

Healthcare Responses to Abuse of Older Women

Findings from the WHOSEFVA Project
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WHOSEFVA - Working with Healthcare Organisations to Support Elderly Female Victims of Abuse

- An EU Justice –DAPHNE funded project Running from 1 Dec 2016 to 30 Nov 2018

- The project consists of 8 partners in 6 European countries:

- Women's Support and Information Centre (WSIC), Estonia**
- Johan Skytte Institute of Political Studies, University of Tartu (UTARTU), Estonia**
- Kilcooley Women's Centre (KWC), UK**
- Union of Women Associations of Heraklion Prefecture (UWAH), Greece**
- Centre Marta, Latvia**
- The Austrian Women's Shelter Network (AÖF), Austria**
- Women against Violence Europe (WAVE), Europe**
- VoiVa-Empowering Old Age Cooperative, Finland**



Tartu Women's Shelter

Violence is not the way out.
There is a way out of violence.



NAISTEN LINJA



Autonome Österreichische
FRAUENHÄUSER



Kilcooley
WOMEN'S CENTRE



UNIVERSITY OF TARTU



WHOSEFVA

Working with Healthcare Organizations to
Support Elderly Female Victims of Abuse



WHOSEFVA Objectives and Outputs

- ✓ To increase our understanding of the abuse of older women and attitudes towards the topic among older people via focus groups with 155 older people
- ✓ To raise awareness of the issue with health and social care providers via mutual learning workshops with 734 professionals and through our website (<http://whosefva-gbv.eu/>) and online training materials
- ✓ To improve knowledge of health and social care professionals on how to recognize and treat Domestic Violence (in older women in particular) via a training manual developed for the project.
- ✓ To support health care organisations in creating standards and procedures for treating older victims via based upon best practices for ***
- ✓ To increase the capacity of Domestic Violence organizations to cooperate with healthcare providers
- ✓ To increase the capacity of DV organizations to advocate for needed policy changes



Proportion of Older Population (Over 65 and over 80 as % of total population)

	2015		2020		2030		2040		2050		2060	
	>60	>80	>60	>80	>60	>80	>60	>80	>60	>80	>60	>80
EE	18.8%	5%	20.2%	5.9%	23.1%	6.7%	25.4%	8.7%	27.8%	9.8%	30.4%	11.3%
GR	20.9%	6.2%	22.6%	7.1%	27.1%	8.1%	32.7%	10.1%	36.5%	12.9%	35.5%	15.3%
LV	19.4%	4.9%	20.7%	5.9%	25.3%	7%	29.1%	9.4%	31.5%	11.4%	33.2%	12.6%
AU	18.5%	5%	18.9%	5.3%	22.4%	6.6%	25.5%	7.9%	26.9%	10.8%	29.1%	11%
FI	19.9%	5.1%	22.1%	5.6%	25.1%	8%	25.7%	9.8%	26.6%	10.5%	28.2%	10.7%
UK	17.7%	4.8%	18.6%	5.1%	21.1%	6.5%	23.2%	7.6%	23.9%	9.3%	25.4%	9.6%
EU												

* According to the Aging Report 2015, Part III Statistical Annex



Why Focus on Abuse of Older Women?

- ▶ Elder abuse rates range between 6 and 9% in Europe
- ▶ 80% of abuse is not reported. (WHO 2008)
- ▶ Older female victims often do not receive appropriate assistance
- ▶ There are a lack of accessible and sustainable training programmes for health care and other providers
- ▶ Domestic Violence organizations often lack the capacity to engage with healthcare organizations



Perpetrators in Older Abuse Situations

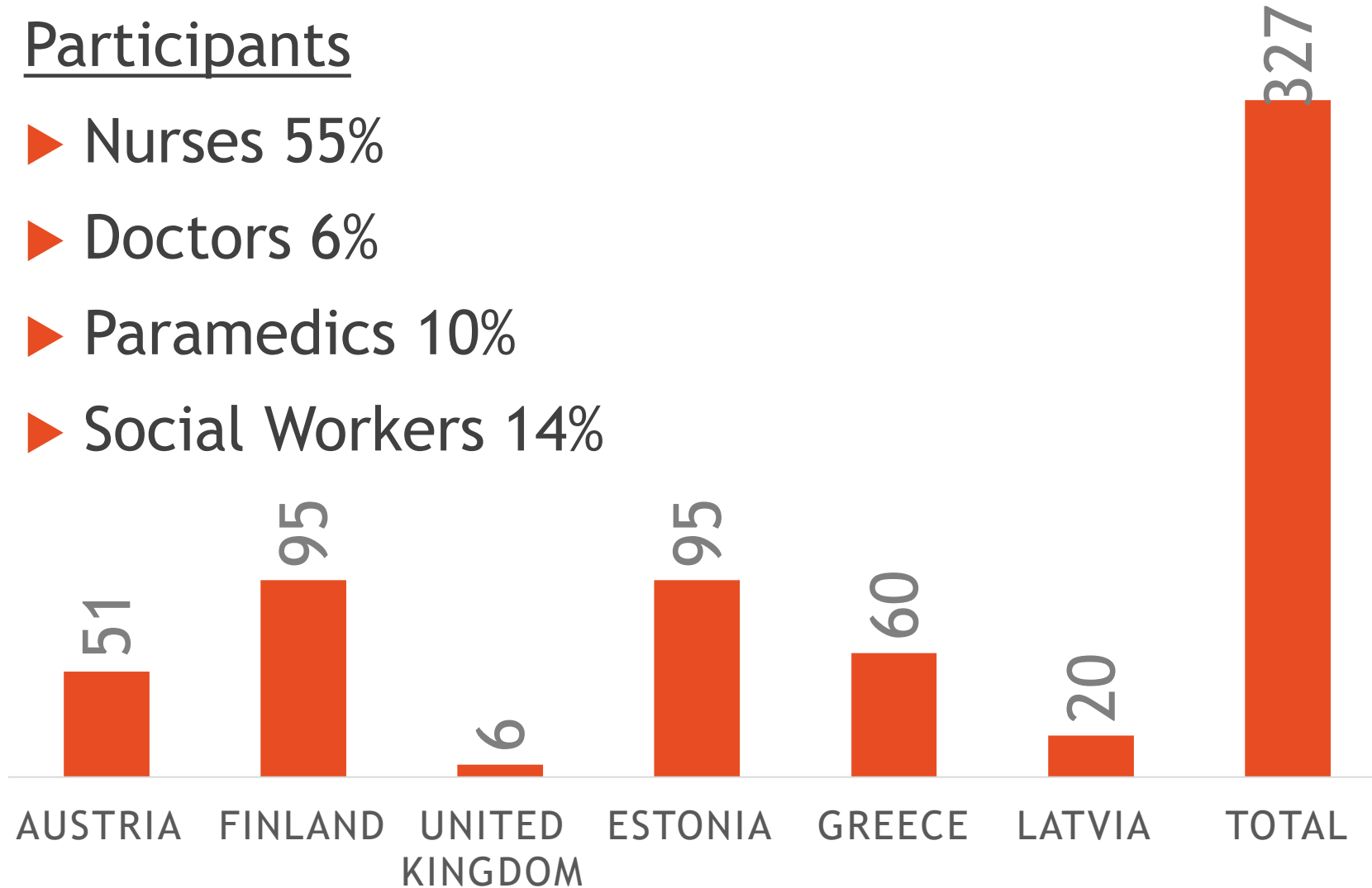
In many ways is more complicated than in abuse of younger women because:

- ▶ Perpetrators are not just intimate partners
- ▶ They are often are other close family members, such as children which creates a different dynamic in the relationship between abuser and victim
- ▶ They can also be professional homecare providers
- ▶ When the perpetrator is older, they may suffer from cognitive or other mental disorders
- ▶ Causes of abuse often overlap with other forms, for example due to caregiver stress



Participants

- ▶ Nurses 55%
- ▶ Doctors 6%
- ▶ Paramedics 10%
- ▶ Social Workers 14%



Mutual Learning Workshops 2017-2018

WHOSEFVA partners conducted 11 Mutual learning Workshops with 327 professionals from health and social care settings (285 female and 43 male) in total



Views of Healthcare Workers on Elder Abuse

- ▶ 96% have never or rarely participated in training on prevention of elder abuse
- ▶ 96% have never or rarely met victims at work
- ▶ 77% think its very important to recognize older victims at work
- ▶ 42% never or only sometimes ask about violence with patients when they suspect it
- ▶ 69% say recognizing victims is not a priority in their workplace
- ▶ 81% say elder abuse is a moderate or serious problem in their country



Most Important Topics for Professionals

- ▶ Multi-Agency Cooperation 96.9%
- ▶ Psychological Support needed by older abuse victims 95.2%
- ▶ Signs of abuse 95.8%
- ▶ Human Rights of Older People 93.6%
- ▶ How to document abuse 93.8%



Focus Groups with 125 Older People Psychological and Verbal Violence:

- ▶ Participants discussed how old women are often treated like children
- ▶ A major concern was that they are excluded and not communicated with - especially within the family.
- ▶ When older people try to get attention it doesn't provoke a reaction, they are ignored
- ▶ As a result, family members or others say hurtful things and may not even be aware that it is perceived that way by the elderly persons' problems



Views on Sexual, Physical and Emotional Abuse

- ▶ Sexual violence was most often discussed in connection with dementia, i.e. men with dementia sexually harass or abuse their spouses or professional/informal caregivers (who are primarily women)
- ▶ Sexual violence also discussed in terms of historical (not being able to say no to spouse in past)
- ▶ Physical abuse was discussed in regards to both partners and sons, tied to alcohol abuse or other causes
- ▶ Emotional wounds often inflicted on women by fathers during childhood
This includes being pressured to marry men picked out for them
- ▶ Abusive children were described as taking revenge for emotional wounds inflicted on them in the past.



Policy Recommendations - Basis

- ▶ Findings from focus groups with health care providers and elderly
- ▶ Surveys with DV workers (mostly from partner organizations)
- ▶ Review of various policy documents to identify best practices
 - ▶ The Istanbul Convention
 - ▶ The European Charter of rights and responsibilities of older people in need of long-term care and assistance, created via the EC DAPHNE project ‘A European Strategy to fight elder abuse.’ December 2010. 11 partners from 10 different countries. The project developed a European Charter of rights and responsibilities of older people in need of long-term care and assistance.
 - ▶ Madrid International Plan of Action on Ageing (MIPAA) adopted at the 2nd World Assembly on Ageing in April 2002. Focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. Partner country reports on status of implementation from 2017 were also consulted.
 - ▶ Recommendation CM/Rec(2014)2 of the Council of Ministers - Protection from violence and abuse focused on the promotion of human rights for older persons



Recommendations for Multi-Agency Cooperation

- ▶ Establish systems that enable swift reaction and provision of protection to elderly women
 - ▶ Systems of referral in hospitals
 - ▶ Training of medical staff, police and social workers in how to make referrals and cooperate
 - ▶ Provision of free medical and psychological care, placement in nursing homes when needed or women's shelters
- ▶ Provision in such laws for the training of all professionals who might be in contact with elderly victims of abuse in recognizing signs of abuse and providing required psychological and other assistance to victims
- ▶ Facilitation of cooperation and coordination of primary health care, long-term care and social services professionals who deal with elderly people by means of easier access to and sharing of information and systems of (mandatory) referrals
- ▶ Cooperation with NGOs that work in the field and have expertise in providing psychological assistance to victims of domestic violence and elderly women in particular



Recommendations for Supporting Professional Caregivers

- ▶ Provide training in basic gerontology and geriatrics to primary healthcare workers and social workers
- ▶ Specify working conditions (working hours, certain level of remuneration, social benefits) for professional caregivers within labor legislation
- ▶ Introduce mechanisms through which professional caregivers can file a complaint to the relevant authorities about substandard working conditions and/or violations of the signed employment agreement
- ▶ Conclusion of service contracts between elderly people and/or their relatives, which specify services to be provided by professional caregivers and working conditions that should be ensured for them.



Recommendations for Supporting Informal Caregivers

- ▶ Develop training courses on taking care of an elderly person
- ▶ Provide psychological support options for informal caregivers
- ▶ Home visits to assess living conditions and needs of elderly people and to provide informal caregivers with necessary support and training materials
- ▶ Establish channels through which informal caregivers can access information about respite solutions, training opportunities and other support:
 - ▶ provision of information on official websites,
 - ▶ during home visits to homes where elderly people live,
 - ▶ in hospitals and other social services by respective professionals



Recommendation for Raising Public Awareness

- ▶ Invest more effort and resources in advocacy activities and raising awareness of the issue among general public
 - ▶ Fighting stereotypes like those of abuse being a victim's fault and domestic violence being a private matter.
 - ▶ Reporting to the relevant authorities in case of suspicion of domestic violence should be viewed as a duty of each citizen.
 - ▶ Involvement of men in such campaigns is a must.
- ▶ Campaigns to publicize laws/provisions that deal with violence against elderly women and systems put in place to protect victims of violence to ensure public understanding and support, including taking action in case of suspicion of domestic violence
- ▶ Complementing efforts of NGOs that work in the field and already conduct public awareness campaigns by more governmental efforts and support
- ▶ Improving knowledge of elderly people of how they can protect their rights and who they can turn to in case they experience domestic violence



General Recommendations for Policies/Funding

- ▶ Dedicated funding allocated within national budgets and balanced across municipalities
- ▶ Support specialized shelters for older women or units in shelters for elderly
- ▶ Support a specialized agency/position to address the needs of the older people including provision of assistance in case of all forms of violence against older people
- ▶ Create support services and helplines that specialize in helping elderly people, which should be publicized through channels appropriate for older people (TV, leaflets in hospitals etc.)
- ▶ Provision of support services in different languages to ensure access by minority groups
- ▶ Provision of free medical and psychological assistance to elderly victims of abuse who might not be able to afford to pay for such services.



General Recommendations for Policies/Funding 2

- ▶ Introduction of free of charge regular primary prevention and screening programs for elderly people, which will include gender-specific aspects and screening for signs of abuse
- ▶ Encourage and support NGOs and researchers who deal with the topics of violence against women and/or elder abuse in conducting research on abuse of elderly women
- ▶ Collection of data on domestic violence and elder abuse by the police and in social and healthcare services;
- ▶ Creation of gender statistics working groups to ensure that data are systematically and adequately collected and trends can be tracked. These statistics should be published on the relevant governmental websites regularly
- ▶ Funding for rehabilitation programs for abusers of elderly people which are implemented by social services in cooperation with NGOs working in the field of elder abuse and draw upon other programs of rehabilitation (e.g. for substance abusers) in cases where multiple issues are demonstrated by abusers

