflects and reinforces the inaccurate assumption that women beyond midlife are not at risk of GBV. Ageist assumptions that are built into research methodology shape what is counted, who is visible, and ultimately, what gets funded. The absence of data on older women helps to explain the lack of services. Invisibility justifies inaction. The impact carries over into Canada's National Action Plan to End Gender-Based Violence (2022). While "seniors" are referenced, older women are not recognized as a distinct group, despite being identified by the Canadian Femicide Observatory for Justice and Accountability as experiencing disproportionately high rates of femicide.

The gender dimension of aging is unevenly reflected in policy discussions and decision-making.
- UN Advocacy Brief on Older Women

Ageism, described as the most socially tolerated form of discrimination, sets up unique barriers for women beyond their reproductive years. They are less valued in a society that fails to change the structures that uphold the status quo of gender inequality, making women even more vulnerable to violence as they age.

A Clear Vision for Transformation and Reconciliation

The final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls calls for establishing a new framework in human services that centres relationships, the voices and leadership of Indigenous women, in every encounter. It is a powerful vision for transformation that has inspired all aspects of this project.

Read:

Establish a New Framework in Reclaiming Power and Place (pgs. 89-101)

Plant Wildflowers

The Wildflower Framework is a narrative change intervention that challenges dominant models in human services which devalue care and render aging invisible. It supports professionals to integrate services for older women who have experienced GBV into broader equity efforts through relational, trauma- and violence-informed practice. Rather than rejecting the structure of business models, it invites transformation from within, growing equity-oriented care in the cracks of rigid systems.

The change process is likened to growing wildflowers in a concrete environment. Wildflowers are resilient; they find the smallest spaces to bloom. Over time, they can transform the landscape. Older women who have survived a lifetime of trauma and violence are similarly resilient. They embody the potential for growth and transformation even in the harshest conditions. The Wildflower framework is both a metaphor and a practical guide for nurturing this growth, offering a path toward sustainability, healing, and genuine systemic change in human services.

> Care is not just an act of kindness but a form of resistance against systems that neglect, exploit, or erase older women's experiences

The Wildflower resources include:

- **A GBV primer** to increase awareness of the GBV experiences of older women.
- **An organizational assessment** to advance equity work, explicitly addressing ageism and GBV preparedness.
- **A self-reflection tool** for professionals to assess their practice using trauma- and violence-informed principles.
- **The Guide** sets out the wildflower ecosystem with four elements. Readers are invited to reimagine and restructure the way that services are designed, delivered, and sustained.
    1. Prepare the Ground: To grow wildflowers in harsh environments
    2. Plant the Seeds: Use the wildflower narrative to guide planning
    3. Tend the Shoots: Integrate equity-oriented care at practice and organizational levels
    4. Nourish the Soil: Sustain the ecosystem through regular reflection and assessment.

There is urgency to act

GBV rates are projected to rise amid growing economic disparity, inequity, and insecurity, and as the population is aging. In this time of shrinking social safety nets and austerity, it is impossible to imagine that dedicated new services for older women will be created or financed. The impossibility forces us to think differently and to look for solutions elsewhere. We can look to the resourcefulness and resilience of women who have always found ways to endure and resist, even in the most oppressive conditions.

If you provide care of any kind, *what you do matters now even more*. As rights are being eroded and climate concerns call our very existence into question, the challenge is to stay engaged, to continue to care and to believe that equity is possible. There is healing in being part of something larger than oneself, by being the change that is wanted, not in isolation but always in partnership with others and the land.

Shared Leadership

A person does not need positional authority or formal power to be a leader or to have influence. Leadership that is grounded in the ability to navigate existing constraints while cultivating new possibilities is the key to large social change. Relational leadership thrives in collective action, mutuality, deep listening, and everyday acts of creation and disruption, reshaping systems from within to support older women and care professionals.

The Wildflower Guide and Tools are for anyone willing to lead from their place in the system, recognizing that transformation is collective, interconnected, and sustained by the interplay of vision, inspiration and action. Every action has an impact.

The goal is not simply to include older women in existing systems, but instead to imagine new ways of co-creating services, with approaches that intervene earlier, promote healing, and support both those seeking and providing services.

About the
Project

The Canadian Network for the Prevention of Elder Abuse and advisory partners have developed the Wildflower framework for professionals in any sector who provide services to older women and gender-diverse people. Equity-oriented care (EOC) is a Canadian best practice that has set the foundation for the project materials. Thank you to Dr. Nadine Wathen for her careful review and input into the materials. The Wildflower materials have been developed to add to the growing list of EOC research and resources to bring a focus on the experience of older women who have experienced, and/or who are experiencing GBV.

For more information about this project and about CNPEA, visit cnpea.ca or contact Benedicte Schoepflin at benedictes.cnpea@gmail.com.

Project Advisors

Action ontarienne contre la violence faite aux femmes

DAWN Canada

Egale

Elder Abuse Prevention Ontario

Ininiwak E Wichihitochik — People Helping Each Other — Victim Services

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OCASI — Ontario Council of Agencies Serving Immigrants

OAITH — Ontario Association of Interval & Transition Houses

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

Funder

A word about language

Language can be controversial and sometimes traumatizing. Every effort has been made to consider and acknowledge the impact of words and categories and to avoid stigmatization and othering.

Ageism:

The World Health Organization defines ageism as "the stereotypes (how we think), prejudice (how we feel) and discrimination (how we act) towards others or oneself based on age." Ageism plays a significant role in devaluing and hiding the lives and stories of older people who are victim-survivors of GBV.

Elder Abuse:

Also referenced as *abuse of older people* or *mistreatment*, elder abuse is typically considered a category that is separate from GBV, arising from vulnerabilities associated with aging rather than gendered dynamics. The World Health Organization defines it as: "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights and includes physical, sexual, psychological and emotional abuse; financial and material abuse; abandonment; neglect; and serious loss of dignity and respect."

We recognize that "elder" is different from the term "Elder" as it is used in Indigenous and collectivist communities, referring to respected leaders and knowledge keepers.

Gender-Based Violence:

GBV is violence based on gender norms and unequal power dynamics, perpetrated against someone based on their sex, sexual orientation, gender identity, gender expression, or perceived gender. GBV can take many forms, including physical, sexual, psychological, emotional, and financial abuse as well as technology-facilitated violence. It takes place in homes, in public spaces, at school, in workplaces and online. Intimate partner / domestic and certain forms of family violence along with sexual violence are included under GBV.

Intersectionality:

Other forms of discrimination add to the experience of invisibility and marginalization experienced by older women. Intersectionality describes the overlapping and interdependent systems of discrimination or disadvantage. In addition to ageism, older women experience discrimination based on race, gender, sexual orientation, ability, status, language, geographical location, religion. The negative impacts can be seen in statistics for mental, health and addictions, housing and poverty rates. Multiple forms of discrimination increase exposure to GBV. Indigenous women and girls; Black and racialized women; immigrant and refugee women; Two-Spirit, lesbian, gay, bisexual, transgender, queer, and intersex people; women with disabilities, and women living in northern, rural, and remote communities experience higher rates of GBV.

See: Progress Report 2021-2022 - Canada.ca

For more information go to:

Women:

Although women make up over half the population, they remain a subordinated class in a patriarchal society. Women 55+ are the focus for this project, not to exclude others, but to redress the historic invisibility of older women in GBV services and prevention efforts. We also recognize that gender-diverse older adults have been similarly erased in data, services, and public discourse. Their experiences of harm, resilience, and identity are distinct, and they too deserve safety, recognition, and support.

Victim-Survivor:

References individuals who have experienced GBV and is used to capture the complexity of their experiences and to acknowledge both their suffering and resilience.

Resources:

Links to other resources are provided throughout the guide. A full resources list is included in the last section.

What Women Told Us

Seventeen interviews were conducted in the spring of 2024 to explore exceptional service experiences from the perspective of older women who are GBV victim-survivors and service providers as a first step toward identifying the qualities that help create the optimal conditions in a service relationship.

> At the heart of what women told us, there are common ideas: listen, take time with me, show respect for my story and choices, be present, be kind.

The status quo prioritizes efficiency over care, control over autonomy, risk management over trust, and cost-savings over people. The often invisible, and mostly unintentional, institutional harms that affect women in gender-specific ways will persist without meaningful intervention. To centre women and relationships is to create conditions that foster genuine connection, healing, and mutual respect in every interaction.

This kind of care work is not a small shift, it's a radical departure from business-as-usual, and it's necessary.

Women told us:

"*I told my story to the shelter staff. They believed me. They never doubted me. They never asked, "really?" or "are you sure?" They were crazy stories, but they knew it was true. That made my whole time at the shelter really wonderful.*"

"*My counsellor practiced mirroring a lot. She helped me to see my happy, hopeful, enthusiastic self.*"

"*In my mind, I am part of a sisterhood. You're not alone.*"

"*If women are moving slower, it's not because they're old or dumb. It may be because they're being thoughtful and cautious.*"

At the heart of what women told us, there are common ideas:

listen, take time with me, show respect for my story and choices, be present, be kind.

Professionals told us:

"*It's up to her. Success is about how she feels. Does she feel safer in the end? Is she able to manage her own life in a way that's acceptable to her? It isn't always about leaving the relationship.*"

"*We're going to listen to the woman, we're going to accompany her, because that's the feminist approach. We don't tell the woman what she's going to do, and we support her in her decisions.*"

"*A positive experience means first and foremost that the woman feels listened to, at ease and confident.*"

The **Wildflower Framework**

A holistic view is needed to rethink how services are designed, delivered, and sustained. Wildflowers grow in ecosystems of interdependent conditions and relationships. Like gardening, organizational change is not linear. Even when cultivated with care, wildflowers resist tidy rows and predictable outcomes. Implementation unfolds in cycles, loops, and spirals—relational, iterative, and responsive to what emerges. Over time, patterns and practices take root through reinforcing actions, thoughtful adjustments, and ongoing reflection.

The framework is not a checklist, but more a living practice. Each step is necessary to nourish the whole. The process takes time. Start from where you are. Finding cracks in the concrete of rigid systems requires persistence and a path with a visible horizon. It's important to allow practices and systems to repair and evolve, while also acknowledging the older women who are experiencing GBV should not have to wait for better care.

1. Prepare the Ground: To grow wildflowers in harsh environments

GBV is a systemic issue. Recognize GBV is embedded in ageist assumptions, institutional norms, and fragmented responses. Ageism has excluded older women from the societal response to GBV.

Resist: Disrupt one-size-fits-all approaches by focusing on *this* woman in every instance. Integrate the focus into the organizational culture.

Reframe: Root out internalized ageism. Centre older women as collaborators, co-creators, and knowledge-holders in the change process.

2. Plant the Seeds: Use the Wildflower narrative to guide planning

The exception becomes the rule. Every encounter holds potential for transformation. A clear, shared rationale is essential for becoming "*this person-led*" in practice.

Plan the garden: The Wildflower organizational assessment can help identify areas to cultivate in order to create the conditions that normalize and embed the exception narrative.

Design with intention: Honour the 'workaround' as insight into where systems fail. Build capacity to ask: How can I make the current system work for *this* (and every) woman?

3. Tend the Shoots: Integrate equity-oriented care at practice and organizational levels

Daily practice and reflection. Meaningful change demands continuous emotional and ethical reckoning with how policies and practice impact people. Training alone is never enough.

Fertilize the ground: Active Implementation Frameworks (AIF) support change through clear stages, implementation drivers (including relational competencies), with continuous quality improvement. See the organizational assessment.

Root the Relationships: Prioritize the quality of relationships in all aspects of the work, with clients, volunteers, staff, coworkers, and community partners.

4. Nourish the Soil: Sustain the ecosystem through regular reflection and assessment
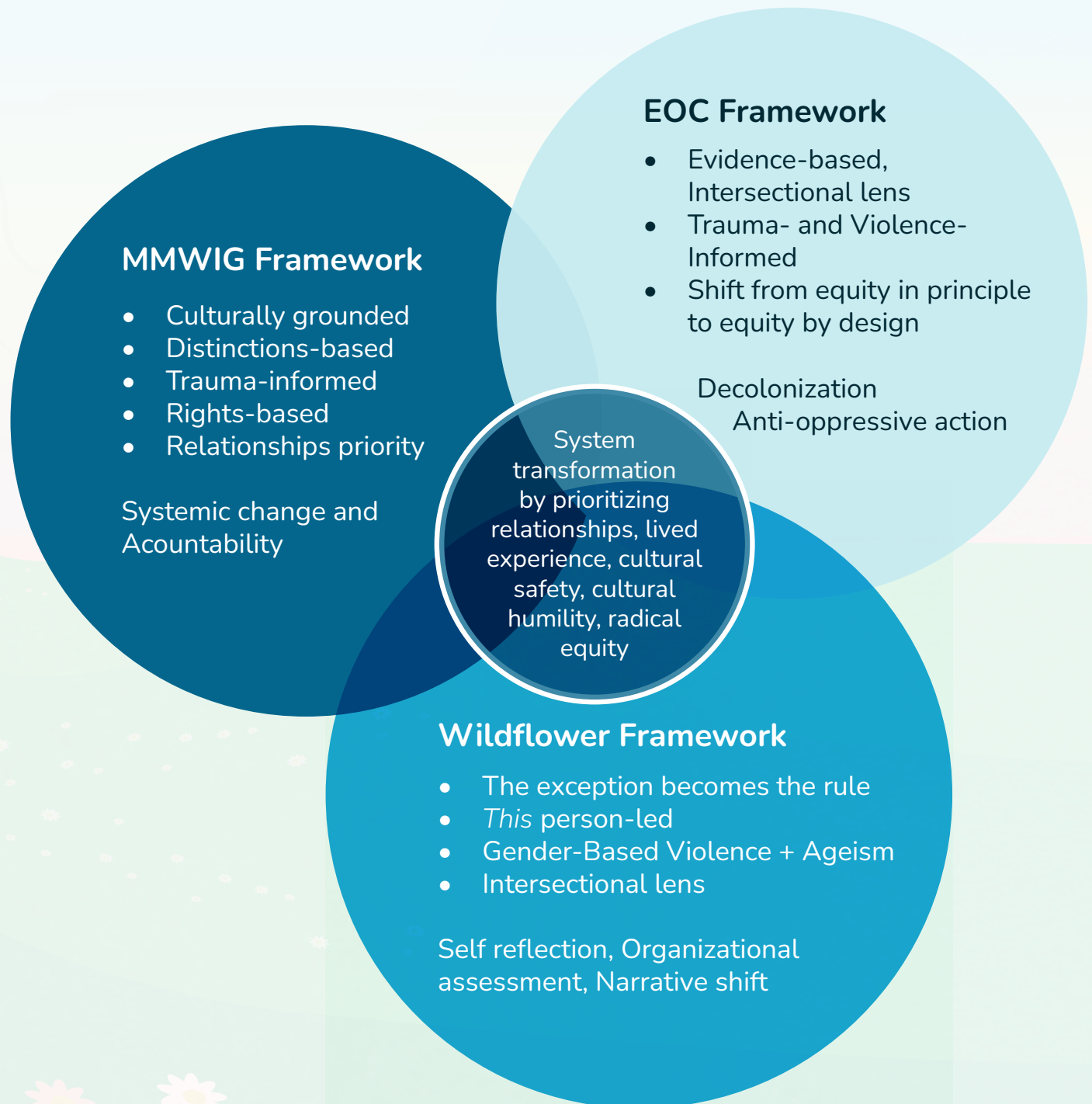
Highlight success. Create feedback loops so that success can be shared, adapted, and sustained across the organization. Relational work requires ongoing reflection, care, reciprocity, with attentiveness to how power is being used and the quality of support being provided. Anticipate and address resistance.

Tend the garden: Celebrate what blooms. Centre older women's voices and leadership to challenge paternalism and foster this-person led responses.

Regular Pruning: Let go of harmful or outdated practices. Challenge assumptions that crowd out innovation. Clear space for new growth through pause, reflection, and repair.

Relational and Interconnected

The Wildflower Framework does not stand apart from other equity-based frameworks and can be seen as a contribution that brings the often-overlooked experiences of older women into intersectional, trauma -and violence- informed, and anti-colonial GBV responses.

EOC Framework

- Evidence-based, Intersectional lens
- Trauma- and Violence-Informed
- Shift from equity in principle to equity by design

Decolonization
Anti-oppressive action

MMWIG Framework

- Culturally grounded
- Distinctions-based
- Trauma-informed
- Rights-based
- Relationships priority

Systemic change and Acountability

System transformation by prioritizing relationships, lived experience, cultural safety, cultural humility, radical equity

Wildflower Framework

- The exception becomes the rule
- *This* person-led
- Gender-Based Violence + Ageism
- Intersectional lens

Self reflection, Organizational assessment, Narrative shift

The **Wildflower Theory of Change**

If we focus on *this* person—recognizing and responding to their unique needs,

then we disrupt rigid, standardized approaches and create services that are more flexible, relational, and survivor-centered.

If every professional in human services is equipped to recognize and respond to GBV,

then older women will find help through every service door, ensuring earlier intervention and reducing missed opportunities for support.

If we root out ageist assumptions, biases and stereotypes about aging,

then we create the conditions for older women to be seen, heard, and supported in ways that uphold their dignity, safety and humanity, transforming the systems that perpetuate gender-based violence.

If service providers coordinate across systems,

then older women will receive the best possible referrals, making the system more navigable and responsive.

Final Thoughts

> The invisibility of older women in GBV research, funding, and services is not accidental. It stems from deeply held attitudes and beliefs that devalue older women's lives, labour, autonomy, and safety.

Systemic neglect, economic marginalization, and ageism are expressions of GBV, targeting women as they age in ways that reinforce and uphold gender inequality.

It is a time of reckoning. We need urgent and necessary confrontations with systemic challenges and dominant worldviews that are oppressive and fundamentally inequitable. GBV is not an individual issue. Most human service organizations operate under business model assumptions and values that continue to subordinate and exploit women and the care economy. Efficiency is prioritized over relationship, competition over collaboration, and crisis response over investment in prevention. The roots of gendered violence remain underground and ignored, until the crisis of failing systems expose them.

The status quo of a crisis-oriented response cannot keep pace with increasing rates of GBV. The service system is deeply strained and unsustainable. Until we confront the root causes of gender inequality, we will remain locked in an inadequate cycle, where trauma multiplies and cascades across generations, communities, and the systems meant to support them.

Innovation often grows up from the grassroots, led by those closest to trauma and violence, yet furthest from conventional forms of power. While systems are built to preserve the status quo, they can be reshaped through the cumulative force of small, intentional actions that aggregate.

Everyday acts of care, when repeated and aligned, become the foundation for systemic transformation. Recognizing GBV and ageism as global challenges calls for a strategic redesign of services, one that centres equity, relationships, and the lived realities of those most affected.

It is an act of resistance to centre *this* woman, not a hypothetical client, statistical average, or policy category, but the actual person in front of you. The logic of *this* woman breaks with systems designed for standardization, efficiency, and control. It asks not, "How do we fit her into the system?" but rather, "How must the system change to meet her where she is today?" That question disrupts, and ultimately reshapes, the foundations of how care is conceived, delivered, and sustained.

Reckonings are difficult. But they also create openings for reflection, growth, and transformation. The Wildflower Guide and Tools offer a deliberate shift away from rigid structures toward relational, trauma- and violence-informed approaches that centre older women as vital, not incidental, to GBV solutions. Recognizing older women as diverse populations strengthens universal equity principles that can extend across communities and issues. Inclusion of older women is not just an add-on; it is a catalyst for broader systemic and social change. The Wildflower Framework is inspired by *Reclaiming Power and Place* and responds to the Calls to Justice, affirming that transforming colonial systems is both urgent and necessary.

Systems are only as strong as our willingness to uphold them. The exception becomes the rule when everyday choices, each encounter, each policy shift, each quiet act of resistance, go toward widening the cracks in the foundation of a status quo that is unacceptable. Real change, rooted in care and collective action, can overtake a dying system. The challenge before us is to continue to break that ground open, day by day, to grow whole gardens.

Together, we plant wildflowers.

Supplemental Content:
Infographics

This section expands on concepts introduced in the guide with infographics that can support dialogue in your organization.

1. Equity Oriented Care:

EOC is an evidenced-based, best practice model of care and a philosophy that was developed by and for the Canadian healthcare sector. EOC is applicable for any human service. Studies have shown that EOC addresses the systemic inequities and social determinants that impact health outcomes, ensuring that all individuals receive care that is fair, respectful, and responsive to their specific needs and circumstances.

Infographic: What is Equity Oriented Care?

EOC Key Element: Trauma – and Violence – Informed Care: The Public Health Agency of Canada states: *Trauma-informed approaches are familiar to many organizations and service providers. [Over the past decade] this term has been expanded to include "violence", an important change in the language which underscores the connections between trauma and violence, with specific attention to interpersonal violence like IPV, and structural forms of violence that drive GBV, such as misogyny.* Trauma – and Violence- Informed Care (TVIC) applies 4 principles to be integrated into the organizational culture on the path that is walked best with cultural humility.

Infographic: Apply TVI Principles

EOC Key Element: Substance Use Health: Older women who experience GBV may turn to substances as a coping mechanism to manage the psychological and physical pain associated with their trauma. Substance use health exists on a continuum that encompasses beneficial uses, recreational uses, as well as harmful uses and consequences. Harm reduction strategies are promoted to minimize ill health and other harms in relation to using substances. Substance use stigma experienced by older women must be addressed.

**Infographic:** Substance Use Stigma of Older Women

EOC Key Element: Cultural Safety / Racism: In addition to ageism and sexism, older women may face discrimination based on race, gender identity, sexual orientation, ability, immigration status, language, geography, or religion. These intersecting forms of oppression shape how GBV is experienced and responded to. Power imbalances between service providers and service users can further compound harm, especially when implicit biases go unexamined. Meaningful, equity-oriented responses require reflection on how these biases influence decision-making, access to care, and the quality of support offered.

Infographic: Implicit Bias

Supplemental Content:
Infographics (continued)
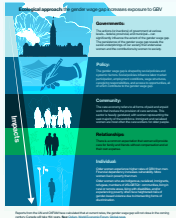
2. GBV is systemic:

The gender wage gap is an example of a policy with impacts that accrue over a lifetime, exposing women to increasing risk for GBV as they age.

Infographic: The Ecology of Gender Inequality: The Gender Wage Gap

3. GBV is a Workplace Issue for Older Women:

GBV is deeply embedded in the societal exploitation of care professionals, most of whom are women, particularly in sectors serving older populations. The undervaluation of care work, chronic underpayment, job insecurity, and workplace abuses are not just labour issues; they are manifestations of gender-based violence. Older female professionals experience unique challenges. As employers, human service organizations can ensure their own house is in order by strengthening policies and practices with equity as the goal.

Infographic: Safety and Respect at Work

4. Reframing Workarounds:

Variations in service are sometimes described as 'workarounds' that tacitly rely on service providers to 'bend the rules' to make the system work for *this* person. By supporting adaptive practices as competencies, staff can be empowered and better supported to provide equity-oriented care. Flexibility and respect for individual judgement and responsiveness are intentional design choices, not temporary fixes. Valuing and supporting those who have the workaround know-how and skillset may also support retention to counter moral distress.

Infographic: The Workaround Skillset

5. Rebalance Power:

Creating cultural safety includes taking steps to acknowledge and shift the uneven power dynamics in a service relationship to foster mutuality. Mutuality is a critical element in creating cultural safety because it fosters respect, reciprocity, and shared understanding between service providers and older women they serve. Cultural safety focuses on creating environments that are free from discrimination, where individuals feel respected and safe, especially in terms of their cultural identity.

Infographic: Rebalancing Power

Supplemental Content:
Infographics (continued)

6. What is your Motivation?

Explore the motivations, spoken and unspoken, that shape your change process. Resistance is inevitable but anticipating it and clearly articulating your 'why' early on can help build alignment and momentum. Why does this change matter? What difference will it make? When resistance is ignored, it can quietly undermine progress. Create space for honest dialogue to surface the fears, hopes, and values that can either support or stall the effort.

Infographic: Explore the Motivations for Change

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7. Sustain the Wildflower Ecosystem:

Perform regular pruning. Let go of harmful or outdated practices. Challenge assumptions that have become overgrown and normalized. Remove barriers that crowd out new growth. Know when to pause, reflect, and shift.

Infographic: Sustain the Wildflower Ecosystem

What is equity-oriented care?

Substance use health frames substance use in relation to a continuum that encompasses beneficial uses, recreational uses, and harmful uses and consequences, and includes harm reduction to promote health in relation to using substances.

The responsibility for the **physical, cultural and emotional safety** of the person accessing care or services rests with the organizations and professionals providing care.

Requires **concerted efforts** to reduce power imbalances, racism, and discrimination enacted in covert and often overt ways in virtually all settings.
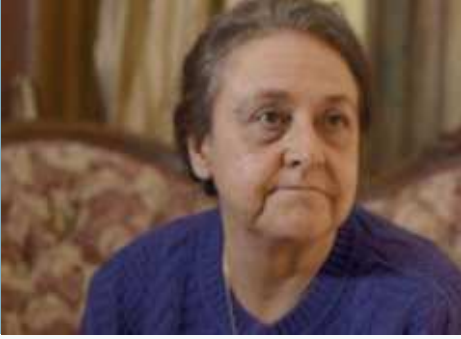
Trauma- and Violence-Informed Principles

Harm Reduction / Substance Use Health

Cultural Safety/ Anti-Racism

Adapted from: EQUIP Health Care

Apply the TVI Principles

Case example: Meet Maria

Maria's son moved in with her when he lost his job. Over time, he has taken control of her pension, restricts her spending, and is pressuring her to sign over the house. Maria feels trapped. This form of economic violence leaves her vulnerable, isolated, and without the means to make independent choices.

1. Recognizing Financial Abuse as a Form of GBV and Trauma

- Staff understand the financial abuse is GBV - power, control, and dependency.
- They acknowledge that Maria may have internalized messages that she must rely on male family members and that seeking help could feel like a betrayal.
- They frame her experience within systemic inequalities, reinforcing that this is not her fault—it is part of a larger issue of GBV against older women.

2. Create cultural safety in emotionally and physically safe environments

- Staff take time to be present. Maria feels heard, respected.
- They understand that financial abuse is often overlooked in older populations.
- They acknowledge the intersection of ageism, gender inequality, and trauma history in Maria's situation, providing services that recognize and affirm her lived experience.

3. Foster opportunities for choice, collaboration, and connection

- Staff talk with her about options that are realistic for her situation.
- Maria makes decisions. She is not treated as incapable due to age.
- Peer support is an option: connection with other older women survivors helps break her isolation and reinforces that she is not alone.

4. Provide a strengths-based and capacity-building approach to support Maria

- Recognizing Maria's lifelong contributions and strengths, the approach focuses on rebuilding her independence and self-worth.
- Not framing her solely as a victim, helps Maria rebuild confidence in her ability to make choices for herself.

Impact: By integrating TVI principles, services move beyond a crisis-response model to restoring Maria's autonomy and dignity, she is supported and empowered to reclaim control over her life.

Substance use stigma

Traditional Gender Roles & Expectations:
Older women face stigma around substance use due to a combination of societal expectations, gender norms, and age-related stereotypes.

Gendered Ageism:
Older women face a unique form of ageism that combines both sexism and ageism. Substance use is seen as particularly inappropriate for older women.

Social Norms:
Substance use, particularly alcohol or drugs, is seen as contradictory to traditional roles of women, leading to greater stigma when older women engage in such behaviors.

Generational Differences:
Older women grew up in a time when there was less acceptance of substance use. Older women may judge themselves harshly for their substance use.

Underrepresentation in Research:
The lack of research perpetuates the stigma, as substance use by older women is often seen as abnormal or unexpected.

Moral Judgements:
Women are often judged more harshly for behaviors perceived as "unfeminine" or inappropriate. Older women are expected to be responsible, refined and restrained.

Reluctance to Seek Help:
Older women may be less likely to seek help, fearing that they will be judged or that their substance use will be seen as a moral failing rather than a health issue.

Dignity is the key to substance use stigma

See the whole person

- **Listen without judgement** – centre her autonomy, validate her experiences.
- **Advocate** for age-responsive harm reduction services.
- **Foster intergenerational solidarity** and education to help shift narratives from blame to compassion.

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Anticipating Implicit Bias

Implicit biases are subconscious attitudes or stereotypes that can affect how service providers perceive and interact with older women. These are 8 common biases to watch for:

1 Physical Frailty

Bias:

"Older women are physically weak, fragile, or incapable of performing certain tasks."

Impact:

Can lead to unnecessary assistance, limiting independence, or exclusion from physical activities or opportunities that require physical effort.

2 Asexuality

Bias:

"Older women are not interested in or capable of having romantic or sexual relationships."

Impact:

Can obscure older women's sexuality and issues of sexual violence, making it more difficult to talk about or to disclose.

3 Diminished Professional Value

Bias:

"Older women are less competent, adaptable, or productive in the workplace compared to their younger counterparts."

Impact:

Can result in being passed over for promotions, forced into early retirement, or excluded from professional development opportunities.

4 Caretaker Stereotypes

Bias:

"It is natural for women to be the caregiver and to put the needs of others first."

Impact:

Can lead to expectations of unlimited, unpaid care, sacrifice of self care, burn-out, financial instability, loss of personal autonomy.

5 Invisibility in Media and Society

Bias:

"Older women are not relevant or interesting."

Impact:

Can reinforce the notion that older women's contributions are less valuable. Lack of representation in media supports social isolation and invisibility of older women in society.

6 Cognitive Decline

Bias:

"Older women are less mentally sharp and more prone to memory loss simply because of their age."

Impact:

Can lead to patronizing behavior, such as not taking their opinions seriously or excluding them from decision-making processes.

7 Cultural Discomfort with Female Aging

Bias:

"Older women should be quiet and retiring, not asserting authority or taking up space."

Impact:

Can affirm the belief that women have no value once they move beyond roles defined by youth, appearance and service to others.

8 Perceived Lack of Technological Competence

Bias:

"Older women are not capable of using modern technology or are resistant to learning new technological skills."

Impact:

Can lead to exclusion from digital communication or professional opportunities that require technological proficiency.

Ecological approach: the gender wage gap increases exposure to GBV

Impacts

Governments:

The actions (or inactions) of government at various levels — federal, provincial, and municipal — can significantly influence the extent of the gender wage gap. The persistence of the gender wage gap reveals the sexist underpinnings of our society that undervalue women and the contributions by women to society.

Policy:

The gender wage gap is shaped by social policies and systemic factors. Social policies influence labor market participation, employment conditions, wage structures, caregiving responsibilities, and access to opportunities, all of which contribute to the gender wage gap.

Community:

The care economy refers to all forms of paid and unpaid work that involves the provision of care services. This sector is heavily gendered, with women representing the vast majority of the workforce. Immigrant and racialized women are most often the care workers for older people.

Relationships:

There is a common expectation that women will provide care for family and friends without compensation and at their own expense.

Individual:

Older women experience higher rates of GBV than men. Financial dependency increases vulnerability. More women live in poverty than men.

Older women who are Indigenous, racialized, immigrants, refugees, members of 2SLGBTQI+ communities, living in rural or remote areas, living with disabilities, and/or experiencing poverty often face heightened risks of gender-based violence due to intersecting forms of discrimination.

Reports from the UN and OXFAM have calculated that at current rates, the gender wage gap will not close in the coming century. Canada will take 164 years. **See:** Oxfam, World Economic Forum, Global news

Safety and **Respect at Work**

Professionals face **systemic conditions that expose them to gender-based violence** (GBV) and other forms of harm, at times from within their own organization. Employers should have a comprehensive policy on workplace violence and harassment and HR policies that are regularly updated and filtered through a gender and intersectional lens that explicitly includes age protections.

Older female professionals face ongoing challenges regarding **job security.**

They are more susceptible to **involuntary termination** compared to their younger counterparts.

One study showed that nearly **half of the recruiters surveyed** consider 57 to be too old for a job.

Becoming **Equity Oriented** as an organization means that the Trauma – and Violence- Informed (TVI) principles are also applied to staff. Equity Oriented Care (EOC) is both outward facing in providing service to the public and inward looking, reflecting on the ways that institutional harms of systemic GBV and ageism are reproduced and perpetuated.

Review pay equity and benefits to ensure older women are not disadvantaged

Provide flexible work options and accommodations for health-related needs

Ensure succession planning and leadership development pathways include older women

Monitor workload and burnout risks, as older women often shoulder additional responsibilities

Actively seek feedback from older staff about their experiences

The **Workaround Skillset**

1. System Awareness & Strategic Navigation

- Understanding where flexibility exists within policies and procedures
- Identifying leverage points where advocacy can shift outcomes
- Working within constraints without reinforcing harmful structures

2. Trauma -and Violence- Informed Practice

- Seeing the individual beyond the intake form, prioritizing unique needs, agency, and strengths
- Being able to build trust quickly, especially in crisis situations
- Recognizing trauma responses and adjusting interactions to avoid re-traumatization

3. Ethical Courage & Advocacy

- Willingness to challenge norms and push against bureaucratic inertia
- Advocating within institutions while protecting individuals from harm
- Holding systemic inequities in view while taking immediate, practical action

4. Creativity & Problem-Solving

- Finding non-traditional solutions within restrictive environments
- Collaborating across roles to piece together resources and supports
- Anticipating barriers and proactively finding workarounds

5. Emotional Intelligence & Resilience

- Managing moral distress when systems fail people
- Practicing boundary-setting to sustain long-term advocacy work
- Engaging in collective care to prevent burnout and isolation
- Demonstrating Power Literacy in navigating resistance, power issues

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Workarounds as a Path to System Change

Workarounds are not stopgap measures. They reveal the possibilities within systems. By naming, sharing, and institutionalizing these adaptive skills, the exception becomes the rule, shaping services that are responsive, humane, and equity-driven by design.

Rebalancing Power

Recognize power imbalances between service providers and older women

Cultural and Institutional Authority:
Service providers often embody the institutional authority of the organizations they represent, which can be intimidating.

Communication:
Technical jargon, acronyms and professional language can be difficult to understand and create barriers to connection.

Decision-Making Authority:
When service providers 'know best' and unilaterally make decisions, older women may feel that they must meet certain expectations or conform to receive the help they need.

Knowledge and Expertise:
Formal education and expertise can be intimidating, especially for generations of women raised to respect and defer to authority.

"Most people recognize when they don't have power and less often when they do."
Julie Diamond. *Power: A User's Guide*

Social and Economic Power:
Older women experience compounded power imbalances from other forms of discrimination such as classism, ableism, racism, homophobia etc. These intersecting factors deepen marginalization and undermine agency and self-worth.

It takes awareness and care to REBALANCE POWER:

- Be mindful about how you use your authority and status.
- Value different kinds of knowledge including life experience and oral traditions.
- Listen for the incredible ways that women keep themselves safe in dangerous situations.
- Reflect those strengths back.
- Take time to make a genuine connection so that you can really listen and learn.
- Use your power to make the system work for 'this' person in the best way possible.

Explore the Motivations for Change

1. Compliance-Driven Motivation

(*"We have to do this"*)

- Motivated by external pressures (funding requirements, lawsuits, reputational risk).
- Focus is on avoiding liability rather than systemic transformation.
- Likely outcome: Minimal change, checkbox exercises, performative efforts.

Red Flags

- Resistance to deep change.
- The emphasis is on optics, not substance.
- Tokenism: expecting racialized staff to "fix" the problem

How to Navigate

- Frame equity as not just a risk management issue, but an opportunity for transformation.
- Show how inequity is already harming organizational effectiveness.

2. Reputation-Driven Motivation

(*"We want to look good"*)

- Motivated by public perception, social trends, or branding.
- Efforts are often more about messaging than structural shifts.
- Likely outcome: A diversity statement on the website but no real change.

Red Flags

- There is a focus on diverse representation without addressing power dynamics.
- One-time initiatives instead of long-term structural commitments.

How to Navigate

- Shift the focus from reputation to impact, how is inequity affecting staff, service users, and outcomes?
- Challenge the "quick fix" mindset by showing that equity work is ongoing, not a one-time PR move.

3. Values-Driven Motivation

(*"This is who we want to be"*)

- Motivated by a genuine desire to align with equity, justice, and organizational ethics.
- Willing to examine policies, culture, and power structures at a deep level.
- Likely outcome: Sustained change, commitment to ongoing learning, real accountability.

How to Support and Strengthen

- Encourage regular reflection on where the organization is falling short.
- Build mechanisms for accountability (not just commitments, but action plans).
- Ensure marginalized voices are at the center without overburdening them with the work.

Sustain the Ecosystem

Establish regular practices for reflection, dialogue, and accountability. Create space for staff to slow down, name tensions, and ask how well the organization is living its values, not just delivering services.

Culture is created daily. Equity work needs ongoing protection and care. In the face of austerity, burnout, and system inertia, sustaining is itself a form of resistance. Hold reclaimed ground and keep pushing out the edges.

Evaluate What Matters: Traditional metrics may not capture relational change. Use qualitative methods, story-based learning, and culturally relevant measures of success. Root out what isn't working.

Invest – keep investing in *this person-led*, age-explicit change. Shift decision-making toward those most affected by GBV, colonization, and ageism.

Regenerative instead of extractive. Disrupting the status quo is a practice of returning again and again to the roots of why we care and why change is needed.

Resource leaders (all kinds): They are essential to growing an ecosystem of care and accountability. Resourcing can be financial but also includes time, appreciation and acknowledgement.

Older women are knowledge holders. Create opportunities for them to have real influence over how programs are shaped and how impact is defined.

Sustainability does not have a final step: It is the ongoing practice of staying rooted in values, relationships, and reflection. Disrupting the status quo is a practice of returning again and again to the roots of why we care.

Use the Wildflower Tools

- The organizational assessment can help to surface power dynamics, identify barriers to inclusion, and create collective accountability plans.
- Encourage staff to use the self-reflection tool to support individual growth, team dialogue, and supervision that nurtures care over compliance.
- Use narrative prompts from the Wildflower Guide to invite staff and community members to engage with the deeper "why" behind your work.
- Use the tools and metaphors to reorient policy conversations toward healing, inclusion, voice, and complexity.

Sustainability means persistence through resistance and staying in relationship, with your people, your purpose, and those to whom you are accountable.

Resources

EQUIP Tools and Resources:

- [10 Things Creating a Welcoming Environment](#): Poster
- [10 Things to Support People Experiencing Violence](#): Poster and infographic
- [Anticipating Resistance](#)
- [Cultural Safety and Anti-Racism - EQUIP Health Care | Research to Improve Health Equity](#)
- [Equipping for Equity Online Modules - EQUIP Health Care | Research to Improve Health Equity](#)
- Equity Takes on: [Suicidality: Resources - EQUIP Health Care | Research to Improve Health Equity](#)
- Equity Walk-Through: [Trauma Review Exercise - EQUIP Health Care | Research to Improve Health Equity](#)
- [Harm Reduction and Substance Use Health - EQUIP Health Care | Research to Improve Health Equity](#)
- Map Your Landscape: [7 Questions to Map Your Landscape for Equity](#)
- Provider Well-Being: [Trauma – and Violence- Informed Care and Provider Well-Being](#)
- [Supporting People Experiencing Violence - EQUIP Health Care | Research to Improve Health Equity](#)
- Trauma-and Violence-Informed Care: [Trauma- and Violence-Informed Care (TVIC) - EQUIP Health Care | Research to Improve Health Equity](#)
- [TVIC Strategies for (Re)Establishing Safety in Care Encounters:](#)
- TVIC E-Workshops: [Trauma- and Violence-Informed Care Workshop - EQUIP Health Care | Research to Improve Health Equity and Trauma](#)- and [Violence-Informed Care Foundations Curriculum - EQUIP Health Care | Research to Improve Health Equity](#)

Other resources:

- [Canadian Coalition Against Ageism](#)
- [Canadian Femicide Observatory for Justice and Accountability](#)
- Canadian Network for the Prevention of Elder Abuse: [Future Us: A Roadmap to Elder Abuse Prevention](#)
- [The Learning Network](#): infographics, webinars, briefs on GBV. [Issue 18: Violence Against Women Who Are Older - Learning Network - Western University](#)
- The National Inquiry into Missing and Murdered Women and Girls. Final Report: *[Reclaiming Power and Place](#)*