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Module 4

Challenges of working with victims of violence

Challenges

- External
- Organizational
- Associated with professionals
- Related to Patients' or Client's barriers to disclosure



External challenges





COVID-19

- resource limitations connected with the pandemic
- decrease in social and health care services provision
- human rights issues a bit in the background of today's world priorities
 - government initiatives focused elsewhere
 - little awareness of violence against the elderly



Demographic changes and care expenses

- pressure on health and social welfare systems, growing expenses on community and institutional care
- increasing costs of long-term care and decreasing tax revenues
- skilled nursing personnel shortages
- greater involvement of informal carers and family members



Lack of awareness

- negative relationships in the family or between the charge and the guardian not considered as a form of violence
- lack of sensitivity of societies to the bad treatment of old people
 - Seniors, when experiencing violence, not aware of the phenomenon taking place



Ageing, Sexism

- In a socio-cultural context, elderly people are often perceived as weak, helpless, dependent and in need of care
- Considering one gender as superior to another
 - Women and older women a particularly vulnerable group affected by both ageism and gender inequality - more often fall victims to abuse

Strategies to face external challenges

Around the world, **governments can do more to address and prevent elder abuse.** The health sector can:

- 1** Raise awareness within the health sector and other sectors about the health and social burden of elder abuse
- 2** Recognize elder abuse as a public health problem and establish a focal point to address elder abuse
- 3** Develop and test evidence-based interventions to prevent elder abuse
- 4** Provide services to victims of elder abuse
- 5** Collaborate with other sectors to address elder abuse, such as criminal justice, health, and social services

2 Organizational challenges



Organizational challenges

- institutions' priorities
- competing organizational priorities
- screening not as much prevalent and obvious during elderly treatment as during pediatric care
- efforts and time needed for screening to settle in the ER, home care and residential care context
- shifting responsibility between care sectors
- Colleagues' support and supervision sessions



Strategies to face organizational challenges

The health sector can help stop elder abuse
in communities, hospitals, and institutions.

There are promising strategies,
such as developing:

- ✓ Professional awareness campaigns to help health care workers recognize elder abuse
- ✓ Caregiver support to reduce stress
- ✓ Caregiver training on dementia
- ✓ Residential care policies to define and improve standards of care



3 Patients' barriers to disclosure



The situation of an abused elderly person is very difficult, multi-layered. It is a mixture of extremely different ambivalent feelings and physical state.

Care with Shame

- ▶ Reluctance of abused elderly people to reveal the violence they experience from their (grand)children and spouses).
- ▶ The feeling of having to protect and support them causes them to endure suffering in silence.
- ▶ Parents often feel responsible for the behavior of their adult children - they think they raised them that way.
- ▶ It comes with shame and at the same time will to care for the perpetrators – children or close relatives.



Older people who do not accept their situation, lost in the sense of their social role, sometimes lonely after retirement, more often suffer from symptoms of depression – it affects 30% of this population!

Depression

- ▶ The state of depression makes it difficult for people to introduce changes in their life
- ▶ It limits their activity and often causes them to remain passive in a difficult situation.
- ▶ Sometimes it is connected with learned helplessness.



Hope

- ▶ A so-called cyclical course in domestic settings – the perpetrator, apart from the periods when s/he hurts, has better days, when s/he treats the victim well, is devoted, warm and understanding.
- ▶ It ties the abused person dependent on the perpetrator and gives a false hope for a lasting improvement in the relationship, the hope that the abuse is incidental and will soon end.

Guilt

- ▶ The perpetrator puts the blame on the victim. S/He hit, pushed, because *you want something again, you get dirty*, etc.
- ▶ The constant repetition makes abused persons believe if they were different, the situation would improve – they feel to be the guilty ones for the situation of abuse.



Abused persons, dependent on the perpetrator, are afraid of the consequences of disclosing the violence.

Fear of

- ▶ total rejection
- ▶ escalating aggression
- ▶ retaliation by the aggressor
- ▶ fear of placing them in nursing homes, which is associated with losing access to their own place of residence, to grandchildren, etc.
- ▶ lack of funds, not being independent, not being able to cope financially



It is estimated that every 1 in 6 elderly people are victims of violence and at the same time only 4% of violence cases are being reported by this group (WHO).

Need of care

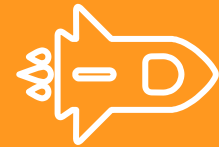
- ▶ Older people are more biologically vulnerable and represent higher fatality, which is one of the reasons for majority of abuse cases in this group not being identified or reported
- ▶ Abuse is more prevalent in case of cognitive deficits – 47% of abuse victims identified come from the group of the elderly with dementia
- ▶ Being in need of care, dementive, dependent, are the factors conditioning often the only one way out of the violent environment – institutionalization.





Understand and respect
the right of abused elderly people
to not talk.

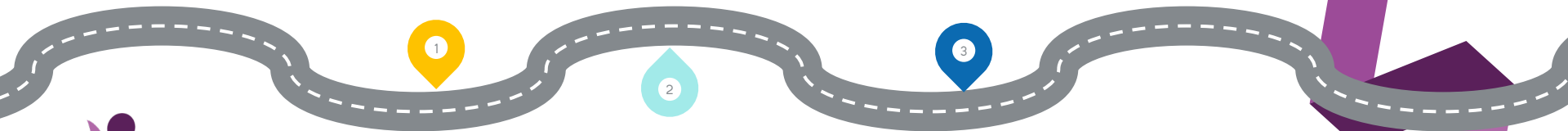
But act to the extent you feel
and know you can!



Understand the silence but act

As a professional, do not have doubts whether you should "interfere".
Your actions and care may be the only chance to change the situation

1. **inform the victim that**
 - ▶ both mental and physical violence are crimes
 - ▶ reporting the case to the police is the way to bring the abuser to justice
1. Indicate the institutions or organizations that provide free psychological and legal advice, offer medical help
2. find someone else (supported member of family, neighbors, friend of victim) to encourage the abused person to not change her/his mind and to report a crime.



Post-Traumatic Stress Disorder (PTSD)



PTSD

An anxiety disorder caused by very stressful, frightening or distressing events. It is a mental health condition characterized by an experience of a traumatic event, such as becoming a victim of violence, and a following psychological impact so severe that it impairs normal function for a long period of time. The initial emotional shock, fear, anxiety, sadness, and anger may subside over months, but PTSD can persist for decades.

As PTSD sufferers age, it is not uncommon for symptoms to increase, emerge, or re-emerge.



PTSD 3 main symptoms

- ▶ staying alert all the time
- ▶ constantly looking out for danger
- ▶ unable to relax
- ▶ 'hypervigilance'
- ▶ feeling anxious
- ▶ finding it hard to sleep
- ▶ being jumpy and irritable



- ▶ living through the traumatic experience all over again
- ▶ feeling the emotions and physical sensations of what happened – fear, sweating, smells, sounds, pain
- ▶ can be triggered off by ordinary things
- ▶ strategy to distract themselves, losing oneself in a hobby, working very hard
- ▶ avoiding places and people that remind of the trauma, try not to talk about it
- ▶ becoming emotionally numb
- ▶ self-destructive behavior

Other PTSD symptoms

- ▶ muscle aches /pains
- ▶ diarrhoea
- ▶ irregular heartbeats
- ▶ headaches
- ▶ depression
- ▶ insomnia, frequent awakenings
- ▶ psychotic symptoms PTSD driven
- ▶ personality changes
- ▶ feelings of panic and fear
- ▶ drinking too much alcohol
- ▶ using drugs (including painkillers)



Assessment of PTSD

A full mental examination, including a cognitive screening, is recommended to assess elderly patients for PTSD.

It is also helpful to watch for trauma and related symptoms.



Treatment of PTSD

- ▶ Psychotherapy
- ▶ Cognitive behavior therapy (CBT)
- ▶ Eye movement desensitization and reprocessing (EMDR) method
- ▶ Group therapy
- ▶ Medication
- ▶ Body-focussed therapies
- ▶ **Self-Care**

Trauma-focused psychological therapies (CBT or EMDR) should be offered before medication, wherever possible.



Self-Care (in PTSD)

Self-care activities in case of patients with PTSD are like the general self-care guidelines for victims of violence recommended for safety planning support, enhancing psychological and emotional strengths, and dealing with the trauma of being abused.

The activities listed in your **handouts** are also advised for professionals working with victims of violence as a means of preventing professional burnout.



Self Care (in PTSD)

Do

- ▶ get back to your usual routine, to work
- ▶ eat and exercise regularly
- ▶ talk about what happened to someone you trust
- ▶ be with family and friends
- ▶ try relaxation exercises, spend time in nature
- ▶ remind yourself that you have strengths
- ▶ help others, become a volunteer, donate blood
- ▶ be more careful generally – accidents are more likely at this time



Self Care (in PTSD)

Don't

- ▶ blame yourself for it and worry
- ▶ hide your feelings, don't keep it to yourself
- ▶ avoid talking about it or stay away from other people
- ▶ drink lots of alcohol or coffee or smoke more
- ▶ get overtired, miss meals



4 Managing disclosure



If the safety of the injured person is threatened, the healthcare and social care professionals should act as soon as possible to prevent contact with the perpetrator.

In your handouts there is a list of institutions in the first line of contact in case of detecting/suspecting violence and other entities offering support for victims of violence.





The Police

- In situations that directly threaten life or health – call 112
- For victims who can not make a phone call – user-friendly apps:
Alarm112 MojaKomenda TwojParasol

The Healthcare System

- Specialist Emergency Department – in situations that directly threaten life or health. Call: 112
- The family doctor
- Community nurses



Social Assistance/Welfare System

- Social Welfare Centers – cash or non-cash benefits, i.e.
 - crisis intervention
 - social worker
 - a community carer

- specialist staff (nurse, physiotherapist, occupational therapist, etc.)
- specialist counseling (legal, psychological and family)

Social Duty and Legal Obligation

The obligation to notify the competent authorities of suspicions or committed crime is, above all, a social obligation, carried out voluntarily, resulting from the sensitivity and belief that one must not be indifferent to the harm of another human being.

Moreover, it is a desirable social attitude, the shaping of which is supported in many countries by the legislation.

This responsibility rests with family, neighbors, people associated in "Senior Clubs" or religious communities, as well as employees of **health care institutions, social welfare centers, foundations and associations.**



Everyone has a role to play

Remember to collect evidence!

Write down:

- ▶ **What** problem did the person turn up with
- ▶ **When** the event happened, the date they came in
- ▶ **Who** they talked about, who was involved
- ▶ If the person is physically injured (e.g. bruised, beaten, limp), clothes torn or dirty, this should also be described.



5 Safety planning



Safety Plan

- A method of dealing with the threat or another form of violence
- A personalized plan for an elderly victim of abuse to know how to behave in a situation of violence directed against her/him and her/his close ones
- A set of actions that can help lower a victim's risk of being hurt by a perpetrator
- A list of (sometimes obvious but needed) steps to take that helps to act clearly and logically.

An example of steps to create a safety plan is presented in your handouts.



A quiz game in teams

- ▶ Let's split into teams
- ▶ Each team chooses a random question number and answers it
- ▶ If the answer is deemed correct by the other Team, your Team scores a point
- ▶ If it's incorrect, the other Team scores, if they answer correctly
- ▶ If the answer is not full and will be completed by the other Team, you can split the points

Challenges of working with
victims of abuse

1 2 3 4 5
6 7 8 9 10

Team A | Team B

6 Preventing professional burnout



Let's empathize with ourselves

- ▶ On post-it notes write all the feelings or situations that you expect may be experienced by a professional working with potential victims of violence in your country, organization, culture, or support system
- ▶ Use one post-it note for each feeling or situation you can think of



Working with the elderly who may be or are victims of violence can bear various and ambivalent feelings 1/2

- not having adequate skills or support
- lack of self-confidence in regard to effective reaction to suspicion of abuse
- almightiness, being assured of knowing everything on how to react, what to do
- confusion and anger resulting in helplessness and frustration at:
 - no results from the efforts undertaken
 - inadequate or non-existent (quality) services for older abused persons
 - the time it takes to listen and support
 - lack of cooperation from the other party – the abused person
 - the recurrence of the violence (victim coming back to the abuser)



Working with the elderly who may be or are victims of violence can bear various and ambivalent feelings 2/2

- overprotective attitude and behavior from the professional
- withdrawal
- fear (of a perpetrator)
- empathy, sympathy, internalization of the victim's feelings and suffering



Strategies to support professionals

- Set an organizational priority towards screening for elderly abuse
- Allow time and resources to administer the screening tools
- Train the personnel
- Provide specific guidelines
- Give access to supervision
- Prepare space for group discussions



RESOURCES



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