Breaking the Taboo – Empowering health and social service professionals to combat violence against older women within families

Breaking the Taboo

European Report

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This report is based on and compiled from following national reports:

Austria

Barbara Kuss, Anna Schopf, Research Institute of the Viennese Red Cross
A study of domestic violence against older people in care relations from the perspective of health and care services in Austria

Belgium

Els Messelis, Gerd Callewaert, Alphonse Franssen
LACHESIS, Office of expertise on ageing and gender

Finland

Minna-Liisa Luoma, Christina Manderbacka, STAKES

France

Hannelore Jani Le-Bris, ISIS-France
Maltreatment of older women – French report

Italy

Piero Lucchin, Barbara Arcari, Kai Leichsenring, emmeerre S.p.A

Poland

Beata Tobiasz-Adamczyk, Barbara Wozniak, Monika Brzyska, Tomasz Ocetkiewicz, Jagiellonian University Medical College, Department of Medical Sociology, Chair of Epidemiology and Preventive Medicine Cracow

Portugal

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CESIS – Centro de Estudos para a Intervenção Social

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1 Introduction

In the last few years increasing attention has been paid to domestic violence against women and children in many European countries. Public awareness raising campaigns have been carried out, organisations to help and protect victims of domestic violence have been put in place and legal provisions have been made. Nevertheless, the issue of abuse against older people and older women in particular has not been addressed to the same extent. There is still a lack of awareness of this issue among the public and also a lack of provisions for older women who are victims of violence and abuse in most European countries which is reflected in the following statements:

> "*The maltreatments against older people are many, with different kinds of manifestations. We need to develop a certain type of sensitivity towards this phenomenon.*" *[Manager, Italy]*

> "*Unfortunately, clear regulations and procedures how one should proceed in cases of violence directed against older people are lacking. Personally, I usually react by referring the matter to the superiors.*" *[Hands on worker, Poland]*

One group of people who are repeatedly confronted with this issue are community health and social service staff that work with older people in their own homes:

> "*The old woman was bedridden and abandoned. The sheets full of feces. It was quite shocking. When the poor woman went to the hospital, the doctors reported the fact to the police as the law regulates.*" *[Social worker, Italy]*

> "*My feelings are that I became angry and I want to change things. I think: what should I do to prevent clients suffering more because of the situation?* "*[Finland]*

Many times these are the only ones who have access to older victims of violence who may at the same time be isolated by their family members. Individual reports by these staff members have shown that they are not always adequately prepared to deal with situations of abuse against older family members. Also, they are often not aware of what constitutes abuse.

With respect to this background the "Breaking the Taboo" project addresses staff members of health and social services at different levels and aims to offer tools to help raise their awareness of abuse against older women within the family, help recognize these situations and support them to deal with such abuse. The importance and current relevance of this topic is beyond question. While abuse against older people in general has been a subject of research and attention in many countries such as Israel, USA, UK and Germany, it is slowly coming more to the focus of public attention in other European countries as well. An important step in Europe is that the European Commission has recognized the relevance of this topic and has recently hosted a large conference on prevention of elder abuse and neglect. More than 250 representatives of local, national and European organisations and authorities came together to discuss what the European Union can do to protect dignity in old age and prevent elder abuse. (Protecting the dignity of older persons - The prevention of elder abuse and neglect; http://ec.europa.eu/employment_social/spsi/elder_abuse_en.htm). In this connection, supporting projects on abuse against older people in the framework of the DAPHNE II and DAPHNEIII-programmes is one pillar of the European Commissions' activities.

The "Breaking the Taboo" project is being carried out within the DAPHNE II-programme of the European Commission and involves main partners from Austria, Finland, Italy and Poland as well as collaborating partners from Belgium, France and Portugal. It is being evaluated by a German partner.

Specific objectives are to:

- raise awareness concerning violence against older women in families;
- empower health and social service professionals to recognize abusive situations and to help combat them;
- develop awareness raising activities and materials;
- develop tools and strategies to improve early recognition of violence against older women in the family and to support professionals to react accordingly.

The “Breaking the Taboo” project focuses particularly on women for several reasons. Due to their higher life expectancy, women are more likely to be in the need of help and care. Also they present the majority of carers. Another aspect is that women have a much higher prevalence of being a victim of domestic violence in earlier stages of life and also in old age. While the main focus of this project is on older women, older men, especially those in need of help and care can be victims of violence within the family as well. Thus, many issues discussed within this report pertain to dealing with violence against older men and women within the family.

This report is the result of the first phase of the project which consists of research on the topic, including a literature overview in all seven participating countries, interviews with health and social service staff on their experiences as well as a short survey with health and social service organisations, on which provisions they have for dealing with abuse against older women within families, in the main partner countries. The second project phase will be focussed on awareness raising activities for health and social service professionals at all levels, but also for representatives of institutions addressing violence in general.

The main products of the project will be:

- European summary report of the research phase (this report);
- a brochure containing tools to recognise violence, strategies on how to deal with violence and country specific information on the legal framework as well as organisations to turn to; this will be available in all partner countries
- awareness raising workshops for professionals in the field in Austria, Italy, Poland and Finland;
- an expert conference in Austria, Finland, Italy and Poland;
- short summary of the experiences of the project for policy makers.

This draft report is a compilation of seven country specific reports written by the project partners (see references on first page). It aims to summarise some general issues of abuse against older people and older women in particular, as well as specific issues concerning staff members of community health and social services and how they can identify and cope with abusive situations. A draft of this report was the basis for the international expert workshop that took place from 21-22 February, 2008 in Vienna. The expert workshop served to discuss national results and to consolidate conclusions. The results of the expert workshop and remarks of experts on the draft version of this report were fed in to the final version of this report. This report is the basis for putting together the awareness raising brochure, which will give staff of community health and social services general information on abuse against older women as well as specific information how to identify abuse, how to proceed and where to turn to.

The report is structured as follows:

Chapter 2 gives an overview of the methods used to compile the national reports.

Chapter 3 contains information on general background concerning violence against older women: this included definitions, a cultural and historical perspectives as well as information on prevalence; policy issues and public awareness of abuse against older women.

Chapter 4 highlights specific information on domestic violence against older people with a special focus on older women, this includes the context in which abuse takes place, risks and consequences of violence as well as gender specific aspects.

Chapter 5 deals with perspectives of health and social service professionals and managers with respect to violence against older women within families and contains results from the literature reviews as well as the interviews with hands-on staff as well as managers of community health and social services. It includes experiences of staff members with abuse against older people, ways and barriers to recognizing abuse, ways and barriers to dealing with abuse as well as suggestions for further improvements in this fields.

Chapter 6 contains the results of a survey in the four main partner countries of different types of organisations and how they incorporate issues of abuse against older people in their organisational policies.

Chapter 7 highlights the conclusions of the research work as well as the expert meetings. It addresses which aspects to consider in the awareness raising tools that are being developed in the next phase of the "Breaking the Taboo" project as well as suggestions for improvement and organisational and policy level in this are.

Definition of age group

This European report uses the United Nations standard of age 60 to describe "older" people. However, because of the importance of the prevention of violence also people aged 50+ are included in our definition of the age group.

2 Methods

The information for the national reports on domestic violence against older women was mainly collected in the framework of a literature review that was carried out in all partner countries. The main partners Finland, Poland, Austria and Italy additionally carried out qualitative interviews with hands-on staff and managers of community social and health care services as well as a survey using a questionnaire for organisations dealing with help and care for older people, those offering support to victims of domestic violence in general and organisations offering training in these fields.

2.1 Literature search

Partners had agreed to search for literature on abuse against older people in general with a focus on violence within the family as well as a focus on the perspective of health and social service professionals. Literature on abuse against older people in institutions as well as domestic violence in general was ruled out, unless information relevant to our specific topic could be found.

It was proposed to look for scientific literature but also grey literature, professional journals and policy papers. The focus was to be put mainly on one's own country, but literature from other countries were welcome, especially from English speaking countries, since they are not represented in the project. The time-frame for publications was set at approximately 15 years. Older literature was only be considered if it was seen as extremely relevant to the issues at hand. A template for the national reports including the form for references was provided by the project coordinator to facilitate choosing relevant issues and structuring the reports. While all partners adhered to the agreements made, individual procedures were chosen according to which resources were available to partners:

In **Finland** "STAKES" own databank was used for the literature search: policy documents, reports from national projects, publications and handbooks of the Ministry of Social Affairs and Health and statistics, articles, literature & handbooks were found.

In **Poland** national databases (Polish books from 1976, publications in magazines/journals from 1996 and articles in newspapers from 1996), international databases and the internet were searched. Very few publications concerning violence against older people were found compared to the general number of publications about violence within families.

In **Austria** the collected literature was dominated by books as well as book chapters (27%) and secondly by studies (22%). Furthermore results from conference proceedings and scientific journals as well as student theses were used.

In **Italy** the literature survey was based on internet research and on suggestions of interviewed professionals. As violence against older people is an under-researched topic in Italy most of the references found concern studies conducted in the UK or the US.

In **France** the literature review included research and collection of relevant scientific literature on this topic through existing databases.

In **Belgium**, overall Belgian databases, Walloon and Flemish databases of the Reporting Points for elder abuse, newspapers, scripts of scientific research in universities as well the information lines on elderly care were consulted. Also international databases were included in the Belgian literature review. Additional information on existing literature, projects and theses was contributed by the co-financing organisation "The Flemish Reporting Point for Abuse of older persons", the main expert organisation in this field in Flanders.

In **Portugal** the collected information was dominated by articles, reports and unpublished documents. It included conference or seminar presentations, articles in scientific journals and university theses. The statistical information was collected from the following main sources:

the major Portuguese NGO on victim support (APAV), the Ministry of Home Affairs (data from the security forces), the Commission for Citizenship and Gender Equality and the Ombudsman (Helpline of the Elderly Citizen).

2.2 Survey with organisations

The survey with organisations aimed to address two main questions

- Which provisions do organisations have to deal with cases of abuse against older women within families (e.g. guidelines, standards, training)?
- What do they still need?

The organisations addressed were:

- Health and service providers – mainly those providing help and care to older people in their own homes
- Organisations dealing with abuse (e.g. crisis centres, hotlines, women's shelters, police etc)
- Training and educational institutions in these fields

Partners were asked to provide approximately 30-50 filled in questionnaires. The questionnaire was developed within the first project meeting and further refined afterwards. Several versions were sent around to partners for feed-back before it was finalized and translated into the national languages (see Annex for English version).

In **Finland** 64 questionnaires were sent to service providers throughout the country in July 2008. 35 service providers answered (54%) which can be divided into home help and care service providers for older people (17), providers of education in the area of health and social services (6) and providers of general services for victims of violence (hotlines, women's shelters, crisis centres) (12).

In **Poland** 420 questionnaires were sent out by e-mail to groups affiliated with the "Blue Line", the Nationwide Agreement of People, Organizations and Institutions supporting the family violence victims. Also organizations dealing with education, help and/or care for older people were included in the survey questionnaire. 40 questionnaires were returned which is a response rate of 9,5%.

105 questionnaires were sent via e-mail throughout **Austria.** 28 were returned, this is a percentage of 26,6%. 10 (36%) were returned by educational organisations, 12 (43%) from health and social care organisations, six (21%) by general services for victims of violence.

In **Italy** the questionnaires were sent by e-mail or snail mail, when no e-mail address was available, to 115 organisations distributed evenly throughout the country. The response rate after one month was 4%, which was exceptionally low. After contacting the organisations again, overall 38 organisations responded to the questionnaire, which is a response rate of 33%.

2.3 Interviews with staff of community health and social services

The third pillar of the research phase were interviews with staff of organisations offering help and care for older people in their own homes. Partners agreed to interview approximately 10 hands-on workers, e.g. home helps, home nurses, nursing aides, GPs, social workers etc. and about five co-ordinating staff members or managers: e.g. case managers, coordinator of home nursing or home help, etc.

The aim of these interviews was to gain insight in the following questions:

- With which kind of abuse are professionals confronted when they are working in the home of older women with long-term care needs?
- How do they tackle these situations and what kind of support do they get?
- What other kind of support would they need to help and cope in these situations?

The interview schedules were developed in the first project meeting and sent to partners afterwards to finalize them (see Annex).

In **Finland** telephone interviews were conducted with five managers, so that representatives throughout the country could be interviewed. All managers that were interviewed were participants of an expert group on home help services. 10 hands on workers were interviewed. 5 interviews were conducted by telephone and 5 interviews were conducted face to face. The professional background of the workers was the following: one home helper, three registered nurses, one specialised nurse (psychiatry), five licensed practical nurses.

In **Poland** interviews were conducted with 19 professionals (social workers, nurses, physicians, managers of social and care services). It was difficult to find respondents who were willing to be interviewed. Most of those that finally did agree to interviews did not agree to have them recorded. 2 interviews were conducted by telephone and 17 were conducted face to face.

In **Austria** 14 interviews were carried out with ten female hands-on workers (home helps, nurse assistants, social workers and nurses) and four female managers of health and social care services in different areas of Austria (rural and urban).

In **Italy,** altogether 16 experts were interviewed (social workers, medical doctors, volunteers, managers of services). The professionals who were contacted are collaborative partners of emmeerre or experts who were contacted during the literature search; some experts had also been suggested by the organisations that had been contacted by questionnaire.

2.4 Expert meeting

The international expert meeting with representatives from the partner countries, collaborating partners (France, Belgium, Portugal) and other experts took place on February 21-22 2008 in Vienna. All in all 25 participants attended the meeting and experts from the UK (Bridget Penhale), Germany (Barbara Nägele, Ruth Brand), Austria (Rosemarie Kurz, Barbara Michalek), Italy (Barbara Pezzilli), Poland (Maja Kuzmicz) and Finland (Sirkka Perttu) could be welcomed.

The aim of this meeting was to discuss the national reports, the draft European report and the research results of the “Breaking the taboo”-project with international experts with the final aim of providing relevant information for compiling the awareness raising brochures.

3 General background on violence against older people with a special focus on older women

3.1 Definition of terms: Abuse, maltreatment, violence

According to the WHO (2005), elder abuse was described for the first time in a British scientific publication in the year 1975 using the term “granny battering”. One of the most common **definitions of violence** in general is the WHO definition of violence, published in the first “World report on violence and health” (WHO, 2002):

> *The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.*

The Toronto Declaration defines elder abuse as following:

> *Elder abuse is* 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 (Action on elder abuse, 1995; WHO Toronto Declaration, 2002)*

The American National Centre on Elder Abuse defines elder abuse as following:

> *Elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. (www.elderabusecenter.org)*

Domestic violence is defined as following:

> *Domestic violence is taken to cover mistreatment and abuse occurring in the family or inflicted by other persons close to the victim, such as relatives, dates, friends and acquaintances. The abuse may be physical, sexual, psychological, or financial. The mistreatment may also take the form of neglect of care, i.e. the conscious of unconscious failure to satisfy the basic needs of a person in one´s care" (Perttu, 1998 p. 113)*

Violence has to be understood as a structural, cultural and personal process. From the point of structural influences there are laws, poverty, interdependencies and environmental circumstances. ‘From the point of cultural influence there are religious aspects, ideologies, negative societal images of age and the natural science orientation of medicine. From the personal view, influences like motivation and biographical aspects play an important role. (Klie, Pfundseitn & Stoffer, 2005, p.11).

In the field of domestic violence against older people, especially older women, even more specific influences have to be taken into consideration like an emphasis on dynamics of relationships, changing of roles, excessive demands by older people themselves, freedom of action and possibilities of support.

Different types of usage of a variety relevant terms was found in the individual countries and it becomes clear that cultural understanding is also manifest in the terms we use when describing violence. The following table shows the national terms used in each country to describe violence and the meaning of it.

Figure 1: Overview on national terms

Country	Term in English	Term in national language	Meaning
Finland	• **Elder abuse**	• Jäkkäiden Kaltoinkohtelu	Elder abuse includes actions of violence or mistreatment
Poland	• **Agression**	• Agresja	All forms of behaviour with the aim to harm or inflict damage. According to frustration theory, the inability to achieve a goal leads to frustration, which, through emotional stress, is the source of aggression
	• **Maltreatment**	• Złe traktowanie; (literallymaltreto wanie	All forms of cruel, inhuman, or degrading forms of treatment or punishment, including corporal punishment, violating the physical or psychological integrity of the individual. Maltreatment also includes neglect and physical and moral abuse
	• **Taking advantage of**	• Wykorzystywanie	All action or influence, the effect of which poses a threat to individual rights, civil rights, physical and psychological integrity, or general condition. This action or influence may be deliberate or the result of neglect, including sexual relationships or financial transactions, to which the individual has not consented, is not able to express consent in light of local laws, or which is undertaken with the aim of taking advantage of a particular individual
	• **Violence**	• Przemoc	The concept of violence arises from aggression theory and is conceptualized in its destructive form. In the Polish dictionary, violence is defined as advantage in physical size used for illegal purposes against another individual; unlawfully imposed authority; rule. Violence is a means to influence individuals, the result of which their current level of somatic an d spiritual development lies below their potential level of development.
	• **Domestic violence, also called violence in the family**	• Przemoc domowa / przemoc wrodzinie • Przemoc; • Znęcanie się; • Maltretowanie	All forms of violence where physical advantage is used against family members, threatening their rights and individual integrity, leading to suffering and harm.
	• **Abuse**	• Nadużycie; Wykorzystanie	Has the same or nearly the same meaning as violence.

Austria	• **Violence** • **Abuse** • **Neglect**	• Gewalt • (sexueller) Missbrauch • Verwahrlosung	This term is used when cases of physical and emotional abuse are described Abuse is closely linked with sexual violence Neglect is used in the same way as it is in English
Italy	• **Domestic abuse** • **Abuse** • **Omission/ dereliction**	• Violenza domestica • Abuso • Omissione/ Abbandono	Maltreatment of older people living in their own home or in the caregiver's home The term *abuse* is general and includes the concept of *violence*. However this term is often linked to sexual violence Lack (also momentary) of daily care or custody, not fulfilling basic necessities
France	• **Maltreatment**	• Négligence • Maltraitance • Abus • Brutalisation • Violence	The use of expressions such as *neglect, maltreatment, abuse, brutalisation, violence*, apart from their literary definitions do not seem to be subject to strict definitions in written texts nor in spoken language. Each of these terms seems to be used as a synonym for the other, as a generic expression, or chosen by chance or for reasons of style. In specialized literature the term *maltreatment* seems to be used most frequently as the generic term.
Belgium	• **Abuse** • **Mistreatment** • **Intra-familial violence** • **Derailed, miss-pent care** • **Neglect**	• Mishandeling of misbruik • Misbehandeling • Intra-familiaal geweld • Ontspoorde zorg • Verwaarlozing	The term is in Belgium linked to child abuse or sexual abuse or physical abuse. Mistreatment is closely linked to one of the forms of elder mistreatment. The term mistreatment is used to distinguish between pure intentional abuse (as in physical abuse or sexual abuse) and to show that there are more subtle forms – intentional or non-intentional - of not treating elderly very well Is sometimes associated with partner violence. However, this is only one form of domestic violence. The term used in homecare settings, not to accuse the carer but to point out that things can go wrong at a certain point, due to insufficient support Used in the same way as in English

	• **Multiple problem situations**	• Meervoudige probleemsituaties	The term used when three or more forms of mistreatment are occurring together
Portugal	• **Domestic violence** • **Abuse** • **Neglect** • **Elder abuse**	• Violência doméstica (legal definition)[1] • Abuso (cultural understanding • Negligência (cultural understanding) • Violência contra as pessoas idosas (cultural understanding	Any kind of physical or psychological abuse which is inflicted to the spouse or ex-spouse, to a person of the same or of different sex who has (or had) a relationship similar to that of spouses even if not cohabiting, to a progenitor of common descendant or to any cohabiting person particularly vulnerable given his/her health, disability, illness, pregnancy or economic dependency. Normally only used associated to sexual abuse and when referring to children or older people Normally associated to maltreatment arising from the lack of adequate care provided (usually to children or the elderly). Includes actions of violence (different forms) and neglect, both in family and in institutional settings.

Summary

It became clear that there is a lack of a uniform terminology and many different definitions are used for the same situation. Another aspect which has to be considered when defining terms is the cultural background.

Overall it can be said that the terms corresponding to violence, abuse and maltreatment are used in most countries. While violence seems to have a stronger physical connotation – as highlighted in the WHO-definition - , abuse and maltreatment seem to be used quite similarly and encompass neglect, emotional and sexual abuse to a larger extent.

Since abuse, maltreatment and violence are many times used as synonyms, they will be used as such in the following chapters of this report.

[1] Article 152º of the Penal Code was altered by the Law 59/2007 dated the 4th September 2007

3.2 Forms of violence

In each country different forms of violence were identified. While many differences exist in the details, there are overall similarities in categorisation. All **country reports,** except the French on, described the terms physical abuse, emotional abuse, sexual abuse, exploitation, and neglect. In the **French** report, sexual abuse is not a single category but is described within the category emotional and moral violence. The following categorisation refers to the National Centre of Elder Abuse (2007).

Physical abuse

Physical abuse refers to inflicting or threatening to inflict physical pain or injury on a vulnerable older person. In Finland and Austria also depriving older people of a basic need was mentioned in this context (National Centre of Elder Abuse, 2007). In Polish literature, for example, physical violence takes on various forms, including punching, pushing, hitting, and bruising. Especially in cases of dependent and weak individuals, force feeding, restricting physical activity (e.g., improper positioning in bed or in a wheel chair), improper use of medication, and corporal punishment can also be included as forms of physical violence (Rudnicka-Drożak, 2006).

> *"I have noticed physical abuse … that a grandmother was beaten by her granddaughter or her grandson, the woman was disorientated and she had two black eyes in the morning." [Hands on worker, Austria]*

Emotional abuse (psychological violence)

Emotional abuse describes all actions inflicting mental pain, anguish or distress on an older person through verbal or nonverbal acts. Emotional abuse cannot easily be measured in an objective way, even the consensus what we define and perceive as emotional abuse is not easy to achieve (Ebner, 2006a, p.33) However, signs of emotional abuse can be isolation, humiliation or refusing to communicate. Psychological violence is defined as the conscious act of causing psychological pain, hurt, eliciting anxiety, or pressuring an individual through threats or behavior of a similar type (Rudnicka-Drożak, 2006). It may take on different forms, such as scaring someone with verbal threats or accusations, humiliation, defamation and degradation, blaming, using/eliciting guilt with the intent to manipulate, name calling, trying to convince the individual of a non-existent psychiatric illness, humiliating claims, and infantilizing the older person. Special forms of emotional abuse directed against older people include not respecting their wishes, isolation from family and friends, and punishment by not speaking to them (Badura-Madej & Dobrzyńska-Mesterhazy, 2000). Isolation takes on different forms, for example controlling one's contact with others, not allowing use of the telephone or forbidding a person to leave the house. Psychological violence is often accompanied by other hurtful behavior directed against the older person

> *"There is mental abuse as the daughter belittles her mother's needs. She will not take a stand and the mother suffers. The daughter treats the mother as if she didn't mean a thing to her. The daughter comments and belittles; for example, when the mother wanted to go out, the daughter asks "why should you go out as you don't even see anything". The mother wanted to feel the summer although she doesn't see. The mother was admitted to a nursing home and the daughter demanded that she should be brought back home even if she doesn't take care of her". [Hands on worker, Finland]*

Sexual abuse

Sexual abuse covers non-consensual sexual contact of any kind. (National Centre on Elder Abuse, 2007). Sexual abuse often happens under circumstances that conceal the violent and abusive character of the action (Hagemann-White, 2002, p. 36). Sexual abuse can also be described as "intimate terrorism" that has the intention to control the partner and is only one-sided (Görgen, Newig, Nägele & Herbst, 2005, p.82).

> *"There was this one case of a disabled woman whose husband was unhindered in continuing to have sex with her whenever he felt the urge."[Manager, Poland]*

Exploitation (financial abuse)

This form of violence refers to all actions where money or property is taken illegally and/or funds or assets of an older person are misused or concealed. The most common type of exploitation is when relatives or others use an older persons' pension or care allowance for themselves. In **Poland** a few authors bring up this issue in the context of psychological abuse.

> *"I remember a situation where this old woman was kept at home only for her pension. The son and his wife were unemployed. When one of them took up an occupation they literally abandoned the woman in front of the hospital and then they left. Now the woman lives in an old-age home." [Social Worker, Italy]*

Neglect

Neglect describes the refusal or failure by those responsible to provide food, shelter, health care or protection for an older person. The Austrian, Polish and the French literature differentiate between active neglect (refusal of cleaning, care, medication and food) and passive neglect (neglect caused by ignorance and lack of attention, malnutrition or the development of decubitus occurs). (Hörl & Spannring, 2001, p. 314) (Council of Europe, 1992) (Rudnicka-Drozak, 2006).

> *"There are situations again and again where relatives live in the same house, we take care of their mother and they do not buy food or they are not within reach, although they have said they will care." [Manager, Austria]*

Self–neglect, self-inflicted violence

Self-neglect is sometimes mentioned in the framework of violence and abuse, for example, the **Polish** report mentions self neglect or the lack of self-care as a form of abuse (Twardowska-Rajewska, Rajewska-deMezer, 2005) and the **Italian** report describes self-inflicted violence as a behaviour of older people themselves which endangers their own health and safety. This issue was discussed controversially within the expert meeting. On the one hand, it was mentioned that issues of autonomy and responsibility for oneself are involved when looking at self-neglect, which makes it very difficult to define. On the other hand, self-neglect is many times not counted as abuse/neglect in research and literature. With respect to the complicated nature of this concept, it was agreed to leave this issue out in the further work of the project.

Abandonment

This term was described in all countries. It refers to the desertion of a vulnerable older person by anyone who has assumed the responsibility for care or custody of that person.

Combinations of different forms of violence

It is seldom that the above mentioned forms of violence occur alone. When describing different forms of violence it is important to notice that they mostly occur together. This is reflected in an Italian example:

> *"An 84 year old woman lives together with her son. She is widowed since the last year. Until the painful death of the daughter-in-law, her life had been calm and the familiar relationship, too. Due to that event the son started to drink heavily and became an obsessive gambler. So he started to force his mother to give him money. In a polite way at first and then more and more violently. Every night he came back home drunk and used to beat his mother. The older woman suffered physical violence as well as psychological violence. That' s why she realized that the her money earned by hard work was going to be squandered. The old woman, with the help of the social services, eventually reported the son at the local police station." [Social worker, Italy]*

The **Belgian** report noted for example special clusters concerning the co-occurrence of forms of elder abuse which were recognized by the Flemish Reporting Point:

Cluster 1: physical, psychological and financial abuse
Cluster 2: psychological abuse and neglect
Cluster 3: psychological abuse and home care is left to be desired

Additional types of abuse and violence

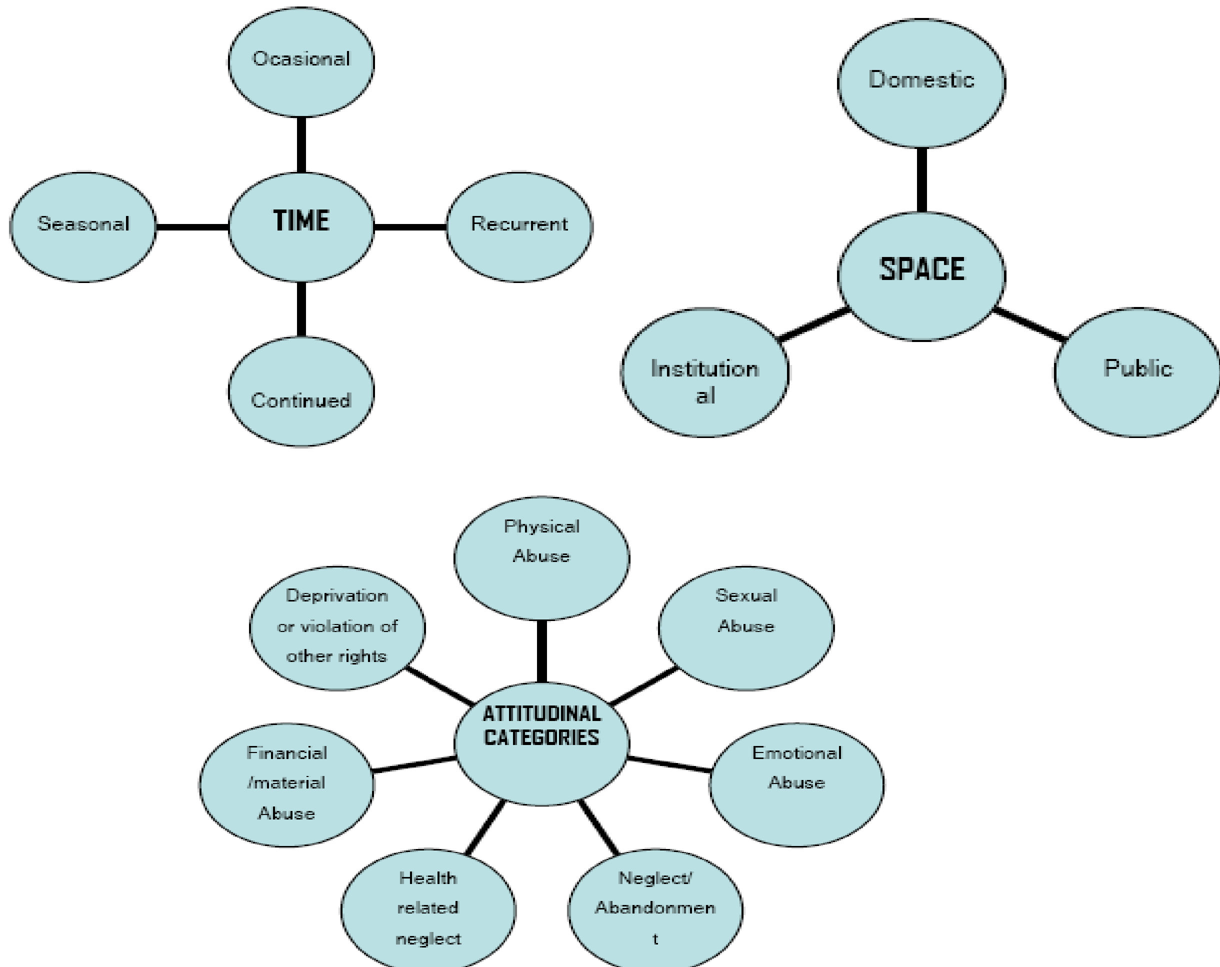
In **Italy** and **France** additional categories that are referred to are **civic violence (**arbitrary lack of respect of older people), denial or violation of rights. (restriction of freedom, denying civil rights or the right to carry out religious rites …) and **medical violence** (encouraging overuse of medicine), and lack of information on treatment and care used or abuse with regard to tranquilizing or neuroleptic medication (Council of Europe, 1992).

Some authors in **Belgium** add to physical abuse, emotional abuse, sexual abuse, exploitation, neglect and abandonment a **7th form of violence**: the "**multiple problem situation**" (Van den Bossche, 2005).

The **Belgian** and **Italian** report also mention **unintentional abuse**, which means that the perpetrator is not always aware of how he or she treats an older person. Some authors call it a subtle from of elder abuse (Bakker, e.a., 2000; Van de Ven, 1997) (Barbagallo et al., 2005). Others (Decalmer, e.a., 1994; Tarbox, 1983)stress that it has to do with values and norms that are internalized within professionals.

Apart from these most commonly found categorisations of the different forms of abuse against older people, a specific study published by the Ministry for Labour and Social Security (Instituto para o Desenvolvimento Social, 2002) on violence against older people in institutional settings in **Portugal** proposes a classification of abuse against older people according to three different axes: Time, Space and Attitudinal Categories.

Figure 2: Classification of abuse according to the three axes of time, space and attitudinal categories (Instituto para o Desenvolvimento Social, 2002)



Summary

As one can see, there are many different forms of violence and its subcategories. The types of abuse often do not occur in isolation but rather in combination. For example, physical abuse often goes along with psychological abuse and discrimination. In this context, it is also important to keep in mind that there may be disagreements between what specialists define as abuse and the self definition of abuse by the older person. There is always an objective and a subjective view of all forms of abuse and the subjective assessment of situations of older people has to be considered in the context of the care situation (Ebner, 2006a, p.33) Abuse, like beauty, is in the eye of the beholder (Callahan, 1986). It is therefore necessary to raise awareness and to build a multidimensional model which focuses on different aspects of abuse.

3.3 Prevalence, statistical data

Generally speaking, statistical information on the extent of abuse in the older population is very scarce in all countries. According to the WHO, population based surveys show that between 4% and 6% of all older people experience some form of abuse in their own homes (WHO, 2000).Compared to people under 60 years of age, older people are less likely to become victims of violence than middle-aged people. Violent acts against older people mainly occur in relationships (Ahlf, 2003, p. 35).

In **Finland** two studies have been carried out since 1980. According to the first study 9% of women and 3% of men said that they had been abused after the age of retirement (60-65 years). Physical and psychological violence were the most prevalent types of abuse for both genders (Kivelä &al 1992, p.1-2).

In the second study the prevalence rate for abuse by a spouse, child or relative was 2,5% for men and 7% for women (Kivelä, 1995 p.36). According to a study carried out in 1997, experiences of stalking grow more frequent with increasing age, with the highest prevalence in the age group 65-74 (Heiskanen & Piispa 1998, p.46). Seeking help in cases of violence varies by age. Whereas adult women are more likely to resort to authorities, older women (65+) hardly tell anyone about violence they experience (Piispa & Heiskanen, 2001 p.13). When official help is sought, especially the police and health service providers are contacted (Piispa et al. 2006, p. 185).

As **Poland** does not keep official statistics related to the age of victims, police and judicial statistics are not reflective of the true extent of violence against older people in Poland (Rudnicka-Drozak, 2006). However, according to a survey by the Center for Studying Public Opinion (2005), 10% of individuals aged 65+ years confirmed that disagreements, arguments, or crises occurred in their family at least once a month or more often. 24% of women aged 65 years and over confirmed that their husbands curse, insult, or yell at them, whereas 22% of the men reported experiencing similar behavior by their partner. Experiencing pushing and pulling was reported by 8% of the women and 2% of the men involved in the survey.

In **Austria** no representative data concerning domestic violence against older people is available (Hörl, 2006, p.281). This fact is described in studies as a “double dark figure”, since domestic violence against older people is seldom registered and victims do not talk about their experiences. Reasons for the lack of information are the issue of privacy in family relationships, the limited access to the group of older people and the lack of willingness of the victim as well as the perpetrator to report information on their situation victim and the perpetrator (Wetzels & Greve 1996 cited by Hörl & Spannring, 2001).

The few studies available in **Italy** attest that between 4-6% of older people suffer abuse in their homes. In 75% of the cases the perpetrator is a family member. Other studies, interviews and newspaper articles highlight the fact that abuse and economic exploitation of older people is more common than society is willing to admit.

Although **France** doesn’t have a representative national study, annual data is gathered by “ALMA” – (Allô maltraitances des personages âgées) a hotline service that offers information and collects data on cases of maltreatment - and its networks. In recent years ALMA reported a major increase of the numbers of calls (from 1.634 calls in 1995/96 to 11.308 calls in 2006). The most prevalent type of abuse against older people is psychological abuse followed by financial and physical abuse. In 8 out of 10 cases occurred at home the violence occurred at home and Durocher et al. found that 76% of the perpetrators were family members.

The only representative research available on elderly abuse in domestic situations in **Belgium** was conducted in 1998 (Vandenberk, e.a., 1998). It pointed out that 1 out of 8 older

persons above 65 is sooner or later the victim of physical, sexual or psychological abuse. Taking financial abuse into account, the rate increases up to 1 out of 5.

The most recent available data on domestic violence in **Portugal** (APAV, 2007; CIDM, 2006; GSC, 2006, MAI, 2007)shows the relatively low prevalence of this type of violence against older people: between 5% and 8% according to the different sources. In spite of these relatively low figures, the reports from the different entities also show that there has been a significant increase in the number of reported situations involving violence against older people. The Annual Report on Home Security in Portugal showed for example that the number of domestic violence victims aged 64 or more almost doubled between 2004 (346 cases) and 2006 (683 cases). The Elderly Citizen Helpline, under the responsibility of the Ombudsman, registered a total of 282 calls during 2007 referring to neglect and abuse reports. 70% of those calls referred to women. Moreover, half of the abuse and neglect cases involved older people aged 71 to 80 years old (the highest incidence among the elderly).

Summary

The taboo concerning abuse against older people and older women in particular is also visible in the lack of official representative, statistical data on this issue. However, individual studies do exist that show that older people are subject to violence and abuse and that a large proportion of this abuse occurs within the family. Also, a growing trend in reported cases of abuse against older people can be observed. This was mentioned in Portugal as well as in France where e.g. the French organisation “ALMA” reported a major increase in calls between 1995 and 2006. In connection with this trend, the question arises whether the observed increase of cases is due to the fact that they are reported more or whether there is also an actual increase in the incidence of abuse.

3.4 Cultural and historical background

Concerning the cultural and historical background on dealing with abuse against older people, one sees that in many countries domestic violence against women and children within families was the initial focus. In **Finland** for example, this issue was discovered in the late 1970’s. Abuse against older people became a focus of research in the beginning of the 1980’s. Since then several major studies on this issue were carried out (Kivelä,1995; Perttu, 1998). This development that domestic violence in general was targeted before abuse against older people was a focus of attention is also reported in **France** The issue of abuse against older people in France was acknowledged for example by the founding of an organisation ALMA in 1994 that offers a hotline as well as collects information on maltreatment of older people.

Abuse against older people was “discovered” in **Belgium** in the 1990’s when the academic community began to show interest in the problem. Experiments to help the victims of family violence were also launched in the 1990’s, especially in Wallonia (Nyssen, 2003). Several social services have been established since then and in 2003 started the Flemish Focal reporting point on elder abuse and in 2006 the Walloon Reporting Point on elder abuse.

The **Finnish** report describes a project in the city of Vantaa, which was initiated in the beginning of the 1990’s and provided services for elder abuse victims, including a shelter, a nursing home, a telephone service and a support group. During two years studied 31 women and 5 men used the shelter (Perttu, Journal of Elder Abuse & Neglect, 1996 Volume: 8 Issue:2). Findings of the study by Perttu (1998) indicate that elderly people do not impose very high demands on their care when the caregiver is their own adult child and they may feel guilty when imposing limitations on their children’s lives.

The cultural meaning of the family, their living situations as well as cultural ideals concerning help and care of older people was mentioned in all reports as having an influence on abuse against older people and dealing with it. For example in **Poland** intergenerational relations, based on a feeling of family ties is seen to be very important. This strong focus on the family exists despite a growing trend for material and residential independence as well as the tendency to develop greater autonomy between each generation. However, such autonomy is not always attainable. The typical living arrangement in Poland sees parents living with their adult, independent children and their families, not so much out of choice, but out of necessity arising from the systematic lack of apartments in the 1970s and 1980s. In Poland, securing care and help for aging parents, including support especially in the event of illness, has traditionally been the responsibility of adult children (Potoczna, 2004). More than 80% of frail and disables older people are cared for by their family members (Bien, 2006), yet no formal system exists to support family-centered care-giving. This situation is also described in the following statement:

> *"Social awareness is still a big problem in Poland because we have stereotypes that all people should stay at home doing nothing but taking care of their grandchildren." [Expert meeting, expert, Maja Kuzmicz, Poland]*

In **Italy** it is reported that the Italian welfare state is based on the assumption that the family and its members are responsible to help in difficult situations. Families are thus often forced to provide care which can be too burdensome. This concept "passes the buck" to the families and leads to inadequate and unevenly distributed service provision, in particular for older people living alone (Taccani, 2002).

In **Austria** about 80% of older people are cared for by family members (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005). Care at home within the family is preferred to living in nursing homes or other institutional settings. This aspect is also supported by care allowance regulations: It is paid for care support regardless of the care setting and other arrangements (family care, nursing home) (Nemeth & Pochobradsky, 2004).

Another cultural background for abuse of older people concerns poor living conditions as well as discrimination against older people. In **Portugal** it is mentioned that discriminatory living conditions under which a significant proportion of the older people in Portugal live are often aggravated by processes of marginalisation and symbolic violence. (In 2006, the poverty rate among people aged 65 or more was 26%, the highest among the Portuguese population) Discriminatory attitudes and behaviour seem to be rooted in a perception of ageing that automatically relates ageing to having less capacity, less competence and less dignity. This can create a cultural background conducive to abusing older people. In this context also religious or political beliefs should be mentioned which can lead to discrimination and labelling.

Another relevant issue in this connection is the transition process which took place in Poland in the 1990s. This caused large segments of society to fall into poverty, which lead to a lack of stability and social security in these segments (Misztalska, 1995). In this new reality, the percentage of people with a more negative outlook on their lives has grown (Bień & Pędich, 1995). This is most evident among older people who, because of their modest retirement pension, almost as a rule, live at a lower socioeconomic level than mainstream society. These conditions can also be conducive to abuse.

Alcohol addiction is a big problem in **Polish and Finnish** society and, despite efforts aimed at curbing this problem, there remains rather wide-spread social acceptance for consuming large amounts of alcohol. More than 70% of all cases of violence take place in the context of alcohol addiction or other addictive substances. Although alcohol consumption may take place at the same time as violence, there is no direct causal link between the two. This

becomes clear in the statement of the Finnish expert taking part in the project's expert meeting in Vienna:

> "*We don't think that alcohol or mental health problems directly cause violence but they are connected of course. Finland has in general very high numbers of violence against women in intimate partnerships and we don't know the reasons.*" [Expert, Sirkka Perttu, Finland]

Summary

Summarizing, one can say that whereas in **Finland**, **Belgium** and **France** efforts have been made to help older victims of family violence and suggestions for the prevention of violence and for helping abused older people have been discussed for some time, in the other countries the issue of abuse against older people is only now becoming apparent. In all countries it is commonly accepted and expected that the family provides care. Intergenerational support based on family ties is still characteristic for ideal family functioning in many countries. This understanding of responsibility and solidarity often hinders professional caregivers to report the occurrence of violence and the taboo is therefore maintained.

3.5 Public awareness of abuse against older people

As it has become clear in the previous sections, some efforts have been made to raise awareness on abuse against older people in the participating countries, but these seem to be individual actions.

For example, a voluntary organization called the Federation of Shelters for the Finnish Elderly was registered in Finland in 1989 with the aims to inform the general public and political decision makers about elder abuse, to follow up international and national studies and intervention programs and to set up support groups for abused older people. The organization also provides telephone information services for the elderly (Kivelä, 1995, p.41). In June 2006 a campaign was launched to raise awareness of mistreatment of older people (Perttu, 2007 p.2).

Although campaigns in Belgium are still occasional and disconnected from each other there are several initiatives with respect to raising awareness on abuse against older people. The Walloon association on elder abuse has for example developed several different brochures and the Flemish Reporting point has developed a game which tells the story of a victim of domestic violence. There are also websites disclosing a variety of information concerning this topic, the aims of the organisations and services provided.

All other countries state that an increasing number of information campaigns aiming at preventing domestic violence have been launched but the focus was mainly directed towards domestic violence against women and children. General social awareness concerning the issue of violence against older people and older women specifically seems to be rather low and remains a taboo topic

As also mentioned in the previous section, special attention should be also drawn to the findings in the Austrian and Portuguese literature that ageing as such is often associated with a negative image which is also reflected in the way language is used to describe older people (Hirsch, 2000). The social representations of older people reinforces negative stereotypes on ageing, influencing both society as a whole and older people themselves. Confronted with their own ageing process, older people also have to endure different expressions of the social stigma attached to ageing: "uselessness", "social burden", "out of date", "frailty", and "inability". These kinds of perceptions regarding old-age are not only present in the society as a whole but they can also be identified among particular groups of professionals working closely with older people. Ferreira-Alves and Novo (2006) carried out a

study on social discrimination of older people in three regions in Portugal and found that – among a sample of 324 older people – there is a high frequency of social discrimination in the health context, specifically regarding social interactions with a doctor or a nurse. Bridget Penhale (Expert, UK) mentioned in this context that professionals generally see older people as being in need and having a variety of problems. Therefore it is important to raise awareness within the public as well as professionals that ageing does not only have a negative connation.

Summary

Although, in recent years some campaigns have been launched against elder abuse, still not very much attention is being paid to this topic. In this context it also has to be mentioned that sound data is lacking in all countries. As the Belgian report puts it, we have only reached "the tip of the iceberg" and elder abuse is still a taboo in all countries which has to be tackled with much more effort and public impact.

3.6 Policies against abuse/legal background

Legislation and policies in most countries refer to domestic violence in general. Usually no specific legal regulations or national policies exist in participating countries regarding abuse against older people or older women specifically.

Up to the year 1995, in Finland assaults in a private context were only prosecuted if the victim expressly demanded this. An amendment of this law in 1995, removed the distinction between public and private places (Piispa & Jeiskanen 2001, p. 8). Since then many plans e.g. a "Five-year action plan directed at the prevention of violence and prostitution" and programs e.g. the "National Program to prevent violence against women and domestic violence" have been implemented. During the government term 2003-2007 efforts to tackle domestic violence were intensified. In 2003 the Action Programme to Prevent Intimate Partner and Domestic Violence was issued within the National Development Project for Social Services. The main objectives of this programme are to improve networking and professional skills of those working in the field.

The Polish literature states that separate legislation governing family related violence was missing for a long time. In 1992 counteracting domestic violence was included as one of the main goals in the National Program to prevent and resolve alcohol-related problems. In 2005 a special law was passed to prevent domestic violence. (public ordinance of July 29th). In September 2006 a National Program to Prevent Domestic Violence was created which targets the victims of violence and specifically includes older people, the witnesses and perpetrators of violence. In 1998, the Polish police force implemented the "Blue card", an intervention procedure for victims of domestic violence which has been also used by social workers in a modified form since 2004. This procedure allows victims to receive a legal counsel, information concerning support in abusive situations and knowledge where to look for help. However, no special procedures exist that are tailored to the specific needs of older people (Badura-Madej, Dobrzynska-Mesterhazy 2000).

In 1997 the Austrian Protection Against violence act was passed. This law encompassed eviction and barring orders for a perpetrator set by the police for 10 to max. 20 days. That means a perpetrator within the family can be evicted from his own home for this period of time. Also long-term protection of a victim is secure. Finally, this act regulated the setting up of Domestic Abuse Intervention Centres in each of the nine provinces. Since the establishment of this act the public understanding has changed concerning how domestic violence is interpreted and the topic is seen as a also being responsibility of the state rather than a purely "private affair". However one of the main aspects of this law, the eviction and barring orders are not as relevant for a person in need of care because the interdependence with the perpetrator is too high. The older person is often dependent on the family care giver

and is mostly too socially isolated to take the initiative or to contact supportive organisations or the police. The only solution which is considered in severe and dramatic cases is moving the older person to a nursing home.

In Italy the Court of Cassation specified that old age doesn't mean illness or psychological deficiency. Identifying the older person and stating that they are different from other adult citizens represents a form of discrimination. Maltreatment against older people is part of general legal paradigms: private violence (art. 610 penal code), personal injury (art. 582-3 p.c.) and abandonment (art. 591 p.c.) However the law considers older persons in need of help specifically and in 2004 an Act was passed which introduced a new protection instrument in the civil code, namely the "amministratore di sostegno" (guidance counsellor; solicitor). This function can be fulfilled by volunteers who are taking over tutorial functions for safeguarding persons in need of care, usually by taking over the administration of property and financial affairs. Health and social services are requested to apply for guidance counsellors when they notice abuse against older people. This type of provision also exists in Austria ("Sachwalter").

In Belgium many legal provisions have been made concerning intra-familial violence, especially partner violence. Federal policy in Belgium on elder abuse is still in a project phase. Despite the lack of any specific legislation in relation to elder abuse, certain laws are useful at times. These include laws in relation to well-being, intra-familial violence, partner violence and those relating to competence and mental health.

Policies against abuse in Portugal are framed by the existing legislation, namely regarding criminal proceedings, given the fact that domestic violence is considered a public crime since 2000[2]. Apart from this important legislative milestone and other legal instruments, policies against abuse are framed by the existence of National Action Plans against Domestic Violence, which are in existence since 1999. In June 2006 the III National Action Plan (2007-2010) was approved which defines itself as a consolidating strategy for a policy of prevention and fight against domestic violence. However, the issue of violence against older people is given a marginal place in the whole document. The report also mentions that in spite of the increase of violence, neglect and abuse against older people has received insufficient attention from the health sector. The current National Health Plan pays particular attention to the promotion of the fight against violence and the empowerment of health professionals to adequately detect and respond to situations of violence, abuse or neglect among older people.

Summary

In summary it can be said that while legal regulations concerning domestic violence have been put in place in all countries, abuse against older people is only mentioned in individual cases. No legislation has been identified dealing specifically with abuse against older people in countries participating in the project.

[2] Law 7/2000, changing article 152º of the Penal Code.

4 Domestic violence against older people with a special focus on older women

4.1 Context of violence

In order to prevent and act on abuse against older people it is important to understand the context that violence occurs in. The following chapter focuses on the different factors which can influence abuse against older people within the family.

Mutual dependency of family members

The Austrian, Portuguese and Italian reports stress that being in need of care often leads to mutual dependency of family members. This circumstance often changes the whole family system and can lead to a change of habits that affects the family's whole life situation. In these situations parents undergo a loss of autonomy and both sides experience a change of roles. Changing roles can therefore threaten the shape and stability of relationships. Ambivalent feelings between thankfulness and becoming angry arise. This mutual emotional as well practical dependency can trigger conflicts that have been hidden for a long time (Hörl & Spannring, 2001, p. 327 et. seq.). The Belgian report describes this as "reversed parenthood" and research shows that a high degree of dependency correlates positively with a higher risk of abuse (Anme, 2004).

In Poland Halicka (1995) found that the dependency of older people on caregivers is not the immediate cause of their maltreatment. Rather, it is the emotional, financial, or residential dependency felt by abusive individuals. Attention is drawn to the mutual dependency of the victim and perpetrator of domestic violence (Twardowska-Rajewska, Rajewska-deMezer, 2005) as well as the financial dependency of the perpetrator on the victim. It is also worth noting that the victims of violence in childhood often use violence against their aging parents, once themselves the perpetrators of similar abuse (see also below).

Family history

How persons interact depends to a large extent on their personal history in communication and - with regard to abuse - how they handle conflicts as well as stress and strain. Abusive behaviour can be seen as trying to resolve a conflict and can be due to old traditions. The aspect of the "intergenerational" spiral refers to the fact that adults who have experienced abuse by their own parents in their childhood have the tendency to act abusive in their later life. Where there is a shift of power relations, mainly revenge and imitation can play a role (Hörl & Spannring, 2001, p. 330 et. seq.).

The National Centre on Elder Abuse in the United States points out that over time and generations, a type of revenge framework may be created within the family. This is often termed "trans-generational violence". Violence is a learned behaviour, an expression and/or reaction to particular experiences or difficult situations. Abused spouses later abuse their abusers; abused children later abuse their parents as well as their own children, perpetuating the cycle (NCR, 2004). However, it has to be considered that research evidence is limited for this phenomenon.

Long-term living arrangements

Another factor increasing the risk of violence is shared long-term living arrangements between the perpetrator and victim. When care giver and care receiver live in the same household, there are not many possibilities to keep a distance from each other. Care givers as well as those cared for may have a lack of privacy and caregivers may have to be available for 24 hours a day (Dieck 1987, cited by Durstberger, 2006). Being in such close

contact without being able to be alone, is believed to be a main structural reason for abuse against care receivers (Hörl & Spannring, 2001, p. 328). Therefore, it is very important for family members to be able to "take time off" from each other. In Poland it was mentioned that due to economic constraints, many adult children live with their parents.

Physical and/or psychological burden of carers

According to the situational stress model mentioned in the Portuguese report, abuse occurs in a caring situation when the carer cannot cope with the stress of care due to various reasons (e.g. socio-economic conditions, the victim's physical or mental incapacity, the carer's low coping skills) (Ferreira-Alves, 2006b). Also, the French report mentions that exhaustion and burn-out are factors linked to violent behaviour.

In Poland almost half of those aged over 65 require need help with at least one everyday, household activity (Bien, 2002a). In Poland and Austria 80% who are in the need of care, are supported by family members (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005). In Poland approximately 25% of family caregivers face difficulties in finding temporary care support for an older person, whereas 10% do not see this as a possibility at all. (Czekanowski, 2006)

Taking care is very demanding and can lead to extraordinary physical and/or mental stress which can be one important reason for abuse against care receivers (Ebner, 2006b, p. 49; Hörl & Spannring, 2001, p. 329; Klie, Pfundstein, & Stoffer, 2005, p. 13). In this connection, mental strain is described as much more demanding than physical strain. Some illnesses that older people are subject to (e.g. dementia, stroke) result in character changes and changes in well known habits. This type of change in a family member can be very difficult to deal with (Hörl & Spannring, 2001: 329). The Polish literature confirms that often encountered disturbances in perception and consciousness, stupor and behavioural problems coexist in the case of older people and that this poses a challenge for carers (Rudnicka-Drozak, 2006). The Italian report describes that the welfare system does not adequately support family givers and they thus often develop forms of depression together with other psychological disorders because of the high level of stress they experience.

Family carers can be confronted by the discrepancy between their own high expectations and the reality caring for someone. Thus, feelings of helplessness, frustration and desperation can arise and also be a reason for abusing an old family member (Hörl & Spannring, 2001: 329). However, it must be kept in mind that the context of care giving is complex and that there are no simple causal relationships between care giver burden and abuase. The Polish report mentions that also the dependency of the abuser regarding accommodation or the financial situation has to be considered. It can not be assumed that physical and/or psychological burden results automatically in stress and leads further to abuse. This becomes also clear in the following statement:

> *"There is no simple link between care giving-stress and abuse. We don't know enough about care giving relationships and the perception of stress." [Expert, Bridget Penhale, UK]*

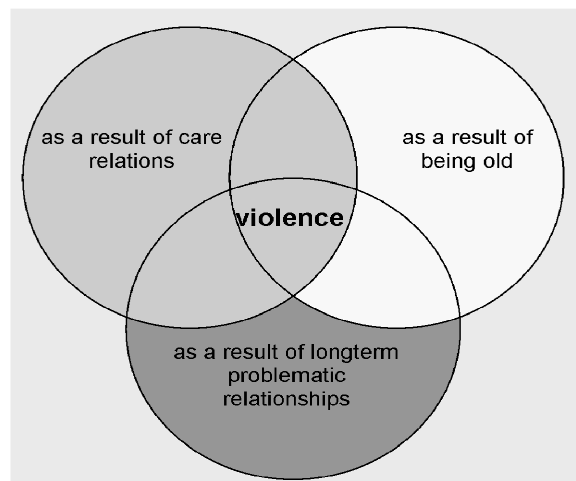
In discussing the issues of the hard and difficult work of family carers it should also not be forgotten that many also obtain satisfaction from their care giving. (Mestheneos, Triantafillou on behalf of the Eurofamcare group, 2002; p. 29).

Social isolation

One main factor that is relevant in connection with abuse is that of social isolation. The **Austrian** report mentions that social isolation can be a result of abuse or a contributing factor. In the first case a family might refrain from social contacts, because they are afraid that others could detect maltreatment within their family. Not enough social support from others on the other hand can be seen as one of the reasons for abuse. Emotional support and having a supportive social network are essential for care givers. If this is missing, a care givers' conscience to adhere to norms might be reduced due to a lack of social control, which in turn might lead to abuse (Hörl & Spannring, 2001: 328 et seq.). According to **Polish** literature social isolation of older people, who have little or no social contact is also a risk factor for experiencing violence.

As just described, violence against older people in the family can be facilitated by different contexts. Three main types of contexts of abuse are relevant in this connection: abuse in connection with a care relationship, abuse in connection with being older and abuse in connection with long-term personal relationships (e.g. sexual abuse).

Figure 3: Context of violence [Austrian report]



Since causes of violence and abuse can be connected to various aspects and triggers, it is necessary to clarify different constellations of abuse. Based on a substantial amount of research in this field Görgen (2006) has identified three main types of constellation which require different types of interventions in order to act and to reduce risk.

The use of these categories help to order and to reflect cases. In this report mainly Type1 and 2 are discussed, but nevertheless health and social service professionals experience all three types. The most important issue is to differentiate and to act adequately according to the type of abuse because some interventions do not help for certain types of cases. For example, training and information does not help in cases in the Type 3 category.

Figure 4: Categorisation of the three main constellations, their backgrounds and proposed interventions (Görgen, 2006)

Type	Background	Interventions
Type 1 **There is no intention to harm the older person**	Therefore reasons can be: • Family carers are not willing to take up offers for support • Burden and stress are caused by the care situation Following forms of violence mainly occur: • Neglect based on lack of information (care givers intend to do the best for their relatives) • Physical abuse because of the perspective to protect older person from harming themselves and other dangerous situation	Possibilities for prevention: • Information • Counselling • Training • Support of health and social service organisations • Day care centres • Living arrangements
Type 2 **There is a situational intention to harm the intention to harm the older person**	The difference to Type 1: There is an intention or motivation to hurt and abuse the older person, it is occurs within the situation und stops after the situation is over (e.g. in the context of older people with dementia). Following forms of violence mainly occur: • Caused by situational emotions of anger physical abuse can take place. • In an argument provocation and hurt lead to emotional abuse.	Possibilities for preventions • Information • Counselling (also psychotherapeutic or psychological) • Training • Support services • It is especially important to reconstruct abusive situations to analyse the causes that lead to abuse
Type 3 **There is an overall (more than situational) intention to harm the older person**	The Type 3 case groups can be various, reasons can be: • Long-term conflicts • Perpetrators can control circumstances to induce abusive situations	• Clear differentiation between victim and perpetrator • Possibility of legal action to report an offence • In order of priority, all actions that ensure secure surroundings for the victim • Eventually psychotherapeutic intervention for the perpetrator

Summary

It becomes clear that abuse against older people within the family is a very complex and multi-layered issue and is influenced by several factors. In general it can be said that abuse against older people occurs mainly in the home of older people and in many national cases a very tight emotional and long-lasting relationship between perpetrator and victim exists. All reports stress that spouses/partners or the child are the main perpetrators. Another aspect which is mentioned is that several external factors like changes in the family model, the prevalence of intra-family conflicts, women's progressive entry into the labour market and the weakening of close support networks affect care-relations. Concerning the context of violence the reports mention factors which can increase the danger acting in an abusive fashion towards older people. These aspects include dependency between the victim and perpetrator, frustration as well as excessive emotional and physical demands, close long-term living arrangements and social isolation.

4.2 Consequences of violence

Violence can not only be seen as single action. Also the consequences of violence have to be considered. Although only little research has been done on this topic until now, it can be assumed that violence against older people results in various direct and indirect economic, social and health consequences, which are described in the following.

Economic consequences

It is difficult to assess the costs of violence against women and consequently the costs are underestimated (Piispa & Heiskanen 2001). In general, the economic consequences of domestic violence are distributed across a wide spectrum of direct costs, e.g. legal proceedings or health assistance and indirect costs, e.g. less quality of life or emotional distress. Costs are incurred in different fields such as for police and justice work, health and social services etc. Haller & David (2006) estimated costs of domestic violence against women for Austria at least 78 million Euro every year. The World Report on "Violence and Health" states that it is evident that victims of domestic or sexual violence have significantly higher health care costs. This occurs because of having more health problems and more frequent visits to health service providers than people without a history of abuse (WHO, 2002, p. 8). Regarding the economic consequences of abuse, higher costs of external care also need to be mentioned (nursing homes, mobile care and support) as a solution to protect the victim and to reduce the burden of care-giving. Abuse against older people also affects health and social services, because it makes it necessary to provide more services for victims as well as perpetrators of abuse.

Health consequences

All country reports show that abuse is strongly connected with severe health and mental problems including depression, anxiety, sleep disturbances, malnutrition and self inflicted injuries. The Polish and Italian reports mention that older victims of abuse may have suicidal tendencies due to psychological pain and not being able to bear becoming victimized by one's own child. These victims often consciously withdraw from social life, interpersonal contacts, and experience a low feeling of self-worth that can then result in suicide attempts.

While some research has been carried out concerning the consequences of domestic violence, all in all little is known about the consequences of abuse against older people. This is an area where further information is needed.

Summary

While some research has been done on the economic and health consequences of domestic violence in general , there is not much material available regarding risks and consequences of domestic violence with the focus on older people. The main types of consequences which have been reported concern economic and health aspects. Regarding economic consequences higher health care costs, more external costs or legal proceedings as well as indirect costs like less quality of life or emotional distress have to be considered. Consequences of abuse can also become manifest in a bad medical condition and often lead to depression, anxiety, malnutrition and sometimes even to suicide.

4.3 Gender aspects

All country reports, except the Austrian one, indicate that victims of violence are most often older women, characterized by lower education and requiring care due to chronic disease or compounded disability (Rudnicka-Drożak, 2006) (Twardowska-Rajewska, Rajewska-deMezer, 2005) According to the latest available figures from the Ministry of Home Affairs, stated in the Portuguese report, older women represent 79% of the total victims. Data collected by the Flemish Reporting Point for Elder Abuse states that 63% of the victims of elder abuse are women (Vlaams Meldpunt Ouderenmisbehandeling, 2007)

Domestic violence is often seen as a gender-related issue which is influenced by subjective experiences, culture and socialization (Ebner, 2006b, p. 22). With respect to domestic violence in general, men are usually the perpetrators. However in the context of caring for older people, women are more often perpetrators than one would suppose. This is due to the fact that women are usually those who take on informal care giving tasks.

Most country reports mention that abuse by men and women differs concerning the forms of violence. Women are most often the perpetrators of different forms of neglect and of more subtle forms like emotional abuse. Men are more likely to be perpetrators of physical and sexual abuse (Badura-Madej, Dobrzyńska-Mesterhazy 2000; Heyne 1993, cited by Ebner, 2006b, p. 37 et seq.; Caalewaert, 2008a).

One of the respondents described her impression concerning women and men with respect to abuse:

> *“Abuse against older men is as common as abuse against older women. That’s something you can really place one-to-one … because women are often even more cruel towards their husbands … because they had to suffer a lot in their lifetime. And when their husband is at home and defenceless, and mostly men get defenceless first, then it really gets crazy. So, women are in this respect ... not physically violent ... this happens also sometimes, but more emotionally abusive … ’Now, I will pay you back’ ... this is much more cruel than if it is done by men. Men are more direct.” [Manager, Austria]*

Although the connection to care-giving is only one fact of elder abuse, in connection with care givers as abusers, Austrian literature states that several researchers have illustrated an image of a typical female perpetrator: she is middle aged, from no specific social and financial background, the main responsible person for caring for a relative, has a lack of support through others and feels overburdened (Eastman, 1985; Seubert, 1993; Grond 1997 cited by Ebner, 2006b). Furthermore, Eastman (1985: 71 et seq.) describes that care givers often suffer from low self-esteem, feel as if they are “a nobody” and lose connection to social life. There is a highly significant connection between income and gender: 25% of care givers do not have their own income and from that group 91% are women (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005, p. 19 et seq.). As mentioned above, this can be one risk factor for abuse but does not have to be.

According to the Italian report, perpetrators can be divided into two groups based on personality characteristics. (Ramsey and Klawsnik, 1995). The first type are people, usually women, without criminal, sadistic or violent intentions. Their harmful behaviour can be related to ignorance, incompetence, the feeling of being overburdened or to the lack of adequate resources. In this case the perpetrator accepts help and the ideal intervention suggested is to provide support for the caregiver without any legal procedures. The second type is related to personalities, mostly men, who inflict pain but do not feel guilt and show hostility and anger. Here the suggested intervention is to protect the victim and make use of legal action (see also typology of Görgen, p.24).

Summary

It is quite surprising that even though gender issues are very relevant to the whole field of ageing and help and care and to the field of domestic violence, very little attention is paid to specific gender related issues when it comes to violence against older people within the family.

5 Perspectives of health and social service professionals and managers with respect to violence against older women within families

In general, all reports emphasize that the role of health and social service professionals, especially those working in people's own homes is a very crucial one. Because of their special access, through providing care in the homes of the older people every day, home helps, nurse assistants and nurses have an extraordinary position and are often the only people who have a possibility to report cases of abuse of older patient e.g. by their care givers. For example, Portuguese literature refers to the fact that health professionals are in favourable position for detecting and acting upon abuse for older people as they are often the only ones outside the family who regularly have close contact with them (Goncalves, 2006).

The National Centre of Elder Abuse in the USA analysed many reported cases of abuse against older people and found out that health professionals in general are the most prevalent group of informants. 45% of all cases were reported by them. Apart from that it was found that in 15% of the cases the relatives, in 9% friends and neighbours and in 6% the victims themselves reported abuse against an older person to the police (Hörl & Spannring, 2001, p. 320). Therefore, health and service professionals play therefore a vital role in the identification, intervention and prevention of elder abuse.

5.1 Role of health and social care workers

In different countries there are many different types of staff in community health and social care, with different backgrounds in training and varied tasks that they (may) carry out. Also, services are carried out by different providers, in some cases services are provides by municipal authorities, in some by NGOs and in other cases more and more private offers of community health and social services are being offered.

In Finland social services are produced by some 115,000 municipal employees and about 50,000 employees in NGOs and private businesses. Finnish welfare personnel are very highly trained by international standards. Social workers are required to have a higher university degree. The main occupational groups in the social welfare sector are: social workers, social advisors and practical nurses for social care. Personnel working in home-help and home nursing services in municipalities was 11,957 in year 2005. (What are these people's tasks and which background in training do they have?)

In Austria the number of employees in the sector of community health and social care has doubled in recent years. Currently, there are approximately 7.800 full time equivalent positions (Schaffenberger & Pochobradsky, 2004, p. 8), which correspond to and estimated number of14.500 individual employees. The proportion of women in this field is about 95% (Simsa, 2004, p. 63). These are home helpers (56%), nurses (22%) and nurses assistants (22%), whereas the qualification profile of the staff members differs strongly between the different provinces of Austria, since legal regulations concerning social care mainly pertain to the provincial level. All in all 80.000 clients are cared for in community health and social care in Austria.

In Italy the number of employees in the sector of social and health care is estimated at about 300.000. In addition, there are a remarkable number of volunteers (an estimate of about 800.000) caring for about 8 million older persons (Ilesis-Farmindustria, 2003). The number of volunteers is steadily rising.

All in all, 116.000 persons work in the social care sector in Poland. Approximately 12.559 staff member are employed in the social service centers in Poland. 6.202 employees work as "hands-on workers". Specialized staff (i.e. staff trained in nursing) constitute 0,8% of all those employed in this sector. Some of the social service centers contract care services out to other organizations (e.g. Polish Red Cross, St. Anna Salawa's Foundation), but there is a shortage of official information about the number of carers employed in such organizations. Approximately 98.000 people are beneficiaries of the Polish social welfare system, including 16.000 persons who need specialized services. The total number of community nurses in Poland in 2006 was 11.337, including 3 604 in public health care establishments. Care services include supporting household activities (e.g. shopping, cleaning, cooking, etc.), as well as supporting personal hygiene and food intake, changing bandages, organizing basic medical aid, preventing bedsores, etc.

Figure 5: Profiles of the Hands-on workers in the sector of community health and social care in Austria

Nurse

- Responsibility for care
- Planning care-provision
- Organising medical aids
- Coordinating involved health and social care service professionals

Nurse assistant

- Emphasis on personal hygiene
- Mobilizing patients
- Supporting food intake
- Changing bandages
- Administering medicine

Home helper

- Supporting household activities (cleaning, washing clothes, shopping, …)
- Communication and social activities
- Motivation and support in self-help

(Weiss-Faßbinder & Lust, 2000; Wiener Heimhilfegesetz, 1997; Wolf, 2004, p. 24

Figure 6: Profiles of the hands-on workers in the sector of community health and social care in Poland

Community nurse

- Responsibility for care and organising medical aid
- Responsibility for health education and health promotion

Home helper / carer

- Responsibility for personal hygiene
- Supporting household activities (cleaning, shopping, etc.)
- Supporting food intake
- Responsibility for medical aid

Social worker

- Supporting communication and social activities
- Help in hiring home helper/carer if necessary

5.2 Experience with domestic violence against older women

Over all countries, health and service professionals report having been confronted with abusive situations of different types and different levels of severity. However, there are some hands-on workers and quite a few managers who report just having been confronted with very few cases of abuse.

General experience with abuse

According to the **Polish** report professionals working with older people are generally aware that elder abuse exists. According to a study by Tobiasz-Adamczyk (2007) undertaken among healthcare and social workers, 9.8% had previously dealt with older aged victims of physical violence, while this number grew to 12.9% in cases of psychological violence. Among these workers, 43% also come into contact with older aged victims of neglect and 18% had to deal with cases of abandonment, mainly in hospitals or other such institutions. Approximately 28% of study participants also have also had experience with financial abuse and 49% have self-inflicted neglect by the older people themselves.

The **Finnish** report states that cases reported in the interviews were extremely rare but the most commonly reported forms of violence from hand on workers were physical abuse, financial abuse, neglect and psychological abuse. The opinion of the managers in **Finland** was that cases are very rare and the most common case is the misuse of an elderly person's money.

Studies and the interviews with experts within this project in **Austria** show that health and social service professionals are confronted with all forms of violence: abuse, neglect, exploitation and abandonment. The managers interviewed in Austria also reported all kinds of abuse as occurring, but mainly exploitation, physical abuse and also three examples of sexual abuse were reported. Emotional abuse and neglect were more often reported by hands-on workers. Reasons therefore could be that hands-on workers have much closer access to the clients than line managers have through their regular, often day-to-day work within the family.

The **Flemish** Reporting Point on Elder Abuse stated that most cases of elder abuse that were reported to them were by health and social care professionals. 44% of these cases were physical abuse, 44% pertained to psychological abuse and 35% concerned financial abuse (Callewaert, 2008b).

In **Italy** only a few of the organizations interviewed have experience with the topic of domestic violence and abuse of older people in the family. It was difficult to contact home helpers and nurses as provider organizations were not ready to have staff interviewed. The reported experiences related to violence against elderly women within the families are not so numerous but a lot of "hidden" violence behind the doors of older person's households can be assumed as pointed out:

> *"The maltreatments against older people are many, with different kinds of manifestations. We need to develop a certain type of sensitivity towards this phenomenon." (SG4) A supplementary problem is that "… there is a tendency to hidden violence. Additionally, there is also violence which does not get recognized as violence. This is a very worrying cultural occurrence."[Manager; Italy]*

Experiences with different types of abuse

It was mentioned in all country reports, that interviewed hands-on workers and managers experienced that different forms of violence usually are not an isolated occurrence, but usually occur together. For example in Austria it was stated that physical and psychological

abuse go hand in hand. An example of physical and psychological abuse experienced by a home-helper was the following:

> *„A couple where the husband cared for the wife at home, and her Alzheimer proceeded very rapidly and he became fatigued, treating her in a heavy-handed way both mentally and physically and shouting at her. The wife didn't always understand and even if she did, she didn't always obey. The point where we noticed this at the service unit was when bruises began to appear. Her medication was not such as to cause them, so the cause turned out to be abuse. Once when I was there, he was really heavy-handed. I noticed the bruises and the wife shouted, so I realized what was going on. The man couldn't any longer control himself. I discussed this with the husband, saying that I understand that he is tired but also that the wife doesn't necessarily understand everything he says. The wife also thinks she is able to do things that she can't do. We also discussed this with the children and they had also noticed the bruises." [Hands-on worker, Austria]*

The **Polish** report draws attention to the fact that *psychological* violence is often accompanied not only by *physica*l but also by *sexual* violence which was described in the following examples:

> *"Psychological violence often accompanies physical violence. I cannot imagine that somebody beats another person without yelling "You something-or-other…".[Manager, Poland]*

> *"There is a large number of older women who have trouble with the increased sex drive of their husbands. Recent years note an increase in the number of such cases. Often times it is not limited to "marital rape" but also psychological and/or physical violence which begins by the denial of sexual encounter. The lady may not have a desire to talk, but her husband feels a strong desire to encourage her, while her rejection leads to an aggressive, brutal response". [Manager, Poland]*

What is especially evident in all reports is older people's susceptibility to *financial abuse* and neglect:

Concerning exploitation, interview partners in **Austria** reported financial interests behind the decision to take over care of an old person. In Austria this is connected with the possibility to receive care allowance if a person in need of help and care is cared for at home rather than in an institutional setting, where the most part of the care allowance is then allocated to the institution. Another interview partner mentioned that some grand-children only visit their grandparents to receive money from them. Some cases were also experienced where relatives took older people's money without telling them. This especially happens to older people suffering from dementia who will be less able to notice if their money is missing.

> *"The child or grandchild takes the older person's bankcard and money. They buy things and the bills are subject to recovery proceedings or the child takes the older person's money so that he or she is not able to pay the bills, such as the rent. For example, an alcoholic daughter and her spouse misused the mothers money. The daughter also took money from home helps purse. Mother protects her child and do not reveal her." [Hands-on worker, Finland]*

> *"Keeping older women at home makes it easier for other family members to exploit them financially by confiscating their whole pension." [Manager, Italy]*

In **Poland** an often encountered scenario usually finds an older woman financially supporting her son, who is most often unemployed and/or dependent on alcohol. In certain instances, the older person's pension is the whole family's sole source of income:

"Here in Nowa Huta [a district in Kraków], there are a lot of dysfunctional families dealing with unemployment. Often a family's sole source of income is the grandmother's pension or the money left by her late husband. Once this money is collected from the grandmother, she is pushed aside." [Manager, Poland]

Cases of *neglect and abandonment* were also found in the **Polish** report. They are often found in situations where older people live alone, and the family neither provides care nor reports such cases to the appropriate social welfare authorities. As adequate care is costly, this happens due to financial constraints or due to the belief that the older person will be able to take care of themselves.

"We mainly encounter cases where children live outside of our country and are unable to care for their parents." [Hands on worker, Poland]

The issue of *emotional and psychological abuse* is quite difficult to grasp, as this concerns many different types of behavior with many different levels of severity. Also, emotional and psychological abuse is perceived even more subjectively than other types of abuse, such as physical or financial abuse.

In some cases emotional abuse takes place when parents' needs are not taken seriously or parents are repeatedly "put down" for example by their children:

"The daughter was alcoholic, she did not initiate physical abuse but indeed emotional abuse, called her a bad mother until the day her mother died. For her, everything that happened to her was her mother's fault." [Hands on worker, Austria]

Another type of emotional or psychological abuse takes place if relatives engage in offensive behaviour that places a big burden on the older person themselves:

"The old woman in question lived with her only granddaughter. She was a former drug addict. She prostituted herself in the grandmother's house. The old woman felt terrified by the situation, due to the fact that every night a lot of unknown men would appear in the house. The psychological stress was enormous: the old woman was worried about her safety as well as about the safety of the daughter. After a long period she contacted the social services of the municipality and now we assist both of them." [Hands-on worker, Italy]

Summary

Staff of community health and care services report that they have experienced different types of abuse against older people. However, it seems that this pertains to individual cases. Members of management seem to perceive less cases, because usually just more severe cases of abuse against older people are reported to them. Hands-on workers also experience more types of "everyday" abuse, such as verbal or emotional abuse that is usually not reported any further. With respect to old people financial abuse and neglect seem to be quite pertinent over all countries.

It also seems that health and social service professionals do not make a big differentiation between violence against older people and violence against older women. They generally describe that both genders carry out all forms of abuse and neglect; but they experienced that male perpetrators seem to use more physical abuse, while female perpetrators tend to abuse more emotionally.

All in all it became clear that the level of awareness for abuse still varies greatly within the group of health and care professionals - hands-on workers as well as managers – and that awareness raising activities are essential in this field.

5.3 Recognizing domestic violence against older women

It becomes clear in all country reports, that recognizing situations of abuse against older people is not an easy task. The **Austrian** report mentions that most abusive actions do not occur in the presence of health and social service professionals, meaning that abusive behaviour is usually not observed directly. This means that staff is mostly confronted with a slow suspicion that can be more or less easy to substantiate (Strümpel & Leichsenring, 2006, p. 8). On the other hand older people usually place quite a large amount of trust in social and health care workers, with whom they have regular contact. This means that social and health care workers have the possibility to recognize injuries or potential signs of neglect (e.g. malnutrition, dehydration) during their work with the patient. As already mentioned earlier community nurses or family physicians are often the only individuals outside of their own family that older people are in contact with.

Austrian managers stated that, organisations are usually not involved until the suspicion of violence is verbalised by a staff member or already known. So, violence is primarily recognized by the staff, and then the line managers start to intervene.

In **Italy** home helpers or home nurses are usually activated by an indication of the GP who seems to be the professional generally capable of noticing and assessing situations of abuse. Usually health and social service organisations and their staff working with older people are not conscious enough of the phenomenon of abuse against older people.

In all reports a variety of ways to recognize violence were mentioned, but also quite a wide range of barriers were elicited at the same time: Generally, it is mentioned – e.g. in the Finnish and Austrian reports – that physical abuse and neglect is easier to identify, since e.g the home helper notices that the client has bruises or does not have the food or medication needed. Emotional and psychological abuse is much harder to identify, because many times it is quite subtle and cannot be easily substantiated.

5.3.1 Ways of recognizing violence

All in all there are several ways of recognizing abusive situations. Usually a combination of the following aspects are drawn upon by staff of social and health care services to recognize violence.

Reports by others

One quite straightforward way that staff of community health and social care services find out about abusive situations is if these are reported to them by others professionals, family members or neighbours. Studies carried out in Poland show that while aging parents/victims of violence often keep silent about the situation, identifying situations where violence is suspected may be possible with help from other family members as well as children not living with their aging parents .:

> *"Suspicion concerning a situation suspect for violence directed against an older person is often expressed by extended family members. They undertake steps to stopping the situation."[Hands on worker, Poland]*
>
> *"We receive reports from neighbours, district government representatives, and mayors." [Hands on worker, Poland].*

Also in Poland as part of Blue Card procedures, police and social workers often exchange information in cases of domestic violence. When cases are reported to the police by the victim or other witnesses (e.g., neighbours), passing information along to social workers is a standard procedure. Other institutions and organizations dealing with violence may also report on cases of suspected abuse against older people.

"I received information from the neighbourhood police officer, as she requested that Blue Card information be collected." [Hands-on worker, Poland]

Talking to the victim

Because victims of abuse are frequently controlled by the perpetrator it is maybe especially difficult to find safe opportunities where older people can talk about their experiences of abuse. Due to this fact it is important to establish access to the victim by creating a trustful atmosphere where the victim is able to tell the home helper or other professional what sorrows and problems she/he has. One manager reports of a case of an older woman who was able to tell her story only because of her close relationship to the home helper. Sometimes the ability to talk about experiences of abuse is limited because the patient is confused, e.g. due to dementia. In these cases, the staff member, e.g. the home helper has to rely on her own impression and report it as soon as she has been able to substantiate the suspicion:

"It is very difficult to explain to a victim that they do not have to be completely subject to the will of their children – the perpetrators of violence – and they also have rights. Educating the older person is even a greater challenge than identifying and separating the assailant from the victim." [Hands on worker, Poland].

"Older people rarely talk about it willingly because on the one hand, they are afraid of their families and on the other hand they are ashamed of their situation. Though nurses are rather adept at recognizing situations suspect for violence, they lack any mandate by which they could force the family to change how they treat the older person." [Hands on worker, Poland].

Observation: Behaviour by victim and/or perpetrator

The correct identification of causes of the symptoms demands expertise and holistic thinking. Even in analysing physical abuse many possibilities have to be taken into consideration. These steps also have to be interpreted in connection with the patients' health status. Bruises can be caused by medication, by falls or other different non-violent actions

" It is very difficult. We had a case, lately, there were bruises… but there was a medication given for coagulation. That's very, very difficult, also for the doctor … to appraise … is there abuse happening or not … or, another case, (we have seen) there were claw marks … was it the cat? Or (was it) the cohabitee?" [Hands on worker, Austria]

Hands-on workers are dependent on the way clients talk about abuse. Therefore subjective constructions of violence of older people have to be considered. Besides the stories of older people – as mentioned in the previous paragraphs - all other indicators (e.g. behaviour, suspicion facts, observe interaction between victim and perpetrator) have to be integrated into the recognition of an abusive situation. As mentioned, victims may often express their feelings in a non-specific way, so further interpretation and knowledge about the person is needed.

Long, trusting relationships are not only relevant for talking about an abusive situation, but also have the effect that even small changes in behaviour can be identified by the home helps. Also family care givers can be watched closely in their relation to the care receiver. The analysis of body language and social behaviour is very helpful for discovering if something is wrong:

"I became suspicious when the daughter continuously avoided meeting me." [Hands on worker, Poland]

Another hands-on worker explained that physical abuse is recognizable to her when the victim gets easily frightened or refuses to get undressed. These signs can also be understood as caused by other reasons. It has to be considered on a case by case basis, and that is why experience gained through work is such an important resource.

Rarely, such as in one case in Italy, abuse can be unmistakably evident on observation:

> *"When we arrived, the old woman lay on her bed. We saw a chilling scene: the room was full of garbage, the floor was filthy. You can image the sheets, the pillow ... The woman was famished and absolutely dehydrated. The bedsores were very severe, similar to holes… While we were visiting the old woman, the relatives were absolutely indifferent as if the situation was absolutely normal. We carried her to the hospital. She has been immediately hospitalized. The attending physician promptly denounced the fact to the police officer of the hospital." [Hands-on worker, Italy]*

Work experience and training as an important prerequisite to recognize abuse

The correct identification of causes of the symptoms demands expertise and holistic thinking. Even in analysing physical abuse. many possibilities have to be taken into consideration. These steps also have to be interpreted in correlation with the health status. Bruises can also be caused by medication, by falls or by other non-violent events. Respondents in all countries emphasized that accumulated work experience and training plays a crucial role in dealing with abuse and violence:

> *"The biggest competence or resource is just experience. And of course further trainings." [Manager, Austria]*

In order to understand domestic violence against older people and especially older women health and social service professionals need certain prerequisites: expertise and communication skills, knowledge of the close social environment of the victim, access to the victim and possibility to establish a trustful relationship. Also, health and social service professionals need to have knowledge of what further steps to take after recognizing and establishing an abusive situation.

Tools and indicators to recognize violence

Some tools and indicators to recognize potentially abusive situations have already been developed. For example in Belgium the Flemish Reporting Point has developed a tool that is called "Guidelines for the early detection of elder abuse" which includes several working steps (Van den Bossche, 2005). Two of the steps deal with recognition in a concrete way. It is recommended to focus on signals, like trusting one's own intuition, observing closely and registering single incidents, objectify suspicions by contacting others who know the client. Also it is recommended to check one's suspicions with the victim and the perpetrator within the boundaries of what seems to be possible within the specific situation.

Some Italian organisations, for example "Anti Violence Against Women Centres" provided guidelines to their staff which contain some issues that are especially valid for older women. The specialized centre "Casa delle donne per non subire violenza" in Bologna recommends the following guidelines: (gruppo di lavoro, 1999)

- Communicate directly with the older woman, if possible, and pay attention to every signal indicating violence.
- First of all, respect the woman and her rights.
- Investigate with attention the causes of illness or physical lesions: it is easy to make a mistake relating a problem to other causes.

- If you suspect that the older woman is scared of her caregiver, try to speak with her alone.
- Clarify immediately that she (the woman) is not responsible for the violence and there are different solutions, not only moving away from the caregiver.
- Assure that the older person has the opportunity to make his/her decisions independently or that she/he has the opportunity to participate in support-groups.
- Assure that the caregiver has the necessary support and the opportunity to participate in support-groups

Also, the **Italian** report cites a list of indicators of abuse, based on interviews with doctors and medical staff, which could be helpful for the development of further guidelines (Carretta, 2002).

The following indicators can help to recognize, whether an older person is being abused or neglected:

Figure 7: Indicators of potential abuse and negligence [Italy] (Carretta, 2002)

Indicators of physical abuse
• scratches • bites • contusions • burns • bone fractures, absence of glasses, partial dentures, acoustic prosthesis (being withheld by the perpetrator) • black eyes or broken teeth • ripped hair • wounds on face, neck, chest • retarded medical treatments • cancelled appointments for medical examinations • refusal to undress (for a medical examination, or bath) not wanting to expose a violated body
Indicators of physical negligence
• poor nutrition signs (weight loss, asthenia, sleepiness) • dehydration signs • poor hygiene (dirty clothes, damaged teeth, black nails, dirty bed sheets) • bedsores • diarrhoea • pharmaceutical overdose • contracture of muscles due to not enough physical activity
Indicators of psychological abuse
• insomnia • changes in appetite • sadness evolving into depression • paranoia • fear of extraneous people • confusion and lack of orientation • anxiety, apathy

Indicators of psychological negligence
• lack of involvement in the decisional processes • physical and/or social isolation • low self-esteem • nervousness
Indicator of economic abuse
• sudden impossibility to pay bills, • mismatch between economic faculties and life conditions • a sudden decrease in a bank account • cheques signed by unauthorized persons
Indicators of economic negligence
• food scarcity at home • absence of prescribed medicine • accumulation of bills and not cashed cheques
Environmental indicators of abuse
• lack of electricity, heating, running water • presence of expired medicine, unidentifiable or prescribed by several GP • lack of minimum hygienic conditions or lack of food

5.3.2 Barriers to recognition

As already mentioned abuse against older people has to be considered as a complex health and social problem. The types of perpetrators and victims are as varied as the causes and consequences of abuse. Due these complex interrelationships and the strong subjective component concerning the awareness of abuse, there are many difficulties that staff of health and social services encounter to identify and substantiate abuse against older people within the family.

Lack of or wrong reporting by victim

A specific situation is provided if a hands-on worker of social and health services has recognised maltreatment and shared his/her impression with the victim but the victim denies the abuse, especially if the perpetrator is a relative, or if the victim is scared of a potential revenge of the abuser. Studies in **Poland** and **Finland** show that aging parents/victims of violence often experience pity and despair, which may result from a feeling of blame (i.e. "I am responsible, because this is how they were raised) and at the same time are often psychologically dependent on the perpetrator.

Some older people do not report abuse because they fear that they will be transferred to a residential care facility. This is also often used as a form of blackmail by family carers, should the victim express any desire to report the abuse. In the context of Polish society and Polish religious conviction – for example - there is a common belief that only unloved parents end up in residential care facilities. An Austrian manager reported that some victims prefer to stay

in the family and be in danger of further abuse than living somewhere else a fact which is also underlined by German literature. (Görgen, Newig, Nägele & Herbert, 2005, p. 109).

> *"Or, the most traumatic experience was … a woman in a wheelchair … that was really extreme … she was abused in all different kinds of ways … also sexual abuse … and I wanted to help this woman but she said that a nursing home is even worse than being abused and she forbade me to react." [Manager, Austria]*

Another reason why some older people chose to keep silent is that some might even consider the abuse as normal for their age and are not aware that they are being victimized by emotional, verbal or financial abuse. A Polish author wrote that "older mothers do not know what violence is. They wonder if spitting into someone's plate would qualify as such" (Gietka, 2007).

> "*It is very difficult to explain to a victim that they do not have to be completely subject to the will of their children - the perpetrators of violence - and they also have rights. Educating the older person is even a greater challenge than identifying and separating the assailant from the victim.*" *[Manager, Poland]*

Further obstacles to recognition with respect to reports by the victim is the poor mental condition of the victim, or if the old person suffers from loss of memory or has symptoms of dementia. In this case it may be especially difficult to communicate with him or her. On the one hand, expertise is needed to establish access to the older person, on the other hand information about the violent incident may not be valid. It is also possible that the caregiver is demented and not aware of her/his violent actions.

Social and cultural awareness of abuse

A significant factor for recognizing awareness is the individuals' subjective awareness for abusive situations. This of course depends on the cultural connotation of certain actions as well as the social awareness about abuse. It effects the victims, the perpetrators and the professional carers' perceptions of what is an abusive situation and what is not one.

In in-depth interviews carried out in **Poland**, respondents cited the problem of very poor social awareness. Despite a number of media campaigns, with a clear message, individuals reading the posters and billboards would often interpret them in a completely different manner than was intended to be the message. The "Because the soup was too salty"[3] campaign, where an abused women was shown, was for example interpreted as a commercial for salt by two persons discussing the billboard.

Studies illustrate health and social service professionals also show a lack of awareness about abuse against older women. Often their own awareness is restricted by their qualification on the one hand and on the other hand they would like to avoid situations of conflict with family care givers. There is the tendency to overlook abuse or to purposely ignore it. (Ahlf, 2003). Intra-family violence is in many cultures considered a private family affair and health and social professionals understand their role as a guest in the household of the person in need of care and thus can be reluctant to identify and later to report violence (Krenn & Papouschek, 2003, p. 17).

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[3] A social campaign designed to prevent domestic violence directed against women. The billboard showed, among others, a woman with a black-eye and the running title "Because the soup was too salty" meant to imply the reason why she was hit by her spouse

Avoiding conflict

The Austrian report shows, that hands-on workers try to avoid conflicts with family carers as much as they can. They are of the opinion that interfering in the family dynamics will lead to potential conflicts with the caregiver, but also with the care receiver. In most cases if they observe a conflict between family members they attempt to stay neutral and do not take part in the argument. Some home helpers reported that they were blamed for causing troubles by the clients or their relatives, which can also lead to the home help being replaced by the colleague. So some hands-on workers try not to lose their clients because this also has effects on their income. These fears can lead to the fact that abusive situations are not perceived, or if identified than not reported in a next step.

Lack of training/experience

As mentioned above knowledge, experience and training can be conducive to identifying abuse. Conversely, the lack of experience and training is often a barrier to recognition. Sometimes this is due to the fact that health and social professionals are just at the beginning of their careers and have not received adequate training. Sometimes, hands-on workers do not suspect that such problems could apply to their patients, or they assign the symptoms of abuse to other causes. In some cases, sexual abuse might not be taken into account with reference to older people due to traditional prejudices. Here the lack of training and experience links in to the social and cultural background to affect the awareness and perception of staff members. Often service providers tend to identify only those forms of violence which they have already experienced.

Working conditions (Lack of time)

In some cases, staff reported that the framework conditions of their work posed as barriers for recognizing abuse against older women. In many cases the time spent with a patient as well as the tasks to carry out in this time are very clearly regulated (e.g. washing, …) This can prevent spending the time and energy needed to recognize abuse and to expose, confirm and resolve a problem in connection with abuse.

Because of this, health and social care workers in Poland often keep their observations and suspicions of elder abuse to themselves (Twardowska-Rajewska, Rajewska-de Mezer, 2005).

This lack of time was also reported in Italy:

> "I*n theory many symptoms may occur. Theoretically all of them can be discussed with reference to an abusive situation. The biggest problem is the lack of time. We would need more time to understand and to „investigate the real situation. I am convinced that making a comparison with other colleagues experiences is absolutely useful. Especially when we meet and discuss about the single cases.*" *[Hands on worker, Italy]*

In Austria it became clear that the combination of a variety of demands on staff members and lack of resources is a challenge health and social service professionals have to face daily. The contradiction between providing good care and time management is one of the existing conflicts health and social professionals have to face (Krenn & Papouschek, 2003). They recognize for example that both caregiver and care receiver would need help and support, but because of their set tasks, they can only take care of the care receiver. They feel responsible for the person in need of care; and want to support him or her as well as possible. These aspects can induce feelings of inner conflict and can lead to the lack of recognition and reporting of abuse.

Understanding for carers situation

The **Austrian** report also mentions that home helpers understand that the care situation generates a lot of psychological stress and burden for the care giver and causes them to act in a violent and abusive way. Some of the home helpers understand this influence and nearly excuse the care givers:

> *"Well, it is understandable somehow ... If you cannot sleep through the night for four or five years … There are too few possibilities (beds in older homes), especially when relatives want to go on holiday." [Hands on worker, Austria]*

This can also lead to not reporting a situation like this. In this context, the German expert mentioned how important it is to differentiate according to the type of case and to be able to see whether help and support should be offered to the perpetrators or if a criminal offence is at hand and needs to be prosecuted.

> "*There are lots of cases where care-givers suffer from stress and burn out and it is therefore equally important to help the perpetrators as well as the victims in these cases. But there are also some very severe cases of elder abuse and neglect where help for the perpetrator is not the main issue and could even be the wrong way forward.*" [Expertmeeting, expert, Barbara Nägele, Germany]

> *"Also over identification with the care giver can be a barrier to recognition and is sometimes used as an excuse for not acting" (Expert, Bridget Penhale, UK)*

Summary

It becomes clear that recognizing abuse is a prerequisite for further steps that can be taken. Staff members usually identify abuse by a combination of observation, reports by victims themselves and reports by other individuals, e.g. other professionals or family members or friends. Also, some tools including indicators and steps for recognition are in place.

Barriers to recognition are:

- Lack of or insufficient reporting by victim
- Strong control by perpetrator (e.g. denying access)
- Lack of awareness due to social and cultural aspects as well as lack of training and experience
- Avoiding conflicts
- Lack of time and other working conditions

Further measures that need to be taken to improve recognition are:

- Raising public awareness
- Improving working conditions
- Training in conflict management

5.4 Strategies to react and cope with abuse against older women within the family

As it was clear in the previous section, recognizing and identifying abuse is the first step to deal with such a situation and is a prerequisite for further action. While at the beginning, usually an individual staff member is confronted with such a situation, it very quickly becomes an issue, which is dealt with within an organisation. Then sometimes immediately and sometimes in a later stage, other professionals and organisations become involved. This chapter highlights individual and organisational strategies, the need for integrated action as well as formal procedures, how to react to an abusive situation as well as barriers to taking action. When talking about coping strategies it is important to take into account that also volunteers work in this field who may be confronted with violence within the family as well.

Individual coping and professional competence

Mentioned in the previous section, recognizing and dealing with abuse has a strong individual and subjective component. This means that usually one staff member needs to deal with a situation before the issue becomes a collective effort, undertaken by the organisation. Thus, the individual staff member's ability to cope with a situation is crucial at the beginning of the process.

In this connection**,** hands on workers in **Finland** felt that their professional competence and experience helped them to cope with their own feelings. When they faced the suspicion of abuse, they felt that they had expertise about how to handle and proceed, were able to deal with their negative feelings and act professionally.

> *"You need to do something, I try to do something. I want to help those people in that situation. I do not try to seek out who is guilty, since I do not know all the background information. I just try to find out what has happened. I do not feel anxiety or fear or anger…. my own professional competence is that I always try to help." [Hands on worker, Finland]*

Polish hands on workers reported that one of the most important prerequisites for dealing with difficult situations is the professional's attitude and internal conviction about the correctness and sense of their efforts in changing the situation of an older victim of abuse.

> *"It is most important to believe that something can be done, that a situation can be changed." [Hands on worker, Poland]*

The **Austrian** hands on workers stated that younger colleagues have much more problems and fears with respect to handling abuse and violence. It seems that a certain routine is necessary to handle situations without risking personal burden and strain. A possibility to support inexperienced professionals was mentioned in **Poland,** where younger workers with less professional experience receive help from their more experienced colleagues and make home visits in pairs if a difficult situation arises.

Reporting to colleagues, within the team and to managers

The importance of peer support and discussions in teams or with team leaders was stressed by hands on workers in all countries. Support and advice by the organisation and discussion within the team was seen to be very important by all staff. In **Austria**, hands on workers are encouraged to call their line manager as well as psychologists any time in case of emergency. Moreover especially non-directive counselling as a coping strategy was very often named, however the frequency and use differs. A further possibility mentioned by the managers is the specialisation of staff members in different subjects and if necessary, calling further hands-on workers in to increase the presence of the staff.

Usually reporting to colleagues, within the team or to the line manager is the second step in a line of action after individual recognition of an abusive situation through social and health care staff. After that different actions are taken, depending on the type of situation. This may also involve bringing others members staff and/or organisations (see section on action chains below).

Contacting and supporting family care givers and older victims

Depending on the type and severity of the abuse at hand, one main strategy is to contact the family care givers that carry out the abuse as well as the victims of abuse. This can be done by the staff member who identified the abuse themselves, another representative of the organisation or by a social worker, from within or outside the organisation. The aim of the contact is to try to find solutions together with the family member and also to try to support him or her to stop abusing his or her older relative. Also, support for the victim is given.

In **Poland** social workers react immediately in situations in which abuse is suspected: they visit the older person's home, they speak with the older person, they conduct family interviews, and finally they attempt to encourage changes using a variety of possibilities. The social worker may develop a plan of action most appropriate to a particular situation. For example, in cases where the family is not able to care for the older person properly, care or specialist services may be suggested.

In some cases the hands-on workers themselves encourage behaviour changes that can also help.

> *"When talking to her, I asked if there was anyway I could help, to possibly speak with her husband (…) As the woman did not exhibit any self-esteem, I focused my efforts on her. She began to take care of herself, to leave the house, and make better use of her time, instead of just spending it with neighbors, which did not much differ from her own home environment. I referred her to institutional day care, in addition to continuing her addiction therapy." [Hands on worker, Poland]*

In **Finland** it is also the social worker of the home-help service that is usually contacted. Social workers on the one hand are seen to have the necessary professional expertise for this type of situation. Also, it is seen as helpful to have an "outsider" deal with situations like this and not the home help themselves, so that the ongoing home-help relationship is not strained too much.

An important issue in this connection is the fact that community health and social service staff are subject to professional confidentiality. It is also seen to be very important, to secure a trustful relationship with the older client and the family members. Thus in many cases staff ask the clients permission to talk to the relatives who take care of the client. If an older client does not want to speak up, not much can be done.

In **Austria** most of the interviewed hands-on workers stated that they try to establish contact with the assumed perpetrator, to figure out if their suspicion with respect to abuse is correct. Staff members report that talking with the family care giver about their problems can improve how the older patient is treated and improve the total situation within the family. In Vienna, problems that cannot be solved within the organisation are reported to the information centre

of the Fonds Soziales Wien4. Social workers there investigate the reported cases, visit the care giver and the older client, try to figure out where the problems are and support the family if there is the need and will for change.

> *"A piece of information reached us through the transport service that a the man she was living with – the old woman was 80 … had given her little smacks several times. We activated the social worker". [Manager, Austria]*

In **Belgium**, in the province of East Flanders, the local supporting point for elder abuse has funding for two case managers (1.5 full-time equivalent) who are able to intervene in specific cases and give advice to other professionals. The plan for the case managers (Steunpunt Ouderenmisbehandeling Oost- Vlaanderen, 2004) also includes house calls to explore the situation by talking to the victim and to the family members as a basis for developing an action plan in collaboration with the victim.

Reporting to and cooperation with other organisations

Strategies aimed at stopping or preventing violence require the participation of numerous organisations. The Blue Card procedures, mentioned in the **Polish** report involves cooperation of different institutions, including representatives from the police, social welfare centres, crisis intervention centres, information centres for victims of domestic violence and so forth.

In the event of Blue Card interventions, social workers make home visits in the company of a neighbourhood police officer. Most institutions (i.e., governmental and nongovernmental) have the possibility to cooperate with a psychologist (both for the staff member as well as the individual under care), request supervision, or consult a lawyer:

> *"At the Center, we receive continuous training for dealing with victims of violence and we have access to a psychologist-consultant, with whom I can discuss a particular case or, when I feel I will not be able to handle a case, make the intervention together. At times, the psychologist may take over a case." [Hands on worker, Poland]*

In 1995 the **Polish** Nationwide Emergency Service for Victims of Domestic Violence was established. One of the tasks of this organization is the operation and development of the "Blue Line" which is a nationwide network of people, organizations and institutions supporting victims of domestic violence. Also a magazine "Blue Line" is published, which is devoted to the problem of violence in the family. Education campaigns, special courses on domestic violence and grants for organizations working to combat violence have been in place since 1992.

Other organizations in other countries that can be contacted are:

- A voluntary organization called the Federation of Shelters for the **Finnish** Elderly was founded in 1989. The aims of this organization are to inform the general public and political decision makers about abuse against older people, to follow up international and national studies and intervention programs and to set up support groups for

[4] Fonds Soziales Wien (FSW) is the municipal centre of Vienna which is responsible for the coordination of health and social services and provides support within information centres which serve as an interface.

abused older people. The organization also provides telephone information services for the elderly (Kivelä, 1995, p.41).

- In **Austria** there are Domestic Abuse Intervention Centres in each of the nine provinces in order to support victims of domestic violence and to coordinate interventions. Most of there clients are women who are victims of domestic violence. They do not cater to older people specifically.
- **Italy** has so-called Anti-Violence Centres (CAV) which provide shelters for women who are victims of violence within the family, however there are no age-specific provisions.
- The **French** report describes telephone helpline called "Alma" (Allô maltraitances des personages âgées) which offers information and collects data on cases of maltreatment of older people. It is a non-profit organization, which is spread throughout France. Alma is the leading institution in this field. Other services are "Solidarité Vieillese, which is a regional service operating in the region of île-de-France but also provides training for professionals dealing with maltreatment and organizes information days to inform the public. The association "Les petit frères des Pauvres" offers a phone service for pensioners aged 50 plus and cooperates closely with Alma.
- The Flemish Focal Reporting Point on elder abuse in **Belgium** coordinates provincial support points. The goals are to register reported cases, to support the victims and others concerned, to make efforts to illustrate the extent and types of the problem, and to inform the public about the issue. The agency that deals with reports of older abuse in Wallonia is the Walloon Reporting Point.
- In **Portugal** there is an Elderly Citizen Helpline under the responsibility of the Ombudsman, which is a national helpline aiming at informing the elderly about their rights and benefits in different areas. There is also a National Help Line specific for Domestic Violence, run by the Commission for Citizenship and Gender Equality, which gives advice and support to people experiencing domestic violence, including older people.

While there are some types of organizations in all countries that victims of violence can turn to and that will also give advice to professionals, some are more generally for domestic violence and do not offer age specific services. Others cater for older people, but concern general types of advice for them rather than specifically for elder abuse. Few organizations exist that offer specific advice for older people who are victims of abuse.

This situation is also reflected in the two following statements:

> "*Existing services and regulations concerning violence are often not tailored for the specific needs of older women. So it is necessary to take into account what special needs they have and I think it is also important to have a look at the individual situation. Not all cases of domestic violence are the same and there is not one solution.*" [Expert meeting, expert, Barbara Michalek, Austria]

> *Shelters for women who experienced violence are generally oriented towards younger women. There is also a need to provide shelters for older women. Of course, shelters are not the only resource we need. It is also important to draw attention to the problem in general. [Expert meeting, expert, Ruth Brand, Germany]*

5.4.1 Chains of action – formal and informal

In the above sections, some of the main individual strategies were dealing with abuse were highlighted. It has become clear repeatedly within this report that dealing with abusive situations is a highly complex issue, involving many different aspects. Thus reacting to an abusive situation is not a one-off action, but much more a chain of several actions that need to be taken to constitute a whole procedure. Depending on the severity and type of issue such a procedure can take hours, days, weeks, months or even years.

Staff and management in all countries covered by that project reported procedures that they follow on an informal level. However this can vary from case to case. Quite a usual procedure is:

1. Staff member identifies abuse
2. The organisation (line-manager or team) is notified
3. Contact is taken up with the victim and/or family carer
4. Appropriate measures are taken according to the type of situation involving specialized organisations, professionals, institutions

The following two cases from Austria and Finland illustrate the chain of actions that may be taken in cases of abuse:

Case 1 - Austria

There was a severe case of sexual abuse: The son had been in prison and had been released from it. His friends from prison visited him regularly. The staff became aware of it when his old mother told her home helper 'I am totally afraid'. She did not tell anyone else about her problem. The home helper asked her: "Are they doing harm to you?". The old women answered:" Yes, they are coming in the night". The line-manager was informed and actions were taken immediately. Police, doctors and social workers were informed.

The police imposed an injunction so that the son could not enter the apartment and a hearing took place also in the presence of the home-help. The old woman was sent to the hospital, however one week later, no evidence for sexual abuse could be found. Then she was sent into a nursing home where she lives to this day. She does not need medication any more, but can be described as traumatized. Also a custodianship was established. At the same time non-directive counselling and team meetings were used to discuss the case and to relieve the staffs' burden

Case 2- Finland

A daughter with intellectual disabilities physically abused her mother. The mother was hard of hearing and also had poor physical mobility. The home-help worker noticed that the mother had bruises. She had also noticed that the daughter got irritated whenever the mother did not hear. The home-help worker asked directly whether the bruises were a result of physical abuse. Both the mother and daughter denied this. After the daughter had been asked three times, she admitted having abused the mother (and also having misused her money).

Actions were taken immediately: A home visit with a social worker was organized. The mother was taken to the health centre. There is a defined procedure in the organization how to act in such situations: The health centre is notified. Home visits together with a social worker are made. The matter is reported to the police and dealt with in co-operation with the social worker of the police. A joint meeting of social workers and carers to find a solution was carried out as well as a police investigation.

The situation was stressful also for the home help, particularly when the mother and daughter denied the problem. They also refused to admit that the daughter had an alcohol problem and a mild intellectual disability. The daughter was admitted to a psychiatric ward for two weeks. The mother visited her every day and wanted to have her home. A separate apartment was provided for the daughter in the same house. The authorities responsible for care for people with intellectual disabilities were contacted. The home-help service staff still follows up the situation regularly.

From the interviews undertaken there were differing indications whether organisations had set formal procedures about how to act in the case of abuse against older people.

Most home helpers in **Finland** said that they do not have any defined procedures on how to handle elderly abuse. They consider how to react, case by case. The only exception that was mentioned was physical abuse. The rule is to contact the physician and with more severe incidents, the matter is reported to the police and a police investigation is initiated. If a client is in immediate physical danger, action must be taken immediately. Some staff members in Finland did mention that the organization has a specified procedure that is followed when home help staff are subjected to violence. Regarding abuse of patients following statement was made:

"We do not have any framework or guidelines, but we do intervene in such cases. The means to handle it is to bring the matter up in the team-meetings. Some workers do intervene easier than others, however principal rule is to intervene somehow"[Hands-on worker, Finland]

The managers that were interviewed in **Finland** also stated that organisations have a specified procedure that is followed when the professional carer is subjected to violence, and also if severe incidents happen. Otherwise they act on a case-by-case basis. One rule is; that actions must be taken immediately. Contacts of all relevant actors such as the elderly-care social worker should be made and home visits with a social worker must be initiated as well as contacts to the intermittent care unit and health centre made. Finally, reports to the police were mentioned as well.

The **Polish** hands on workers stated that social workers and police have an algorithm ("action chain") to follow in cases where there is suspicion of domestic violence but social/home and health care workers do not. Since the "Blue Card" procedure does not apply to staff of community social and health services yet, they complain that they lack standardized procedures to follow and at present cases of violence are simply referred to their superiors. Also, staff report that there is often an unsatisfactory exchange of information between healthcare workers and workers from other institutions

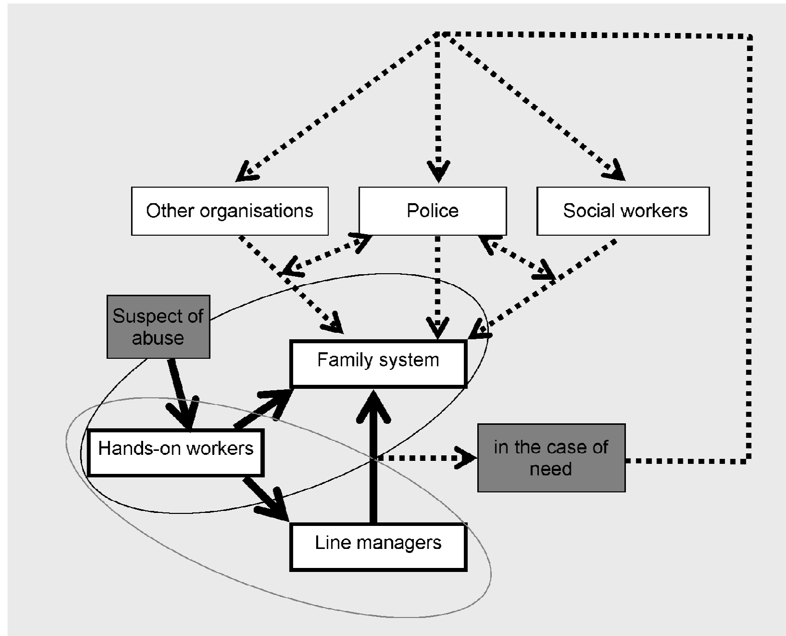
"Unfortunately, clear regulations are lacking and procedures as to how one should proceed in cases of violence directed against older people. Personnel usually react by referring the matter to their superiors.". [Hands on worker, Poland]

It is therefore suggested to expand the "Blue Card" procedure to include health and home care workers or develop different procedures for them to follow in cases of suspected abuse within the family.

In **Austria** all of the interview respondents said that the amount of preparation concerning how to deal with abuse in their organisations is limited. Each case involves specific circumstances, and so standardized procedures can only exist in communication flows and action chains (e.g. which institution should be contacted and informed). In general some respondents reported quite clear structures for line managers about how to act and whom to contact if domestic violence is suspected. Others reported not having formalized rules, but nevertheless knowing informally what to do in case of abuse.

Here the general procedure seems to be: The home help nursing assistant or nurse recognizes abuse. She reports it to both the team members and the line manager. The line manager makes up contact with the family or notifies internal social workers or other adequate organizations like police, external social workers or other organisations. The contacted persons become active and carry out appropriate measures.

Figure 8: Action Chain [Austrian report}]



In **Italy** the organisational coping strategies are different according to the type of service. Anti-Violence Centres (CAV) which address violence against women usually proceed as follows: assessment of the seriousness of the problem, legal consultancy, psychological support, possible admittance to a women's shelter. When the situation becomes intolerable then the CAV provides a place at a women's shelter with a secret address. These are procedures that usually apply to younger women. In cases where the women are older, this is also followed.

An example cited in the Italian report for a chain of action is the intervention cycle, which differentiates between prevention strategies, immediate action to take and long term support (Caretta, 200”):

LEVEL I: Prevention strategies
• Education initiatives to sensitize public opinion • Training programmes • Magazine/newspaper articles, advertisements • Hotlines, making aware of such possibilities • Self-defence training • Legal measures • Direct assistance to families
LEVEL II: Immediate effects of maltreatment – Identification and treatment strategies
• Reporting the maltreatment to the authorities • Providing appropriate documentation • Penalty measures for the perpetrator
LEVEL III: Strategies to implement after the abuse
• Physiotherapy, occupational therapy • Provision of requested aids • Assistance in daily activities • Socialisation activities: daily programmes • Counselling and psychotherapy • Individual counselling (victim and perpetrator) • Family counselling • Evaluating the admission in an old people’s home (a retirement home)

In **Belgium** the Flemish Reporting Point for Elder Abuse developed a tool that is called "Guidelines for dealing with elder abuse" based on work by Van den Bossche (2005),. This tool is available as a small guide in book form and is used during training sessions for primary carers. The booklet mentions several steps in dealing with abuse

STEP 1:	**Recognising signals of abuse**
STEP 2:	**Focusing on the signs:** To have doubts about the signs is a healthy process. Guidelines in dealing with these doubts and responding cautiously on these signals: • trusting ones own intuition • observing closely and registering each incident • examining one's own conscience • objectifying suspicions by consulting colleagues or other persons
STEP *3:*	**Checking suspicions with victim and perpetrator, within the boundaries of what is possible in the specific situation**
STEP 4*:*	**Talking about the suspicions in your own organisation**: Sharing the burden can be a relief
STEP 5*:*	**Asking the victim and perpetrator** if help is required
STEP 6*:*	**Reporting:** The organisation that knows of a situation of elder abuse, should report this to the Flemish Reporting Point and to ask for expertise and support
STEP 7:	**Developing a strategy:** Organisations who are often confronted with elder abuse should develop their own, specific strategy in preventing and dealing with elder abuse. In this context, they can ask the Flemish Reporting Point for help with the development and implementation of this strategy.
STEP 8*:*	**Drawing up an action plan**: when an organisation decides to take on a coordinating role, an action plan has to be developed. This plan contains agreements such as who is doing what, who will be contact person for the victim and who will be the case manager

A Belgian example shows us the use of case management in dealing with abuse against older people: In the province of East Flanders the model of 'strengths based case management' (Kriauciaunas & Franssen, 2006) was implemented to deal with abuse against older people. With this strengths based model, case managers aim to support the victims in their search to gain more control over their lives, by using the strengths and possibilities of the clients themselves. The core business of the use of case management in dealing with this specific group is to motivate them to use social assistance and/or to receive the right assistance. Starting points are the needs and possibilities as formulated by the victims, from which case manager and victim together search for achievable solutions to deal with the problematic situation. There are situations in which a lot of support services may be already present, but where no-one acts as representative of the older person, which makes it necessary for the case manager to act as coordinator of the situation and as an advocate for the older person.

The case managers of this supporting point also follow a plan with different steps in dealing with abuse (Steunpunt Ouderenmisbehandeling Oost-Vlaanderen, 2004):

STEP 1:	**Receiving the details concerning the case**, ideally via the Flemish Reporting Point which uses a standardized reporting form
STEP 2:	**Contacting,** if possible and allowed, the victim in order to obtain his or her consent to intervene.
STEP *3:*	**Home visit:** intake with victim. Introduction, exploring the whole situation and context.
STEP 4*:*	**Developing an action plan**, in collaboration with the victim and if possible, in collaboration with social services who are already working in the situation.
STEP 5*:*	**Organising a meeting** with social services and victim
STEP 6*:*	**Informing** the victim (if not present in step 5) about the meeting. Adjusting the action plan when required.
STEP 7:	**Evaluating** after 6 weeks.
STEP 8*:*	**End evaluation** after 3 months. If all objectives are realised, the file is closed, if not, the file is adjusted.
STEP 9	**Returning all official documents** and if required, making new appointments for the future in case things go wrong again

All reports make clear that there is a basic procedure that can be followed in case abuse against older women is recognized. However, the procedure can vary substantially across individual cases. Also, while there are some examples already for set procedures to follow for staff members, this is still missing in many cases. Also, there are a variety of barriers that are encountered when dealing with cases of abuse against older women.

5.4.2 Barriers for action

Generally, it should not be forgotten that abusive situations are a big emotional burden for all people involved. Staff members and professionals with all types of training, background and experience can be confronted with **feelings of fright, fear and powerlessness**. These strong and disturbing feelings can in some cases pose barriers for adequate action. As it was already mentioned the lack of adequate training and education is a strong barrier for action. Another example which some hands-on workers in **Austria** reported is that at times they are personally involved in a situation to such an extent that they "can't just do their job". Feelings of sorrow and thinking about cases are constant and are also sometimes taken home after work. For hands-on workers it is important to want to protect their clients and avoid abuse:

> *"I think 'Horrible, I do not want to go there anymore' ...... or: 'How could this problem be solved?' And I take the problems home with me". [Hands on worker, Austria]*

The **Finish** hands-on workers reported that there were also some problems in **organizational coping**. Sometimes, even if the case is discussed with colleagues, they did not have any solutions or resources available.

> *"The problem is that we do not have a common language or comprehension of the situation between the providers of health and social services for older people or even with in the team. Another problem is that it is very difficult to reach social workers when needed. I feel that the situation is impaired. Some time ago we had good co-operation also for example with social workers of substance abusers. Nowadays they are always occupied. It is impossible to reach social workers by phone. Furthermore there is no clear procedure whom to contact." [Hands on worker, Finland]*

Other organizations:

> *"There are no clear regulations or procedures which should be followed in cases of violence directed against older people". [Hands on worker, Poland]*

It then makes sense to recruit healthcare workers into resolving the problem of violence (Twardowska-Rajewska, Rajewska-de Mezer, 2005) and expand the "Blue Card" system to include healthcare workers or develop different procedures for them to follow in cases suspect for abuse of older people.

Another problem reported by healthcare workers is the sometimes less than enthusiastic response by the Police.

> *"In cases of physical assault, the matter is reported to the Police. In cases of psychological abuse, verbal assault, or other forms of violence not connected with bodily harm, there is unfortunately no legal basis for reporting such matters to the Police. Or, in the absence of any evidence that such a situation ever took place, the Police may not even accept such reports". [Manager, Poland]*

Another barrier mentioned by managers in the **Polish** report is that **NGOs are at a disadvantage for directly intervening** in situations of suspected violence. However, in such cases, they may refer the matter to a more appropriate agency, such as the Police or Center for Social Services.

> *"The possibilities for acting are very limited. A caregiver may explain certain things, but they may never interfere in family situations. We have such experiences and generally the situation ends poorly, with blame falling on the caretaker. We may also professionally refer such cases to a social workers at the Municipal Center for Social Services" .[Manager, Poland]*

There are always situations where none of the coping strategies work and an older person is repeatedly abused, despite many efforts to alleviate the situation of abuse against older

women. In these cases where **no solutions are found** staff members have to bear the fact that they could not help. This can be psychologically very difficult. Also, staff might not be able to continue working in this type of situation. One home help in **Austria** stated that the burden of the situation was too much, so that she and her colleagues refused to take care of a woman who was being abused. After her line manager and the representative of the magistrate tried to talk with the violent husband of the woman, he decided to replace the health and social organisation with another one. The feeling that it was a solution for the organisation, but not for the woman who was sexually abused.

> *"And finally, we refused to provide care in this situation, and it was just given to a different organization. Although, this was certainly not a good solution for the woman". [Hands on worker, Austria]*

Summary

In all reports there are certain types of strategies that deal with abuse. In most cases an individual recognizes an abusive situation and depending on the level of severity either the case is discussed within the team, with the line manager or with a social worker, or in cases where the victim is acute physical danger it is reported to the police. Further strategies are then discussed with the victim and the abusive family member, the organisation and/or other professionals depending on the individual case.

While some organisations report set procedures and some sectors – like those involved in the Blue Card procedure in Poland – also have fixed procedures, others do not have specific regulations on how to deal with recognizing abuse and helping the older victim. Also, many hands-on workers state that they are unsure about how to behave in such situations.

Barriers to dealing with such situations can be feelings of fright, fear and powerlessness on the part of staff, lack of training of staff, inadequate reaction within the organisation as well as lack of cooperation with other agencies.

5.5 Further strategies for prevention and support for older victims of violence

While it is of course important to have strategies and procedures in place to deal with abuse against older women when it occurs, the role of strategies to prevent abuse from happening in the first place are also crucial. Most reports mention the relevance of preventive strategies and policies and make concrete suggestions with respect to these. For example the **Belgian** and **Italian** reports mention that the most adequate intervention is an early prevention of abuse.

The following suggestions for further strategies refer to prevention as well as dealing with abusive situations. In most cases both aspects go hand-in-hand. For example improved education and training of staff will help staff with preventive measures as well as with more effectively dealing with abuse against older women when it happens.

Suggestions for further support refer to suggestions on organisational level as well as those on policy level.

5.5.1 Organisational strategies

The country reports show that many health and social service organisations do not have a clear organisational strategy to deal with abuse. In this connection, it would be important for organisations to develop a clear approach to abuse of older people, including the gender aspect. The **Belgian** report states that organisations should have guidelines to distinguish the individuals in danger or at risk and those who are already suffering abuse; to offer

adequate training courses to work on different goals as well as providing an intervention cycle in which staff knows how to react from the prevention phase until the implementation phase. The importance of an intervention cycle ("chain of action") was mentioned in all reports.

The organisational strategy should include developing training and education for staff, offering a set of procedures how to react in cases of abuse, but also developing working conditions for staff in such a way that they are able to engage in preventing and dealing with abuse against older people. Apart from that, provisions should be developed to strengthen family carers and relieve the burden they experience.

More training and education for health and social care staff

All hands-on workers and managers in all countries clearly stated that more training and education about how to identify and help victims and perpetrators of abuse against older women is needed for the whole staff. The **Italian** report suggests an education package about abuse against older people for the training of primary health care and social care professionals. The interviews in Austria for example also emphasised that there is too little support, especially for young professionals. It was also mentioned that the exchange with colleagues plays an important role in order to sensitize staff concerning abusive situations and raise awareness of connected and contextual problems (link to addiction and alcohol problems etc.). Space and time for trainings were additionally suggested in the **Austrian** report for professionals working for municipalities, who were reported to be uninformed and lacking sensitivity in communicating with victims of abuse.

> *"What we need is open discussion, education and training. If there is a case of physical abuse, I would not notice it I do not know how to detect or recognize and I do not know whom to contact. I think that the social worker should be a member of home care team. I think we would need education to recognize the abuse and how to react." [Hands on worker, Finland]*

Different types of staff reported different types of educational needs. Some had general knowledge about domestic violence, but need to learn more about older people specifically, others wish for tools and hints how to deal with the emotional burden of dealing with difficult family situations

> *"We are relatively well prepared in terms of domestic violence. However, in cases of violence directed against older people, we lack certain information. Additional training would come in handy." [Hands-on worker, Poland]*

> *"For social workers could benefit from learning how to deal with stress, work, emotions, exhaustion." [Hands-on worker, Poland]*

Finnish managers mentioned that more knowledge about different cultures and the religious impact on violent situations is needed for staff. Apart from that due to the increasing number of people with dementia and other mental illnesses more information about dementia, specialist knowledge and further strategies were requested by staff in **Austria**.

Improving working conditions – time and personnel resources and support for staff

As mentioned above amongst the barriers to dealing with abuse were lack of time and lack of personnel resources on the part of staff of community health and social services. In several interviews hands on workers stated that they have to care for a large number of individuals, which makes it difficult to identify and monitor family situations. More resources for health and social care for older people was requested in all countries. The Polish hands on workers mentioned that

> *"There is no time for a human touch, entering a home environment without any real reason, just to look around and see what is happening. We visit once a month in the course of our professional obligations, but this is too little. Once a week and unannounced would begin to yield an effect."[Hands on worker, Poland]*

Especially for prevention and early recognition of abuse against older people, it is important for staff to have enough time and possibility to react in these situations. Also, staff themselves need support to deal with any burden they carry in dealing with situations of abuse against older women.

Better cooperation and exchange between organisations and specialized professionals

The **Polish** report mentions unsatisfactory exchange of information between health care workers and workers from other institutions in reacting to cases of domestic violence and therefore a need for better cooperation and information exchange. Improving the cooperation between specific public authorities and social services which offer care was also a suggestion put forward in the **Austria** report. Suggested was as well a municipality crisis team who could be responsible just for the issue of elder abuse. Multidisciplinary working groups (e.g. hands on workers, managers, social workers, police, NGO's, …) who deal on a regularly basis with the issue of domestic violence in general was suggested in **Finland.**

In the "Breaking the taboo" projects expert meeting, on 21-22 February 2008 in Vienna, Barbara Nägele, German expert, emphasized in this context that the social service professionals' perspective is often focused on care, stress and family dynamics and institutions for abused women, who have another focus are not familiar with the dynamics of care giving. Preventing violence directed against older people should therefore be multidirectional and bring together the knowledge of different fields of social intervention and not only be based on certain specialized services. It should also include those organisations providing community health and social care to older people.

The Italian expert Barbara Pezzilli also addressed this issue at the expert meeting:

> "*I work as a social worker and in any case we try to intervene at different levels. There are often additional problems, like social or economic problems and we try to consider all of the problems and find a suitable solution*". *[Expert meeting, expert, Barbara Pezzilli, Italy]*

Apart from that, at the expert meeting it was also mentioned that a lead agency in each country with a legal mandate should be established for the coordination of responses. This lead agency could act as a bridge in order to connect activities on local and national level.

Also, better support for specialised professionals is needed. Due to the fact that hands-on workers often have to deal with older people and/or care givers who have psychological problems themselves without being specially trained for this situation, all countries emphasized the need for further strategies like consultation of psychiatrists or for a

psychiatrist who is locally available and goes on home visits with a social worker. The **Finish** hands on workers suggested home visits by specialised nurses or social workers. **Austrian** managers stressed that more inclusion of general practitioners (family doctors) could enhance awareness and improve the prevention of abuse. One **Italian** respondent mentioned, which function such a professional could take on:

> *"Somebody able to manage the conflict. The violence usually stays behind a social conflict. Behind a disrupted social context. We need professionals able to activate a mediation. Able to analyze the social context. We need a lot of competences, impossible to embody in a single professional." [Manager, Italy]*

Improving support services for family carers

In order to improve prevention of abuse as well as dealing with abuse in a better way, support services should be improved and developed. Managers in **Poland** and **Austria** mentioned the need for more institutions which support the workers dealing with cases of violence as well as the victims themselves. This need is most evident in many rural settings, which may lack institutions which may provide care for older people in need or support them in living an active lifestyle. (Strümpel & Leichsenring, 2006, p. 4). One important aspect is offering information about where to seek help and where to turn to:

> *"Open discussions and information about where to seek help. The most difficult in such situations is that you do not have information. Already when I started with the client, I had the feeling that everything is not all right. However, families have very different ways to communicate and it is difficult to recognize from the way they communicate or speak to each other that something is wrong. Furthermore sometimes the clients family is not open to the clients care. Sometimes they deny home-care visits and understate the home-care, who has right to intervene family's behavior? " [Finland]*

According to the interviewed hands on workers in **Austria**, support for family carers in general and the development of further provision like visiting services, the use of day care centres or promoting other social activities would help to alleviate their burden.

> *"More visitor-services (would be fine) … a lot of them are thankful for just having someone to listen to them. A lot of them start to tell … tell what has happened … or go for a walk and thereby start chatting. (It is necessary) that just someone is there for the person … to confide in someone who does not care about the time." [Hands on worker, Austria]*

A social worker in **Austria** additionally mentioned that their support as an institution is only planned for a short period of time and they are not able to provide ongoing support for the care giver and care receiver. Long term support would therefore be needed in order to stabilize the situation and to avoid a vicious circle. This type of provision still needs to be developed.

> *"There are two sisters who batter each other quite a lot ... if you attend them a little bit, you get the chance to hinder them from coming so fast again into this violent spiral." [Hands on worker, Austria].*

General offers of help for family carers such as consulting, training and education as well as self-help groups should also be developed and improved in order to empower family carers.

> *"Lack of knowledge or misunderstandings may also induce abusive circumstances and it is therefore important to provide information to care givers and offer support to minimize these factors". [Expert, Rosemarie Kurz, Austria]*

5.5.2 Strategies on policy level

Raising public awareness

It seems that education and conveying information through the use of media might play a significant role in preventing violence against older people. This includes education at a societal level: increasing awareness of the problem, breaking taboos, and changing negative stereotypes about older people. Increasing social awareness concerning the existence of domestic violence directed against older people should go hand-in-hand with streamlining the work of healthcare and social work professionals to combat violence.

It is apparent that more awareness raising measures on the topic of violence against older people is needed in all countries in order to provide information on abuse/violence and to sensitize the public to such situations. Particularly in Italy the phenomenon of violence against older people in families is still not acknowledged at all and a lot needs to be done to make the problem known to a broader public. Awareness raising measures that were mentioned in all countries were guidelines, training, information events and brochures.

> *"I have this feeling. We are considering only the top of an iceberg. The public opinion doesn't have the adequate sensitivity to understand the importance of the phenomenon, the gravity of the phenomenon."[Legal Doctor, Italy]*

In connection with public awareness raising campaigns, it is important to make information about whom to contact in different situations available.

> *"Communities and neighborhoods must become sensitized as to who they should call when reporting cases suspect for violence." [Hands on worker, Poland].*

Also, more quantitative information about the amount and forms of violence against older people would be helpful. For example, the **Italian** report stated that more information on the phenomenon is needed in general but also statistical data to support the "rumours":

> *"First of all we don't have the access to statistical data about the consistency of the phenomenon. Some years ago I organized a workshop about this theme. I invited the subjects supposed to give information on elderly abuse. Police officials, GP, researchers…nobody was able to estimate the phenomenon." [Manager, Italy]*

In addition to raising specific awareness on violence against older people and older women in particular, general awareness raising activities to combat discrimination against older people and promoting a culture of solidarity should be in place. For example one Austrian hands-on worker mentioned that education for adult children about age-related illnesses and disadvantages would be helpful in order to generate a different understanding of age.

The **Polish** report mentions that it would also be worthwhile to improve education of older people themselves concerning the prevention of abuse. This could be done in the context of the mass media, senior clubs and associations, Third Age Universities, self-help groups, and, finally, encouraging the active participation of older people through self-help and community education programs (Twardowska-Rajewska, Rajewska-de Mezer, 2005).

Legal changes

While legal provisions exist in some countries, they are rarely tailored to the needs of older victims of abuse. A specific issue was mentioned in **Poland,** where in cases of domestic violence, the victim is rarely separated from the perpetrator. Most often the perpetrator remains at home with the family and the victim must seek shelter elsewhere. Legislative changes are seen as being necessary to protect the victim.

> *"It seems more important to have the possibility to isolate the perpetrator, move them to a special facility where they may receive therapy and psychological help. In reality, it is the victim that gets isolated". [Hands on worker, Poland]*
>
> *"Legislative changes are needed to be able to remove the perpetrator from the home and refer them for toxicology or psychiatric treatment". [Hands on worker, Poland]*

While this is an important step and this legal framework exists in some countries, for example Austria, one needs to keep in mind that in cases where the perpetrator is the person caring for the older victim, it might not be a preferred solution to bar this person from entering a mutual household.

5.5.3 Summary

All in all one can see, that there is still a great need to improve measures to prevent and deal with abuse against older people, specifically older women within the family. On the one hand, many suggestions for improving education and training for staff members that are confronted with abuse have been made. Also, improving their working conditions as well as providing support for staff from the side of the organisation is important. Including specialized professionals to support older victims of abuse and their carers, as well as improving cooperation between different organisations is crucial. Also, improved support for family carers is an important basis for the prevention of abuse. Finally, on a societal and policy level, further awareness raising activities as well as legal provisions are necessary.

6 Organisations' perspectives on domestic violence against older women

As described in the methods section, written questionnaires were sent to different types of organisations. Organisations that were included were those offering social help and care services for older people in the community, organisations providing help and support to victims of domestic violence and organisations offering training and education in these fields. Questions that were asked referred to different aspects, including the issue of abuse against older women in the organisations' work.

Country	questionnaires sent	questionnaires returned	Response rate
Finland	64	35	54 %
Poland	420	40	9,5 %
Austria	105	28	26,6 %
Italy	115	38	33 %

As one can see, the number of questionnaires sent out varies from country to country. All in all between 28 and 40 questionnaires were sent in. This corresponds to a response rate between 9, 5% to 54%.

Due to technical problems, the only Finnish data that was available for comparison to the other countries concerned social service organisations offering services for older people. Thus, the following sections describe either data over all organisations, excluding Finland or only social service organisations, including Finland.

6.1 Does violence directed against older people/older women pose a challenge to the work done by your organisation?

Over all organisations, abuse against older people in general poses a challenge for most, organisations in some way. This occurs usually, from time to time or rarely. Less then 20% of organisations in Poland and Italy report violence against older people as being a daily challenge, none in Austria reported this. Also, no organisations in Austria, 15% of organisations in Italy and app. 5% of organisations in Poland stated that violence does not pose a challenge to them at all. Concerning the type of challenge that violence against older women poses for the organisation, there is not much difference to older people in general in Poland and Italy. In Austria violence against older women poses a challenge from time-to-time to a larger extent than violence against older people in general.

Figure 9: Does violence directed against older people pose a challenge to the work done by your organisation

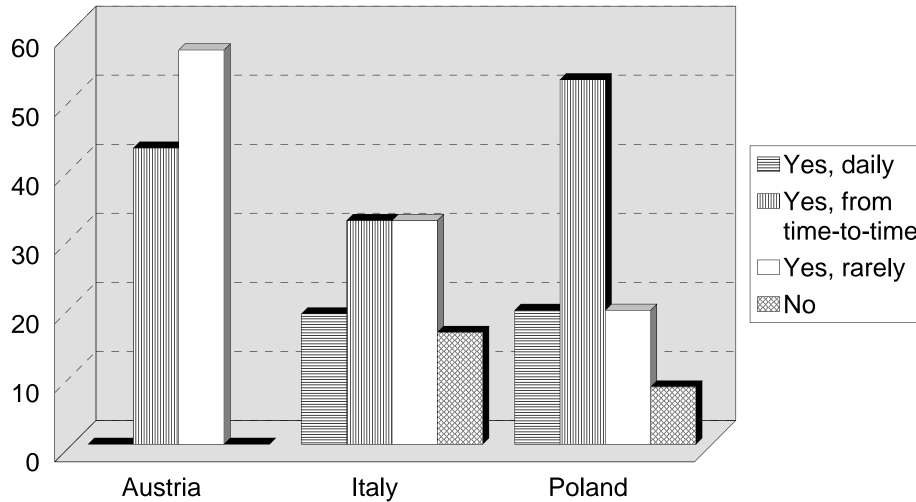
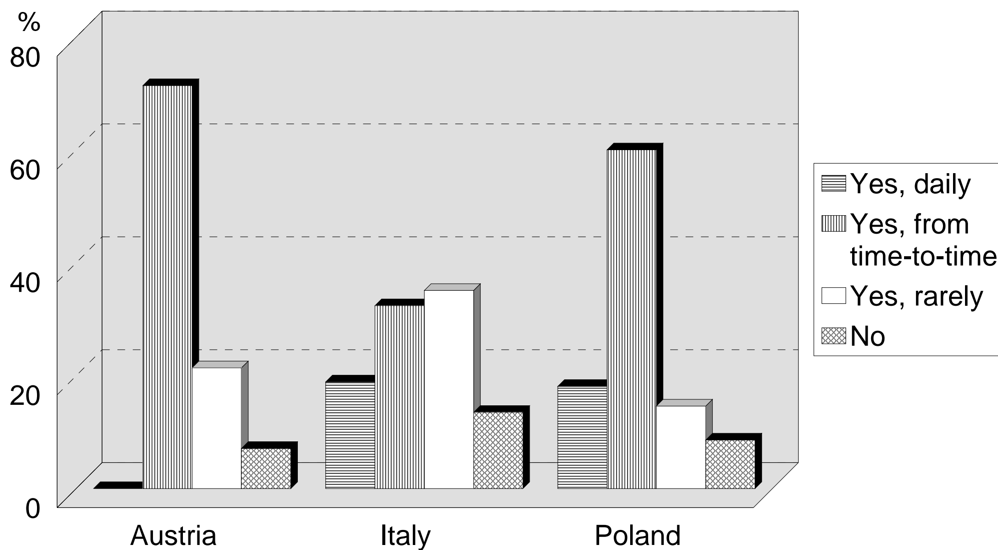


Figure 10: Does violence directed against older women pose a challenge to the work done by your organisation?



When looking at social care organisations, also most organisations mention that abuse against older people poses a challenge for them from time to time or rarely. No organisations in Austria and Finland say that it does not pose a challenge for them at all. While, like over all organisations, abuse against older women is encountered to a similar extent as abuse against older people in general, in social service organisations, 10 and 15% of organisations in Finland and Austria mention that abuse against older women specifically does not pose a challenge to them.

Figure 11: Does violence directed against older people pose a challenge to the work done by your organisation? (social care organisations)

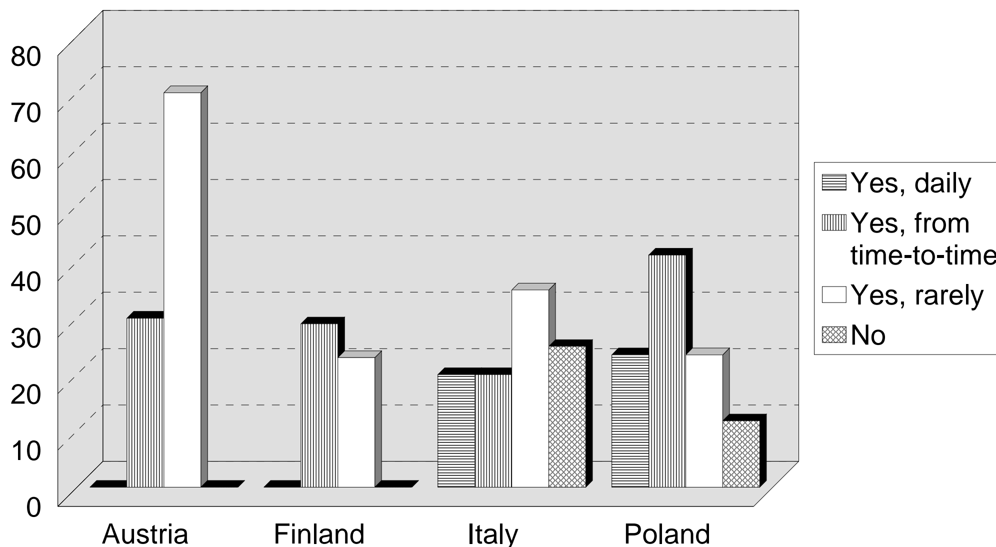
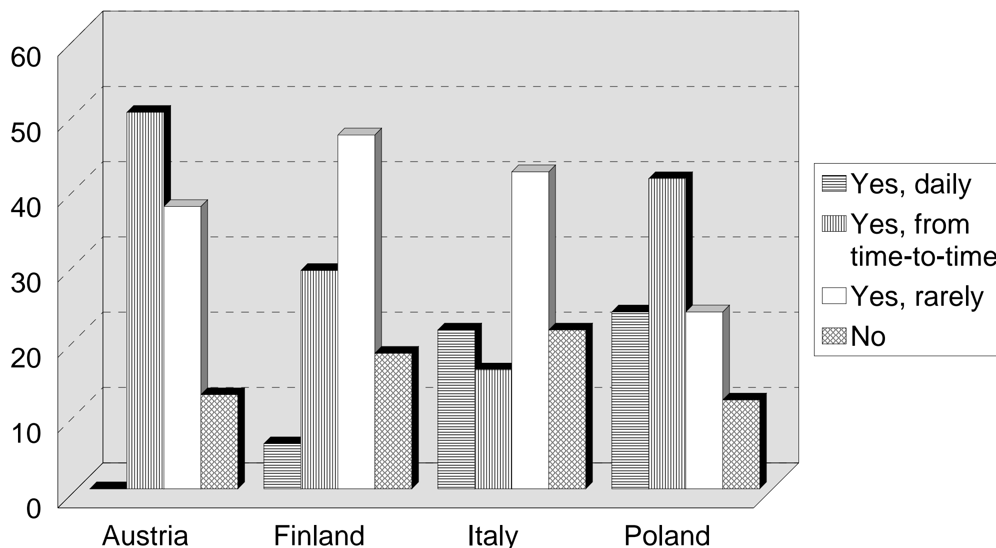


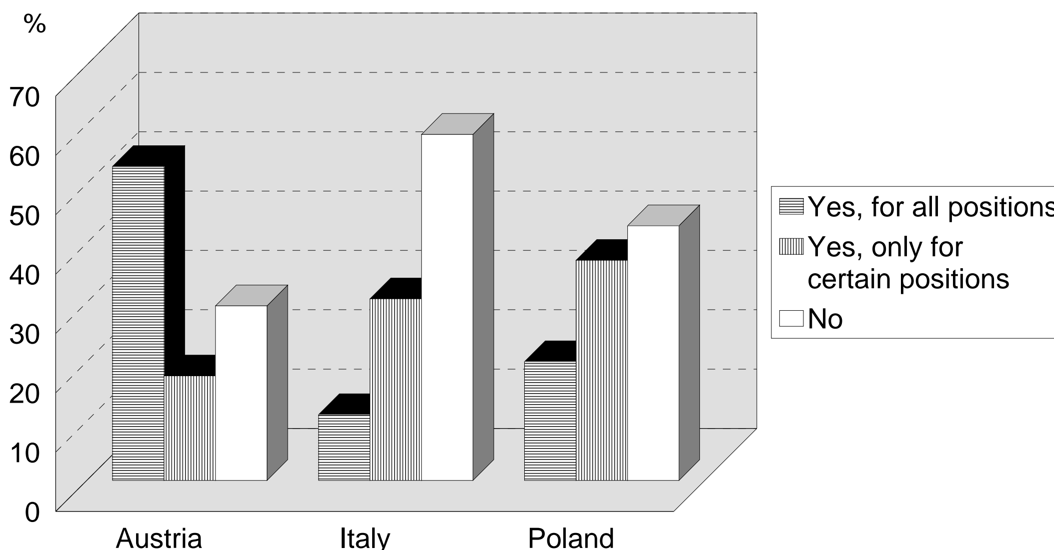
Figure 12: Does violence directed against older women pose a challenge to the work done by your organisation ? (social care organisations)



6.2 Is being trained for how to deal with abusive situations a requirement for gaining employment in your organisation?

25% of all organisations in Austria, over 50% in Italy and 40% of all organisations in Poland stated that being trained to deal with abuse is not a prerequisite for employment in their organisation. Between 28% (Italy) and 50% (Austria) of all organisations reported that this type of training is expected for certain positions. Less than 10% of organisations in Italy stated that training is a prerequisite for all positions. This was the case for 18% of organisations in Poland and 50% of organisations participating in the survey in Austria.

Figure 13: Is being trained for how to deal with abusive situations against older people a requirement for gaining employment in your organisation?



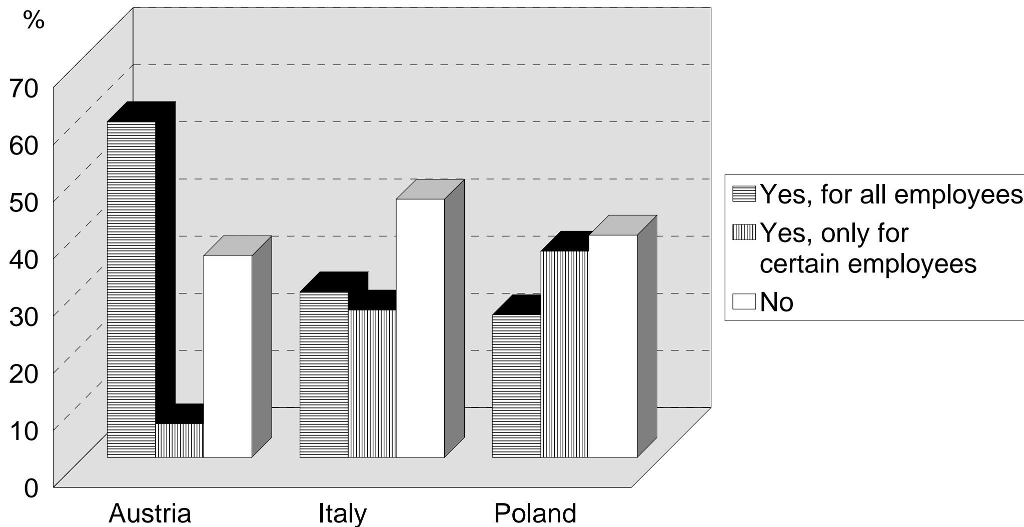
6.3 Does your organisation provide internal training for employees on how to deal with abusive situations?

Identifying and effectively intervening in situations of domestic violence is difficult without prior preparation as was mentioned repeatedly in previous sections of this report.

Over all countries 40 to 50% of surveyed organisations do not provide internal training on how to deal with abuse against older people. In Austria over 50% do provide some training for all employees.

In **Finland** most organisations (59 %) do not provide internal training and/or education programmes for employees on how to deal with abusive situations. 18 % have programmes for all employees and 24 % for certain groups of employees. For example how to deal with abusive situations is a theme in a special education programme and in programmes for nurses specializing in psychiatric care.

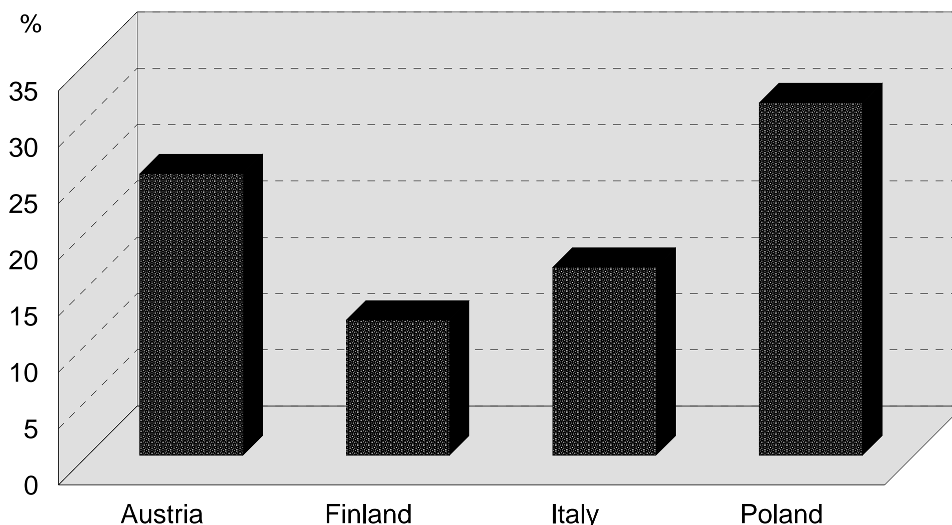
Figure 14: Does your organisation provide internal training and/or education programmes to teach employees how to deal with abusive situation against older people?



6.4 Has your organisation developed a policy for promoting the prevention of abuse against older people?

Most organisations in the area of social services for older people do not have a policy for promoting the prevention of abuse against older people. Between 18% (Finland) and over 25% (Poland) of the surveyed social service organisations mentioned any policy in this area. Looking at all organisations, those dealing with violence have a policy in place dealing with violence in general, but not specifically against older people. 63 percent of **all** participating organisations in **Poland** had a clear set of procedures to counteract violence, but not violence against older women in particular. The **Italian** report stated that the majority of **all** organisations (68%) do not have a policy in place for preventing violence.

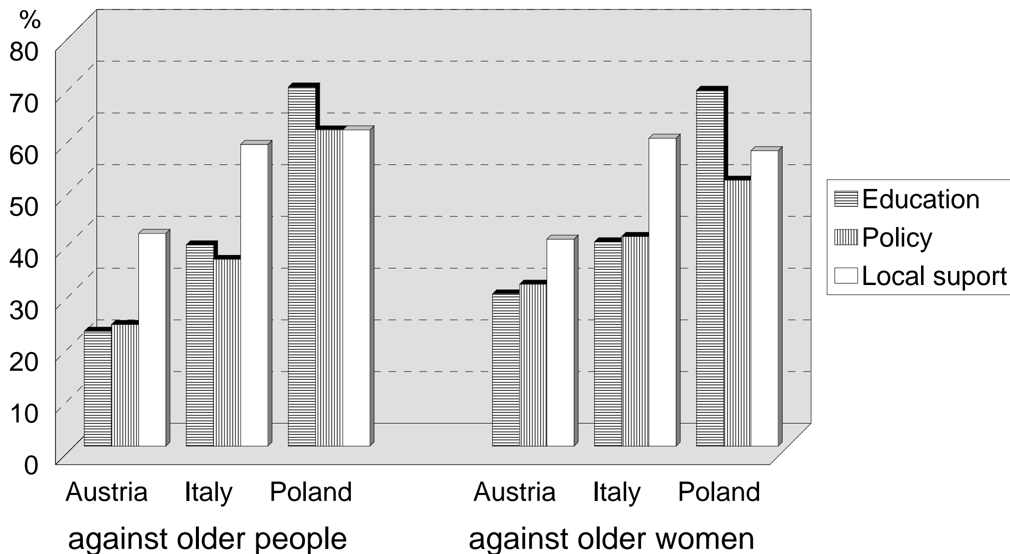
Figure 15: Has your organisation developed a policy for promoting the prevention of violence/abuse of older people? (only social care organisations)



6.5 Do you feel that your organisation is adequately prepared to deal with situations of abuse against older women?

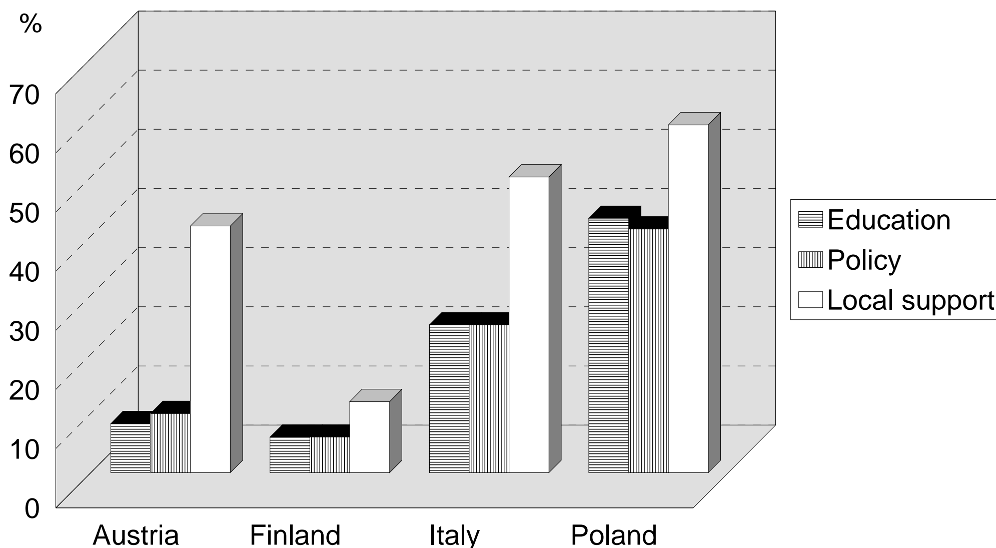
Over all organisations, organisations in Poland feel prepared to deal with situations of abuse against older people and older women specifically to a larger extent then organisations in Austria and Italy. Generally organisations feel better prepared to deal with these situations with respect to local support.

Figure 16: Is your organisation adequately prepared to deal with situations of abuse/violence/maltreatment (% of answers "good and very good")



Concerning education of staff and organisational policy, most social service organisations for older people do not feel adequately prepared. Under 10% of organisations in Austria and Finland, under 20% in Italy and slightly over 30% in Poland feel they are well-prepared in these fields. With respect to social care organisations, local support is seen quite positively by over 40% of organisations, except by those in Finland.

Figure 17: Is your organisation adequately prepared to deal with situations of abuse/violence against older people?
(only social care organisations - % of answers “good and very good”)



6.6 Which services does your organisation provide to deal with abuse against older women?

Different provisions are put in place in different organisations. Generally, standardized procedures to deal with abuse go from app. 5% of organisations in Austria to 40% of organisations in Poland. Discussions with experts, seem to be popular in Poland, while hotlines are mainly found in Poland and Finland within social care organisations.

Figure 18: Which services does your organisation provide to deal with situations of abuse/violence against older people? (only social care organisations)

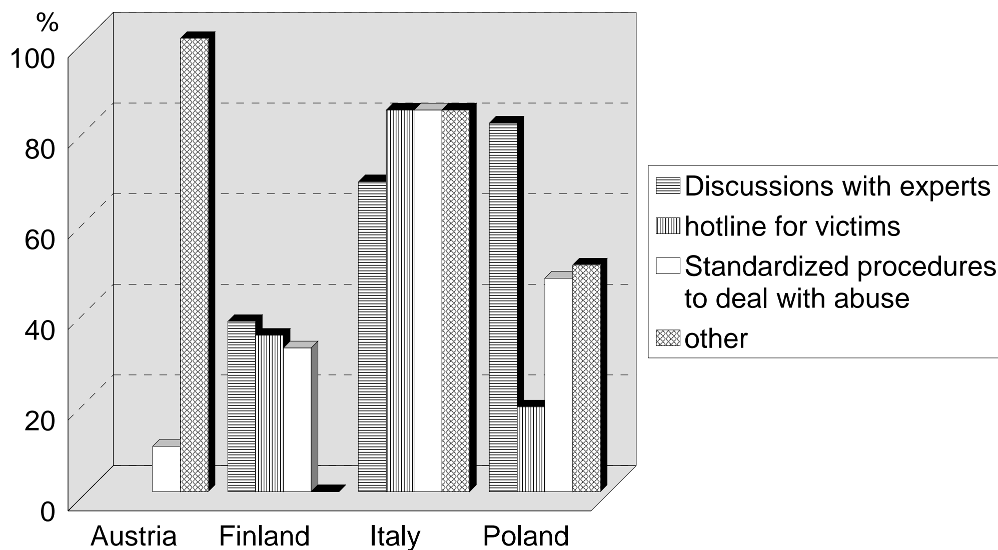
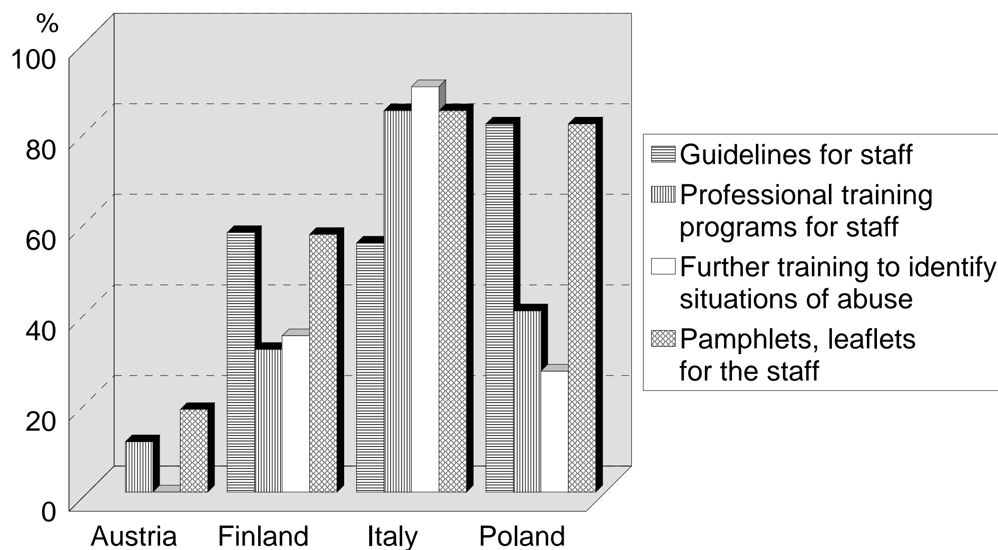


Figure 19: Which services does your organisation provide to deal with situations of abuse/violence against older people? (only social care organisations)



In general it can be said that most organisation offer provisions for coping for the staff as well as for the victims of abuse. However, provisions are more general and often not specifically tailored to the needs of older women.

Provisions for staff

In Austria staff has the possibility for discussions with line managers or psychologists and further offers are made, if necessary. Additionally non- directive counselling in groups or individually and crisis trainings are provided in some cases. In Finland some respondents stated that there are no set rules and all issues are discussed in joint meetings. However, some organisations have guidelines and quality of care standards or rules for women's shelters concerning confidentiality and secrecy.

Provisions for victims of abuse

Provisions in **Italy** range from hotlines for immediate psychological support to legal counselling, support and follow-up services to short term accommodation for victims of abuse in general.

More than a half of all investigated organisations in **Poland** employ psychologists for providing counseling, therapy and psychological support for victims of abuse. Crisis Centers employ multidisciplinary teams consisting of psychologists, lawyers, social workers and pedagogues. Such teams work also in the Family Support Centers and Centers for Social Services. The teams are usually on call for two hours during a week. As a part of their offer Centers for Social Services provide financial and material support for beneficiaries, including victims of violence in the family.20% of all organisations which took part in the survey offer temporary accommodation for the victims of abuse (as a part of own provision or as an offer provided by supporting organisations). 12% of the organisations cooperate with the centers offering psychological support for victims and 14% organize psychological therapy for victims and perpetrators. Some of the organizations offer a professional mediation or psychiatric consultations if necessary.

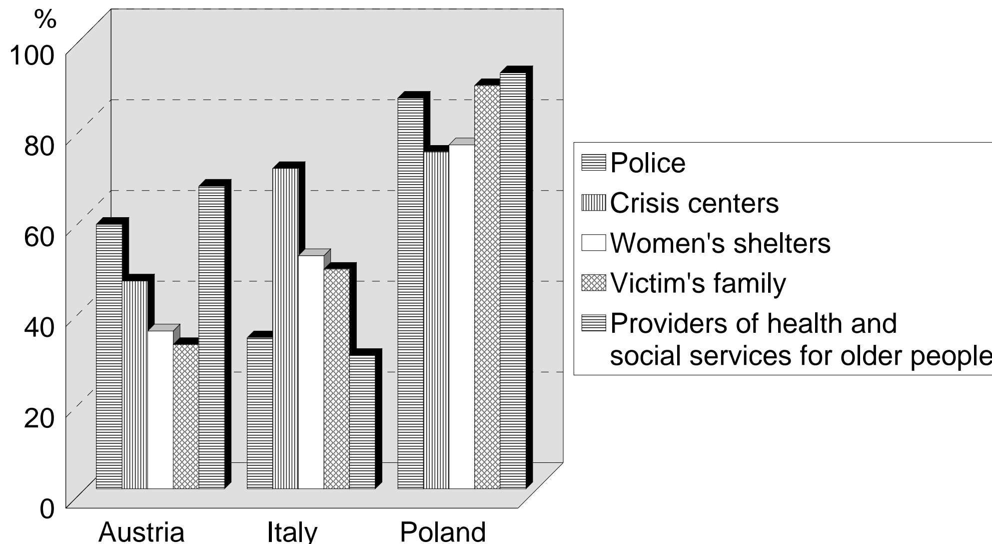
In **Finland** staff is advised to act immediately and inform all relevant actors (police, acute group, GP's, …). All clients are treated individually with respect for human rights and further support, for example physical examinations and contacts with different care providers are organized. Meetings are also offered in the crisis shelter or at the victims home and according to the client's need, if necessary, a place in a shelter is arranged.

6.7 Do you cooperate with other organisations when you recognize violence against older people and older women specifically?

Over all surveyed organisations in Austria and Poland, the police and providers of health and social services for older people seem to be the most common cooperation partners. In Italy and Poland, over 60% of organisations name crisis centre's as important cooperation partners.

In Finland, when recognizing violence against older people and older women specifically the most important co-operation partners (88 %) were considered to be the providers of health and social services for older people, the police (71 %), the victim's family (65%), crisis centres (41 %) and women's shelters (41 %).

Figure 20: Do you cooperate with other organisations/partners when you recognize violence against older people?



6.8 What would your organisation need to cope more effectively with situations of domestic violence/abuse against older people/ women?

In all countries respondents would like **more knowledge and training** on how to recognize violence and how to handle the whole situation in order to cope more effectively in general. In some countries, specific training and education was requested. In Finland respondents asked for more knowledge about different cultures and the religious impact on violent situations as well as more information about the obligations and rights of staff. Respondents in other countries stated the need for brochures on how to identify violence.

Respondents also raised the issue of **more permanent staff** and more economic resources in general

The need of closer **cooperation** and **multiprofessional networking** was also stressed. This concerned other actors in the organisation, the collaboration between GP's and public institutions as well as the cooperation between various types of organisations. It was also emphasized that action programs or **action models** for the whole organisation and **description of procedures** should be established (e.g. mutually agreed procedures between institutions; procedures for dealing with individual case; what is specific and needs to be considered in cases of violence against older women).

In Poland the importance of activating older people was stressed and the necessity of developing mutual support groups as well as hotlines and therapy groups. Respondents in Italy and Austria mentioned additionally the need to **offer care accommodation** facilities and sheltered housing for older women.

In Poland and Finland the potential advantages of developing **voluntary work** were emphasized. Voluntary workers could on the one hand relieve social workers and on other hand may improve the recognition of the problem of abuse in the local community.

The need to **increase public awareness** of abuse against older people (especially on the local level) was widely agreed on. The Italian organisation Croce Giallo Azzurra in Turin stated the need for more **prevention** in general.

10% of the respondents in Poland stressed that the **Polish law** should be changed because the current law does better in protecting the perpetrators than the victims of violence.

6.9 Summary

Overall, one can say that violence against older people is an issue in those health and social service organisations, in those organisations dealing with abuse and in those training organisations that answered our questionnaire. Most probably, those who participated in the survey are more aware and interested in this issue than those that have not responded. Thus, it is probable that these are organisations that have more provisions in place for dealing with abuse against older women within the family than other organisations.

While most organisations state that violence against older people is a challenge to them to some extent, they also mention that it is not encountered very often.

For most organisations responding to the survey, training concerning abuse against older people is not a prerequisite for becoming employed. Only a few organisations offer internal training courses on preventing and dealing with violence against older people, while more organisations mention possibilities for their staff to attend external further education programmes in this area.

Most organisations do not have a policy in place for preventing and dealing with violence. Surprisingly, in Poland over a half of organisations stated that they had a procedure in place for dealing with abuse against older people.

In the majority of countries, most organisations participating in the survey considered they were prepared to deal with abuse against older people and specifically older women to an average extent. Also, most organisations report some kind of provisions for dealing with abuse like guidelines, offering staff further education or information pamphlets.

In most cases, with the exception of Finland, hardly any differences were perceived between provisions for violence against older people and older women specifically. Provisions in general range from hotlines to therapies and psychological support or offering temporary accommodation.

In order to cope more effectively with situations of domestic violence, organisations in all countries stated the need of further training and clear procedures as well as better cooperation between the different actors in this field.

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7 Towards conclusions for awareness raising activities: Issues for discussion

These conclusions are based on the conclusions in the national reports, discussions during our partner meeting in Helsinki in December 2007, the discussions within the expert meeting in Vienna in February 2008 as well as feed-back by experts and project partners on the draft report that was prepared before the expert meeting.

7.1 General Conclusions

While some single studies are reported on **prevalence of abuse** against older people within the family, in most participating countries representative prevalence data is missing. All partners conclude that more research is needed to know more about the scope and types of abuse against older people, specifically against older women. Which type of information is needed specifically and why?

Different **types of violence and abuse** were reported in all national reports that are also relevant towards older people in general and that staff of community health and social services need to be aware of. All in all relatively few cases of abuse against older people were reported in the interviews with staff and in the survey with organizations. Most probably this is due partly to the fact that older people are less likely to be abused then those that are middle-aged and partly due to the fact that awareness for this issue is still quite low. Managers seem to perceive less abuse than hands-on workers as the cases that are reported to them are only the severe cases.

There are **different prevailing contexts** of violence against older people. While those contexts that staff of community health and social services are confronted with are connected to some sort of a help or care situation, in principle different contexts can be identified. These contexts can also occur in combination or overlap. In this context it is also important to be aware of the fact that different understandings of violence exist. There is always an objective and a subjective view of all forms of violence and what specialists define as abuse and the self-definition of abuse of the older person don’t necessarily have to be the same. It is therefore important to see abuse in a multi-dimensional way which includes different aspects:

- *Abuse in care situations*:

  This pertains to abuse that is directly connected to the care situation. It may result from the carer being overburdened and involve abusive behaviour that is directly related to the way help and care are administered. Also neglect where care needed is not given falls in this category. Here, perpetrators are many times women, as they are the most prevalent family carers.

- *Abuse against older people*

  This involves abuse that has some connection to a persons’ age. Financial abuse, social isolation or emotional neglect as a context for abuse and as a barrier for finding solutions fall into this category. Here perpetrators are of both sexes (in Poland it is reported that these are mostly men) and many times children or grand children.

- *General violence in personal relationships* (e.g. sexual abuse):

  This refers to abuse in close personal relationships which includes sexual abuse. This type of abuse is dominated by male perpetrators and has often been going on for many years.

When looking at abuse against older women it is important to consider psychological and emotional abuse as well as neglect, since this contributes negatively to the well-being of an

older person. Grey areas, unintentional abuse and abuse due to caregiver stress must also be considered within the further work of the “Breaking the Taboo” project. Due to their subtleness and to the fact that this type of abuse usually does not put the older person in immediate physical danger, it is harder to deal with and react to this type of abuse.

Most national reports mentioned the fact that **ageism and discrimination** against older people is a backdrop for not recognizing abuse against older people. Generally, discrimination is already a form of maltreatment and a first step in the direction of abuse. In this context many further initiatives to combat age discrimination and the negative image of older people in society are necessary. All reports mentioned that launching public campaigns and putting much effort into raising public awareness for abuse against older people and specifically older women is important in all countries.

All provisions in this context must make clear that **support** is offered for **family carers as well as for older victims of abuse**. Especially in the field of older people and care the distinction between perpetrator and victim is not always clear and in most cases support for family carers is equally important as support of those who are cared for. It is very important to make sure that within the “Breaking the taboo” project but also with respect to all other activities in this field, family carers do not feel that they are treated unfairly and stigmatized as abusers.

With respect to looking at the **gender aspect and a focus on older women**, it has become clear that usually no distinctions are made between violence against older men or older women among social and health care organizations and their staff. Also, in the literature reviewed in the partner countries few distinctions are made concerning gender. Nonetheless it is very important not to neglect the gender aspects when looking at abuse against older people in the context of care. How can this be done and which provisions are necessary to facilitate taking the gender aspect into account?

The **important role of staff** in community health and social services was confirmed by the literature review and the interviews. While abuse against children might be identified in public through kindergartens or schools, older people are more isolated than other age groups and in many cases nobody but health and social service professionals that work in people`s own homes can identify abuse. This specific role of help and care staff that work in households should be explained to staff in the framework of the awareness raising brochure. In this context also the role of the general practitioner has to be considered and how he or she could be involved in the process of preventing and recognizing of abuse to greater extent. This is especially relevant in cases, where older people live in isolation and do not have contact to anyone else besides the general practitioner.

The national reports and interviews showed that there are quite **different levels of awareness of abuse against older people**, **recognizing it and reacting adequately**. This also confirms the relevance of the “Breaking the taboo”-project. Defining an interpersonal situation as abuse is based on subjective perceptions and anchor points, that are also connected to the cultural and historical context. This is reflected in the victim’s perception and reporting of abuse, in the family carer’s perception and in the professional staffs’ perceptions and reactions. In some cases subtle abuse is noticed by community health and social service staff, but they do not always feel that they can do anything about it or that they have anything to offer the victim. Sometimes abuse is not recognized due to subjective personal and cultural factors, e.g. if client and/or staff member thinks of a certain type of behaviour as “normal”. Recognition is also hindered because of the subjective perception of the client, because it is difficult to identify causes for the symptoms of abuse and with respect to communication with clients that have dementia. In this connection it is important that organizational provisions (e.g. team meetings) are conducive to discussing cases, that staff is not sure about.

A wide range of **barriers to recognizing and dealing** with abuse against older people were identified in the national reports. For example

- Sometimes abuse is recognized, but staff say it does not make sense to mention it, because there is no possibility to solve the situation (
- Staff is afraid that they will lose access and that client will cancel service
- Staff is afraid to lose trust of or relationship with client
- Staff is afraid that dealing with the problem could cause difficulties and more work
- Client does not want to change situation
- Lack of time and space to talk about cases that are not severe (Austria) and to develop a common understanding
- No privacy within the family

The awareness raising brochure should address these barriers and offer solutions to overcome them where possible.

The interviews showed differences with respect to the **perspective of hands-on workers and managers**. Managers reported more frequently that their organization had set procedures for dealing with abuse, a fact that hands-on workers mostly did not report. Also, hands-on workers perceive subtle types of abuse, such as emotional neglect or financial abuse, that are many times not reported. Since managers only know of those cases that are reported to them they tend to perceive the more severe cases of abuse. For the next phases of the "Breaking the taboo" - project this means to differentiate between those parts of the awareness raising activities that are geared towards hands-on workers and those that are directed to managers in the same organizations.

One issue that was mentioned only rarely in the interviews - partly due to the fact that it was not asked as a question – was reflection about **staff behaviors**. In the context of raising awareness of abuse against older people and in connection with working against age discrimination, it will be important to raise the question whether staff is treating their older clients in a dignified, non-discriminatory and non-abusive fashion.

A very specific question concerning abuse against older people within the family setting is whether placing an older person in a **nursing home or other type of residential home** is an alternative to staying at home and enduring abuse. To a large extent, this depends on the cultural background in general. For example in Poland and also Austria to a certain extent there is a general idea that older parents should not be placed in institutions. Also, many older people themselves prefer to stay at home with abusive relatives to living in an old persons' home. In this connection, it is important to explore which types of alternative living arrangements can be offered to older people in general on a policy level as an alternative to large institutions.

Another issue which was often stressed is the need of closer **cooperation** and **multiprofessional networking**. All reports as well as participants of the expert meeting emphasized the importance of multidisciplinary teams or multi-agency working groups. Barbara Nägele, German expert, mentioned that professionals tend to see reality within their special institutional and professional framework and it is therefore important to bring together the knowledge for, different fields of social intervention. The challenge is to enable **interdisciplinary cooperation** and mutual learning. This mutual learning could be organized through training and cooperation structures (e.g. loose working groups) on local and regional level.

A wide variety of points were raised in the national reports around strategies for taking action when abuse against older people, specifically older women within the family is recognized.

While a “chain of action” (also called algorithm or set procedure) is followed on an informal level in most cases, few organisations interviewed have visible set “action chains” in place. Defining a possible “action chain” will be one task for the awareness raising brochure within the “Breaking the taboo” project. However, it is important to keep in mind that the exact procedure will depend on the country, the organisation and of course, the specific case. This “action chain” will include ways of recognizing abusive situations as well as suggestions for actions to be taken.

7.2 Conclusions for awareness raising brochure

The following aspects should be included in the awareness raising brochure:

- Local action and provisions are important, so there should be hints about how to find out about local opportunities for help and support.
- The difference between cases should be pointed out for example where one should just inform someone and where a certain (immediate) action needs to be taken (e.g. calling the police).
- It should be mentioned that there are different views and definitions of abuse and different aspects has to be taken into account
- Organisations need to have clear guidelines: e.g. what do we as organisations define as violence/abuse?. Organisations should make clear, that they have an anti-violence policy and make clear that staff is taken seriously if they have a suspicion about violence/abuse. Also the concept of secrecy and confidentiality should be addressed in such guidelines.
- Those strategies that are used informally, should be formalized or implemented systematically. For example clear tools for the recognition of violence should be available and professionals should be briefed how these indicators could act as “red flags” for them.
- The point should be made that the team approach is important within the provider organisation and with other organisations.
- One suggestion for an organizational strategy is to nominate one or more people to be responsible for issues of abuse if they come up. These staff members could raise awareness among colleagues and help if problems arise. This could be included in accreditation standards for providers (e.g. have at least one responsible staff member that is in charge of preventing and dealing with elder abuse).
- Non-directive counselling for professionals is also an important organizational provision. Also, peer counselling would be a good approach within an organisation (e.g. someone with experience who advises younger colleagues).
- Professional distance for staff is important. This comes through experience and/or training. Experience is important for staff to deal with these situations (Austria, Finland, Italian).
- Training issues are important. The issue of abuse against older people should be part of regular training of every professional that works in this field. More information about mental illness, psychiatric illness is important for professional staff. These trainings should also be offered on a multi-agency-level where possible and feasible.
- The issue of how to deal with situations of abuse should be raised when staff starts working in organisation ("introductory briefing").

- More focus should be put on the family system as a whole (e.g. family health nurse). The importance of understanding family dynamics and the observation of family interaction and communication in order to provide adequate support needs to be considered.

All in all it can be said that a large amount of relevant information was compiled from partner countries that provides a good basis for further work within the “Breaking the Taboo”-project.

> “*The topic is huge and every time I think I have found some answers I find new question.*” [Expert, Bridget Penhale, UK]

7.3 Further strategies for prevention and support for older victims of violence

Further strategies recommended for prevention and support for victims of violence are:

Organisational Strategies

- The country reports clearly showed that many health and social service organisations do not have clear organisational procedures to deal with abuse. It is therefore the need to **develop clear standards and guidelines** on how to react in cases of abuse. The organisational strategy should also include more **training and education** for staff, including special knowledge about dementia. Since the perspectives of hands on workers and managers tend to be quite different it is necessary to consider these differences in trainings and awareness raising activities.
- In order to prevent and recognize early abuse against older people an important factor is also that staff has enough time and possibilities to react accordingly. It is therefore necessary to create **working conditions** for staff in which they are able to deal with cases of abuse against older people.
- Although health and social service organisations offer provisions, there are only few organisations with a special focus on the **gender aspect**. In this context it also needs to be considered that not only age and gender but also **the ethnic and cultural background** plays an important role. Both aspects should also be included in organisational procedures and trainings.
- Great improvements need to be made concerning better **cooperation and exchange** between organizations and specialized professionals. All countries emphasized the need for further strategies like consultation of psychiatrists and **multi-disciplinary teams**. According to a study carried out in the UK, the partner ship approach was seen as the most appropriate framework from which to help and protect vulnerable people Also a stronger inclusion of the general practitioners plays an important role in this context and could enhance the awareness and improve the prevention of abuse.
- Also **systematic training of family care givers** and improving support services is a crucial step in order to alleviate the burden of family carers and to improve the prevention of abuse. The development of further provisions like visiting services, the use of day care centres or promoting other social activities is necessary. It was already underlined by eurofamcare that well developed and proactive psychological services may be more effective to provide more respite care than to try to alter the relationships. In this context it is of importance that care givers have the information where they can seek help and which provisions are offered.

Strategies on policy level

- Since many older people live isolated at home and don't even have contact to health and social workers, preventive home visits by specialised nurses or social workers could pose a possibility to help those people in need. Early detection though routine inquiry at hospitals, dentists or general practitioners could also be a strategy.
- Cooperation and communication between professionals and **volunteers** should be emphasized. Volunteers could contribute positively on the recognition of abuse against older people and support health and social care workers. It is therefore important to include volunteers as well as professionals in trainings and sensitizing.
- In order to raise **public awareness** it is necessary to focus on different levels. This includes education at a societal level where general awareness raising activities and campaigns concerning discrimination against older people should be implemented but also information about violence against older people in the family and older women in particular should be provided (e.g. guidelines, training, information events and brochures). Additionally it is also necessary to improve the education of older people themselves concerning the prevention of abuse. This could be done through mass media, senior clubs and associations, third Age Universities, self-help groups ands also encouraging the active participation of older people through community education programs.
- Although legal provision exist in some countries they are hardly tailored to the specific needs of older victims of abuse. It is often the case that the perpetrator remains at home and the victim has to seek shelter somewhere else. It is therefore necessary to **change the legal situation** in order to provide better support for the older victims of violence.

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9 ANNEX

Interview schedule – hands-on workers and GPs

1. Which experiences of violence/abuse/maltreatment in families against older women have you had during your working life?

Note for the interviewer: If initial answers are not abundant enough, describe different forms of violence using list at the end of document

Note for the interviewer: Please mind the following guiding questions and apply to each example (incident).

2. Context:
   (a) What happened exactly?
   (b) Who was involved?
   (c) Where was it?

3. Assessment:
   How did you recognize the situation of abuse (signs, symptoms …)?

4. Coping (practice, professional behaviour)
   (a) How did you react?
   (b) Is there a defined procedure in your organization how to react in such situations?
   (c) Whom did you contact?
   (d) Whom did you tell about it?

5. Coping (emotional)
   (a) What were your feelings about the situation?
   (b) What did you perceive as the main problem for yourself in this situation?
   (c) How prepared did you feel for this kind of situation?
   (d) Which competences would you have needed in that situation?

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____

6. What happened to the victim and to the perpetrator after your intervention?

____

____

____

7. Organizational support
   (a) Did you get any support by your organization and/or other organizations/professionals/institutions?
   (b) What kind of support would you have liked to have in this situation?

____

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____

____

8. Please specify your professional background: [When translating, please change categories so they are appropriate to the type of staff in your country]
   (a) Home helper
   (b) Nursing aide
   (c) Home nurse
   (d) Social Worker
   (e) Medical doctor/GP (please answer also questions 10 and 11)
   (f) other, please specify:

9. Please specify the type of organisation in which you are working [When translating, please change categories so they are appropriate to the type of organisations in your country]

   (a) Provider of home care and/or home help
   (b) Health care centre (out-patient)
   (c) Self-employed
   (d) other, please specify:

   ____

   ____

   ____

   ____

   ____

10. Do you have any further suggestions how to improve support for older people who are victims of abuse and/or staff members who are confronted with this?

   ____

   ____

   ____

Additional questions for GPs:

Note for the interviewer: In interviews with GPs, please add the following questions:

10. Are you often contacted or told about situations of violence against older women in families?

   ____

11. If yes, by whom and how do you cope with such reports?

   ____

   ____

   ____

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Interview schedule – managers

11. Which experiences of violence/abuse/maltreatment in families against older women have been reported to you in your current position?

Note for the interviewer: If initial answers are not abundant enough, describe different forms of violence using the attached list

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Note for the interviewer: Please mind the following guiding questions and apply to each example (incident).

12. Context:
    (a) What happened exactly?
    (b) Who was involved?
    (c) Where was it?

____

____

13. Assessment:
    How was the situation of abuse recognized (signs, symptoms …)?

____

____

14. Coping (practice, professional behaviour)
    (a) How did you react? Which actions did you take?
    (b) Is there a defined procedure in your organization how to react in such situations?
    (c) Whom did you contact?
    (d) Whom did you tell about it?

____

____

15. Coping (emotional)
    (a) What were your feelings about the report of the situation?
    (b) What did you perceive as the main problem for yourself / for the staff member in this situation?
    (c) How prepared did you feel for this kind of situation?
    (d) Which competences would you have needed in that situation?

____

____

____

16. What happened to the victim and to the perpetrator after your intervention? How did you follow this up with staff?

___

___

___

17. Organizational support
    (a) Did you get any support by your organization and/or other organizations/professionals/institutions?
    (b) Which support did you give to / organize for the staff member?
    (c) Which further organisational support would you have needed?

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18. Own competences/Training needs:
    (a) Which competences did you apply in that situation?
    (b) Which competences would you have needed?

___

___

19. Please specify your professional background [When translating, please change categories so they are appropriate to the type of staff in your country]:

    (a) Nursing
    (b) Social Work
    (c) other, please specify:

___

20. Please specify the type of organisation in which you are working [When translating, please change categories so they are appropriate to the type of organisations in your country]

    (a) Provider of home care and/or home help
    (b) Information and counselling centre
    (c) Health care centre (out-patient)
    (d) Self-employed
    (e) other, please specify:

___

21. Do you have any further suggestions how to improve support for older people who are victims of abuse and staff members who are confronted with this?

___

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Questionnaire for organizations that provide general services for victims of violence (hotlines, women's shelters, crisis centres)

"**Breaking the Taboo**" is a project undertaken as part of the EU Daphne II programme. It is aimed at raising awareness about violence directed against older people (i.e. aged 60 years and over), with special attention paid to violence against older women.

The most important goal of this project is the empowerment of health and social service professionals to combat violence directed against older women by family members. This is to allow professionals to break the taboo associated with a problem seldom dealt with in society.

This project is organized by the Austrian Red Cross and involves four European countries: Austria, Finland, Italy and Poland. The organization responsible for the project in [your country] is [your organization].

We kindly ask that you take the time to fill out this questionnaire. Your answers will give us the opportunity to get find out how organizations that provide help to victims of violence deal with abusive situations against older people within the family.

All responses will be held in the strictest of confidence and will be used exclusively for scientific purposes. All organizations which take part in this survey will be invited to participate in a national conference to discuss the results of this project (scheduled to take place during the first quarter of 2009).

While our focus is on violence on older women, we would also like to know about your activities concerning violence against older people in general. Therefore, we ask you to consider both aspects separately when answering the questionnaire.

For questions 1-5, please mark your answer.

1. Does violence directed against older people pose a challenge to the work done by your organization?

	Against older people	Against older women
Yes, it is encountered daily		
Yes, it is encountered from time-to-time		
Yes, but incidents are encountered rarely		
No		

2. Is being trained for how to deal with abusive situations against older people a requirement for gaining employment in your organization?

	Against older people	Against older women
Yes, for all positions		
Yes, only for certain positions		
No		

3. Does your organization provide internal training and/or education programmes to teach employees how to deal with abusive situations?

	Against older people	Against older women
Yes, for all employees		
Yes, only for certain employees (please, specify..............................)		
No		

4. Has your organization developed a policy for promoting the prevention of violence/abuse/maltreatment of older people?
   a. Yes (please answer **questions 5 and 6**)
   b. No (please move on to **question 7**)

5. Does these provisions take into consideration *(please mark all that apply)*
   a. Differences in gender?
   b. Differences in age?
   c. Other, please specify:

6. Which provisions does this policy encompass (e.g. standards/guidelines)? Please specify:

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For questions 7-9, please provide an answer for each option.

7. In your opinion, do you feel that your organization is adequately prepared (in terms of education, policy, local support, etc.) to deal with situations of abuse/violence/maltreatment against

a. older people?

	Education	Policy	Local support
Very good			
Good			
Average			
Poor			
Not at all			

b. older women?

	Education	Policy	Local support
Very good			
Good			
Average			
Poor			
Not at all			

8. Which services does your organization provide to deal with situations of abuse/violence/maltreatment against older people /older women?

	No	Yes	Will be included in future efforts
Guidelines for staff on how to deal with abuse.			
Professional training programs to deal with situations of abuse for staff.			
Further training to identify/assess situations of abuse for staff.			

Pamphlets, leaflets, or other written material to inform the staff on abuse.			
Discussions (e.g., conferences, meetings) with experts from various fields on abuse.			
A hotline for victims of abuse or staff members who observe abuse.			
Standardized procedures to deal with situations of abuse.			
Other, please specify…...			

9. Do you cooperate with other organizations/partners when you recognize violence against against older people / older women?

	No	Yes
Police		
Crisis centers		
Women's shelters		
Victim's family		
Providers of health and social services for older people		
Other, please specify…..		

10. Which provisions does your organization (staff, management) have to cope with violence/abuse/maltreatment against

    a. older people. Please specify:
    b. older women. Please specify:

11. What would your organization (staff, management) need to cope more effectively with situations of domestic violence/abuse/maltreatment against

    a. older people. Please specify:
    b. older women. Please specify:

12. Type of organization (mandatory) [When translating, please change this according to the situation in your country and according to the questionnaire]:

    a. GP, medical
    b. Police, law enforcement
    c. Women's shelter
    d. Social work, public welfare
    e. Nursing home
    f. Volunteer organization (e.g. nurses, home helping, etc.)
    g. Religious/Church organizations
    h. Other, please specify:

13. Size of the organization:
    a. Number of full-time personnel:
    b. Number of part-time/volunteer personnel:
    c. Average number of clients yearly:
    d. Year established

If you wish to learn more about the program, please provide us with your contact information

Name of the organization:

Address:

Contact Telephone/e-mail:

Questionnaire for organizations that provide home help and care services for older people

14. Does violence directed against older people/older women pose a challenge to the work done by your organization?

	Against older people	Against older women
Yes, it is encountered daily		
Yes, it is encountered from time-to-time		
Yes, but incidents are encountered rarely		
No		

15. Is being trained for how to deal with abusive situations a requirement for gaining employment in your organization?

	Against older people	Against older women
Yes, for all positions		
Yes, only for certain positions		
No		

16. Does your organization provide internal training and/or education programmes to teach employees how to deal with abusive situations?

	Against older people	Against older women
Yes, for all employees		
Yes, only for certain employees (please, specify..............................)		
No		

17. Has your organization developed a policy for promoting the prevention of violence/abuse/maltreatment of older people?

    a. Yes (please answer **question 5 and 6**)
    b. No (please move on to **question 7**)

18. Does these provisions take into consideration (please mark all that apply)

    a. Differences in gender?
    b. Differences in age?
    c. Other, please specify:

19. Which provisions does this policy encompass (e.g. standards/guidelines)? Please specify:

For questions 7-9, please provide an answer for each option.

20. In your opinion, do you feel that your organization is adequately prepared (in terms of education, policy, local support, etc.) to deal with situations of abuse/violence/maltreatment against

    a. older people?

	Education	Policy	Local support
Very good			
Good			
Average			
Poor			
Not at all			

b. older women?

	Education	Policy	Local support
Very good			
Good			
Average			
Poor			
Not at all			

21. Which services does your organization provide to deal with situations of abuse/violence/maltreatment against older people / older women?

	No	Yes	Will be included in future efforts
Guidelines for staff on how to deal with abuse.			
Professional training programs to deal with situations of abuse for staff.			
Further training to identify/assess situations of abuse for staff.			
Pamphlets, leaflets, or other written material to inform the staff on abuse.			
Discussions (e.g., conferences, meetings) with experts from various fields on abuse.			
A hotline for victims of abuse or staff members who observe abuse.			
Standardized procedures to deal with situations of abuse.			
Other, please specify………………………………………….			

22. Do you cooperate with other organizations/partners when you recognize violence against older people/ older women?

	No	Yes
Police		
Crisis centers		
Women's shelters		
Victim's family		
Providers of health and social services for older people		
Other, please specify………………………………………………		

23. Which provisions does your organization (staff, management) have to cope with violence/abuse/maltreatment against

    a. older people. Please specify:
    b. older women. Please specify:

24. What would your organization (staff, management) need to cope more effectively with situations of domestic violence/abuse/maltreatment against

    a. older people. Please specify:
    b. older women. Please specify:

25. Type of organization (mandatory) [When translating, please change this according to the situation in your country and according to type of questionnaire]:

    a. GP, medical
    b. Police, law enforcement
    c. Women's shelter
    d. Social work, public welfare
    e. Nursing home
    f. Volunteer organization (e.g. nurses, home helping, etc.)
    g. Religious/Church organizations
    h. Other, please specify:

26. Size of the organization:

    e. Number of full-time personnel:
    f. Number of part-time/volunteer personnel:
    g. Average number of clients yearly:
    h. Year established

If you wish to learn more about the program, please provide us with your contact information

Name of the organization:

Address:

Contact Telephone/e-mail:

Questionnaire for organisations that provide education in the area of health and social services for older people and/or preventing violence and abuse in general

For questions 1-6, please mark your answer.

27. Is violence directed against older people a content of your training courses?

	Older people generally	Older women especially
Yes		
No		

28. Which target groups are your training courses for?

a. Social workers
b. Family physicians/GPs
c. Hospital doctors
d. Gerontologists
e. Nurses
f. Crisis centre workers
g. Psychologists
h. Sociologists
i. Pedagogues
j. Medical students
k. Nursing students
l. Social work students
m. Volunteers
n. Other, please specify:

29. Which type of violence do your trainings concern?

	Older people generally	Older women especially
Mostly physical abuse		
Mostly psychological abuse		
Mostly sexual abuse		
Mostly financial abuse		
Mostly negligence		
All types of violence		

30. Does your organization provide training and/or education programmes to teach employees how to deal with abusive situations against:

	Older people generally	Older women especially
Yes, for all employees		
Yes, only for certain employees, specify...		
No		

31. Has your organization developed a policy for promoting the prevention of violence/abuse/maltreatment of older people?

    a. Yes (please answer **question 6 and 7**)
    b. No (please move on to **question 8**)

32. Which provisions does this policy encompass? Please specify:

33. Does these provisions take into consideration (please mark all that apply)

    a. Differences in gender?
    b. Differences in age?
    c. Other, please specify:

For questions 8-9, please provide an answer for each option.

34. Which services does your organization provide to deal with situations of abuse/violence/maltreatment against

a. older people generally

	No	Yes	Will be included in future efforts
Professional guidelines for prevention of abuse			
Professional training programs to deal with situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)			
Further training to identify/assess situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)			
Pamphlets, leaflets, or other written material to inform the public on abuse			
Discussions (e.g., conferences, meetings) with experts from various fields on abuse			
Standardized procedures to deal with situations of abuse			
Other, please specify..			

b. especially older women

	No	Yes	Will be included in future efforts
Professional guidelines for prevention of abuse			
Professional training programs to deal with situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)			
Further training to identify/assess situations of abuse to outside individuals or groups (e.g. teachers, social workers, etc.)			
Pamphlets, leaflets, or other written material to inform the public on abuse			
Discussions (e.g., conferences, meetings) with experts from various fields on abuse			
Standardized procedures to deal with situations of abuse			
Other, please specify..			

35. Do you cooperate with other organizations/partners concerning training with respect to violence against

	Older people generally	Especially older women
Police		
Crisis centers		
Shelters		
Victim's family		
Other, please specify…...		

36. Size of the organization:

i. Number of full-time personnel:
j. Number of part-time/volunteer personnel:
k. Average number of clients yearly:
l. Year established

If you wish to learn more about the program, please provide us with your contact information

Name of the organization:
Address:
Contact Telephone/e-mail: