

INTERVENTION

Session 15: Barriers and risks in reporting violence

Materials for this session⁵³

- Sign-in sheet
- Participant Manual, one for each participant
OR copy of Module 15 for each participant (Manual pages 182-194)
- Trainer Notes
- PowerPoint
- Handouts
- Participant Evaluation forms
- Compilation and Summary of Data Collected with Evaluation Form #1

Key points in Module 15

The problem

- Most violence against older persons remains hidden.
- It is estimated that only between four and 10 per cent of violence against older persons in Canada gets reported⁵⁴.
- This figure is so low because *barriers to reporting* exist for both the *victim* of violence and for *witnesses or other concerned persons*.

Barriers and risks for older persons

BARRIER	DESCRIPTION
<i>The fear of more violence</i>	<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.

⁵³ See pages 28-29 in this Guide for a Training Checklist and a list of materials, supplies and equipment for each training session.

⁵⁴ 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.

<p><i>Feelings of shame and humiliation</i></p>	<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.
<p><i>Blaming themselves for the violence</i></p>	<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.
<p><i>The fear of loss of affection or connection</i></p>	<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><i>Worries about what will happen to themselves and/or the perpetrator</i></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 institutions. 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.

<i>Concerns about “family honour”</i>	<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.
<i>Concerns about being seen as “weak”</i>	<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.
<i>Medication issues</i>	<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.
<i>Past negative experiences disclosing violence</i>	<ul style="list-style-type: none"> • Older persons may have had a bad past experience when telling someone that they have been harmed. The result may have been little or no change. Things may have gotten worse.
<i>Lack of knowledge or understanding of human rights</i>	<ul style="list-style-type: none"> • Older persons may not know they have the right to live safely and free from violence. They may not know about programs or services that support those rights.
<i>Lifetime exposure to family violence</i>	<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.
<i>Poverty or limited resources</i>	<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.
<i>Inability or challenges in communicating</i>	<ul style="list-style-type: none"> • Some older persons with a disability may have trouble communicating.

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. Barriers may include:
 - The older person may not know sponsorship rules, laws and rights. He or she 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. There may be limited access to non-family, professional translators;
 - Perceptions of violence may differ among cultures; 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. He or she may, as a result, fear or mistrust authorities and institutions; and/or,
 - Counseling 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

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. The older person often feels shame, humiliation and fear.
- By taking these feelings into account, 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.
 1. Listen ACTIVELY and provide reassurance.
 - a. Listen carefully to the older person without interrupting. Provide the time needed for the person to tell her or his story.
 - b. Assure the older person that he or she is not to blame in any way. Victims of violence sometimes feel that they have done something to deserve it.
 2. ASK the older person what she or he wants.
 - a. 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.
 - a. 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.
 - b. Whatever the person decides, it is important that he or she feels supported in this process.

INTERVENTION
Session 15: Barriers and risks in reporting violence

AGENDA

Activity #	Activity	1.5 Hour session	Materials
1	<p>Welcome</p> <ul style="list-style-type: none"> • Welcome participants. • Introduce yourself if necessary. • Participant introductions, if necessary. • Make housekeeping announcements <p>Guidelines for being together (See some examples on p.14)</p> <p>Today's topic</p> <ul style="list-style-type: none"> • Briefly explain that this is Session 15 in the <i>Respect Aging</i> training program. Today's topic is <i>Barriers and risks in reporting violence</i>. <p>Agenda</p> <ul style="list-style-type: none"> • Review Agenda. • If participants do not have their own copies of the Participant Manual, hand out copies of Module 15. <p>What is the problem?</p> <ul style="list-style-type: none"> • Most violence against older persons remains hidden. 	10 minutes	<ul style="list-style-type: none"> • PowerPoint slides 1-3 • <i>Participant Manual</i> OR one copy of Module 15 for each participant

2	Brainstorming <ul style="list-style-type: none"> • Ask the group: “<i>Imagine that you are an older woman and you are being verbally abused by your adult daughter. What might prevent you from telling someone?</i>” • Brainstorm responses and record on flipchart. 	15 minutes	<ul style="list-style-type: none"> • PowerPoint slide 4 • Flipchart • Markers
3	Learning together <i>Barriers and risks for older persons</i> <ul style="list-style-type: none"> • Show slides. • Refer to the Additional Notes on the slides for more information. 	20 minutes	<ul style="list-style-type: none"> • PowerPoint slides 5-15
4	Small group activity <i>Stories from the Front Lines: Darlene and Mrs. Clarke</i>	35 minutes	<ul style="list-style-type: none"> • Handouts 1 & 2
5	Wrap-up / Evaluation <ul style="list-style-type: none"> • Distribute <i>Participant Evaluation Form #1</i> and ask participants to complete them. • Do a final go-round, asking participants to briefly share how the session was for them, and how they will use what they have learned in their work or interactions with older persons. • Thank participants once again for their input, sharing and time. • Explain to the participants that the next session (#16 on Helpful Resources) will be followed directly by a short 	10 minutes	<ul style="list-style-type: none"> • <i>Participant Evaluation Forms</i>

	<p>Final Wrap-Up Session. You may want to ask members of the group how they would like to celebrate the end of the program. They may have some fun ideas.</p> <ul style="list-style-type: none"> • Collect <i>Participant Evaluation Form #1</i>. 		
	<i>Total time</i>	90 minutes	

IMPORTANT!

After facilitating this session, please complete the form titled **Compilation and Summary of Data Collected with Evaluation Form #1** (page 226). Your feedback will help us keep project materials relevant, useful and up-to-date. Mail or fax within one week of the session to:

Provincial Training Coordinator
 Women’s Policy Office/Violence Prevention Initiative
 Government of Newfoundland and Labrador
 Confederation Building, 4th floor, West Block
 St. John’s, NL
 A1B 4J6

PHONE: (709) 729-5009
 FAX: (709) 729-1418
 EMAIL: vpi@gov.nl.ca

INTERVENTION – SESSION 15 ACTIVITY

Activity 4: Stories from the Front Lines

Darlene and Mrs. Clarke

1. Divide participants into three or four small groups of four to six people. Hand out one copy of the *Stories from the Front Lines – Darlene and Mrs. Clarke* to each group. Hand out a copy of *Reducing the Barriers* to each participant.
2. A volunteer in each group should read the story out loud. Ask each group to appoint a recorder and a reporter. Each group should answer the questions below. The recorder should write the group's responses on a flipchart.
 - a) What types of violence can you identify in this situation?
 - b) Who is the victim? Who is the perpetrator?
 - c) How might Mrs. Clarke have felt while describing the incident to Darlene?
 - d) 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?
 - Can this event be reported without causing problems for Darlene and her family? Use the "3A" model to design a solution.
3. Bring the large group back together. Read the first question out loud and ask for responses. Ask the others if they agree, disagree or have anything to add.
4. Repeat the process with the remaining questions. For the *final* question, ask each small group to share its solution using the 3A model.
5. Conclude by pointing out that it is important to know the legal reporting procedures for violence against older persons and the barriers to reporting. Most residential care facilities have mandatory

reporting requirements for all staff, volunteers and students. *In this case, because it is a long-term care facility, reporting is mandatory.* The situation can be handled with dignity by including the families in the process. All should agree that Mrs. Clarke's safety is the first concern.

INTERVENTION – SESSION 15 HANDOUTS

HANDOUT 1: STORY FROM THE FRONT LINES

Darlene and Mrs. Clarke

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 loves to chat. She has lived in the home for two years and is seen as a "gossip". While receiving personal 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.

HANDOUT 2: 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. You can honour the person’s values, wishes, right to make decisions, and to accept or decline help.

Here is a guide for interacting with an older person who is disclosing an experience of violence.

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;
 - 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. Always bear in mind that it is very painful to disclose violence.
- 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 encouragers 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.
- 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 he or she 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 she or he wants

- Ask the older person what he or she wants to do and how you can assist.
- 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. Otherwise, be sure to have on hand the local police phone 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 he or she feels supported in this process.
- An older person may not be ready to take action to address the harm directly. In that case, ask what changes he or she wishes 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).