

INTERVENTION

Module 15: Barriers and risks in reporting violence

In this module:

- **Barriers and risks for older persons;**
- **Cultural and language barriers to disclosure;**
- **Barriers to disclosure for older persons living in rural or isolated regions;**
- **Barriers and risks to those who witness or suspect violence against older persons;**
- **Reducing the Barriers: The “3 A’s”;**
- **Stories from the front lines;**
- **Learning activity; and,**
- **Questions for reflection.**

When an older person becomes a victim of violence, we can learn about it in several ways:

- From the victim’s story;
- From the report of a health professional, police officer, caregiver, family member, friend or bystander; and,
- From observing the older person in her or his living environment, relationships with family or caregivers or financial situation.

The reality is that most violence against older persons remains hidden. It is estimated that between four and 10 per cent of older persons are subject to one or more forms of abuse or neglect.⁴⁷ Why is this figure so low? Barriers to reporting exist both for the victim of violence and for any witnesses or other concerned persons. In this learning module we look at the barriers and risks in reporting violence of older persons.

⁴⁷ Government of Newfoundland and Labrador. (no date). *Healthy Aging Policy Framework*. Retrieved from: http://www.health.gov.nl.ca/health/publications/ha_policy_framework.pdf.

Barriers and risks for older persons

Older persons, like most victims of family violence, may be reluctant to speak up and ask for help. Some of the barriers that leave older persons unwilling, unable or reluctant to talk about their experience of violence include:

BARRIER	DESCRIPTION
The fear of more violence	<ul style="list-style-type: none"> • Older persons may fear that if they say something or complain, the perpetrator will find out, and the violence will worsen; even more so if the older person depends on the perpetrator for care or social contact.
Feelings of shame and humiliation	<ul style="list-style-type: none"> • Older persons may feel humiliated because they do not have enough power or control to stop the violence. • Victims may keep the violence secret because they are feeling shame, denial or fear. • Victims may feel shame if the perpetrator is a family member, and may worry about what others will think.
Blaming themselves for the violence	<ul style="list-style-type: none"> • Older victims of violence may feel they deserve what they are getting. They may feel they chose the “wrong” spouse or did a poor job raising their children.
The fear of loss of affection or connection	<ul style="list-style-type: none"> • Older persons may not have relatives still alive or living nearby. The perpetrator may be their only social contact. • Older persons may worry that if they report family violence, they will lose access to grandchildren or other family members. • Older persons may fear losing a pet if they report violence and are removed from their home.

<p>Worries about what will happen to themselves and/or the perpetrator</p>	<ul style="list-style-type: none"> • Older persons may fear being left alone. • Older persons may need help with activities of daily living. They may worry about who will care for them if the perpetrator is no longer there. • Older persons may fear moving into long-term care or other residential care facilities. They may also fear losing their treasured possessions. • If the perpetrator is a loved one, older persons may not want to press criminal charges. • Older persons may not want to see their loved one sent to prison.
<p>Concerns about “family honour”</p>	<ul style="list-style-type: none"> • Older persons may fear that reporting violence will bring shame and dishonour to the family. • In some cultures, the family is considered more important than the individual. Older persons may feel that it is their duty to suffer in silence rather than bring disgrace to the family’s reputation.
<p>Concerns about being seen as “weak”</p>	<ul style="list-style-type: none"> • Older victims of violence may believe that they should solve their own problems and not have to reach out for help.
<p>Medication issues</p>	<ul style="list-style-type: none"> • Improper medication may cause disorientation or confusion. This may make it hard for older persons to think clearly or tell someone that they are in danger.
<p>Past negative experiences disclosing violence</p>	<ul style="list-style-type: none"> • Older persons may have had a bad experience in the past when telling someone that they have been harmed. As a result there may have been little or no change in their situation, or things were made worse.

Lack of knowledge or understanding of human rights	<ul style="list-style-type: none"> Older persons may not know they have the right to be safe and live free from violence. They may not know about programs or services that support those rights.
Lifetime exposure to family violence	<ul style="list-style-type: none"> Older persons who have been exposed to violence throughout their lives may see violence as “normal”. They may not see it as an unacceptable violation of their human rights.
Poverty or limited resources	<ul style="list-style-type: none"> Older persons who live on lower incomes may feel powerless or alone. They may feel there is little or no help available for victims of violence who are poor.
Inability or challenges in communicating	<ul style="list-style-type: none"> Some older persons with a disability may have trouble communicating.

See Victim Coping Strategies in Module 7, *Impact and effects of violence against older persons*, for other psychological barriers to disclosure.

Cultural and language barriers to disclosure

Cultural diversity is growing in Newfoundland and Labrador. We are seeing a wider variety of cultures and hearing a diversity of languages in this province. Cultural differences may be a factor in the reporting of older adult violence. These are some of the challenges they may face:

- The older person may not know sponsorship rules, laws and rights. They may fear being deported if violence is reported;
- The older person may be financially or socially dependent on the perpetrator, which makes seeking help very difficult;
- The older person may not have family, friends or a support network.
- Older immigrants and refugees, Aboriginal elders, francophones, and others in this province may not speak English as their first language. Language barriers may hinder seeking help:
 - The older person may not be able to clearly explain details in English;

- Service providers, family and friends may not be able to help if they cannot communicate in the language of the older person;
- There may be limited access to non-family, professional translators; and,
- Language barriers may hamper access to resources;
- Perceptions of violence may differ among cultures. As a result, some older victims of violence may not see what happens to them as “violence.” They may not seek or even see the need for help;
- An older person from a war-torn country may have survived many traumas. They may, as a result, fear or mistrust authorities and institutions;
- Service providers may not understand the impact of the older person’s culture as it pertains to violence; and,
- Counselling may be foreign to the older person’s culture. Sharing personal concerns may be considered by the older person to be culturally unacceptable.

Barriers to disclosure for older persons living in rural or isolated regions

Isolation due to geography may be a challenge for older victims of violence.

- Older persons may live far from neighbours, social supports, police, and other services. This makes it hard to know where to turn when violence occurs.
- Older persons may not report violence if they think there is a lack of appropriate options for housing, respite care or safe shelter in their community.
- In a small community there is a sense that “everybody knows everybody.” An older victim of violence may not be willing to share private family issues in such a situation.

Barriers and risks to those who witness or suspect violence against older persons

If you have contact with older persons, you may at some point become aware of a situation that does not appear to be safe. You then have an important role to play in helping to address and prevent violence. Lack of concern is rarely the issue when helpers remain silent.

Helpers may face a number of barriers that affect their ability to report the problem. Some of these barriers are listed in the following chart.

BARRIER	DESCRIPTION
<i>Lack of knowledge, education and training</i>	<ul style="list-style-type: none"> • Lack of awareness, expertise and training in recognizing risk factors and signs of violence. • Lack of training in medical schools and other professional programs in: <ul style="list-style-type: none"> ○ violence prevention; ○ violence recognition; and, ○ violence intervention, including screening, assessment or interviewing techniques with older adult patients or clients. • Poor understanding of the prevalence of violence against older persons. • Not knowing what to do, whom to call, or where to report suspected violence. • Lack of training to deal with issues of language and culture.
<i>Time</i>	<ul style="list-style-type: none"> • Short visits to the service provider may not be enough to identify the subtle clues that indicate injury or harm from violence. • Lack of time and resources to follow up on suspicions of violence.

<i>Fear</i>	<ul style="list-style-type: none"> • Fear of the suspected perpetrator (service provider’s fear of violence to themselves or their families). • Fear of lack of support from colleagues or management. • Fear of job and income loss. • Fear of getting a co-worker in trouble (protecting a co-worker); not wanting to be labeled as a “tattletale”. • Fear of lawsuits from patients, clients or families. • Fear of getting involved, going to court, lost wages from time in court.
<i>Perception of lack of power</i>	<ul style="list-style-type: none"> • Some service providers feel there is not much they can do to make the violence stop.

Reducing the barriers: The “3 A’s”

When an older person is being harmed, it takes courage to tell another person what is happening. As mentioned previously, the older person often feels shame, humiliation and fear. By taking these feelings into account, you as the listener can engage the older person in a way that is respectful and nonjudgmental, honouring the person’s values, wishes, right to make decisions, and to accept or decline help. Below is a guide listing the “3 A’s” of being present for an older person who discloses violence:

1. Listen ACTIVELY and provide reassurance;
2. ASK the older person what she or he want; and,
3. ACT according to the older person’s wishes, and follow up.

1. Listen *ACTIVELY* and provide reassurance

- First, create a safe, non-threatening environment for the older person who may be overwhelmed by fear and uncertainty. You can:
 - Meet with the older person without the perpetrator present;
 - Try to help the older person relax by offering tea, water or making small talk;
 - Eliminate or reduce distractions in the room;
 - Check to see that the older person has any needed communication aids, such as hearing aids or glasses;
 - Relate to the person as a whole, complete person and not just as a victim;
 - Avoid language or professional jargon that the older person may not understand;
 - Be aware of gender and cultural norms (for example, a woman may feel more comfortable speaking with another woman); and,
 - Be sensitive to language barriers, and offer services in the language used by the older person.
- Listen carefully to the older person without interrupting. Provide as much time as needed for the person to tell her or his story.
- Use non-verbal communication such as gestures of understanding (nod your head, lean slightly forward). Be aware that social rules for making eye contact differ from culture to culture.
- Spoken encouragement such as “This must be difficult for you” or “Take your time, it must be hard to talk about this,” may be helpful and reassuring to the older person.
- Emphasize that confidentiality and wishes will be respected, within the limits of the law. For example, you may work in a long-term care home where it is mandatory for staff and volunteers to report violence. In that case, you need to inform the older person that whatever is disclosed must be reported.
- Seriously consider what the older person is saying. Your facial expression and body language should be calm and neutral. Do nothing to discount the story such as challenging the person’s memory. Always bear in mind that it is very painful to disclose violence.
- Avoid showing any negative reaction to the perpetrator or implying blame. The older person may want to protect the perpetrator and not disclose if there is a perceived risk of harm to the perpetrator.

- Assure the older person that she or he is not to blame in any way. Victims of violence sometimes feel that they have done something to deserve it.
- A relationship of trust must often be established over time for an older person to disclose violence. The older person may begin by sharing information in small bits, to feel safe and “test” your reactions. Be patient and supportive. This will allow the older person to open up to you whenever she or he is ready.

2. ASK the older person what they want

- Ask the older person what they want to do and how you can assist.
- Listen very carefully to the response.
- The person may want to have a trusted family member or friend present to provide support.
- Be prepared for a strong emotional response or anxiety from an older person who is disclosing. You will need the skills to deal with these emotions. Plan to follow-up with the person or refer for appropriate support.
- The older person may decide to do nothing about a violent situation. In that case, provide resources and other information in case there is a change of heart later on.
- People can make informed decisions if they have accurate information about:
 - Options;
 - Steps involved in making a report; and,
 - Follow-up and supportive resources.

3. ACT according to the older person's wishes and follow-up

- ***IMPORTANT!*** If you feel that the person is in *imminent danger*, call 911 where available, or see the *Helpful resources* section starting on page 192 to find an emergency number.
- Be aware of your own biases. Avoid making judgments about what the older person decides to do. The older person may not do what you would do in a similar situation. Whatever the person decides, it is important that she or he feels supported in this process.
- An older person may not be prepared to take action to address the harm directly. In that case, ask what changes they wish to make. Support and assist the older person in working toward these goals. For example, activities that help increase self-esteem and self-worth can have a positive impact on the older person's life. It may also help to make changes to daily routines, get out of the house more often, and enhance social supports.
- The older person has the right to decline help. In that case, you may ask if it is safe to provide information in case the person wishes to follow up later. Find a safe way to leave a phone number or follow-up information (for example, with a trusted neighbour or in a safe place).

STORY FROM THE FRONT LINES

Darlene

Darlene is an orderly at a long-term care home in a small community. Mrs. Clarke, 88, is one of Darlene's patients. Mrs. Clarke loved to chat. She lived in the home for two years and was seen as a "gossip". While receiving care, Mrs. Clarke always told stories to the staff about other staff and residents.

One night, Mrs. Clarke was unusually quiet and seemed troubled. Darlene asked what was wrong. Mrs. Clarke told her that Wanda, who also worked the night shift, had slapped her the night before. Darlene was shocked and asked Mrs. Clarke for more details.

Mrs. Clarke said, "I had an upset stomach last night and rang the call bell for assistance to get to the washroom. I waited a long time, but nobody came to help me. I tried to get out of bed myself because I knew I couldn't wait much longer. I didn't make it to the washroom and left a mess in my bed, on the floor and in the washroom. When Wanda finally got here, it was too late. Wanda slapped my arm and yelled at me. She told me that I would have to wear a diaper 'like a baby' because I 'obviously can't control myself'."

Darlene finished helping Mrs. Clarke with her blankets. She reassured her that she would look into the matter, and left the room.

Darlene did not know what to do. Her mother-in-law and Wanda were cousins. Darlene knew that it would cause problems within the family if she reported the incident to her manager.

LEARNING ACTIVITY

1. Referring to the story of Mrs. Clarke, answer the following questions:
 - What types of violence can you identify in this situation?
 - Who is the victim? Who is the perpetrator?
 - How might Mrs. Clarke have felt while describing the incident to Darlene?
 - Describe the relationship you think Darlene and Mrs. Clarke might have had.
2. The long-term care home in this story has a mandatory reporting policy. Any staff person, volunteer or student who witnesses or receives a disclosure of violence must report it to a supervisor.
 - What was Darlene's dilemma?
 - How might the event be reported without causing problems for Darlene and her family?
3. Learn about the laws, policies and procedures for reporting violence against older persons in Newfoundland and Labrador.
 - Who is required by law (mandated) to report violence against older persons?
 - Which organizations, institutions or agencies in your community, region or province have mandatory reporting policies for violence against older persons?
 - What are the federal or provincial laws on reporting violence against older persons? What is *your* responsibility if you witness or hear about such an incident?
 - To whom should you report an incident of violence against an older person?

QUESTIONS FOR REFLECTION

1. Think about a time, such as when you were in elementary or high school, when you may have been bullied, threatened or harmed in some other way. Maybe you have been a witness or knew someone who had such an experience.
 - What did you do?
 - Did you tell anyone? If so, whom? Why did you choose that person? If not, why not?
 - Given what you have learned in this module, what would you have done differently?
 - If you are still feeling the effects of that experience, what might bring about some closure?

2. Recall a time when someone confided in you about a traumatic or otherwise difficult experience. This could have been someone you knew well or had just met for the first time.
 - How “present” were you with this person?
 - What did you do to help her or him feel at ease?
 - Were you satisfied with the way you listened?
 - Did you find yourself making judgments about that person?
 - Was this a situation that required reporting of the experience to some authority, making a referral or following-up? If so, what did you do and was it effective?