Violence against the elderly

Challenges – Research – Action

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Introduction

The phenomenon of violence is the focus of scientific research interests of specialists in many disciplines (e.g. sociology, psychology, pedagogy, law, etc.). Most frequently, subject literature features research reports concerning violence against children or women. It is less often regarding violence against the elderly, although in the last decade the issue of elder abuse has occupied researchers to a greater extent. According to Piotr Sztompka, the occurrence of elder abuse on the one hand signals poor functioning of the mechanisms of social control, and on the other hand, lack of "social capital", especially if the concept of social capital is to be referred to as an index of trust.

What is the actual situation? This and other questions are answered by the Authors of the articles published in this volume. In order to establish the scale and nature of the examined phenomenon, and to take the necessary preventive, prophylactic, and interventional measures, the project "Unheard Voices: Developing the East Central European Network for the Prevention of Elder Abuse" has been realized. Its crucial effects are the following:

- Publication of conference findings in a report of policy recommendations and a collection of studies.
- Establishment of the East Central European Network for the Prevention of Elder Abuse. This will involve the creation of a website with a database of research resources for exchange of information.
- Development of specific programmes: best practices and training for social workers, policy recommendations, and an awareness campaign.

The publication *Violence against the elderly. Challenges-Research-Action* confirms the realization of the above objectives. It is a source of knowledge and practical solutions, which can be implemented in any state that faces the problem of elder abuse, taking into account the specific requirements of the given country.

In the article *Role of research on elder abuse: introducing main issues.* Stefan M. Kwiatkowski introduces the readers to the problems of the sense, meaning, and importance of such research.

In its further part, the volume is divided into three main chapters, entitled: *I. Challenges, II.Research, and III. Action.*

The first chapter includes two papers, by Mirosław J. Szymański *(Violence in the world of social turmoil)* and Andrzej Zwoliński (*Cultural basis of violence against the elderly*). The Authors concentrate on the social-cultural changes and their consequences, among which they list the phenomenon of violence, including elder abuse.

The second chapter – *Research* – contains nine articles. The Authors come from Central and Southern Europe, that is from Slovenia (Darja Zaviršek, *Between care and violence: Disabled women's experiences of violence*), from Poland (M. Halicka, J. Halicki, *Marital violence against the elderly in the context of disease)*, the Czech Republic (L. Juríčková, K. Ivanová, J. Lužný, *Advocacy for incapacitated elderly*), Serbia (K. Ovesni, *Treatment of adult victims of violence in Serbia),* Bosnia (S. Šadić, N. Salić, *Social and economic causes of elderly violence in Bosnian society*), and Kosovo (V. Krasniqi, *Aging in a young nation and new state Kosovo: social divisions and neglect across cultures*), but also from Western Europe, from Austria (J. Hörl, *Legal responses to elder abuse: do they matter?*), and from highly developed countries, as Canada (J. Hughes, H. Luo, *Abuse of older adults in culturally minoritized groups within Canada*) and Australia (S. Gair, *Disrupted and denied contact with grandchildren: "I think it's a form of abuse"*). The articles present the most recent research on the scale of violence in those countries, and the problems the researchers face while investigating the actual scale of the phenomenon.

The third chapter, *Action,* contains 10 papers. The first three are authored by Ariela Lowenstein, Sigal Naim (*Means of Prevention of Elder Abuse – A Case Study of the Israeli Experience*), by Adam A. Zych (*Model solutions for counteracting violence against the elderly*), and by Tova Band-Winterstein and Sara Alon (*Theoretical knowledge and practice wisdom: towards a comprehensive model for addressing elder abuse and neglect*), and propose specific solutions for counteracting the phenomenon of violence and for planning the strategies for specialists working with victims. The remaining articles present the analysis of actions taken so far in the former Eastern bloc countries. At the central level of administration, the steps taken are legal regulations and creation of support institutions. At the local

level, they include establishing interventional and support institutions, hiring specialists, and realizing preventive tasks against elder abuse, through implementation of prophylactic, interventional, and therapeutic projects and programmes. Such analyses are presented in articles by: G. Mehanzhiyska (*Elder abuse and neglect – trends and practices in Bulgarian social work);* J. Prokop (*Home violence to seniors in the Czech Republic);* D. Smetanova (*Domestic violence against seniors in the Slovak Republic*); N. Nychkalo (*Socio-pedagogical problems of social protection of elderly people: Ukrainian realities and prospects*) and V. Robak (*Phenomenon of violence against older people as a factor of their life quality worsening*). The same problems are discussed with respect to other countries, like Spain, by P. Fernández-Montaño (*Elder abuse in Spain: diagnosis and intervention*), and also with respect to other EU countries in the context of challenges for Poland, by K. Jagielska, J. M. Łukasik, and N. G. Pikuła (*Elder abuse in the EU – challenges for Poland*).

Presenting this volume to the Reader, the Authors sincerely hope that the discussion of those issues will inspire not only further reflection, but, most of all, further research on elder abuse (including elaboration of diagnostic methods and tools), and creation and implementation of practical models of preventive, prophylactic, interventional, and therapeutic character, with the purpose of counteracting the phenomenon of violence.

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ROLE OF RESEARCH ON ELDER ABUSE: INTRODUCING MAIN ISSUES

The period of rapid changes that we witnessed at the turn of the 21st century challenged the previously existing, "eternal" values. As B. Kulka observes, "great civilizational and social contrasts, technology domination and ecological threats, and conformism have led to destabilization or rejection of axiological imperatives, which frequently restrict modern man like a tight corset" (Kulka, 1998, p. 234), but they also minimize the presence of axiological imperatives in an individual's life and cause the expansion of negative attitudes. A claim can be made that socio-cultural changes and macro- and microsocial transformations have brought both unlimited opportunities for development and threats to the crucial spheres of life of individuals and social groups. Changes in the personal dimension entail changes in the whole social structure, thus generating a gamut of new experiences, both positive and negative.

Canonically, the most significant transformations – the modern challenges – include the process of society ageing and the new phenomena associated with it. In the last 25 years in Poland, besides political, cultural, social, and economic changes, another observable change has been the decelerating demographic progress. It is reflected in the age-structure of the Polish population. Namely, the birth rate is falling, while life expectancy is increasing, and so is the percentage of elderly citizens. 2014 research conducted by GUS (Central Statistical Office of Poland, 2014) shows that since 1990, the number of persons over 65 has increased in Poland (which is a tendency observable in all countries of the world). The

number is successively growing, as the data from GUS confirm: in 1989 the percentage of persons aged 65 and more was 10%, while in 2013 it was 14.7%.

It seems necessary to present the characteristics of a Polish senior citizen. The recent research by GUS (2014) reveals the following statistics:

- elderly persons constitute 16% of inhabitants in urban areas and ca. 13% of inhabitants in rural areas;
- elderly persons constitute as much as 41% of the disabled persons;
- 61% of elderly persons are women;
- elderly persons are married or widowed; 78% of elderly men and 34% of elderly women are married;
- in the 65+ group, 46% have elementary education, 24% have secondary and post-secondary education, 13.5 % have vocational education, 9.5% have higher education, and 5% have no formal education (currently the educational level among seniors is growing);
- elderly citizens support themselves mainly from non-active income; around 2% are professionally active;
- 13% of elderly persons describe their health as at least good, 45% describe their health as "neither good nor poor", and the remaining 42% report poor or very poor health.

The prognostics offered by demographists confirm the opinion of social scientists, both theoreticians and practitioners: it is justified to raise the problem of society aging as a challenge to an individual, a group, and the whole society. In recent years, very often the phenomenon of old age and the elderly has been viewed from the perspective of productivity and economic threats (as the data provided by GUS reveal, it is highly probable that in the future the working minority will support the non-working majority). Moreover, the dominating cultural trends (marked, among other things, by the ideology "fast food, fast sex, fast car"), the hurtful stereotypes, and the negative image of an elderly person contribute to the fact that social reality becomes less elderly-friendly. The perpetuated view of a senior is one of an ailing, disabled, impoverished, helpless, dependent, and useless person (atheism and gerontophobia). As a consequence, senior citizens are perceived negatively, which is manifested in negative attitudes, especially: ignoring their needs, neglect, social isolation, physical abuse, and financial abuse. The latter consists not only in illegal and unjustified using of the senior's financial resources, but also in financial frauds based on seniors' credulity and lack of knowledge. Such attitudes are a sign of

abuse and neglect towards the elderly. Thus elder abuse will be the subject of the following reflections.

Among the many definitions of elder abuse, the most comprehensive one has been prepared by WHO. It states that 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[1]" (Tobiasz-Adamczyk, 2010). The various forms of elder abuse are presented below, in Table 1.

Table 1. *Forms of elder abuse*

Type of abuse	Manifested in	Effects
Physical abuse: violent action or brutality causing harm, physical pain or malaise,	hitting, slapping, biting, pushing, restraining, kicking, strangling, punching, throwing objects at the victim;	bruises, broken bones, sprains, cuts, pulled hair, fear, anxiety, depression;
Psychological abuse: threatening, humiliating, maltreatment, swearing and other verbal behaviours, and/or other forms of psychological cruelty resulting in physical and psychological distress,	blaming, cursing, intimidating, threatening and violence, isolating, treating an elder as a child, verbal aggression, calling names;	fear, depression, embarrassment, insomnia, loss of appetite;
Financial abuse: illegal and inappropriate use of funds, possessions, or other resources belonging to an elderly person;	appropriation of funds, valuables and other property, stealing, refusing the elderly access to their own resources;	loss of money, inability to pay the dues, deterioration of health and lowering of life standard, no sense of security;
Sexual abuse: direct or indirect interfering with the sexual activity of the elderly without their consent;	watching, stripping, photographing, rape, forced sex, suggestive remarks, touching;	physical and psychical discomfort, remorse;
Symbolic abuse: forcing the elderly to behave in ways convenient for the dominant groups;	discrediting elders' own cultural heritage, forcing them to wear specified clothes and use specified language;	violation of rights, loneliness, isolation;

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[1] UNECE Policy Brief on Ageing No. 14 October 2013, p. 2 http://www.unece.org/fileadmin/DAM/pau/age/Policy_briefs/ECE-WG-14.pdf accessed: 30th Nov 2015.

Neglect: repeated deprivation of (repeated decrease in) care or assistance required by an elderly person in crucial everyday activities;	neglect in providing food, shelter, clothing, medical care, personal care, social contacts, misuse or overuse of medications;	malnutrition, bedsores, untreated medical problems, depression;
Abandonment	loss	harm, suffering;

Based on: Abuse of Older Persons, UNECE Policy Brief on Ageing No. 14 October 2013.

It should be noted that elder abuse is not a popular research subject. It is due to many factors, in particular to the possibilities of diagnosing the phenomenon. It appears that seniors who experience abuse are reluctant to admit being harmed by their closest relatives or care-takers. This reluctance is rooted in the sense of duty, the perceived obligation to protect the family. Abuse victims are silent because they feel responsible for the family members. Moreover, they feel ashamed and helpless in such a situation; they also experience lack of support from the family members, dependence from the abuser, no trust in specialists and institutions, or simply lack of knowledge about how, where, and from whom they might receive help (Tobiasz-Adamczyk, 2010). Additionally, elder abuse does not raise interest as it is not quite perceived as a considerable threat in the old age. Further, there are no clearly defined criteria of abuse recognition (diagnosis), no efficient procedures of taking measures when abuse is diagnosed, and low social awareness of the problem. As a result, an elderly victim of abuse, even the one who is in touch with a medical or social care institution, cannot always rely on their help and still faces the problem alone.

And yet the phenomenon of elder abuse does exist. According to WHO, the numbers concerning elder abuse are lowered by 80% (WHO, 2008). WHO estimates that around 4% to 6% of seniors have experienced some form of abuse at home (WHO, 2011), and at least 4 million have experienced maltreatment in the WHO European Region over one year (Regional Office for Europe, 2011). In Poland, numbers showing the scale of the phenomenon can be found in the survey results PolSenior, dated 2011. The data show that the phenomenon of elder abuse has affected 5.9% of the respondents. The most frequent forms of abuse are: verbal abuse, ridiculing, mocking, and ignoring – 5.4%; threats and blackmail – 2.1%; physical abuse (hitting, kicking, strangling, hurting) – 0.4%; pushing or

prodding – 1.1%.14% of the respondents have experienced passive abuse (neglect), with women being the victims more often (7.8%) than men (5.9) (Mossakowska, Więcek and Błędowski, 2012, p. 497).

In view of the above, it is worth emphasizing that research on the scale of elder abuse is required, from diagnosis, to action strategies in case of identifying an elder abuse situation, to raising social awareness of the effects that abuse has on its victims and its witnesses.

Undoubtedly, the research group from the Pedagogical University of Krakow has faced the challenge. The researchers have prepared an international project "Unheard Voices: Developing the East Central European Network for the Prevention of Elder Abuse", financed by European Association of Schools of Social Work (EASSW). The project aims to create an international online platform for the exchange of information on the conducted research, the undertaken actions, and the available programmes of abuse victims support (www.senior. up.krakow.pl). To achieve the assumed goal, the researchers organized an international conference on elder abuse, and established a Support Centre for Children, Youth and Seniors, operating at the Institute of Social Work of the Pedagogical University of Krakow. Moreover, a social campaign was conducted in local communities of several regions, to sensitize the inhabitants to the phenomenon of abuse and to advertise the local institutions and organizations that offer victims help and support (in the area of Krakow, Kielce, Częstochowa and Tarnów dioceses). Finally, one of the effects of the project is this publication. It includes research reports on the scale of elder abuse in the world, and information on the measures taken to diagnose the phenomenon thoroughly, preventive actions, and therapies for elder abuse victims.

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Challenges

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VIOLENCE IN THE WORLD OF SOCIAL TURMOIL

Abstract: In the article the author analyses the influence of social change on the phenomenon of violence. Even if it cannot be unquestionably noted that the phenomenon has escalated in modern times, it does assume new forms and dimensions. This is particularly noticeable in contemporary cases of violence against the elderly. New facts, events and processes related to change per se may be traumatogenic for them. In the changing reality, seniors' past accomplishments lose their significance. Social change often destroys stable living conditions. This provides the background for new forms of violence against the elderly to occur alongside the old ones. They should be the subject of research, prevention and early intervention of the social policy of a democratic state and local governments.

Key words: senior, violence, social change, social policy

Change has always been an integral part of social life. *Panta rhei* – people said in antiquity in their belief that every being is inevitably subject to change. Even then people were aware that most changes are irreversible in their nature, as reflected in the saying that no man ever steps in the same river twice. Indeed, in the course of life everyone grows more mature, but also older. One may grow wiser, but also physically weaker. The changes experienced by an individual do not affect the general course of social life. Some people die, others are born into the world. Some may be similar to their ancestors, though remaining different in many aspects. People in our environment change: neighbors, friends, and those in authority.

In traditional societies, such changes did not affect the social structure, which in its basic forms lasted for centuries. They did not significantly modify social relations, economic systems, or the existing culture, regardless of whether it was the culture of aristocracy, nobility, knights, bourgeoisie, peasants, etc. Even if in certain social strata there appeared individualities, they could aspire to be called personal role models that merely exemplified and aptly illustrated the ethos and lifestyle of a given social stratum.

The situation has changed dramatically in contemporary times, often referred to as the times of rapid social changes. Numerous publications dealing with this change draw attention to never before encountered demographic changes, finding their manifestation in an increased life expectancy and a significant population growth. A large number of new big cities are noted to have come into existence, and in their size and panache they overwhelm the old, world-famous metropolises. The publications describe the processes of mass culture dissemination and a strong influence of industrialization and urbanization on the conditions and quality of people's life, both in the city and in the country. It was with no little surprise, and indeed often with amazement and ecstasy, that new discoveries in the fields of science and technology were received. With time, people got used to this state of affairs, although new technologies often tended to outshine those encountered in science fiction novels. Scientific and technological developments contributed to an evident improvement in terms of life quality, at the same time causing previously unknown ecological hazards. Information technology reached amazing dimensions and revolutionized the entire communication system between people on a global scale, leading to an unprecedented acceleration of the processes of globalization. The processes of democratization of social life contributed to the evident emancipation of women and ethnic and national minorities, and ensured more rights for children and youth. All these factors combined to create an ever-changing environment for man, who is continuously faced with new challenges, previously unknown opportunities, but also new limitations concerning human existence.

Rapid social change has created a huge number of expectations and hopes for the realization of previously often unimaginable life goals of multitudes of people, which is at the same time accompanied by growing anxiety and uncertainty as to whether they can be fulfilled. Fast and unexpected changes occurring in various situations and world phenomena elude the existing frameworks and constant sequences of events. Many

people feel that the course of human life is not entirely predictable, with successes and failures being a matter of chance and luck. "This capacity for the consequences of minuscule changes to swell at an exponential rate – says Zygmunt Bauman – is now known by the name of the 'butterfly effect'. The rule of the butterfly effect says bluntly that the behavior of complex systems with a number of mutually independent variables is and will forever remain unpredictable. Not just unpredictable to us, because of ignorance, negligence or dim-headedness, but by their, the systems', very nature. (…) The future is unpredictable because it is undetermined. At any moment there is more than one road that the future course of events can take…" (Bauman, 2011, pp. 173-174).

Life in the context of rapid change in which one forever needs to make one decision after another, with each of them being capable of optimizing the situation of individuals or social groups or else considerably worsening it, is burdened with incessant tension and elements of risk. Ulrich Beck was the first to call contemporary society the 'risk society'. This risk is not always immediately noticeable. An individual experiences a growing sense of freedom, which is linked with increasing opportunities and more chances of making independent decisions and choices. Seemingly, it increases the subjectivity of an individual. An individual's choices, however, are entangled in the hidden influences of invisible networks, changing fashions, interests, advertisements, business cycles and markets. The growing risk, whether we are aware of it or not, leads to an escalating social distress. Previously, it was experienced mainly by people on the verge of poverty and destitution, or those already immersed in them. Currently, the risk concerns also the socially privileged. In the course of building their careers they can, in certain periods, benefit from the existing risk; however, this risk can sink them, too, thus resulting in a 'boomerang effect' (Beck, 2002, p. 31).

This condition is also addressed by another prominent contemporary sociologist, Anthony Giddens, who states: "On the one side, we can easily discern many new opportunities that potentially free us from the limitations of the past. On the other, almost everywhere we see the possibility of catastrophe. And in many instances it is difficult to say with any degree of surety in which direction things will move" (Giddens, 2009, pp. 235-236).

This difficulty in defining a perspective is for many people a source of anxiety or even of being lost in a changing and simultaneously unpredictable reality. Commenting on the situation that emerged at the beginning of the

21st century, Bauman notes that "the foundations on which our sense of security was based began to shake, crack and crumble, one after another. The chances to get a steady job and income began to shrink. Bonds and interpersonal relations, once robust, grew weaker" (Bauman, 2012, p. 11). In another work the same author adds: "Being thrown on one's own resources augurs mental torments and the agony of indecision, while 'responsibility resting on one's own shoulders' portends a paralyzing fear of risk and failure without the right to appeal and seek redress" (Bauman, 2006, pp. 30-31).

Uncertainty and stress may cause different reactions: from a breakdown through resignation and apathy to rebellion and active forms of resistance. Also, there are different ways in which individuals and social groups respond to the situations in which they are placed at a disadvantage. Passive individuals tend to choose forms that consist in applying for various forms of support and social help, while those bursting with unused energy seek alternative forms of channeling it. Those are the people who form the majority of groups that expand fundamentalist, terrorist and anarchist organizations in the world. If they do not have any within their reach, they create – like representatives of some youth subcultures – groups that openly manifest aggressiveness and readily resort to violence. The same mechanism can characterize individual perpetrators of violence, regardless of whether it is violence within family, peer group, classroom, sports club or workplace.

There are no convincing findings to show that in contemporary times the rate of violence has grown in comparison to the past, although many conservatives focused on the power of traditional values may think so. Some people claim that nowadays we deal with the brutalization of social life, but has the world ever been free of it? Some classical approaches to the notion of violence and its explanation also apply nowadays, although social change requires them to be supplemented with new interpretations.

One of classical theories looks for the source of crisis phenomena in the response to frustration. Especially Anglo-Saxon functionalists and neo-functionalists in the 1960s and 1970s developed this perspective within the framework of the relative deprivation theory. It is worth mentioning here Ted Robert Gurr's views; he believed that violence manifests itself most powerfully when a gap that develops between aspirations and expectations of some social group and the ability to obtain them becomes too big, which makes it impossible to realize goals and achieve desired outcomes

(Gurr, 1993). This state of affairs often occurred in the period of political transformations in the Third Republic of Poland, and therefore the relative deprivation theory could be applied to explain violence in different social groups and environments.

Another classical theory explaining the phenomenon of violence is 'resource mobilization', which can be particularly useful in explaining violence in large groups. Books by Charles Tilly and other authors showed how people who were excluded could regain their position in the world of politics through violence. The theory helps to understand that this effect is not random, since the use of violence is a consciously employed means of obtaining goals. It is obvious that this theory may still explain the behavior of the participants of strikes or political demonstrations.

The third classical theory of violence associates the phenomenon of violence with the level of culture. For example, Norbert Elias in his work *Przemiany obyczajów w cywilizacji Zachodu (The Civilizing Process)* (1980) asserts that the development of culture civilizes an individual, hence educated people have a better control over their reflexes and do not come into conflict with law as often. Other authors (e.g. Theodor Adorno) argue that different types of cultures allow to use violence as a means of achieving goals or solving conflicts to a different degree. Due to a long-term nature of socialization and acculturation processes, this theory is more effective in explaining social changes within a longer period of time and less effective in explaining reactions to current political events and social situations.

Michel Vieviorka, who qualifies himself as belonging to a group of sociologists dealing with evil, misery, racism, anti-Semitism, violence and terrorism, does not deny the importance of classical concepts explaining violence, however, he also believes that this phenomenon cannot be properly understood without recourse to the analyses of the Subject. In his view, violence includes aspects of a loss of meaning. Resorting to violence is a response to a lack or loss of meaning, anomie and nihilism. An individual or a social group tries to find a substitute meaning in violence. This can happen in the case of terrorism. Frequently it is accompanied by references to a myth that is often built on an individually interpreted nationalist or religious ideology. Vieviorka distinguishes five cases of violence used by different types of subjects. These include:

1. The Floating Subject, who is not able to become a social player in normal circumstances. He resorts to violence, for example, by setting fire to cars to confirm his own existence.

2. The Hyper-Subject, who compensates for the loss of meaning by overloading or excess through a new, existential meaning of an ideological, mythical or religious nature. When resorting to violence directed at themselves or others, they do not limit it to a specific situation. Instead, they treat it as a symbol, a direction, a specific message (e.g. Islamic martyrs).

3. The Non-Subject, who tries to limit his own subjective thoughts and feelings to a minimum. He looks for the meaning in external ideas and orders, in a total submission to a recognized authority (for example, fascist and communist officers, uncompromisingly and with full commitment executing the orders of their superiors).

4. The Anti-Subject – an individual who fails to acknowledge the Other's right to be a subject. Negating the victim's humanity allows to use cruel, particularly sadistic types of violence. Thus construed subject negates all the ideas and principles of humanism and endeavors to be someone who finds pleasure in their negation. His victims are treated like objects, animalized entities without any qualities of the Subject. Sometimes the perpetrator of violent acts combines them with elements of masochism, directing violence at himself as a completely dehumanized person.

5. The Survivor Subject refers to people who are subjectively or objectively threatened from a given social position. They resort to various forms of physical and psychological violence in order to eliminate or minimize the significance of real or imaginary competition. The aim is to sustain one's 'existence' and stay in the 'game', to survive. Such subjects can be found in different environments and institutions: schools, manufacturing and service companies, uniformed services, families, social groups and local communities (Vieviorka, 2008, pp. 149-150).

Not only because of the various types of perpetrators of violence, but also because of its varied forms and different recipients, violence should not be treated as a homogenous phenomenon. Irena Pospiszyl describes violence in terms of "any non-accidental acts which violate the freedom of an individual, contributing to physical or psychological harm to another person, and which go beyond social norms of mutual relations between people" (Pospiszyl, 1993). Adam Zych and Bożena Zych in the work *Przekraczając smugę cienia* state that violence has many names. Referring to Anglo-Saxon literature, they view violence as including physical

and emotional harm, neglect, disdain, overuse of power and authority, harassment, aggressiveness, bullying and maltreatment (Zych, 2009, p. 148).

Thus defined violence can be directed at people of different ages, including seniors. However, there are also some forms of violence that correspond to a specific social category. The examples include e.g.: actual physical violence or threat of it, neglect and isolation, sexual violence, refusal to provide meals or their restriction, refusal to help out in difficult life situations, maltreatment and psychological and moral abuse, appropriation of annuities, pensions and accumulated material goods or part of them, lack of care, especially during illnesses, difficult times, and crisis situations, abandonment in a hospital or a nursing home, hindering contacts with friends and family members.

"When we talk about the abuse of the elderly – notices Izabela Wiśniewska – we need to remember about their unwillingness to talk about violence in their life. Seniors remain in a traumatic relationship with an aggressor, afraid to unbalance it e.g. for fear of consequences that that the perpetrator of violence may have to bear, seeing that usually he is a family member. They are also indirectly afraid of consequences for themselves. The dominating emotion is the fear that they may end up in an old people's home, or fail to manage without the sole, if bad, caregiver, and pangs of guilt associated with a feeling that they are bad parents. Yet another factor are technical obstacles such as: problems with communicating and articulating an issue, shame and a sense of guilt, problems with memory" (Wróblewska, 2009, p. 149). These forms of violence against the elderly and seniors' responses to that violence are universal in that they occurred in the past, still occur nowadays, and nothing seems to indicate that they might disappear in the years to come. Nevertheless, what new elements have become part of this phenomenon as a result of rapid social change?

Social change can introduce a lot of desired, anticipated and necessary improvements in social life, but it also reduces, devaluates, and sometimes even eliminates some elements of social life which constituted important values for some people. These are adverse effects of change for some individuals and social groups. Sometimes they may cause a trauma. If a change requires a fundamental modification of one's lifestyle, actions, forms of activity, the transformation of priorities and values, some people may not be able to keep up with the change, understand it and adapt to the new conditions. A significant part of those people are seniors whose knowledge, skills, systems of values and life experiences do not fit this new

reality. As a result, seniors experience a rapid decline of their competences, a loss of social status, prestige and resourcefulness. They lose an asset that used to be the merit of seniors, namely their good understanding of the world. They have reasons to feel degraded. In addition, usually they do not understand new situations and phenomena and fail to adapt to them. This causes understandable fear, anxiety and uncertainty as to the future course of life and events. For old people, rapid social change means an additional trauma that aggravates already uncomfortable mental states connected with ageing, the loss of strength and physical and mental agility, as well as the loss people from their generation who pass away more and more often.

In Poland, the period of political transformation was the time of a considerable polarization of the standards of life of different social groups. A significant part of seniors have reasons to count themselves among those who lost. They are the ones who in the period of 'shock therapy' and later crisis situations were the first to lose their jobs and be forced to retire early. Despite the revaluation, the real value of pensions fell, which was visible in relation to constantly rising average wages. In contrast, rents increased considerably, especially in houses regained by private owners, as did also the cost of electricity, public communication fares, health service and health resorts fees, as well as the prices of medicine, which some seniors simply cannot afford despite the doctors' orders.

Furthermore, seniors used to bear and still bear not insignificant social costs. In the general atmosphere of negating the value of everything that happened in the Polish People's Republic, their professional accomplishments dating back to those times have lost their value, even if their work was not connected with politics. The mass exodus of young people leaving to look for work, often with no intention of returning, resulted not only in an often dramatic situation of euro-orphans, but also decreased the support for seniors both in families and on a macro-scale. It contributed to the disturbance of demographic structure, which results in a dangerous decrease in a number of people working compared to the rest of population. Contemporary cultural transformations also weaken old people's sense of being part of their world. They in particular experience the reduced role of traditional, original values, the effects of commercialization and marketization of culture, with a focus placed on physical attractiveness, cult of the body, expansive sex, instant gratification and enjoying life to the fullest. The increasing phenomena of the crisis of family, delaying the age of contracting marriage, long-term relationships without getting married,

decision not to have children, divorces and subsequent relationships of sons and daughters are a source of anxiety for the elderly and sometimes worsen their already uneasy situation. Elderly people would like to follow novelties, e.g. the whole sphere of the Internet-related phenomena, but it is not easy for them. At the same time, social and cultural activity that used to be their domain – reading, writing letters, participation in regional and folk ceremonies and festivities, maintaining contacts with family members and a group of friend and acquaintances – loses its social appeal.

Regardless of various political options of governments, the 21st century will require effective solutions to the problems of the elderly. This will be necessitated by the very fact that the population of old and aging people in Poland and other European countries is on the increase. This means that greater funds will have to be allocated for pensions and other forms of social and health security for this group of people. It may well turn out that due to an increased life expectancy, an improved condition of people in post-production age and a better knowledge of civil rights, elderly people may become a political force. Currently, because of their traditional views, a majority of old people almost mindlessly support the social policy of the Church and activities of conservative groups. In the near future, social orientations of post-production age groups will prove more diversified. Better educated than previously and living longer lives in post-modern society, the elderly will become more autonomic and independent in their views. Seniors are bound to behave more subjectively. This will force political groups and authorities to care more about this part of population and treat seniors more seriously.

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CULTURAL BASIS OF VIOLENCE AGAINST THE ELDERLY

Abstract: The article focuses on the phenomenon of cultural violence against the elderly people. Showing changes characteristic for the modern world, the text also presents socio-cultural areas of stigmatization and marginalization of old people.

Key words: violence, elderly person, culture

Introduction

Human life, understood as a whole, is also closely connected with its last stage – old age. The decadent period of life has always aroused a variety of emotions generating a diversity of attitudes. The roles assigned to older people in families and in society have changed along with socio-cultural changes (cf. Nowicki, 2006, p. 45). The modern approach to old age, which is dominant in mass culture as well as in many local communities, is far from the attitude of respect and understanding. Old age has become a source of shame, and often insecurity. Among many reasons which cause this situation, civilization changes with affirmation of the cult of youth are prevalent (Kocimska, 2003, p. 7). Additionally, life in society becomes more violent. The dynamics of social factors and systems often makes the previously recognized social institutions dysfunctional. This also applies to the devastation of the natural environment, such as the family – an institution of personal and social life. Developing aspiration

systems – especially of groups of young people – and the structures of accomplishment capabilities in certain individuals or local communities lead to discrimination against certain groups, including age groups – older people, who are increasingly perceived as "outsiders" (Kawula, 2002, pp. 178-180).

Each individual, whether it is a child, a young adult, or an elderly person, can choose one of the existing models of meeting with others. There are two models: one based on a meeting with another person, and the other, its opposite: subduing another person. Martin Buber, a well-known Jewish philosopher, stated simply that "all real life is meeting" (Buber, 1993). According to Buber, adopting the orientation of meeting or dominance results from adopting different attitudes towards reality. The "I – you" attitude recognizes coexistence with another person as a subject in partnership and dialogue while the "I – it" approach emphasizes the "object" nature of another entity that can be subjugated. It can refer to any person met as well as members of one's family. Older people may find themselves in such a position and be treated objectively and instrumentally (Cf. Nowak, 1999).

Violence, which by definition is a non-accidental act that violates personal freedom of an individual, may appear solely in the "I – it" relationship building. Violence causes physical, mental or spiritual harm which goes beyond social norms of mutual relationships. It should be noted that the way violence is understood depends on the perception of another person: what is an act of aggression for some, is just a regular situation of little importance for others. The only certain fact is that the victim of violence is a person who is perceived as weak and unable to defend themselves. The elderly are such people (Pospiszyl, 1992, pp. 16-17).

Such perception of others is additionally intensified by the media, which significantly increase violence in people-to-people relationships. Violent scenes often shown in the media cause among other things the observer syndrome – a long exposure to stimuli leads to insensitivity and the imitation syndrome – the viewer hardly distinguishes reality from the virtual world. Likewise, the desire syndrome – aiming at attaining the highest possible level of consumption regardless of the cost – may also have an influence on abandoning concern to build good relationships with others (Zasępa, 2001, pp. 97-102).

Older people experience violence from society, institutions and immediate family because of the social and cultural consent to ignore their

right for self-determination; their needs are depreciated and pushed to the margin of social life. Changes in physiological and cognitive functioning of the elderly are widely exaggerated and exploited. Therefore, in many cases older people lose their legal capacity to live a dignified life and acquire the status of a victim (Gotfryd, 2009, p. 15).

Stigma of Old Age

In the history of mankind the evolution of the status of old age has not developed in a linear pattern. The position awarded to old people and the way they were looked upon depended on many factors interrelated in more or less complicated ways. These included e.g. the structural layout of society, the role of the spoken and written communication, the size of the family – patriarchal or two-generational, the accumulation of movable property, the ideal of beauty, religious factors, etc. There is only one fundamental trait common to all ancient cultures: they formed a certain abstract model of old age and judged old people by giving the verdict in their favor or – more often – to their detriment – in relation to that theoretical image (Bois, 1996).

Old age is marked by the lack of vital functions and fertility (menopause). The elderly are past their prime and thus become useless. They are outside Culture, deprived of a possibility to communicate with the world. This belief led to many different forms of marginalization of the elderly. In many tribes in Africa a seventy-year old man was ritually removed from normal, active adult life and placed in a group with the youngest boys. An Indian customary law allowed, without major complications, a dissolution of marriage with an old woman who could no longer give birth (Kołodziej, 2006, pp. 48-57).

Modern ideas about old age are saturated with all kinds of stereotypes and prejudices, i.e. biased evaluations of the group of old people, based on real or imaginary characteristics of its members. The factor that contributes significantly to the expansion of negative cultural models of aging is a phenomenon called gerontophobia. It is defined as an irrational fear of old people, hostility and even hatred towards them. The core of this fear is anxiety of one's own old age and death (Macrae et al., 1999, p. 28).

According to age stereotypes, elderly people are incapable of living an independent life. They need constant care and continuous support, and sometimes have to be nursed. Since they are not productive, they become

a burden to their family, surroundings and society as a whole. Their appearance and infirmities may arouse a feeling of disgust, repulsion, and rejection. Surveys show that the more prosperous and developed the society, the stronger and more common ageism. Youth has become a socially desirable feature, regardless of age. This sometimes forces older people to attempt to dress, behave and speak as young people do. The elderly pretend that they are physically fit. They avoid talking about health or infirmity, and thus flee from old age in an unspecified direction, betraying their natural progress in the direction of senility and death. In this way, the model of old age is disturbed by the elderly themselves, which has been forced upon them by a strong pressure of social stereotypes (Kilian, 2004, pp. 4-11).

An important part of the stereotypes about older people is an exaggerated stress on their age, which may suggest that years lived determine their physical fitness and mental potential. These simplified components of the image of the elderly are sometimes corrected, especially in the media coverage. Still, it is the mass media, especially television, which promote the stereotype of old people as always tired, slow, sick, forgetful, uninformed, lonely, inefficient, passive, anti-social, quarrelsome and poor. The focus is on youth, even the so-called cult of youth, in which old age is undesirable, and its signs must be hidden, e.g. through using special cosmetics, hair transplants, plastic surgery, etc. We can also distinguish the so-called positive stereotypes about the elderly, which include: serenity, kindness, wisdom, confidence, having influence, political power, greater freedom than young people, and making efforts to preserve youth (Lehr, 2003, pp. 73-100).

One of the most harmful stereotypes about the elderly is the stereotype of childishness. It is based on a belief that elderly people have a reduced mental and physical capacity – they are like children. They should therefore be addressed like children – with words articulated slowly and sentences which are not complicated. They should also be helped in all situations, and not taken quite seriously in their statements or evaluations. The factors of this stereotype can be observed in the behavior of the closest relatives, but also therapists or nurses. The perception of the elderly is directly translated into the way they are perceived and addressed (Gondek, 2012, pp. 52-67).

Since ancient times European culture has been characterized by constant change of the social and political role of the elderly. This had a huge impact on the cultural placement of the elderly. Their social role, wisdom and experience have been repeatedly questioned over the centuries. The

perception of older people as an "unnecessary ballast" gained strength in times of economic crisis, famine and crop failures. Revolutionary changes in technology, low wages, shortages in employment opportunities for young workers, and natural growth – all played an important role in shoving old people to the margin of social life. Institutions that provide social assistance, pensions, insurance, and shelters replacing traditional forms of care for old people were necessary. In time, they became symbols of old age and have closely tied with the perception of old people. A negative image of old age, called ageism, has been created. As a form of stereotyped thinking about old age, ageism does not take into account individual attributes of an elderly person and uses categorization of older people. They are seen as physically and mentally impaired; parasites in society who excessively use social wealth. A deformed body, gray hair, lack of teeth, wrinkles, mobility problems, manual confusion, poor eyesight, hearing loss, memory impairment, senility, and physical unattractiveness are excessively stressed. Research shows that ageism is devoid of malice – it is a one-sided way of looking at old age. It is interesting to notice that the vast majority of older people also manifest ageist beliefs, sometimes to a greater extent than younger people. Negative rating of old age to a much greater extent refers to women than to men (Kowalski, 1998, pp. 529-531; Minois, 1995, pp. 167-168, 250-256, 293-297).

Today seniors in Poland, as in many countries in the western world, constitute the largest social group. Their life situation is determined by many factors, including cultural codes relating to this period of life. The position of seniors in contemporary families has dropped significantly, and their authority is depreciated by the coming younger generations. A nuclear family model promotes disappearance of post-figural societies. Elderly people are no longer treated with due respect, and often suffer harm both from their immediate surroundings and the environment in which they happen to live. The position of the elderly has been radically disrupted, and the aging itself, though it is a natural process, is treated in a negative way (Tobiasz-Adamczyk, 2010, p. 34).

Marginalization

Marginalization is a process that leads to preventing social groups or individuals from accessing important economic, political, cultural or religious positions. Marginalization can take different forms. Socially, the

most dangerous is institutional marginalization, whose form is sanctioned by the Constitution or laws of a given community. This may ultimately lead to attempts of cultural annihilation of a social group – being intolerant to the presence of "others" – in many cases including older people, if they cannot be assimilated into the dominant culture because they do not keep pace with the dynamic development of the world. Sociological studies prove that stereotypes also play an important role. Marginalization then assumes the form described as a symbolic racism, which is a compilation of negative attitudes towards other social groups. This is reflected by an extremely large number of negative adjectives generated by the dominant group which stereotypically define smaller groups. It is also called an aversive racism because it is typically characterized by "racist" emotions and beliefs, with simultaneous declaration of strong egalitarian values. Ageism has such characteristic features (Katz and Braly, 1993, pp. 282-290).

Social marginalization may exist within a country or within a social group. It involves isolating lower level groups and treating them as less valuable. It is often associated with the practice of expelling them from their farms, exploitation, intentionally keeping them at a lower level of awareness and opportunities by rich owners. It is a new form of slavery, which sometimes accompanies other forms of social contempt, understood as dividing all people into human "subgroups" (McConahaya, 1983, pp. 551-558).

The least noticeable marginalization, one that does not fall within sociological research, is spontaneous marginalization as a reaction of society to various groups representing distinctness of age, culture, system of moral values or religion (Nelson, 2003, p. 38).

Marginalization prevents building social balance, including such legal and institutional regulations which offer care for individuals, family and social groups. Thus it opposes the principle of social subsidiary institutions and building common responsibility for shaping social and economic life in accordance with understanding personal dignity of citizens. It also signifies the lack of legal regulations, institutions and organizations which reconcile interests of particular segments of society.

The area of intense marginalization which is relatively easy to notice is the economic life. Common good and social justice require respecting the rights and determining the duties of a human being by the state and political and social organizations in a given country and in the world. They include: the right to responsibly engage in economic activity, private ownership of

goods and means of their production and the right to voluntary association, as well as to just and effective defense of the rights. The lack of such rights gives an impression of social exclusion, correlated with low income, based exclusively on old age. Very often it is material exclusion, through poverty and the lack of any proposals for economic activity (Pikuła 2014, pp. 55-70). Retired people continue or take up new jobs, not only because of their economic value. This is often a way to continue the routine of everyday life. Retiring from the labor market and transition to professional inactivity often brings psychological discomfort. The alternative is withdrawal into old age, tailoring it as a protective mantle in case of a disaster and weakness – as an escape from responsibility and action, which is a form of auto-exclusion. An alternative is an escape into creative activity – realization of self and plans for which previously there was no time and conditions (Jagielska, 2014, pp. 71-86).

A postulate of dissemination of corporate social responsibility, and therefore social activity of individuals, connects directly with a postulate of universal access to ownership. Institutions of closed and elite classes of owners and domination and monopolization of economic life groups oppose it. Ownership is the best guarantee of freedom and an incentive to make use of it. There is no freedom where there is a lack of freedom to acquire, possess and transfer material goods. This situation inhibits all development, causes fear and uncertainty, and eventually gives birth to tyranny (Cf. *Iustitia et Pax Polish Episcopate* Commission, p. 27; Suchodolski, 1967, pp. 21-28). Private property is a decisive factor in terms of performance of business community; it satisfies man as a person, and furthermore underlines the importance of his or her work and responsibility (Doboszyński, 1947, p. 310). Elderly people who are subject to pressure on how they should spend the money accumulated throughout their life are in a situation of financial abuse by relatives, and sometimes even institutions when these help family manipulate property. Lowering the economic status as a result of withdrawal from economic activity and transition to the position of people collecting pension benefits has a huge impact on the situation of the elderly. People who live solely on pensions and benefits belong to the group most at risk of social marginalization (Tobiasz-Adamczyk, 2007, p. 37; Pikuła, 2013, pp. 43-55).

The general enfranchisement of society, which in terms of civil law means giving all citizens who reside in a given country the legal title to a portion of state's property is an important issue of economic life. In

the economic sense, implementation of the general enfranchisement gives every citizen an opportunity to decide, according to their will and for their own use, what to do with the part granted to them. The right to take responsibility for owing the property is connected with it. In terms of political system there is a proposal to build "economic democracy" in Poland, which is based on citizens, treated as the subject, and creates an opportunity for the middle class people who live on a monthly salary, pensions, as well as on managing their own financial resources (Cf. *Iustitia et Pax Polish Episcopate* Commission, p. 27; Białożyt, 2014, pp. 87-102).

All people are entitled to use goods; no one can be denied access to them. All kinds of individualistic philosophies emphasize the right of an individual to ownership. They put the interests and happiness of an individual over the good of society, which, like the State, exists only to protect individuals. In this process, private property plays a fundamental role; it is a driving force and a goal of the model of social life (Giddings, 1922, pp. 103-104). The most obvious meaning of possession for an individual who becomes its owner is securing the owner's life, fulfilling his or her different needs. When people painfully need something, they can fulfill their need because they are surrounded by things that are at their disposal. Fear of suffering or death drives people to administer them. Fulfillment of basic needs through private ownership of property becomes a necessity which cannot be replaced by anything else. Fulfillment of basic human needs through private ownership of property opens an opportunity for people to further develop their own personality, including social virtues, such as generosity. Only by possessing something, a person can exercise in generosity, whose proper object is goodness (Thomas Aquinas, 1972, p. 144).

Private property while forming a sense of justice also plays a part in shaping an image of the entire social world. According to an interesting psychological theory of M.J. Lerner, called the theory of a just world, people care "so much about believing that people get what they deserve" (Lerner, 1977, pp. 1-52; Lerner, 1981, pp. 27-49).

"Expendable People"

Today the concept of stability in relation to objects as well as in human relationships is being abandoned. As Hannah Arendt noted, human world largely owes its reality and stability to the fact that the objects that surround us are more durable than the activities involved in their making (a special

importance of home as a place to which the family returns and where it unites might be an example of this phenomenon). In a world of modern appliances, which serve only as temporary gadgets, this regularity is, nevertheless, threatened. It is extremely easy today for people to "replace" individual components and larger fragments of their surroundings. People avoid more and more relationships with things that surround them and demand products which are designed exclusively for a particular purpose. The same is happening in the world of interpersonal relationships: without forcing themselves to commitments and excessive responsibilities, people avoid familiarity or building lasting and faithful relationships. People are becoming easier to replace – just like objects. At the same time people avoid taking responsibility for someone or something and escape into loneliness, rejecting relationships and commitments (After: Burszta, 2005, pp. 32-35).

Contemporary culture is creating a new and hitherto unknown sense of "fullness of the world", the meaning of which coincides with the term "globalization". Particular areas of social life reach saturation and fulfilment attaining their limit value beyond which there is no anxiety of waiting or a creative effort of an individual to complete something which seems to be insufficiently perfect. Each "place" in the social space is filled. The "new" pushes out the "old" without regret; entire spheres of culture disappear without notice and are instantly replaced by a new reality. In this way, word has been pushed out by picture, book by computer, and manual labor by machines and new technologies (Cf. Bauman, 2006, pp. 17-27).

The problem of the so-called expendable people occurred with the development of technology. Currently, technology does not push people – as it did before – to activities that are not as yet performed by machines or robots. It is not a matter of survival, because today's technology is able to feed all of us, but the problem of "expendable people". Lost among novelties, multitudes of the "excluded" are incapable of being free. To be "expendable" means to be additional, dispensable, and useless – no matter what needs and benefits determine the standard of usefulness and indispensability. "Expendable" people find it difficult to make sense of the affirmation of life – their world has already reached the end (Bauman, 2006, pp. 183-188).

Some social thinkers attribute the status of "homo sacer" to "expendable people". In ancient Roman law the status described persons outside both human and divine law. The life of 'homo sacer' did not have any value either from human or divine perspective. All solutions were possible for such a person, without committing a crime or sacrilege. "Homo sacer"

never had the status of a victim. They were a rejected, redundant "product" of the orderly social machine whose mere presence disrupted the rhythm of stabilized life. They did not have a defined social status; existing, they did not exist. They were the margin, the "superfluous" people (Agamben, 1998, p. 27; Bauman, 2004, pp. 53-69). "Expendable people" interrupt building a "city without God", in which everything is beautiful, delightful, easy, pleasant and comfortable and in which all desires are catered for. When toil, illness or a need to take responsibility for one's actions occur, then the eugenic argument that "not every life is worth living" becomes an easy excuse. Already in its assumption, it presupposes a possibility of segregation and deciding about someone's life. Experience shows that individual freedom ends where elementary rights of another person begin. So the way to an illusory expansion of one's own freedom is denying others the rights, or clearly limiting them. Hence, in the process of the "development of freedom" we see an increasingly broad attack on the life of others, which affects new groups of "expendable people" (Kraj, 2014, pp. 72-79).

One of the issues concerning life, but which in a deceptive and manipulative way allows man to usurp the right to decide about it, is euthanasia. Euthanasia (Greek Euthanasia – "good death": Greek "Eu" = "good, gentle, dignified"; "Thanatos" = "death") is an action aimed at killing a man at his request out of compassion. It can take the form of active euthanasia – i.e. actions aimed at taking the life of people who are hopelessly ill and dying; or passive euthanasia - abandoning medical treatment, which leads to the patient's death. The term, was used in a comedy by Cratinus, contemporary of Aristophanes, in the sense of a "good death" as opposed to a "bad death" of Herodotus, who was to die afflicted with a terminal illness. Meander, who criticized old age and encouraged death out of choice, used a similar term in his comedies. According to him "the one whom the gods love, dies young" (Szeroczyńska, 2004, p. 23; Machinek, 2004, p. 52). Currently, euthanasia is understood as an action which brings about death treated as a release from pain, "mercy killing", "death with dignity". This involves convoluted thinking about the role of medicine as well as health insurance (Lejeune, 2002, pp. 17-21).

In a discussion about euthanasia it is very important to replace the sanctity of life with an analysis of its "quality". The value of life is determined on the basis of this quality. J. Fletcher, a Protestant professor of ethics from the United States, initiated this discussion by rejecting the idea that all

life is sacred. In his opinion, the value of life is determined by its quality. Thus, he advocated a policy of "death control". Man does not have a duty to live, "especially when prolonged life is so disgusting and so thoroughly destroyed that the person is reduced and degraded to unconsciousness, or to uncontrolled neural reactions" (Ślipko, 1978, p. 496).

Modern Australian bioethicist, P. Singer, announced that life without consciousness has no value. He distinguished between "being a person" (having awareness and memory) and "being a human being" (an individual belonging to the Homo sapiens species.) People have the right to legal protection of their life, but survival is not always in the interest of man, as there are types of existence that are worse than death. It depends on the harm that a given person will suffer (pain and suffering), as opposed to benefit (feeling of happiness and fulfillment). If this assessment proves to be negative, death becomes a greater benefaction than existence, and keeping such a person alive is then immoral.

Euthanasia, which was considered an absolute exception, has become more and more ordinary. In 1998, public attention was drawn to the case of assisted death by supplying Dutch former senator, Edward Brongersma, with a lethal dose of drugs. Brongersma was not sick nor did he suffer physically, but was "tired of living". According to statistics prepared by the Dutch Ministry of Health, 81 percent of general practitioners performed euthanasia at least once and 41 have been involved in crypto-euthanasia. Every fifth death in the country is a result of medical intervention. Social welfare institutions, for which euthanasia means shortening of the most expensive period of human life, are also "interested" in it. Promoter of euthanasia in the Netherlands, Dr. Pieter Admiraal, believes that euthanasia is a good way to relieve population problems, especially the excess of the elderly population in Western societies. An American doctor, Dr. Richard Thorne, says openly that it is cheaper to kill someone, than to take care of them. In "Oud Beijerland", a nursing home near Rotterdam, the number of daily meals for residents has been reduced by one, the number of baths has been reduced three times (from a weekly bath to one in every three weeks), while the number of walks the patients take has been diminished from four to three a week (Górny, 2007, pp. 6-7; Gurnicki, 2005, pp. 26-28; Gajek 2005, pp. 29-30).

In practice, the discussion about euthanasia should be associated with concern for development of health insurance, including palliative help and hospices. The economic dimension of health care begins to dominate

in aging societies, although they are rich and have sufficient resources to implement a series of technological and scientific solutions that protect the patient from suffering. Palliative and hospice care ("Palium" is Latin for "coat", "hospice" is "home") means a place where the terminally ill are surrounded with loving care, both medical and nonmedical. Palliative care focuses mainly on patients dying from malignant cancers and medical treatment involves only control of symptoms. The essence of such care is its holistic character, taking into account all needs of the patient: somatic, psychological, social and spiritual. In Poland, the first hospice was founded in Kraków in 1981, the one in Łódź started operation in the early 90s – the activities of the initiators of this facility led to the creation of the Department of Palliative Care, with Pain Management Clinic, which operates at the Copernicus Oncological Hospital in Łódź. Palliative care means preventing situations in which the patient asks for euthanasia. The mere fact of denying euthanasia to a sick patient seems to be just as immoral as consent to such a request when the patient is left to himself, which is against the principle of "perseverance in the service of the patient to the end." Such an attitude accompanies terminally ill patients who anxiously address those around them: "Do not leave me alone", "Help me!", "Listen to me!" (Wałęska-Siempińska, 1997, pp. 61-67).

State social policy is of great importance in shaping the attitude towards the terminally ill and dying. Health insurance – as part of social security – constitutes the economic foundation for building proper care for the sick who may feel needed, noticed and appreciated by society or "expendable". A number of specific issues and problems are linked with this: wasting resources for treatment (use of hospitalization by people who do not require it; sick leave for trivial reasons, unnecessary medical tests; artificially increased profits of the pharmaceutical industry by creating an arsenal of unnecessary funds, vitamins, the so-called comfort medicines; deceptive treatment of the state of mind with chemical means, for example insomnia caused by excess of sleeping pills or pharmacological elimination of obesity; unnecessary and transitory spa treatments, expensive unconventional treatment (homeopathy, acupuncture, aromatherapy, color therapy, gemstone healing, etc.) Wasting social resources often results in looking for savings where treatment of people deprived of their livelihood is necessary. Reductions in medical treatment cannot be decreed by the state, but the awareness of this dependency makes all citizens in some way involved in the creation of state's health policy. And this involves moral responsibility

for creating sometimes wrong structures of patient care. (Jacobus Eijk, 2008, p. 78).

Older people are left to themselves in their most important reflection about death. The thought of death haunts aging human beings (Jantsch, 1976, pp. 195-208). The awareness of death, the finiteness of one's own existence as an individual being distinguishes man from other creatures. The awareness of an imminent end is the price for a unique position man has in the world. The fear of the end lives in every human being. It is reinforced by building close relationships with others, especially those of love and friendship. Each such relationship is suddenly and dramatically broken by death. The beloved, who create together a unity of a family, are for many years the mechanism which protects them against falling into despair in the face of the destruction of life of the loved ones by death. But they cannot defend them against the fact; the approaching end of life and death.

Man has built many defensive mechanisms, such as customs, rituals, beliefs and philosophy that attempt to stimulate the drama of death of those who are close and loved. However, the awareness of death remains the background of many kinds of behavior and decisions, including ones that are related to the forming of the family (Guzek, 1997, pp. 122-127).

Nowadays, thinking about life is biological rather than philosophical and metaphysical. From the physicochemical point of view a living organism is composed at least of protein and nucleic acid (DNA, RNA). What is visible "to the eye" is perceived as significant, but it is hard to penetrate the mystery of life. Therefore, a reflection about death, especially of a close relative, who is constantly present at home, is so very difficult. Death seems to mean a complete destruction of family, annihilation of the sense of further life and leaves a void impossible to fill. Unanswered are questions about the gift of time lived together with the deceased, his or her place – after death – in family life, the value of remembering them or their message regarding principles and standards. And there are so many more such questions (Troska, 1993, pp. 13-14).

Death is a parallel process to life, and accompanies it from the beginning. In every living organism, even of a newborn, cells which are not subject to divisions constantly die while they degenerate and wither away. In this sense, we can talk about physiological death, which is written into human existence. Life and death are not entirely clear, if they are not considered in their totality, that is, in relation to the Giver of Life (Troska, 1993, pp. 13-14; Toynbee, 1973, pp. 265-285).

Conclusion

The presence of older people in the world is a gift and spiritual wealth, a kind of a sign of the times. If it is properly read, it can help modern man find meaning in life, which goes beyond the mundane. This means that the presence of older people can enrich the process of humanization of society and culture. Properly lived old age brings significant values needed in family and social life. Selflessness is one such value. In the present culture the value of man and his or her deeds is measured by the criteria of effectiveness and usability. Meanwhile, elderly people are more focused on willingness and attitude of unselfish service through which they can assist society in eliminating barriers of indifference and callousness.

In addition to selflessness older people bring to the life of society their rich experience. In an era of scientific and technological development the experience of generations seems not to count. Nevertheless, knowledge will not suffice. What is needed is wisdom. Wisdom lets one see human life more holistically and give an answer to the fundamental question regarding vocation, dignity and destiny of man. Spiritual, moral and religious values, which are vital to older people, are an indispensable source of equilibrium of society, families, and individuals. They generate such attitudes as: a sense of responsibility, friendship, prudence, patience, wisdom, spiritual depth, respect for nature and an attitude of peaceful conflict resolution. Old age is a sort of culmination of the previous stages of life. It bears the fruits of what a person has learned and experienced. The elderly are extremely precious to the family and society. Pope John Paul II called them the "guardians of collective memory" (John Paul II, 1999). The elderly "help us look at earthly matters in a wiser way because through life experience they have gained knowledge and maturity. (…) they have a special title to express common ideals and values that are the foundation and the rule of social life" (John Paul II, 1999). Older people can be and are an important factor in the balance of social relationships, which should evolve not by means of ruinous experiences, but through wise and gradual transformations. And this is possible only with the involvement of senior and experienced people (Dyczewski, 1994, pp. 45-48; Sroczyński, 2003, pp. 113-138).

At every stage of life, man has to play a role; has to perform tasks appropriate to the present period of life. In the mentality of excessive consumerism and materialism, the elderly can and should become initiators of revival and contribute to reversing negative trends in the family and in society.

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Research

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BETWEEN CARE AND VIOLENCE: DISABLED WOMEN'S EXPERIENCES OF VIOLENCE

Abstract: A growing awareness about the vulnerability for violence among women with disabilities is a recent development in postcommunist countries. The new sensibility comes as a consequence of a wider anti-violence campaign regarding the women and children in the private sphere, and a growing visibility of people with disabilities in the public sphere. The article shows some researches about violence against disabled women in Slovenia which demonstrate that violence is rarely discussed although it is a frequent experience especially in the local contexts of economic shortages and lack of community welfare care services. The normalisation of violence is accomplished to an important degree by carrying out research on the topic, as they de-individualise the violence and present it as a consequence of structural attitudes towards women, and disabled women specifically, rather than take it as an individualised pathology. Only with the norma-lisation, the violence can get de-normalised, creating in the process the conditions in which the oppression of the women with impairments can be faced with zero tolerance. The researches carried out in Slovenia to time confirm that the women with disabilities who are victims of violence are not just that: we have to recognise their strengths and creative strategies of survivors in a society without many choices and with high tolerance for gender-specific violence.

Key words: violence against disabled women, care work, social science research, post-communism, Slovenia

Introduction

A growing awareness about the vulnerability for violence among women with disabilities is a recent development in postcommunist countries. The new sensibility comes as a consequence of a wider anti-violence campaign regarding the women and children in the private sphere, and a growing visibility of people with disabilities in the public sphere. The UN Convention of the Rights of Persons with Disabilities (2006) ratified by most postcommunist countries after 2008 includes Article 6 (*Women with disabilities*) which recognises that women and girls with disabilities are subject to multiple violations of human rights. In addition, Article 16 (*Freedom from exploitation, violence and abuse*) explicitly quotes the protection of persons with disabilities from violence in the home and outside it, and states that gender-based aspects of violence need be taken into consideration. The nation-states, signatories of the Convention, are therefore asked to undertake all due measures to prevent violence and abuse of disabled women and girls.

In the following, I am presenting a history overview of the discourse, and the actions taken against violence perpetrated upon adult women in Slovenia, with special attention to the experience of violence on the part of the disabled women. The term "disabled women" is used throughout in order to emphasize the fact that bodily, sensory or mental impairments represent particular limitations, and form specific personal experiences of individuals; and, that disability is at all times socially (re)constructed due to the physical barriers, discrimination, double standards and invisibility.

Violence against women: a brief history

In Slovenia, the early women's NGOs that began to raise awareness regarding the violence inflicted on women and demand professional interventions by police, social workers, health workers and psychologists were established in the last period of state socialism between the years 1986 and 1990 (Zaviršek, 1994). In 1989, followed by several feminist organizations in the area of women's mental health and child sexual abuse the first SOS – Help Line for women and children, victims of violence, was established. It was not until 1996 that women social workers set up the first

Women's Refuge for adult women and their children fleeing violence (Safe House Maribor)[1].

Even then, the disabled women's experiences of violence remained unrecognized by women activists who worked in the area of violence prevention. Violence against disabled women remained a taboo for more than a decade to follow, while violence against women in general became a common issue (Zaviršek, 2000, 2002, 2006, 2009, 2013). It took almost twenty years of awareness raising before it became common knowledge in both the professionals and lay public that disabled women also experience violence in the private sphere. In 2010, a women's disability organisation called The Vision (*Vizija*) established the first safe house for disabled women named The House of Trust (*Hiša zaupanja*[2]) in the town of Slovenske Konjice that was at the same time the first barrier-free house of the total of 17 safe houses and protected flats, which was why hardly any woman have used the prevention and intervention facilities dedicated to women who experience violence in the past. On the contrary, disabled women were not part of the image of "battered woman:" they were made invisible, and their personal experiences non-existent. They were perceived as "invalids" rather than women. The same is true of the 2010 national survey on the incidence of violence against women in private sphere when the disabled women were not a separate category of analysis (Leskošek et al., 2000). The survey found that every second woman in Slovenia experienced some form of violence since the age of 15 (56.6% of all respondents). The most frequent was psychological violence (49.3%), followed by physical violence (23%), the removal of property (14.1%), restriction of movement (13.9%), and sexual violence (6.5%). Almost all perpetrators were men (90.8%), most of them husbands, partners, former partners and close relatives.

Until mid-1990s, police and social workers were obliged to protect women in the private sphere only when there were children present in the household. There existed a widespread belief that an adult woman is able to defend herself; failing that, it was taken a sign of her own pathology. As a consequence, there were cases where social workers refused to help a victimized woman whose children were on a vacation and thus escaped

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[1] Maribor is the second largest city in Slovenia located in the North-Eastern part of the country.

[2] The Safe house for disabled women is financed by the local municipality, the state Lottery Funds, and the Ministry of Labour, Family, Social Affairs and Equal Opportunities of the Republic of Slovenia.

the violent situation. The belief held that social work is about "protecting the family" rather than the rights and needs of individual members of households. This was known as the "systemic approach" which held all adult family members equally responsible for domestic violence. The local variant of such "systemic approach" assumed equal power relations between genders, and all individuals as being in possession of "free will:" historical gender relations, or traditional beliefs in women's subordination, were not taken into consideration. In such societal context, the feminist non-governmental organisations made pioneering steps in the area of the theoretical understanding of violence that then gradually spread into social work theory and practice (Zaviršek, 1994, 2013).

Several systemic changes occurred following the first large-scale research data after the year 2000, coupled with feminist critique and international influences. One such change was the amendment to the Penal Code in 2008 that defined family violence as a criminal offense (Article 191)[3]. In the same year, the new Family Violence Prevention Act was passed that defined domestic violence as any and all forms of physical, sexual, psychological or economic violence by one family member against another, or neglect of a family member, regardless of age, gender or any other personal circumstance of either the victim, or the perpetrator (Article 3)[4]. The Act made possible the court restraint order issued to the perpetrator (Article 19), and his/her removal from the family home. Within welfare services, the local centres of social work employed the so called "violence area coordinators" across the country who were expected to be well educated in the topic, and able to dispense with professional support to the victims around the clock. Formally at least, the legislation ensured that these professional helpers focused primarily on women and children.

Following these changes in the normative acts, the violence against women became largely, though far from completely, de-individualised: the state committed itself to protecting the women against domestic violence. In place of "structural focusing," the mode of thinking and acting that invests the attention, and resources, into violent men who already poses more societal power and resources than women, the women's organisations

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[3] Penal Code, 55/2008. http://www.uradni-list.si/1/objava.jsp?urlurid=20082296 (Accessed: 12. 11. 2015).

[4] Family Violence Prevention Act, 16/2008. http://www.uradni-list.si/1/content?id=84974 (Accessed: 12 11. 2015).

demanded more support to the victims of violence. However, some social workers and other professionals to this day prefer to seek for the systemic social causes of male violence, e.g. the stress factors, alcoholism and frustration of men stripped of their traditional role in the family, male unemployment, in order to avoid confrontation with the historically based gender inequality.

Disabled women's experiences of violence

In the Anglo-Saxon countries, research on violence and sexual abuse against the disabled women and girls goes back as far as the late 1960s, and is continuously carried out (cf. some important research as for instance Elmer and Gregg, 1967; Ammerman, Van Hasselt, Hersen, 1988; Fine and Ash, 1988; Brown and Craft, 1989; Morris, 1992; Sobsey, 1994; Oliver and Sapey, 1999; McCarthy, 2000;). Summarily, these show that:

a) Violence against disabled women (as well as against disabled girls and children) is a larger taboo than violence against non-disabled women because of the higher tolerance threshold in cases of violence against the disabled than towards the non-disabled people;

b) Disabled women experience more gendered violence than the non-disabled;

c) Sexual violence against intellectually disabled women remains a grey zone in both research and intervention;

d) Peer violence is the most visible area of violence against the disabled. The men who violate women often have a milder impairment than their victims;

e) Violence against disabled women takes place both in the private sphere and in the welfare public institutions.

That being so, why is it then that violence against disabled women is all at once so common, and so silenced? Four major theses approach an explanation:

a) Disabled women are generally patronized as asexual, or worse, as "grown up children," and as such, not prone to experience violence;

b) Disabled women are mostly treated in different medical settings. Many live in a long-stay institution that are taken to protect their residents from harmful conditions and violence;

c) In Slovenia, where women with children are more protected than those who have no children, disabled women who are mostly viewed as childless are therefore not seen as being in need of protection from domestic violence;

d) The structural and individual dehumanisation of women with disabilities silenced, or pathologized their personal experiences.

In Slovenia, some research was done that broke the silence and offered some insight into the extent, and forms of violence perpetrated against disabled women. A quantitative study conducted in 2008 included 118 women, most of them age 60 and over, with various disabilities, who experienced violence (Kralj, 2008). Those among them who sought help from the disability-led NGO *The Vision (Vizija)* were also interviewed by means of a semi-structured interview. Out of 18 women who were interviewed, half were over 50 years of age; likewise, more than half lived in various rural areas of Slovenia. Some were married, then divorced, some lived in co-habitation with the violent partner, and some were in the process of divorcing. Eight of them had children, which often make these women even more vulnerable for violence, and more dependent on the perpetrator.

One of their common traits was their economic dependency and vulnerability, as only one of them had monthly income; other women were all receivers of monthly social allowance or disability pension. Two of them were owned the flat they lived in, four did not have any property, and twelve were co-owners of the dwelling where they lived together with the perpetrator. Women who did not own any property lived in flats inaccessible by the wheelchair; eight of them had their flats fully accessible, while six of them only had partially accessible housing. Only four women owned a car while 14 were dependent in the area of mobility. Seven of them needed permanent long-term assistance while nine were in need of temporary support. Their educational levels were lower than the average among non-disabled adult women in Slovenia, as six among them had not completed the elementary school, five of them completed the elementary or vocational education, four finished secondary school, and another four had degrees from the higher or university institutions.

During the interviews, the women reported emotional, physical, sexual, and economic violence as well as conscious withholding of care and nursing by the perpetrator. Their personal stories revealed that they experienced

specific types of violence partially different than that experienced by non-disabled women. Among the forms of emotional violence, the women reported: being exposed to humiliating comments about their bodily appearance; threats to have hot or cold water poured over them; threatened to be put into the seniors' home.

The physical violence that the women reported included; being locked in a bathroom or bedroom; being prohibited from using warm water; being forced to do housework that they were unable to perform; being forced to ingest sedatives; having had their mobility taken out of their reach by removing the wheelchair or other support devices; being intentionally obstructed in their movement by objects put in their way on the floor; having objects thrown at them; having cold or hot water poured over their bodies during washing.

Among the forms of nursing and assistance withdrawal, the women enumerated: having been denied care work agreed upon, e.g. helping her to get out of bed, wash and dress; having been deprived of sufficient amount of liquids to drink; having been rejected in asking for calling in medical help or the community nurse; having been forbidden to have the home assistance arranged; having been prohibited to create a barrier-free space in the restroom, bathroom and elsewhere; having been prohibited from using the necessary medical-technical devices.

The forms of economic violence included: having been taken money from without consent; having been forced to give up their property or real estate to the perpetrator's benefit; having had personal documents stolen; having been forced to pay for various care work.

The majority of the perpetrators were the women's partners or former husbands (in 7 cases); adult children (4 cases); brothers (2 cases); parents (2 cases); a father (1 case). In one case, the perpetrator was the neighbour, and in another case, a third person who offered home care.

Most women endured violence for years in a row, which supports Kelly's (1988) point that women in prolonged situations of violence need be seen as survivors rather than mere passive victims. They have the power to develop different coping strategies in order to persist in violent circumstances. Out of 18 women in the Kralj study, three endured their violent relationships for over three decades; five of them, for over fifteen years; and another five, ten years. The rest endured a period of time from a few months to up to two years. Nine of them experienced violence on daily basis, and six of them periodically. Most of them expressed their

belief that alcohol, and the sheer superior physical strength of men cause the violence. A few also added that it is their disability that triggers the perpetrator's violence. As a rule, the women did not blame the perpetrator, but themselves, their disabled bodies, or various external agencies, like alcohol, or just the "natural difference".

The majority of the women interviewed suffered from mental health issues (15 persons). They felt depressed, emotionally and psychologically drained, and some had suicide fantasies. Most of them felt worthless. Two of them said they fear for their life. In the interviews, 13 women said they feared being beaten; eleven confessed of feeling financially threatened. Four of them mentioned sexual violence, but none of them wanted to talk about it. In a traditional society where sexuality and sexual violence are not discussed, especially among middle-class and elderly women, this holds true even more for the disabled women who are generally denied sexuality. More than half of the women felt unprotected and abandoned by the society. To feel abandoned "by the society" expresses a disappointment by those who - protected during communism as the "weak invalids" – expected to be safe from violence, too.

The majority of the interviewed women explained that they endure the violent conditions because of the economic constraints, and their care dependency. In addition, they feared being removed into a »safe place«, i.e., a long-stay institution. In short, they felt that they did not stand a chance to escape the violence in the domestic sphere, since reporting the violence and breaking away from it would mean moving either to an elderly home, or to a specialised institution for people with disabilities.

Out of 18, 15 called the Help Line of the NGO *Vision;* five of them also called the police. Three of them never called anyone seeking help. Four women among those who turned to the police said that afterwards, their situation got worse. Few of them also mentioned fearing vengeance, and felling powerless. Most of the women revealed that they felt ashamed to tell to strangers about the humiliating circumstances they live in. They wanted to keep their dignity in the society that views them as humans of lesser dignity because of their disability. Others quoted their economic dependency, and fear of losing the care work of the perpetrator rather than feelings of shame and guilt.

Another quantitative study conducted by the governmental Office for Equal Opportunities of the Republic of Slovenia in 2008 focused upon the professional responses when violence was reported. It showed that among

several welfare services, the disability organisations most often knew about violence, but were the most reluctant to try and stop it. Out of 239 questionnaires that were sent out, 132 were answered (55,2%). Of the latter, 73 were filled out by disability organisations (55,3%), 31 by the centres for social work (23,5%), 16 by the health centres and community health nurses (12,1%), and 12% by the national disability organisations (9,1%). The perpetrators were partners, husbands and adult children. Every second disability organisation that responded identified the reasons for violence in the "dysfunctional family relationships, alcoholism, loneliness" and "bad communication" between the spouses and partners: certainly a very traditional understanding of violence against women. The centres for social work on the other hand demonstrated better understanding of the historically gendered-based and structurally conditioned violence against disabled women (Zaviršek, 2013).

The qualitative study on sexual abuse of disabled women I conducted (Zaviršek, 2002) included 25 young girls and women who experienced harassment and abuse both at home and within institutions. The results of the in-depth interviews and informal talks showed that:

a) Girls and women with disabilities, and especially those with intellectual disabilities, lack basic information about sexuality and reproductive rights, have no knowledge about the rights to one's own body, and lack assertiveness which means that most fail to develop the strategies to protect themselves from sexual violence. They even lacked terminology to describe the events of abuse;

b) Women with impairments have reduced chances to avoid abuse because of their restricted mobility. They either cannot see or hear the offender, cannot escape, scream for help, or have difficulties understanding non-verbal communication;

c) Women who spent most of their youth in different institutions (hospitals, rehabilitation centres, special and boarding schools) develop meagre social skills, but volatile bodies vulnerable to abuse;

d) When girls and women with disabilities report abuse, they are most often not believed. Their accounts of abuse are seen as part of the "illness," or a "deterioration" of their medical conditions;

e) As a result, the perpetrators are safe to violate girls and women with disabilities, which is one of the reasons why those among them who are educators of caregivers often move from traditional educational and social institutions into institutions for disabled people;

f) Sexual violence in institutions is part of the institutional discipline and punishment regimen for the residents and it is most often ;

g) Sexual harassment and violence are generally repetitive and usually noticed by everyone, but the residents and staff alike keep their silence about it, or pretend not to know of it.

Despite the many above mentioned findings which show why women endure violent relations, there are also women who have since 2010 fled from violence into the safe house. During the period of 2 years (from December 2010 to January 2013), 7 women with 3 children sought the shelter in the *House of Trust*. Most of them were age from 30 to 35, they reported violence sooner than women in the research from 2008 and felt less dependent from the violator, who were again most often their partners, fathers or sons. Most of them got a social flat, while two of them returned to the perpetrator. Out of 7 women five of them have at least one child and one of them four children, which challenges the stereotype that women with physical or sensory impairments are childless.

Out of seven women three had mental health problems, most of them were on antidepressants and sedatives. They often experienced economic violence (»I haven't seen my pension money in 35 years«), deprivation of care work (»men often grow tired of caring for the wife«), and physical violence (»I cannot run away, as I sit in the wheelchair!«).

The women who managed to break away from the perpetrator listed several reasons why it took them so long, and why it was so hard to leave the home for the safe house:

a) Low monthly disability allowance that prevent the women to live independently;

b) Public transport is not barrier-free which prevents the women to be mobile without the help of their caregiver;

c) The inability to obtain additional paid assistance, therefore the constant dependency on the informal caregivers;

d) The local county authorities are short on subsidised social flats for disabled people;

e) The awareness that they would lose their home for good if they moved away from the perpetrator;

f) They reconciled themselves with the situation (»Us women, we learned to suffer«);

g) They fear losing their personal family doctor once they left home to live somewhere else.

In Slovenia since the crisis of 2008, the situation has changed for worse for most people with disabilities. The growing unemployment and the decrease of welfare transfers are substantial. The most prominent difficulties that the disabled women who experienced violence have faced remain unchanged, or have steadily gone worse. Especially the elderly women are afraid to have their everyday conditions deteriorated if they tried to leave their perpetrators; they fell uncertain about, or are afraid of new environments; they worry they will lose the informal support and care by the relative or partner, however meagre; they fear that lacking money to survive on their own, and entertain very credible fears about getting subsidies for a social flat in a local county.

Between care and violence: »With the wet towel he wipes me with, he also beats me«

Research on violence perpetrated upon the disabled women demonstrates that in the private sphere, the violence is done most often from the part of the closest people who are her caretakers. The intermingling of caregiving and violence can be seen in the cases of two elderly women with movement impairment who live in a long-term relationship of violence and caregiving.

Vignette 1:

The husband who takes care of his wife with impairment leaves her at home alone for two days to visit the relatives. He moves the wheelchair away from the bed so she cannot get up. When he returns home, he scolds her because she is not »clean«, and beats her up with the wet towel he then uses to clean her of excrement. The wet towel leaves no marks so the woman cannot prove the violence to her daughter (Kralj, interpersonal talk, 2013).

Although the woman defines her husband's comportment as violence (he removes her wheelchair, he beats her up), she is at the same time very aware of her dependence, and receives the violence as a part of their relationship. Neither of them really has adequate support: the woman has no protection against violence, and the husband no support that would allow him to have periods free of caretaking. Given that the latter is historically gender

specific, one can assume that the man finds it easy enough to find excuses from this violence in his own eyes, as he is burdened with a difficult work that men do not usually do, and sees himself primarily as the care-taker; his violence he minimises in his mind, or simply forgets each time.

Similarly, the woman internalises the guilt because the caretaking relationship is upside down with respect to the traditional gender hierarchy, and accepts violence as part of caretaking on the part of her husband. She therefore keeps the violence as a family secret and tells about it only to her daughter. She regards the violence as part of the punishment for her handicap that renders her dependent upon her husband.

The secrecy, however, is produced also structurally and from without. The bodily, sensory or mental impairments so marks the women that their perception of violence is supressed, or lets it go entirely unnoticed. Thus, parallel worlds are created for the non-disabled and disabled women. When they were children many of them were »included« in special kindergartens, schools and day-care institutions; the very cognition of what violence is undergoes the establishing of dual criteria. If a woman with impairment suffers violence, the cognition of her situation first concentrates on her handicap itself, rendering the violence a mere »additional pathology« that is partly seen as inherent to the first one, and in comparison, also less important. Thus, violent caretakers are often defended by pointing out the ceaseless nature of their work, and the constant frustration they experience.

Historically, women are seen, both in religious and secular patriarchy, as inferior beings; generally, people prefer to identify with the perpetrators rather than the victims, as the latter force them to face their own vulnerability (Lewis Herman, 1992). On top of that, there are other specific reasons why violence against disabled women is shrouded in silence:

- the socially constructed imagery of people with disabilities as sinful, dependent, weak, powerless, stupid and unattractive;
- the convictions that people with disabilities are better taken care of as others, as there are medical and social institutions specifically designed for them;
- the poor self-image of the women with disabilities that is a consequence of socially constructed prejudices towards the handicapped;
- the weak social network that the disabled have as a consequence of frequent hospitalisations (e.g. surgeries) and living in various institutions and day-care centres. If the women were schooled in the institutions with special programme and other segregated

places, they had little or no opportunities to meet people without disabilities;

- dependence on other people (in dressing, feeding, escorting in public places, etc.); in women with intellectual impairments, the dependence is also legal (the system of guardianship and the legally determined prolonged rights of their parents over them which is still in place in Slovenian legislation);
- the lower education of women with impairments;
- the greater economic vulnerability of women with disability compared to those without (unemployment; lower pay for the same work compared to people without disability). During 2012, the general unemployment in Slovenia rose to 12,1 per cent, whereas 16 per cent among all unemployed was handicapped. By end of 2012, the registered unemployment among the handicapped rose to 35,8 per cent. Similarly, the wages inequality statistics show that in 2011, the average gross monthly income of a handicapped person was 1,177 euros, or 74 per cent of the total average in Slovenia, testifying to the fact that there is substantial discrimination of the handicapped in wages. It is reasonable to speculate that the handicapped are employed in lower wages jobs compared to the rest of the population, but there is no statistics about this. As these data are also not gender specific, one can only speculate that the disabled women are likely to be paid even less then disabled men.
- disabled women have substantially more difficulties acquiring a non-profit rental flat compared to other women; in many instances, available flats are not architecturally accommodating to the disabled;
- women with impairments are easily isolated, as is the case in situations where the partner does not permit the help to come into the home as the violence could get exposed;
- women with intellectual impairment are as a rule quite unprotected against violence as they do not know how to counter it, and are kept in the state of ignorance regarding their body and sexuality. They are usually totally dependent on other people and report on the violence endured in indirect ways that hardly captures the attention of the adults, or are understood as part of her pathology (Zaviršek, 2000).

Vignette 2

She is 73, her diagnosis is paraplegia. She lives in the countryside in the house of her birth with her brother and his family. She owns half of the family estate which gives her the right to live in the house, and get her daily meal. Her world is limited to her room where she spends most of her time. The joint rooms in the house she can only use during the night when the rest of the inhabitants are asleep. Once the house calms down in the evening, she knows she can use the joint bathroom unimpeded, replenish her fresh water mug and eat her lunch. In the afternoon, she drives herself to the yard in her wheelchair; sometimes she goes even further. Aside to her one meal a day furnished by the family, she lives on ready made foods she brings for herself from the shop. She has a small cooker in her room where she makes herself tea and coffee. Each night, she brings a pitcher of water from the bathroom to her room in case she will have to spend the entire next day in there. In her room, she does handicrafts and listens to the radio or watches TV. If she didn't stay in her room and kept her silence, in critical moments she would have to endure verbal abuse, reproaches about her condition, and physical violence, which occurred a few times. Sometimes her brother would speak a few kind words with her, and that makes her feel much better. Sometimes, when in distress, she phones one of her friends. Her monthly income is the disability allowance that she spends on paying the electricity, telephone, heating and some indispensable personal items. Afraid of financial and property abuse, she keeps her personal documents and her bank account card hidden. Once a moth, she takes out some cash to buy the necessary items. She says she has no other options for living. As long as she can take care of herself, she is not willing to abandon the property she inherited from her parents. Then she would like to move into elderly home. (Kralj, interpersonal talk, 2013).

The story is about a long-term case of violence that is not an episode, but a series of episodes through time, and generates a structural chain of oppression. It is a form of mounted violence where direct physical episodes are rare, but the woman is always aware of its possibility so that it comprises a continuous personal oppression. It is a case of terror that Judith Lewis Herman (1992) compared to the concentration camp where there existed a permanent threat from the part of a perpetrator. The woman's life is reduced to »bare life«: in order to diminish the direct violence, she is complying to the forms of oppression that make her »invisible«. The

more visible she gets, the greater the likelihood that she will be targeted with violence. Her »invisibility« is her personal strategy of surviving, as she provides herself with the bare necessities and keeps in her room whenever somebody is at home. She is both the victim of oppression and violence, and, through her narrative, a survivor. Although her life is shrunken to a few choices and spaces (her room, the yard, going to the village), she retains some long-term decisions (when she will go to the elderly home, when and how to dispense with her income). Like in the first case above, in this case too the woman gets some care work from her family, as she is given one cooked meal per day, but not without reproach.

Julčka Kralj, the founder of the Vizija NGO told me (personal communication, 2013): »The lady would very much like to partake in the meetings of the self-help group and the weekend workshops, if the society would offer a suitable space and transportation. In the Vizija NGO, we maintain regular telephone contact with her. We organise the delivery of the incontinence sanitary materials and the detergents and personal grooming items to her. Within the project »Woman to Woman«, we supply her with items of clothing, bedding and other supplies that the donors do not need any more. In this way, we make it possible for her to maintain hygiene even when she cannot use the bathroom. Once a week, the district nurse pays her a visit to dress her skin ulcer that does not heal. The social income she receives does not suffice for all her needs, so we sporadically supply her with wound dressing material that she cannot get in sufficient amount with her insurance purchase order. We are monitoring her living conditions for the last 5 years«.

The environment of »silent violence«, or systemic oppression, this woman therefore outwardly accepted as part of her life, and adjusted to it by inventing the ways to diminish the violence as much as possible; but she also found sources of support. These are the friends she talks to over the phone, and the members of the Vizija society. She persists in her environment, but she did speak out about the violence, normalising rather than tabooing it in the process.

Conclusions

The article shows that violence against disabled women is rarely discussed although it is a frequent experience especially in the local contexts of economic shortages and lack of community care services and

welfare support. Therefore, violence against disabled women needs to be normalized and not seen as an exception.

Normalising the violence means to speak about it, to recognise it and accept it as a torturous truth, in our case about the fact that violence is much more frequently perpetrated over the disabled women than over women without disabilities. The normalisation of violence is a step away from tabooisation and silence that is so prevalent.

The normalisation of violence is accomplished to an important degree by carrying out research on the topic, as they de-individualise the violence and present it as a consequence of structural attitudes towards women, and disabled women specifically, rather than take it as an individualised pathology. Only with the normalisation, the violence can get de-normalised, creating in the process the conditions in which the oppression of the women with impairments can be faced with zero tolerance. At the same time, the researches carried out in Slovenia to time confirm that the women with disabilities who are victims of violence are not just that: we have to recognise their strengths and creative strategies of survivors in a society without many choices and with high tolerance for gender-specific violence.

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MARITAL VIOLENCE AGAINST THE ELDERLY IN THE CONTEXT OF DISEASE

Abstract: Article is part of researches conducted in international project focused on intimate partner violence against elderly women. Publication presents marital violence against the elderly in the context of victim and offender disease.
Key words: the elderly, marital violence, disease

Introduction

Disease can be understood as the subjective sense of being sick, the biological sense of having a medically diagnosed pathology, and the sociological sense of people being treated differently when they are suffering from a particular ailment (Goodman, 1997). In this context the biological aspect of the disease seems most important.

Disease often makes a person dependent on others, both in fulfilling their basic needs and in keeping their balance or adapting to new ways of functioning socially (Steuden and Okła, 2007, pp. 195-208). This becomes important and noticeable in the face of violence, especially when the perpetrator is the victims caregiver.

The following article presents one of the aspects of the results of research done as part of the international project *Mind the Gap!* by the Department

of Andragogy and Educational Gerontology at the Faculty of Pedagogy and Psychology of the University of Białystok. It presents the cases of four victims and perpetrators of violence. The problem will be analyzed in the context of sickness of both the victim and the perpetrator. We will try to answer the question if and how is disease connected to situations of marital violence? How does the experience of illness influence both the victims and perpetrators of violence? What steps need to be taken to mitigate the effects of violence in marriages of elderly suffering from disease?

Methodology and Sampling

The aforementioned project *Mind the Gap! Improving Intervention in Intimate Partner Violence Against Older Women* was realized from March 2011 till February 2013. Its main purpose was to improve the ability of law enforcement and social aid authorities to deal with the problem of violence against elderly women from their intimate partners. From the point of view of the project it was important to improve awareness of the problem not only among the victims, but all whom it concerns.

The files for 70 court cases of violence against elderly women (cases of domestic violence in the understanding of art. 207 of the Penal Code) from the District Court in Białystok from 2001–2010 were selected for analysis in the project.

Before we present the four selected cases, a general characteristic of all the case files will be given, focusing on those socio-demographic qualities of victims and perpetrators, which are significant for the subject matter of this article.

The victims of domestic violence included in the study were aged 60 through 81. Most of them were married to the perpetrator and cohabitated with him. There were also some cases of pairs living in separation, but still cohabiting. A significant majority of the victims (75.7%) lived in the city and less than 25% in rural areas. There was no case of the victim nursing the perpetrator. There were however cases (4.3%) indicating that elderly women received nursing care from the perpetrator. One of them also received nursing care from an institution. Almost 43% of the women suffered from chronic somatic disease, 7.1% were physically disabled, 6% had mental health issues, and 2.9% suffered from dementia. Over a half of the women had health problems during the last instance of violence, which could limit their ability to defend themselves.

In each of the analyzed cases the perpetrator was a men (aged 52 through 82 at the time of the latest reported incident). None of them received nursing care from the victim, but 4.3% provided such care to the victim. As many as 38.6% suffered from serious somatic diseases, 14.3% were physically disabled, 5.7% suffered from dementia, while a further 2.9% had mental health issues. Each of them abused alcohol. Therefore, we can conclude that one of the main reasons for the escalation of marital violence is alcohol abuse.

In light of this characteristic of the analyzed files we present four selected cases, which are characterized by certain common features. Each of the victims was married to and cohabitated with the perpetrator. In each of the cases domestic violence was a common occurrence and had been going on for a long time. Sickness appeared in all of these cases. It should also be noted that all the perpetrators abused alcohol. It is also worth noting that in all of the cases there were witnesses – family members who knew about the violence. All four cases were tried in court, three of the perpetrators were found guilty and sentenced to imprisonment or were given a suspended sentence. One case was dismissed because of the victims death. In the four cases presented here the appearance of violence is connected to health issues.

Case 1: Sick victim, healthy perpetrator

In the first case, the victim was sick, while the perpetrator had no significant health problems. The victim was a woman aged 60, with elementary education, living in a rural area. The perpetrator was male, aged 62, also with elementary education, living with the victim. The victim notified the police personally. She testified that *my husband, while drunk, starts rows and beats me all over my body, calling me names, chasing me out of home, threatens to kill me.* She also added that her first objective was to have her husband prosecuted. She testified that the perpetrator *shouts so loud that I can't bear to stay at home. He treats us like trash and at the same time he comes up to the dog and pets it and kisses it. We're all getting neurotic, it went so far I have to hide whenever he comes home. I have diabetes and hypertension. I can't be upset, but whenever he comes home my blood pressure goes up. I don't have the strength to talk to him and live with him. When he's drunk, he sleeps, but once he wakes up he starts a row.* Her testimony shows that the victim, who was diagnosed with chronic somatic

diseases is incapable of functioning with the perpetrator on a daily basis and does not have the strength to defend herself.

Police officers also interrogated the perpetrator, who testified that: *(…) I don't admit to what I am charged with. My wife is making it all up. Let her show a medical exam, or prove I drink. She never had an exam. If I beat her, let her show some. If need be, I'll say more in court, I won't testify now.* This testimony may indicate the perpetrator did not feel guilty and saw nothing wrong in his behavior. At the same time he was aware of his advantage and was aware that the victim had no proof, in the form of a medical exam, to support her testimony. He purposefully testified that violence never happened.

The court found the perpetrator guilty and sentenced him to a 18 month in prison with a three year probation period, ordered him to refrain from abusing alcohol and placed under supervision by a probation officer. The files also indicate that probation ended on schedule and the perpetrator's behavior improved. He would on occasion abuse alcohol, but was not violent or aggressive. He may have been influenced by a personal tragedy – his daughter was brutally murdered. He testified that he broke down and would abuse alcohol, because he was unable to cope with the situation. Alcohol abuse was in this case a reaction to loss, but not a cause of rowdy behavior, abuse or aggression.

Case 2: Victim – disabled (so called 2nd disability group), perpetrator – disabled (1st disability group)

The next case is different from the previous one, because both the victim and the perpetrator were disabled. The victim was a female, aged 60, with elementary education, living in the city. The perpetrator was male, aged 64, also with elementary education and living in the city. In this case the victim notified the police herself testifying that her husband abused her physically and morally.

The victim testified that: *my husband abuses me and the children physical and morally (…), makes rows when he's drunk, but recently he doesn't drink but comes at me and my children. They try to protect me and he pulls and kicks them. I didn't do any exam before, but after the last assault I went to the doctor's and he gave me a certificate about my injuries. My husband has the first disability group, because he's got diabetes and a sick thyroid. Despite this, he's always aggressive towards me and the children. At home we have an*

atmosphere of fear and emotional exhaustion. In this case it was noticed that sickness can cause an escalation of violence. This may be explained by M. Bury's concept of "biographical disruption", which emphasizes the social consequence of disease. The reciprocity of social relations is disturbed and dependence becomes prominent (Skrzypek, 2011). This explanation seems reasonable in light of the perpetrator's own words.

The perpetrator testified that: *there had always been rows in my family, but it got really bad 5 years ago. That's when my wife and children went on this so-called holiday to her family. Her family turned her against me. Since then she's trying to do whatever she can against me. She was supposed to cook and do laundry, but what she cooks now I can't eat, because I'm diabetic. (…) All the financial documents are gone and if we divorce I can't prove I brought anything in. My wedding ring is gone. She makes fun of me, like I only pretend to be sick and I'm actually healthy. She says I should die, so she can put up tenants in my room.* This testimony can be analyzed in view of the "biographical disruption" concept. It seems that the perpetrator is aware of being dependent on his wife, who in his opinion does not perform her tasks. Perhaps at the time remembered by the perpetrator, the situation deteriorated not because his wife went to visit her relatives, but because his health deteriorated. It may have changed his perception of his relation with his family. Alcohol also played a significant role here. In her testimony the victim clearly pointed to two factors leading to violence in their marriage – her husband's illness and alcohol abuse.

In the end, the court found the husband guilty and sentenced to two years in prison with a two year probation period. In the justification the court indicated that witnesses claimed the victims confirmed that there were abusive behaviors and in light of the evidence the perpetrator's testimony has been deemed unreliable. Medical examination confirmed that the victim's injuries were consistent with domestic abuse. Police officers confirmed that an intervention took place. The only mitigating circumstance was the perpetrator's lack of an earlier criminal record.

Case 3: Healthy victim, perpetrator with diagnosed alcohol dependence

The next case is a different situation, because the victim had no diagnosed somatic disorder, while the perpetrator was addicted to alcohol. The victim in this case was a 64-year-old female, with vocational education,

living in a rural area. The perpetrator was male, aged 67, with high-school education and also living in a rural area.

Similarly to earlier cases, the victim was the one to notify the police. She testified: *my husband threatened me with an axe, he shouted that he will kill me, demanded money, abused me with filthy language. I fear that he will do what he threatens to do. He shouted that he has papers from a psychiatrist and no one can do anything to him. It wasn't the first time he threatened to kill me (…). He abused me for 10 minutes, when I asked him to stop, or I'll call the police, he went crazy. HE went away and came back with an axe, he lifted it like he wanted to kill me. I started screaming, than I went for the phone to call the police. When he saw the police car, he threw down the axe, sat down in the room and behaved calmly.* She also testified that the main reason she notified the police was to let the perpetrator know that there are consequences to what he is doing and that he will not go unpunished. She wanted to show the two faces of the perpetrator, who threatened her with murder, but when the police came, became calm and presented himself as the victim.

The perpetrator testified: *I understand the charges, but I do not admit to them. I will not testify. It's my wife who beats me, not the other way around.*

In this case, the court sentenced the perpetrator to a year in prison, because his probation officer presented proof confirming that he abused alcohol, starts rows, threatened his wife, and that the police needed to intervene in his household. The perpetrator was negatively disposed to the probation officer and changing his behavior. During the investigation (ca. 3 months in length) there were 39 police interventions, some of which ended with the defendant being confined to a sobering-up station.

In the end, the sentence was suspended, because of the perpetrator's poor health. Therefore, the victim twice appealed to court to have the sentence carried out, because the perpetrator continued abusing alcohol and took revenge on his wife. In her first appeal she pointed out that her husband claimed that nothing can happen to him, that he will not be sent to jail, so he can do what he likes. In the next appeal she indicated that despite being evicted he continues to intrude upon and harass his wife, which regularly puts him in a sobering-up station. Finally, the court accepted her appeals and ordered the perpetrator to be incarcerated.

Case 4: Victim with dementia, perpetrator with somatic diseases and alcoholism

The last case seems to be an example of a particularly complex case, because the victim (81 years old, primary education, living in a rural area) was diagnosed with dementia. The perpetrator was 79 years old, also with only primary education and also living in a rural area. This is the only case of someone else than the victim, in this case her son, who notified the police.

The witness testified that his parents have lived alone for many years, his mother suffers from memory loss, and: *she doesn't even recognize me. Mom cannot say what exactly is going on around her. She is unaware. As long as I remember, my father has been abusing alcohol. He was never treated for alcoholism and mom requires constant attention. (…) Father takes her pension, but doesn't look after her. Since 2000, he's been abusing her physically and emotionally. He abuses her verbally, chases her out of home, doesn't give her food. Sometimes he would lock her in the house and go out for the whole day. She would be left home alone and I don't even know if she had anything to eat (…) yesterday I received a phone call and I was told that my father was abusing my mother, that her eye, jaw, and legs are bruised. I was told that her arm is probably broken. An ambulance took her to the hospital. I asked father what happened, he said Mom fell of the stairs. I don't believe that, he's lying (…).*

The police also took into evidence the testimony of a social aid worker, who stated that they wanted to put the victim in a nursing home, but her husband disagreed. In court an expert witness testified that because of her mental problems, the victim was unable to satisfy her basic life needs and required constant care, the lack of which was life threatening. When social aid workers visited her, they usually found her alone, locked in the house, hungry and dirty. A social aid worker also testified that the victim's husband abused alcohol and took away her pension.

The victim was also interrogated, in the presence of the prosecutor and a psychologist, but asked what her name was, she said she couldn't remember and started singing a song. Because it was impossible to communicate with the victim, the hearing ended quickly. The victim was disoriented as to where and when she was. She was also unable to sign the testimony. When asked if she could write, she answered that she forgot. The psychologist's opinion stated that the victim suffered from old age dementia, memory

loss, and the inability to form or recall memories of events. It was also impossible to achieve verbal communication with her. It was decided that her statements were confabulations and that she is incapable of recalling events as they actually happened.

The perpetrator's initial statement was: *I admit to the charges. I will exercise my right to remain silent, I will not answer any questions, I will not look through the case files, and I want to voluntarily submit to penalty.* However, during the second interrogation he changed his testimony, did not admit to the charges, because: *the investigating officer knew I was illiterate (I cannot read or write) and wrote something else than what they read to me. I was not presented with eyewitness testimony. And the policemen used abusive words about me, like dirt, scum.*

This case ends differently from the previous ones, because it was suspended for a one year term of probation after the victim's death. Not only the perpetrator filed for probation, but also his son. Both testified that before her death the victim was reconciled with the perpetrator and he remedied all damages.

Family is especially important in old age providing support as part of an unwritten intergenerational agreement (Halicki, 2010). However, research conducted by M. Halicka shows that it is rare for an elderly woman abused by her husband to receive support from all family members (Halicka, 2012, p. 132-175). In the case described above, one of the basic criteria deciding the quality of life was not met. Kępiński claims that people with this particularly difficult illness need to live in harmony, love and friendship (Kępiński, 1989). Lack of acceptance, understanding, from their loved ones, particularly family, may aggravate the illness and exacerbate the sense of being lost (Leśniak, 1997, pp. 25-31). In extreme cases, mistreatment of the mentally ill, or people with old age dementia may also cause, apart from loneliness and hopelessness, verbal aggression and auto-destructive acts, including suicide (Kępiński,1989; Barbaro, 1992; Halicka and Halicki, 2010; *Oblicza przemocy wobec starszych kobiet – raport z badań*, 2012; Zych and Zych, 2009, pp. 147-160).

This example shows how the needs of a female victim of violence were neglected for many years. The victim died, but how did the perpetrator's behavior affect her comfort in the time before her death? We will never know.

Conclusion

The parts of research on intimate partner violence against the elderly, presented in this article, drawn from the case files of the District Court in Białystok, show the different life situations of both victims and perpetrators of violence. As the analyses have shown, the victims in all four cases were women, and the perpetrators were men. What is common to all four cases is illness. The case files show that illness is connected to marital violence. It complicates or even disturbs the rhythm of everyday life. The court files document a case of a male perpetrator of violence with chronic somatic diseases becoming more aggressive in result. The inability to accept his difficult new health situation triggered negative emotions, aggression and ultimately violence. The experience of disease also has a negative influence on the victims, who frequently do not have the strength to protect themselves. To alleviate the effects of marital violence against the elderly, in the context of disease, one would need to improve the reaction mechanisms of social services, law enforcement, and health care, which should intervene early enough and jointly support the victims. However, this cannot take place without the participation of families both in the private and social sphere.

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ABUSE OF OLDER ADULTS IN CULTURALLY MINORITIZED GROUPS WITHIN CANADA

Abstract: This chapter will explore the issue of elder abuse in a cross-cultural context, with a particular focus on cultural minority seniors in Canada. The particular focus will be on elder abuse by family members or caregivers based on trust relationships.

Beginning with a case study of an elder abuse situation, we will examine the multi-layered misunderstandings that occur in the assessment of these situations when cultural differences are not considered or over-emphasized when cultural stereotypes are used as a basis for understanding. For this initial section, we will present theories of scholars who describe the difficulties of understanding violence and abuse through a cultural lens. These theories explain how although there is heightened sensitivity to violence that occurs within families of minoritized cultures making these families visible that these abuses can be considered a normalized part of these family relationships, but also dismissed because of anxiety about questioning notion of cultural privacy or intervening to change cultural norms.

After describing these misunderstandings, we will then again return to the case study. Using a constructionist lens, we will take a complex reading of the case. First, we will explore the necessity of understanding the situation through a cultural perspective, but one that recognizes the variability and diversity of cultural expression among members of the same broad cultural group. Then, we will further unravel the complexities of the case description by examining how a sole focus on culture alone obscures the impact of other structural factors of race and socioeconomic class.

We conclude the chapter by offering a more complex cross-cultural framework through which the experience of elder abuse in culturally minoritized families can be understood in a respectful and balanced manner.

Key words: elder abuse; cultural minorities; older adults; ethnogerontology; Canada

Introduction

During March 2011 in Toronto, Canada, a 68-year-old Chinese woman was found unconscious in her son and daughter-in-law's garage with frost-bitten toes and bruises on her body (cite: Toronto Sun, March 1, 2011 and other news reports). From November to February, the woman had been living in a small room built in the garage with a clothes-dryer vent hooked up to the home's furnace as a heat source. The room had a plywood slab and mattress that was used as a bed as well as a portable toilet and bucket of water as a bathroom.

In the early media accounts of the situation described above, the incident was constructed as an individual and isolated incident of elder abuse and described as "a horrific act" (*Toronto Sun, March 1, 2011*). Through these newspaper articles, experts and advocates called for "stiffer penalties" and the "heavy hand of the law" to "deter abuse of the elderly" (*CTV News Toronto, March 1, 2011*). Although there was information that pointed to a more complex story – the family's status as immigrants, the older woman's lengthy and declining health, and the adult son and daughter-in-law's need for English language interpreters and their 'low labour' jobs, none of these circumstances are explored in the news accounts. Further, the son and daughter-in-law are described with selected words, such as "smallish man", "thinning hair", and "bespectacled", but without description that this is an immigrant Chinese family. As a result, there was little in these media accounts that examined the relevance of cultural meanings or understandings or other structural factors that might impact understanding of the family itself and what occurred.

For this chapter, we focus on the case described above as an example of elder abuse, but also as a means to describe the complexities of understanding and intervention in situations similar to this one in which culturally and racially minoritized older persons are brought to Canada by

their family members. Our central argument is that culture is important, as it is the context within which people live and age (van Willigen and Lewis, 2006; Sokolovsky, 2009; Yee, 2009), especially for older adults who through immigration are "pulled out by the roots" from the culture(s) they have lived in for most of their lives. Yet, we also argue that culture alone as a means to understand what is happening in families where older adults have been abused or neglected is insufficient as there are other important factors in understanding these experiences, including social exclusion, racial discrimination, ethnocentrism, and financial deprivation, especially for families whose members are new immigrants to Canada.

We begin with the initial section below that details the definitions and research available within the Canadian context. Then, we explore relevant theories from gerontology and define a theoretical framework that incorporates both cultural and structural factors to provide a more complex understanding of elder abuse and neglect. We conclude with recommendations to better support new immigrant families when they bring older adults to Canada.

Elder Abuse in Canada

Early images of elder abuse began with the notion of 'granny bashing' in the British Medical Journal (Burston, 1975). The typical victim was depicted as a woman over 75 years old with physical and psychological impairments who is dependent upon a family caregiver (Erlingsson, 2007; Podnieks, 2008; Ploeg, Lohfeld and Walsh, 2013; Wolf, 2000). Since these early articles, understanding of elder abuse has since grown in complexity with the understanding that this is not a single problem, but many different ones including physical and sexual violence, as well as neglect and psychological mistreatment and involves situations of caregiver abuse, spousal abuse, financial exploitation, and self-neglect (Harbison et al., 2012). Perpetrators are also varied, as these can be strangers, acquaintances, or caregivers, but spouses and adult children are most often identified as abusers (Walsh and Yon, 2012). A wide range of definitions and theories also exist. Some focus on individual factors emphasizing intergenerational and learned behavior explanations that focus on the psychological and behavioural patterns of abusers (Pottie, Bunge and Locke, 2000; Podnieks, 2006; Walsh and Yon, 2012). Other theories highlight broader social and cultural factors as explanations, including the feminist understanding

of 'abuse grown old' where one spouse has abused the other throughout the relationship and others that emphasize ageism and negative societal attitudes towards the elderly (Pottie, Bunge and Locke, 2000; Hightower, Smith and Hightower, 2006) and a final group of theories that focus on the societal and structural issues which impact the experience of victimization, such as ageism, racism, and so on (Podnieks, 2006; Walsh and Yon, 2012).

Within Canada particularly, there is a pressing need for research and knowledge that explores the experience of elder abuse from the point of view of older adults, especially racially and culturally diverse older adults (Kosberg, Lowenstein, Garcia and Biggs, 2003; Malley-Morrison and Hines, 2007; Patterson and Malley-Morrison, 2006; Walsh and Yon, 2012, Walsh, et al., 2007; Tam and Neysmith, 2006; Walsh, Olson, Ploeg, Lohfeld and MacMillan, 2010; Hightower, Smith and Hightower, 2006), as Canada has both an aging and diverse population. By the year 2030, one in four persons in Canada will be aged 65 years or over, which is more than 22% of the total population compared with 15.3% in 2013 and the number of older seniors (over age 80) is expected to increase from 4.1% in 2013 to 5.4% in 2016 (Statistics Canada 2014). Canada is also a nation that has long encouraged immigration and is widely known as a cultural mosaic (Podnieks, 2008). Of the total senior population in Canada, more than 28% are first-generation immigrants, and approximately 19% of the immigrant population is now 65 years of age or over (Durst, 2005; Special Senate Committee on Aging, 2007).

Despite this racial and cultural diversity among older Canadian, little research has focused on the experiences and needs of this group. Nationally representative statistics have largely focused on attempts to measure the prevalence of elder abuse and identify common risk factors (Walsh et al., 2010). In 1990, the first survey on elder abuse in Canada with a nationally representative sample of older adults was undertaken. Four percent of adults aged 65 years and older and living in private dwellings reported that they had experienced maltreatment. Few of them reported physical abuse (0.5% of the sample), as most indicated that they experienced material or financial abuse (2.5%), chronic verbal aggression (1.4%), and neglect (0.4%) (Podnieks, 1993). Almost a decade later, a similar survey (Pottie, Bunge and Locke, 2000) reported that 7% of adults aged 65 years and over experienced emotional and financial abuse, particularly being put down or called names (3%) and limiting contact with family or friends (2%). Only a minority of this sample reported that they experienced physical or sexual

violence (only 1% of the sample). Although these statistics indicate a low prevalence rate for elder abuse, many scholars agree that the incidence of elder abuse in Canada is likely underreported (Podnieks, Anetzberger, Wilson, Teaster and Wangmo, 2010; McDonald, Dergal and Collins, 2013) and may be more underestimated and hidden within minoritized cultural groups (Rogers, Brownridge and Ursel, 2015; Tam and Neysmith, 2006).

Research undertaken by Canadian researchers that focuses specially the experiences of culturally minoritized seniors in Canada reports both differences and similarities in their experiences. Across these studies, cultural values and norms are described in contradictory ways, as some cultural beliefs, for example, filial piety and emphasis placed on accommodating others were described as protective factors against the occurrence of elder abuse and neglect (Lai, 2011; Rogers et al., 2015). However, these same cultural norms and others were also described as placing older adults at risk of abuse and neglect, as both the older adult and his or her family members may avoid seeking help due to shame and guilt (Lai, 2011; Rogers et al., 2015; Walsh et al., 2010). Despite these differences, the majority of this research reports similarities, as older adults identify emotional, verbal abuse, and neglect as the most frequently discussed forms of elder abuse (Ploeg et al., 2013; Tam and Neysmith, 2006; Lai, 2011). Examples provided of emotional and verbal include, disrespectful statements, threats, disparaging comments, and blackmail (i.e. refusal to visit grandchildren unless older adult complies) and instances of neglect were described as withholding food, not assisting older persons with meals, and overmedicating seniors (Ploeg et al., 2013, p. 408). Through these studies, older adults also identify ageism and disrespect as sources of abuse (Kosberg et al., 2003; Rogers et al., 2015). Ageism was identified as both a form of abuse and an underlying cause of other forms of abuse by the participants in Walsh et al. study in which the participants described being directly treated by others as "less than human" or "incompetent" because of their age and also how the internalization of these beliefs makes older adults more vulnerable to abuse (2010, p.27).

In the following section, we begin by describing gerontology theories that attempt to understand the influence of culture in the aging process. We then explore the ability of these theories to provide understanding of elder abuse and neglect that occurs in some families. Instead of one theory, we propose a combination of these as understanding of elder abuse requires a delicate balance between acknowledging the role of cultural beliefs and

values, but without overemphasizing this role to the point of pathologizing these same cultural beliefs and practices.

Understanding Culture and the Role of Culture in Elder Abuse

Scholars and organizations have developed numerous ways of conceptualizing *culture* from diverse disciplinary perspectives and 160 different definitions of culture have been proposed by the mid-20th century (Fan, 2000). Inherent to the notion of culture is that there is a series of bounded cultures with each distinct culture having its own set of norms, values, and moralities (Eriksen, 2014, p. 53). Within the field of gerontology, several theories are proposed to understand the role of cultural and cultural factors in the aging process. One theory, age leveling discounts the influence of culture and other social identities (i.e. gender, socioeconomic class, sexual orientation, and so on) by arguing that as individuals age, the aging process levels out other disadvantages and as well as the significance of cultural beliefs (Chappell, McDonald and Stones, 2008). In contrast, another set of theories, known as double and multiple jeopardy theories suggest that the combination of two or more disadvantaged group statuses or identities leads to greater negative consequences. For example, individuals who are old *and* have a minoritized ethnic cultural background would be viewed as doubly oppressed over those who either are just old *or* just have a minoritized ethnic cultural background (Driedger and Chappell, 1987; Chappell et al., 2008). None of these theories on their own provide a sufficient base to understand the role of culture in families where elder abuse is occurring. The other theory, culture-buffering is different from the previous two theories through the assumption that culture buffers the stresses of the aging process (McDonald, 2010; Miner and Montoro-Rodriguez, 1999, in: Chappell et al., 2008). Below, we explore each of these theories in detail describing what each offers to an understanding of elder abuse.

Age levelling is the least helpful theory, as it discounts what are important differences between cultural groups. These differences are emphasized in qualitative research that reports older adults' experiences of elder abuse. Across these studies, there is general agreement among members of various cultural groups about broad categories of neglect as well as physical, emotional, and sexual abuse, however there is also

variation in the types of acts placed in each categories, specific examples identified with each type, and judgments about the severity of particular discrete acts of violent and abusive behaviours (Patterson and Malley-Morrison, 2006). In addition, cultural norms including variations in family structures, living arrangements, and most importantly the obligations expected of different family members may also impact considerations of elder abuse. For example, when accountability is placed on adult children to care for the aging parents and responsibilities on grandparents to care for grandchildren, and situations in which one generation has legal guardianship of another.

Both double and multiple jeopardy theories have strengths in that these theories acknowledge the influence of other structural factors (i.e. gender and socioeconomic status) which provides a wider viewpoint, yet culture is singularly viewed as negative in that it is simply added to lists of oppressed identities (i.e., based on race, gender, social class and so on). In contrast, culture buffering theory both acknowledges and views culture and cultural beliefs as positive influences. Following this approach, cultural values that place emphasis on accommodating others, avoiding family conflict, and filial piety are all acknowledged as important and viewed as strengths in that family members are interdependent and care for each other (Lai, 2011; Rogers et al., 2015). Although these norms and values can be strengths for some families, it is also possible that these situations can also be exploited within other family relationships (Lai, 2011; Patterson and Malley-Morrison, 2006; Tam and Neysmith, 2006). Further, the obligation to care for other family members may prevent both adult children and parents from asking for and seeking help due to shame and guilt of not living up to the cultural ideal (Lai, 2011; Rogers et al., 2015). The danger then inherent within cultural buffering theory is the embedded assumption that all members of the same cultural group share the same positive experiences.

Cultural values and norms are important to understanding elder abuse, particularly in the meaning and significance given to acts and behaviours that are considered violent, neglectful, or abusive and the obligations placed on various family members to care for others. However, too much emphasis placed on these beliefs and practices is problematic and leads to what Montoya and Rolandsen Agustín describe as "culturalization," a process where culture or cultural traditions and values become the only explanations for the occurrence of violence (2013, p. 534). As the focus is on culture, violence that occurs within racially and culturally minoritized

families can go unnoticed or excused for cultural reasons as service providers avoid intervening within the family for fear of challenging what is perceived to be cultural norms or traditions and fear of being identified as insensitive or racist (Burman, Smailes and Chantler, 2004). Further, because cultural values are assumed to be the reason or source of violence or abuse is occurring, the family is subjected to racist stereotypes, as violence or abuse is assumed to be the result of deficiencies or pathologies in their cultural values and lifestyles (Abu-Lughod, 2002; Burman, et al., 2004; Malley-Morrison and Hines, 2007; Montoya and Rolandsen, Agustín, 2013). This is particularly important in Canada where there is a dominant culture and other minoritized cultural groups living within the same geopolitical location. When cultural differences between the majority and these minoritized cultural groups are emphasized, all members of the same cultural group are assumed to equally share in these same cultural beliefs despite other differences within these groups, including level of religiosity, length of residence and level of acculturation in new country, income and social class, age of immigration, familiarity with legal and social systems, education level, living arrangements, housing conditions, and level of ability to speak the languages in the new host country (Kosberg et al., 2003; Moon, 2000; Walsh et al., 2010).

Such an overemphasis on cultural explanations not only tends to blame members of minoritized cultural groups for the violence that is occurring in their families, but also obscures the influence of structural factors — emphasized in jeopardy theories, namely oppression based on racism, ethnocentrism, and classism and poverty. For example, many new immigrants to Canada experience both cultural and social isolation as they lose the extended friend and family networks that were available to them in their home countries (Lai and Chau, 2010; MacKinnon, Gien and Durst, 2001; Veninga, 2006). Further, due to their unfamiliarity with the Canadian social welfare and health systems and Canadian cultural values and for some the inability or low level ability to speak French or English (official languages in Canada), many older culturally minoritized elders and their families may not be fully aware of their rights, may not know from where to seek help, or be able to ask for that help (Chen, Kazanjian and Wong, 2009; Makwarimba, et al., 2010; Lai and Chau, 2007). The poverty experienced by many and especially newly arrived immigrant families may also be a risk factor by increasing health related problems and

reduces the likelihood that they and their family members will be able to access expensive home care services (Sev'er, 2009).

Another difficulty faced by immigrants to Canada is the lack of culturally safe services and programs, which makes it difficult for older adults and their family members to seek appropriate help and supports (Makwarimba et al., 2010; Bouchard, Roy and van Kemenade, 2006a, 2006b; Park, Jang, Lee, Schonfelf and Molinari, 2012). Further, Canadian social welfare policies that delay and restrict older immigrants' access to services, such as the 10-year residence requirement for the Old Age Security Pension mean that older adults are financially dependent upon their family members, which also can make them vulnerable to abuse and neglect (Lavoie, Guberman and Brotman, 2010; Rogers et al., 2015; Tam and Neysmith, 2006; Podnieks, 2008). Understood in this way, risk for elder abuse is not related back to cultural values within a particular family, but rooted in the social exclusion and cultural isolation experienced by older adults and the family members who care for them.

In the following section, we return to the family situation described at the beginning of the chapter. The initial media accounts framed what occurred as both an isolated and horrific case of elder abuse through which the adult son and daughter-in-law are constructed as perpetrators of violence and neglect against a frail older women. In this section, we draw on the theories described above, which allow us to analyze what happened through a broader lens that considers both cultural and structural factors.

The Case

Although there was no reference to cultural background of the family within the newspaper articles, cultural norms could have been determining factors in what occurred, as information provided in some of the newspaper accounts may indicate the influence of cultural norms and values. For example, it was reported that as the mother's health declined, she became immobile and incontinent and also that: "she was embarrassed by her condition and did not want her granddaughter seeing her in such a state" and that she demanded to be sent back to China (The Star, October 11, 2011; National Post, October 12, 2011). Traditional Chinese culture places a strong emphasis on family harmony, which means that older family members may hide or minimize their depression and physical health problems to save "face" to preserve familial harmony

(MacKinnon et al., 2001; Chappell, 2005). The other strong cultural value among Chinese families is filial piety, which emphasizes the responsibility that the younger generation has to respect and provide care for the older generation (Lai, 2011; Chappell and Lai, 2001). The older woman may have wanted to be returned to China to reduce the care burden on her son and his family. Furthermore, collectively the family may have rejected the idea of institutionalizing older family members, because it might be viewed as a sign of lack of filial piety not only by them, but also other Chinese people in their networks. Lai (2011) explains that abuse and neglect of the elderly among Chinese families is a taboo and is also difficult for Chinese seniors to admit that their children are abusing them for fear of bringing shame on their family and to themselves in that other Chinese seniors may believe that they have not taught their children appropriate filial behaviour (Lai, 2011). Instead of sending his mother away, the son built a room in the garage and attempted to make the room comfortable by using drywall and installing a duct from the home's furnace to supply heat and providing a bed, portable toilet, a lamp, and a radio for listening to programs in Chinese. Apparently the couple had been caring for and checking with the mother until the morning the son could not wake her up and called 911 for help.

Given the above description, it is important for professionals and other service providers who intervene in these family situations to be aware of the influence of cultural values and beliefs. The actions taken by the adult son and daughter-in-law can be shifted from being viewed as deliberately abusive and neglectful to be seen as within the more common struggle experienced by many newcomers to Canada, as they were caught between the dictates of their culture and the norms and expectations of their new host country (Tam and Neysmith, 2006). Professionals and other service providers need to find ways to open dialogues with the various members of the family about their individual and collective understandings of the cultural meaning given to these experiences, as different generations or members can hold different understanding of cultural obligations and responsibilities. To be effective, service providers should enter the situation with a "lack of competence" where the practitioner admits lack of competence and relies on the client's expertise in his or her life and culture (Dean, 2001). This is counter to notions of cultural competence, which seems to suggest a position of all knowing, rather than openness to learning (Dean, 2001; Johnson and Munch, 2009) and requires a delicate balance on the part of the service provider first to be competent in being respectful,

non-judgmental, and sincerely interested in listening and dialoguing with older clients and their family members (Wong, et al., 2003; Dean, 2001; Johnson and Munch, 2009). It is only through this process that service providers can come to understand the situation of the family from their point of view, rather than simply relying on stereotypes about the cultural group to which they belong. Being respectful of the meaning that the family holds about their experiences does not mean however that service providers should be afraid to question or inquire about cultural values or norms that may be creating difficulties for the family and providing services and resources as needed. Despite the strong cultural value of filial piety and respect for older generations, Lai (2011) ound rates of elder neglect and abuse among Chinese seniors similar to the general population in Canada. Based solely on the belief that "if it is cultural, it is good" (Ife, 2007, p. 78), family situations in which older adults are being abused or family members as caregivers are struggling with their roles may go unacknowledged by service providers, based on an over-praised stereotype of resilient seniors who enjoy unconditional familial care (Gelfand, 2003).

Although the section above describes cultural reasons or factors, these do not provide a complete or full understanding of what is occurring, as there was other information contained with the newspaper accounts that also point to structural factors that might have exacerbated the family situation. The elderly woman was dependent on her family for practical and probably also financial, social, and emotional support (Dong, Chang, Wong, Wong and Simon, 2010). This dependency might also have been impacted by racial discrimination and social exclusion experienced by the adult son and daughter-in-law in the labor market and larger societal environment (Tam and Neysmith, 2006). Both the adult son and his wife were working in what was described as "low labour" employment for extended hours daily, which might have left little energy to provide sufficient care to the grandmother, in addition to looking after their young child. In their study focusing on elder abuse in Chinese families, Tam and Neysmith, reported that family caregivers in immigrant families do experience frustration or impatience with their elderly care receivers, however they also suggested that this frustration and impatience could be a result of "accumulated pressures and stress of balancing hectic work and family schedules" (2006, p. 147). With limited incomes, it might not be feasible for the family to hire external assistants to help with the caregiving workload. In addition, the adult son and daughter-in-law were unlikely to

have the financial resources and educational support (i.e., accessible adult education or job training programs) to pursue higher education to improve their English and to obtain more financially secure employment so that they might be able to change their situation and provide more care to the elderly mother. Further, their educational levels and English literacy levels might also have limited their ability to obtain information on supports and available services. Although the mother and the family might be eligible for government-funded home care and related services, they possibly were unaware of such services due to low English proficiency and narrow social networks, probably within Chinese-speaking circles only.

Our conclusions about this family outlined above do provide for a more complex understanding of the situation. Rather than an isolated case of elder abuse and neglect, this situation can be viewed as an experience of hardship that families of culturally minoritized groups routinely face in their settlement process.

Conclusion

As a form of family violence, situations in which elder abuse is occurring are complex human situations that therefore require equally complex understandings. The media accounts shaped the family situation as an isolated and horrific example of criminal elder abuse. Within this frame, elder abuse is constructed as a crime committed by dysfunctional family members against older adults who are frail and dependent upon their families (Tam and Neysmith, 2006). To understand this situation as a more complex example of elder abuse require both understanding the cultural norms and values of the family and knowledge of the structural factors that exacerbate these already difficult family situations.

Definitions of elder abuse are often constructed to suggest that abuse and neglect of older adults is the result of individual actions of one family member toward others. In as much as elder abuse does occur between individual family members, these situations are also created by larger structural factors, which include societal abuses such as ageism and oppression based on racism, ethnocentrism, and financial deprivation. In the chapter, we have outlined the structural factors that impact immigrant families and make it difficult for them to care for older family members, including lack of culturally appropriate services, language barriers,

and segregation in the Canadian labor market (Moon, 2000; Tam and Neysmith, 2006).

Various theories at the interface of aging and cultural diversity provide social service providers potential perspectives in understanding minoritized seniors. But we need to keep in mind socially constructed values and beliefs of aging and culture underneath the theories. Both being senior in age strata and possessing a cultural identity different from the mainstream can be considered either an advantage or a disadvantage to different individuals, families, and communities. Not a single theory, such as age leveling, cultural buffering, multiple jeopardy, and victimization of older adults, can fully explain the phenomenon of elder abuse in minoritized communities. We are hoping the proposed integrated framework of cultural understanding and structural influence will shed light on future research and practice in helping professions in situations in which elder abuse is occurring.

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DISRUPTED AND DENIED CONTACT WITH GRANDCHILDREN: "I THINK IT'S A FORM OF ABUSE"[1]

Abstract: Recent literature suggests an increased incidence of grandparents raising their grandchildren. Much less evident is literature highlighting the experiences of grandparents with disrupted, denied or lost contact with their grandchildren. In the qualitative, exploratory study discussed here, the lived experiences of 21 Australian grandparents were documented. While general findings are reported elsewhere, grandparents' narratives of denied contact, often after they took action to safeguard their grandchildren, are shared here. The findings identify emotional and psychological abuse of grandparents. Many grandparents in this study spoke of denied contact as very distressing, while others identified it as abuse and a denial of human rights. These findings can inform social work education and practice, social policy and future research concerned with safeguarding the health and wellbeing of grandparents.

Key words: grandparents, denied contact, elder abuse, grandchildren, social work

Introduction and description of the problem

The health of older persons is a burgeoning health priority, and grandparents represent a sizable majority of all older persons. Previous

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literature has highlighted grandparents' enriched health and wellbeing through enactment of the grandparent role. More recently, literature has emerged on changing family circumstances resulting in grandparents' increased role in the daily lives of their grandchildren, from supplementing childcare to undertaking their primary care. Much less evident, particularly in the Australian context, is research exploring the experiences and needs of grandparents with reduced, disrupted, denied and lost contact with grandchildren. Involuntary lost contact can result from many factors including divorce of adult children, family disputes, tense or estranged relationships with adult children and their partners, family violence, or children taken into State care. In this chapter, the lived experiences of a sample of Australian grandparents who have experienced denied contact with their grandchildren are presented and pondered as constituting a form of elder abuse. Elder abuse is a topic of significant interest to social work.

Intergenerational relationships

The critical importance of maintaining family contact for ongoing health and wellbeing is known. Equally, the emotional pain and anguish of severed family relationships is documented (Atkinson, 2002; Bowlby, 1969; Gair, 2008). Recent literature has identified grandparents as increasingly taking up the role of primary carer for their grandchildren. This situation can occur after family breakdown, often impacted by substance abuse, family violence or incarceration, resulting in adult children being unable or unwilling to care for their children (Connor, 2006; Doley, Bell, Watson, & Simpson, 2015). This family structure has been discussed as "grandparent-headed or skipped-generation households" (Herlofson and Hagestad (2012, p.28), with an associated health burden for grandparents (Doley et al., 2015).

Over two decades ago, Kivnick (1981) identified the critical importance of intergenerational involvement for grandparents' positive identity, wellbeing and mental health. Yet literature documenting the negative, psychological impact for grandparents when relationships with their grandchildren are disrupted, denied or lost is relatively limited (Drew and Silverstein, 2007; Goodfellow, 2010). Grandparents experiencing disrupted or lost with their grandchildren may result from some of the same contexts as those prompting grandparents' full time care of grandchildren. Family disputes, separation and divorce, or children coming to the attention of

child protection services after reported neglect, can all result in decreased or lost contact for grandparents (Drew and Silverstein, 2007; Goodfellow, 2010). According to the Council on the Ageing (COTA) (2010), the Australian Family Law Amendment (Shared Parental Responsibility) Act (2006) acknowledges grandparents as significant people in grandchildren's lives, yet ensuring access can be financially and emotionally costly, and can further damage family relationships. COTA (2010, p. 25) reported that some grandparents have been forbidden from passing on cultural knowledge, and Indigenous grandparents have called for increased understanding of the "interconnected wellbeing" of grandparents and their grandchildren. A report on elder abuse by Faye and Sellick (2003) included withdrawal of grandchildren as deprivation and elder abuse.

Elder Abuse

Elder abuse is said to be a complex, underreported, international issue. Definitions have not been uniform, pointing to some degree of incomparability of available research findings, but also highlighting that elder abuse may be a social problem grounded in cultural and social contexts (Lowenstein, Eisikovits, Band-Winterstein and Enosh, 2009; Soeda and Araki, 1999). In Australia, with the population of over 65 years olds expected to rise significantly in coming decades, elder abuse may be a growing problem (Kurrle and Naughtin, 2008; Zannettino, Bagshaw, Wendt and Adams, 2014).

In Australia, reference to elder abuse was emerging from 1975, when it was identified that, rather than assuming enduring positive family relationships, older people may need protection from exploitation by close relatives (Kurrle and Naughtin, 2008). Early literature and terminology was concerned with the protection of frail older persons, with the term elder abuse in usage by the early 2000s in line with international literature. A definition developed by the Australian Network for the Prevention of Elder Abuse (ANPEA) (Cripps, 2000) identified elder abuse as any act occurring within a relationship where there is an implication of trust that results in harm to an older person. Elder abuse commonly is discussed as physical, sexual, financial, psychological, and social abuse and neglect. Some studies have included restriction of freedom and emotional abuse.

In one of few studies of the prevalence of elder abuse in the Australian population, the most common form of abuse reported was psychological,

while other studies have identified neglect and financial abuse (Cripps, 2000; Zannettino, 2014). Psychological abuse is understood to include inflicted emotional and mental anguish, isolation and deprivation that trigger feelings of shame and powerlessness. Examples include humiliation, verbal intimidation, threats, including threatened physical harm, and withholding of affection. Lowenstein et al. (2009) defined elder abuse as destructive and offensive behavior inflicted on an older person, within the context of a trusting relationship, that produces physical and psychological pain, social or financial harm and unnecessary suffering, loss, or violation of human rights that harm the elder person's quality of life.

Perpetrators include adult children, partners/spouse and other family members, carers, friends, and those with whom the older person has a dependent relationship. Daughters-in-law also have been identified as perpetrators, often related to unmet cultural obligations (Soeda and Araki, 1999). Elder abuse within families has been identified as similar to and yet different from other types of family violence and Penhale (2003) argued that a continuum of elder abuse would encompass domestic abuse between partners in later life. While specific literature on grandparent abuse exists, including intergenerational abuse perpetrated by grandchildren (Kosberg and MacNeil, 2003), overall research appears to be minimal. Discussion of denied contact with grandchildren as constituting abuse does not appear common in intergenerational, gerontological, social work or elder abuse literature.

As noted, literature has highlighted grandparents' enriched wellbeing through enactment of the grandparent role, even where ongoing hardships exist, and the bi-directional health benefits for grandchildren and grandparents (Drew and Silverstein, 2007, Ehrenberg and Smith, 2003). Drew and Silverstein (2007, p.372, citing Boss, 2002) noted negative health outcomes for grandparents when grandchildren are "physically absent but psychologically present", resulting in experiences of ambiguous loss similar to that felt by families of missing persons.

Theorising ageing and grandparenthood

Extensive theorising about ageing is evident, including biological, medical, and evolutionary theories, life span development and cognitive plasticity theories, and anthropological, sociological, psychosocial, and economic productivity perspectives Bengston, Gans, Putney and

Silverstein, 2008). Less common are critical, spiritual, culturally relevant, human rights, or empowering approaches to ageing (Cox, 2014; Phillipson, 2008).

Theories about grandparenthood include psychodynamic, life course development, family systems, and socio-cultural theories, exchange, cooperation and conflict theories, and social role and identity theories (Kivett, 1991; Timonen and Arber, 2012). Typologies categorizing grandparenting styles include the work of Neugarten and Weinstein (1964) who nominated grandparents as formal; funseeker; distant; surrogate parents; (or) reservoirs of family wisdom. Equally, Cherlin and Furstenberg (1992) proposed remote, compassionate, or involved grandparent classifications, noting that they were influenced by the ages of grandparents and grandchildren.

Herlofson and Hagestad (2012, p. 29) categorised grandparent roles as "mother savers" (helping working mothers/parents); "family saver" (financial, emotional and accommodation support); or "child savers" (primary carer when parents are unavailable). Other writers have identified the "gatekeeper" or "facilitator" roles played by adult children in mediating contact between grandparents and grandchildren (Mahne and Huxhold, 2012, p. 226). As noted above, research exploring Australian grandparents' experiences of disrupted or denied contact with grandchildren, and the impact on grandparents' health and wellbeing, is minimal.

Description of the study

This exploratory, qualitative study was informed by interpretive and narrative approaches. These approaches uphold the importance of listening to and amplifying the voices of persons who previously have felt unheard (Liamputtong, 2009). Stories are honoured, participants' meanings are evident, and the collective stories and interpretations highlight insider perspectives to raise awareness for policy and practice (Bohlmeijer, Kenyon and Randall, 2011). Participants in this study were recruited through newsletters, a support group for parents and grandparents, public flyers and network sampling (Neuman, 2011). In this study I am an insider and an outsider (Gair, 2012). As a grandparent, I have experienced periods of disrupted contact with my grandchildren, although the primary reason has been geographical distance.

The research question was: What are the experiences of grandparents who are separated from, have lost contact with, or are being denied access to, their grandchildren. The primary aim of the study was to document grandparents' experiences and needs when contact is involuntarily reduced or lost, in order to inform social work practice. An Honours project constituted one component of the study. For that project a sub-sample of grandparents who perceived that their lost contact was linked to contact with child protection services were invited to participate, although grandparents recruited into the larger sample also noted such experiences. Twenty one (21) semi-structured, tape-recorded interviews were undertaken in 2013 and 2014. The sample consisted of 17 grandmothers, 3 grandfathers and one step-grandfather. Participants were aged between 55-85 years, in employment and retired, and they were grandparents to approximately 90 grandchildren. Participants were not asked directly if they thought involuntary disrupted contact constituted elder abuse. This finding emerged through ongoing data analysis, and an extended literature review.

Content and thematic analyses were undertaken on the transcribed data. Themes were noted throughout and across interviews, before being cross-referenced back to individual narratives and then to available literature, in order to adhere to ethical rigor and trustworthiness. Multiple theme examples were identified that could provoke attention and enhance insight (Liamputtong, 2009). Empathic validity was an additional consideration. Dadds (2008, p. 279) defined empathic validity as "the potential of … research in its processes and outcomes to transform the emotional dispositions of people towards each other, such that greater empathy and regard are created".

Findings

Four themes below represent emerging dominant patterns and sentiments regarding denied access to grandchildren. These themes are: Fear of denied contact; Denied contact as payback; Psychological suffering; and Abuse and denied rights. Some quotes are longer to capture complex narratives.

Fear of denied contact

Many grandparents' stories reflected a desperateness to maintain contact. Carolyn, below, needed to tread carefully and quash any conflict with her daughter in law in order to manage her fear, and the reality, of denied contact with her grandchildren.

I would like to have more contact with my grandchildren. I used to have them in the school holidays but when they got past primary school… My son is an Aboriginal man married to a non-Aboriginal woman. There is conflict over our culture. In my culture the eldest child has a lot to do with their grandmother. There were times when the mother stopped us from seeing our own grandchildren, it's all her way or we cannot see them. I am very mindful of how I tread... I said to my husband 'Do you want to see your grandchildren? Well watch your mouth. We need that relationship!' (Carolyn).

Equally for Kathleen the threat of denied contact was ever present after she applied to have her granddaughter placed into her care:

We had what I thought was a reasonable relationship [with adult daughter] … We barely talk now… A man living next door said he liked her so she took him home… He was a drug addict … an alcoholic… he had been in jail for domestic violence and assault against children… He beat her [daughter] up badly… police were called, Child Safety found out … I had to apply for kinship carer… daughter made all these allegations against me in Court… She blamed me… I was granted care for 12 months, then [granddaughter] was returned to her care… She would get really angry, abusing me… She sent me a text saying I wouldn't be seeing (granddaughter) again. I live with that fear…(Kathleen).

Denied contact as payback

This theme identifies denied contact by adult children after action taken by grandparents to safeguard their grandchildren, including contacting child protection services to report neglect or abuse by adult children. Gary, below, took such action but paid a price.

Daughter … had an AVO [apprehended violence order] out [against her partner] …she ran away from him… She was camping for several months… moved onto a piece of land with her children during winter … wet and cold, she had no money and her vehicle needed repair… Anyhow, the long and the

short of it … the fathers of [children] felt they had lost access… and kids were in danger… … They decided to take legal action … and it was agreed I would write to Department of Community Services [child protection services]… I thought [grandchildren's] wellbeing was compromised. I told … [daughter] about the letter… She had said if you send the letter I will not talk to you again. They [Department] weren't prepared to do anything … She was so angry with me she cut contact for a year and a half … I thought it was the right thing to do as the grandfather (Gary).

Similarly, Rhonda contacted child protection authorities after fearing for her grandchildren's safety. That action, according to Rhonda, resulted in denied contact for several years:

I have got two [daughters], the older one became involved in drugs and… went off the rails… She met up with a fellow, ended up having a child, that relationship broke up…met another guy… had a girl… met another guy… She was working in a brothel, … taking the children with her… I went to the Department of Child Protection and had a very difficult time trying to get them to act … They said they couldn't discuss it with me because I wasn't the parent…The last child … was born addicted to drugs … I was being treated like the evil… interfering grandmother… There was absolutely no contact whatsoever (Rhonda).

The role of child saver (Herlofson and Hagestad, 2012) seems evident in the above narratives. Equally, a perceived act of "interfering" appeared to trigger a gatekeeper response by adult daughters (May, Mason and Clarke, 2012, p.152). These grandparents clearly implied that denied contact was punishment and payback for their actions (Agllias, 2015; Faye and Sellick, 2003).

Psychological suffering

Grandparents described emotional and psychological suffering over their missing grandchildren. Their removal, through lawful and unlawful acts, resulted in some grandparents losing hope of resumed contact. Below, Ellen explains how her grandchild disappeared for years after a non-custodial parent visitation:

I hadn't seen him for years nor did his father… (my son) who had custody… She took him away… came to take him for an operation and she never brought him back… After a while I assumed he was going to be one of those missing children that never get found …(Ellen).

For Evelyn, below, the removal of her grandchild from her daughter's care by child protection workers provoked guilt and shame linked to the past removal of Aboriginal children and intergenerational trauma (Atkinson, 2002). When the foster family gained permission to move thousands of kilometers away, Evelyn believed this State-sanctioned distancing between herself and her grandchild constituted denied contact. She identified desperation, powerlessness and loss of her purpose and role:

The grannies call me mum, I'm there to nurse them when they're sick… they look for you, grandchildren. I live with the guilt everyday that she's not here… It's sad, overwhelming, it makes me sick … I feel bitter she's in foster care, I feel powerless, they think they know what's best… Her mum got into drugs. Child Safety… why didn't they talk about options? … I was depressed… this is more stolen generation … they're not looking at the cultural side of things… I know what separation can do… My children, they went into foster care … I am feeling desperate … she's with strangers. She'll be feeling desperate too. Someone has got to speak up for them… this is family. We need to go on a bus to Canberra and get the children back to where they belong (Evelyn).*

Abuse and denied rights

Here grandparents clearly identified denied contact with their grandchildren as abuse and a breach of human rights. For Joan and Bill, it was their son-in-law who was denying access, after accusations of child abuse between the adult parents. As noted in previous quotes, the grandparents felt unsupported by workers.

It was good until the children started complaining about… sexual abuse by the father and then it all turned sour. Haven't seen them since… a bit over 18 months… What happened was the girls complained to us about sexual interference by the father… the father denied it, … the Department of Child Safety formed an opinion that the mother was coaching the children, went before Justice … [who] took the children off the mother and gave them to the father… those children have been living in a hostage situation for the last 18 months, segregated from all family… We … put in a report to Child Safety five times … I wrote to the Children's Commissioner … We've lost so much faith in the law, in the Department of Child Safety… [and] anything to do with Family Court. These girls' human rights are being taken away … We're not allowed to see them…we can't even ring them up … (Joan and Bill).

For Linda and Eric denied contact by a daughter in law after the divorce of their son was described as abuse that was impacting on their own relationship:

I picked him up from school every afternoon…school holidays I had him… They ended up divorced, it was very nasty, still is … we were traveling … I rang and spoke to the kids …When I got back I'm not allowed to talk to them and [daughter in law] says they're not allowed to talk to me. What bothers me the most is what are the children being told? It's very stressful (crying) (Linda).

I think it's a form of abuse because I have seen what is happening to Linda, by her not being allowed to see the (grand)kids. What affects Linda has a flow down affect to me and our relationship has had a bit of a straining point- and at our age we don't need that sort of thing (Eric).

As noted earlier, Faye and Sellick (2003) identified withdrawal of grandchildren as a form of elder abuse.

Discussion

What seems evident from the above narratives is that being denied contact with their grandchildren impacted grandparents' health, mental health, and wellbeing. They appear to have endured psychological pain and anguish, unnecessary suffering, and powerlessness. Some described the blocking of their ability to receive affection from, and give affection to, their grandchildren as a violation of rights. This isolation from grandchildren impacted grandparents' personal and social identity and their role and purpose. As noted in the literature, elder abuse can include infliction of emotional and mental anguish, isolation or deprivation, provoked feelings of shame, indignity and powerlessness, threats, and the withholding of affection.   Elder abuse includes behavior inflicted on an older person within the context of a trusting relationship that produces psychological pain, social harm, and unnecessary suffering, loss, or violation of human rights and harm to the elder person's quality of life (Lowenstein et al., 2009). These grandparents' narratives appear to fit within broad definitions of elder abuse as identified in available literature.

Overall the findings reveal that grandparents in this study wanted ongoing involvement with their grandchildren, and they grieved over lost contact. Several grandmothers in this study implied that denied contact inhibited the transfer of important cultural knowledge. Grandparents

spoke of feeling distressed, sick, stressed, shocked, and living with the fear of denied contact. Some grandparents described feeling unheard and unsupported by child protection workers and other authorities.

According to Wellard (2012), public policy makers need to review their nuclear family biases to include healthy grandparents as a valuable resource. Similarly, Hastings and Rogowski (2015, p. 21) argued that a "critical gerontological" perspective can help identify how current neo-liberal thinking has increased the "problematisation of old age". Hastings and Rogowski (2015) assert that social work is not exempt from the influence of neo-liberal ideologies, and they argue for a critical practice that seeks to genuinely address the needs of older people.

Equally, Ife (2008), and others have identified the risks for older people of human rights abuses (AHRC, 2012). Ife (2008) called on social workers to protect the human rights of older persons in their work with families. He cautioned against the trap for social workers of efforts focused on the frail aged that served to obscure and devalue older persons' wisdom and experience, leading to pathology of social ills, age discrimination and marginalization. A refreshed perspective could see grandparents as always important and central in their grandchildren's lives as a matter of justice (Ife, 2008). According to Cox (2014, p. 171) social workers must be willing to assist grandparents "to challenge the system if they believe that their rights have been violated", and must not contribute to their disempowerment.

The limitations of this study include the small sample recruited from one regional Australian location. Therefore findings cannot be generalized. Nonetheless, the findings appear to reflect available literature on the experiences of grandparents after the breakdown of adult children's relationships, and literature identifying emotional and psychological abuse of older persons. A conceptual limitation may be that the use of the term 'elder abuse' may perpetuate a notion of grandparents as elderly. In reality, grandparents represent a diverse age range, and therefore grandparent abuse may represent a unique category. Further research is recommended into the experiences and needs of grandparents and how social work can contribute to meeting their needs and upholding their rights.

Conclusion

Findings reported here describe the lived experiences of a sample of Australian grandparents who had experienced disrupted, denied and

lost contact with their grandchildren and the associated impact on their health, mental health, wellbeing and quality of life. These grandparents highly valued their relationships with their grandchildren, and many felt distressed and powerless. Some grandparents described abuse of their rights and freedom to give and receive affection from their grandchildren after contact was severed, while others identify disrupted intergenerational transfer of cultural knowledge. These findings have significant relevance for social work practice, social policy and future research regarding the health and wellbeing of grandparents.

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LEGAL RESPONSES TO ELDER ABUSE: DO THEY MATTER?[1]

Abstract: Legal measures play an important role in the intervention and prevention efforts to combat elder maltreatment, abuse and neglect. At first, this article discusses mandatory reporting of suspected abuse. This obligation is defined in law in the United States as well as in some other countries, even if the effectiveness of this obligation is dubious. Two other legal provisions have been widely applied (e.g. in the United Kingdom): one is responsible whistleblowing if grievances are observed in organisations, and the other is blacklisting unsuitable personnel so that such individuals are barred from working with old people.

Key words: mandatory reporting, whistleblowing, background checks

Introduction

International studies on the extent of elder maltreatment – regardless of differences in quality and the wide spectrum of quantitative findings – demonstrate that abuse and maltreatment of older people is a social fact which can no longer be seriously called into question (Cooper et al., 2008; De Donder, Luoma et al., 2011; Soares, Barros et al. 2010). Consequently, numerous intervention and prevention measures as well as model projects have been developed worldwide which can be subdivided into four groups: Client-centred services (e.g. emergency lines and helplines; domestic

violence shelters), training and awareness-raising efforts (e.g. screening and assessment courses; gatekeeper programmes), innovative organisational designs (e.g. multidisciplinary co-operation and networking), and adjustments of the legal framework.

Legal provisions constitute a type of intervention because through these, the legislator and courts can affect the concrete life environments of victims and perpetrators to a considerable extent. This article discusses the pros and cons of three legal issues: mandatory reporting of suspected abuse, violence and other grievances; whistleblowing strategies; keeping records of persons with manifest behavioural disturbances ("blacklisting") including background checks of personnel.

Mandatory reporting

An issue that has given rise to thoroughly controversial discussions concerns the question as to whether any person or only a certain group of persons defined by their professional activities should be placed under the obligation to report or notify cases under existing laws if there is suspicion of abuse (or neglect, including self-neglect) of an older person. In fact, mandatory reporting has been described as the most common elder abuse policy (Rodriguez et al., 2006). Mandated reporters must report actual or suspected physical abuse, abandonment, isolation, financial abuse, or neglect which is observed, evident, or described. In California, for example, a specific form (SOC 341) must be completed and signed by the mandated reporter. Failure to report, impeding or inhibiting a report of, physical abuse, abandonment, abduction, isolation, financial abuse, or neglect of an elder is a misdemeanor, punishable by six months in the county jail and a fine of one thousand dollars ($1,000) (CDSS 2015).

The arguments in favour of mandatory reporting are, in essence, the following:

- The number of unreported cases can be reduced, i.e. through mandatory reporting, cases are detected which would otherwise have remained undetected or unreported.
- Thanks to mandatory reporting, interventions can be started at a relatively early period of time, which improves victim protection and avoids an aggravation of their situation.

- This statutory provision has a positive impact on the awareness of the population at large. In addition, mandatory reporting emits a signal and has strong symbolic power.
- It has a preventive effect, i.e. potential perpetrators are deterred.

The arguments against mandatory reporting are, in essence, the following:

- Reports must be based on (in some cases longer) observation phases, which causes distrust and creates a climate of mistrust.
- For lack of the actual causes or out of evil, injuries are wrongly ascribed to maltreatment, although they may have other causes.
- There is massive interference with the privacy of purported victims, sometimes against their will. These individuals can no longer rely on the assumption that private statements (i.e. made to social workers) will remain confidential.
- Adults are treated like minors ("infantilization"). In addition, they are more or less urged to take advantage of intervention offers (or even move to institutionalized care).
- Data protection is, out of necessity, disregarded.
- Scarce resources are squandered because of time-consuming, often unsuccessful investigations and research efforts in the style of law enforcement authorities, which could have been used more efficiently for practical assistance and prevention measures.

For quite some time now, such provisions of mandatory reporting have existed in nearly all US states, although in very different versions. The lower age limit for interventions is mostly fixed at 60 years of age, sometimes even at a lower age. With regard to the historical origin of these laws, it is argued that they were modelled on the child protection legislation that was adopted at a very early point of time (Teaster et al., 2010). In the meantime, similar provisions exist in a number of other countries, such as Israel, Brazil, and Korea. On the other hand, other countries (i.e. the United Kingdom, Ireland, Australia, Singapore and Germany) have explicitly ruled out the introduction of such provisions after having examined their pros and cons. Some countries, such as Canada, have restricted mandatory reporting to incidents in institutions.

In the United States, the Adult Protective Services (APS) are responsible for the enforcement of these provisions. These act as welfare offices for vulnerable adults enjoying far-reaching legal powers similar to law-enforcement bodies. Under the mandatory reporting laws, certain persons

working in health care and social services professions are required to report suspicious cases to the APS. Persons making such reports enjoy legal protection, i.e. their identity is not disclosed and they cannot be legally persecuted. If this mandatory reporting obligation is violated, punishment may be meted out, mostly in the form of fines, but these persons may also be condemned to imprisonment. However, such condemnations are rare (Payne, 2008).

For every reported case, the APS must conduct investigations within a certain period of time and submit its report. Depending on the facts of the case, subsequently the APS makes an assistance offer, which focuses on the security needs of the victim. However, the autonomy of the elderly (unless they are mentally severely impaired) is to be preserved. This is why offers of services and assistance may eventually be rejected. In cases of severe neglect this may obviously give rise to dilemmas which are hard to resolve.

A comparative study, which, however, did not involve a control group that did not receive any interventions, showed that procedures resulting from mandatory reporting did not lead to greater success in the treatment of cases as compared to two other forms of intervention, i.e. the law enforcement or criminal law approach or interventions by lobby groups offering victims their services. All types of intervention resulted in similar degrees of victim stabilization and security as observed by social workers in a follow-up study. No differences were observed either with regard to the share of people who moved into nursing homes (Sengstock et al., 1991).

A study of cases of elder domestic violence in 47 US states which were investigated by the competent authorities reached the conclusion that in federal states with mandatory reporting the number of investigations initiated by the APS exceeded that of states without a mandatory reporting requirement. However, the proportion of factually justified reported cases was more or less the same; i.e. a little less than 50 per cent of all reported cases (Jogerst, Daly et al., 2003). A study conducted in Washington State which analysed the number of reported cases prior to and after the introduction of mandatory reporting revealed a similar pattern: mandatory reporting resulted in a sharp rise in the number of reported cases, which nearly doubled, with reports of domestic violence and reports of self-neglect showing the steepest increases (Fredriksen, 1989).

Several studies revealed the sobering empirical fact that especially medical doctors very rarely report suspected cases. They avoid reporting for various reasons. Frequently they are not sufficiently well acquainted

with the relevant statutory provisions and procedures, they shun the additional time input required for the associated red tape and consider the resources available for subsequent assistance by the authorities anyway as inadequate. Furthermore, they do not want to bother or offend their patients by addressing a possibly unfounded suspicion thus risking to lose sight of them. As maltreatment can be detected immediately and without any doubt only in very rare incidents of physical harm, medical doctors tend to call into question their own perceptions (Payne, 2008).

On the basis of evidence gained in model projects and through intervention studies, a final answer cannot be given to the question that is crucial for actual practice, namely whether such legislation results in effective intervention, i.e. by assuring more frequent contacts and faster interference with such incidents, and what is perhaps even more important, it may have a preventive effect, i.e. as it can offer a priori protection to certain vulnerable individuals (persons in need of long-term care, for example).

Informers' activities (whistleblowing)

Whistleblowing is an issue related to the issue of mandatory reporting. It is defined as the legally permissible and socially desirable disclosure of gross misconduct including the naming of perpetrators or other persons responsible for such grievances. Even a justified suspicion of maltreatment constitutes a sufficient cause for whistleblowing. The vital difference between the above-described mandatory reporting obligations and whistleblowing is the fact that in the latter case the private sphere (family, neighbours, etc.) are not involved, as the information that is passed on exclusively relates to organisations providing social and health services. Usually whistleblowing describes the misconduct of colleagues in such institutions, but also the misbehaviour of home residents and/or clients should be reported.

In contrast to mandatory reporting, which is partly heavily criticized, responsible whistleblowing is generally advocated. It can make a valuable contribution to quality assurance and organisational development if it is defined in legislation and forms an integral part of a positive corporate culture as set forth in the mission statements of the relevant organisations.

This positive response is especially widespread in the United Kingdom where a well-structured system of whistleblowing exists (Cass et al., 2009).

In this country, staff members of organisations are encouraged to report not only criminal acts, maltreatment or neglect in the narrower sense of these terms, but also to disclose objectionable incidents, such as corruption, theft, improper treatment by medical and nursing staff, "unethical" behaviour (such as discrimination of persons belonging to certain ethnic groups), environmental pollution, etc., as well as the covering up of all these modes of behaviour by other persons. In addition, situations are also addressed which lend themselves to complaints, such as meals that are served with a delay or have turned cold, etc. Thus whistleblowing concerning grievances does, of course, not only affect older people who suffer from them but because of their greater need for care and their vulnerability (i.e. as residents of nursing homes) they are at a higher risk.

Typically, in organisations, a pronounced spirit of community or even comradery prevails. Witnesses of maltreatment and grievances find themselves in a difficult situation because they have to overcome a mental and psychological barrier in order to be able to take action against a colleague. In addition, they have to spend a lot of time on collecting evidence (i.e. by writing a diary with accurate entries of the date of incidents, etc.) while they must avoid playing the role of investigating plainclothes officers, as they should merely compile objective data. They must be critical of their own motives, i.e. they must not allow themselves to be guided by their own negative experiences with a colleague or by sheer antipathy towards certain persons. But first and foremost, they need quite some courage for actually passing on the collected information. They may be afraid of losing their job or of being subsequently mobbed as a traitor by their colleagues and therefore deserve special protection. The assurance of confidentiality and the possibility of obtaining advice from third parties before taking action affords some degree of protection to whistleblowers. If disclosure appears necessary, anonymity cannot be guaranteed in subsequent court proceedings. It is also important to note that bona fide accusations must not carry negative sanctions even if it turns out that they were unfounded.

Newly hired staff find themselves in a particularly precarious situation as, on the one hand, they have a fresher and more unbiased view of some grievances than personnel who have become accustomed to existing conditions in the course of many years and, on the other hand, they may misinterpret some harmless incidents because of their lack of experience.

Whereas individuals who do not belong to the organisation (i.e. representatives of residents, advocacy groups, or patients' next of kin) can

act more independently in their role of outsiders and may, of course, also provide valuable information, they will, of necessity, fail to understand certain grievances for lack of knowledge of many internal processes within the organisation.

A whistleblowing programme implemented by CrossReach (a church-affiliated organisation that offers comprehensive social services and runs a number of homes in Scotland) for reporting grievances comprises the so-called 4 'R's (see below) of adult protection. In principle, no distinction is made between the different hierarchical levels in an organisation and it is also irrelevant whether the whistleblower is an eyewitness or was merely informed about an incident. The "good practice" instructions given by it are guided by the principle: "If you suspect or witness harm, or it is reported to you, you must immediately report it to your line manager." The individual steps will have to follow this sequence: 1. Recognising suspected, reported or witnessed harm, 2. Reporting harm, immediately, to your manager. Then contact the Church of Scotland Safeguarding Service for advice, 3. Recording adult protection events electronically and in paper in case files, 4. Referral to social work and the police to ensure joint working and shared responsibilities (Crosse, 2015).

Criminal background checks

Since 2004 a register has been kept in England which lists social care staff barred from working with residents or outpatients of certain social service and care institutions because they had previously maltreated, caused harm to, or endangered persons and are therefore considered unsuitable for certain activities. In this context, it is irrelevant whether such staff were acting as professionals or volunteers. This register which had originally been known as the "Protection of Vulnerable Adults List" was replaced by the "Vetting and Barring Scheme" which was administered until 2012 by a body entitled the "Independent Safeguarding Authority" (ISA). Then the ISA merged with the Criminal Records Bureau to form the "Disclosure and Barring Service" (DBS). This is a public body of the Home Office of the United Kingdom. The DBS enables organisations in the public, private and voluntary sectors to make safer recruitment decisions by identifying candidates who may be unsuitable for work that involve children or adults, and provides wider access to criminal record information through its disclosure service (DBS, 2015).

In the United Kingdom it is widely accepted that keeping such a record is legitimate and effective for barring unsuitable individuals from interacting with vulnerable adults. Every social service institution that intends to hire staff for certain functions must check whether the names of such persons are listed in these records and, if this is the case, reject their employment. On the other hand, it is a punishable offence for barred individuals to apply for such positions. However, an entry in the black list can later also be deleted.

It is obvious that this is a purely individualistic instrument, i.e. individual perpetrators can be prevented from committing further offences. Hence the register can certainly not be used as a general intervention or prevention tool and can only offer some degree of security.

Any interpretation of the type and severity of reported acts of violence involves the problem of definition. With regard to financial exploitation or sexual abuse it is relatively clear to decide whether an offence has been committed or not. With other transgressions (i.e. the so-called exaggerated personal hygiene) it is frequently difficult to decide whether there was an intention to cause harm, or a minor offence was committed, such as slight negligence or perhaps only an unlucky coincidence of circumstances occurred.

Such background checks of job applicants, especially for long-term care institutions are also common practice in the United States. One basic difference between the British system and the US system is the absence of a separate central register and uniform provisions in all federal states. As a consequence, loopholes exist and every applicant has to be checked on a case to case basis by the potential employer. Whereas such background checks are legally permitted and for this purpose the data bases of the FBI may even be accessed, they are not mandatory not even for nursing homes. A pilot study revealed that three per cent of all job applicants were rejected after such background checks had been performed (Connolly, 2010). One point of criticism results from the fact that even offences that are hardly relevant for nursing and care activities, such as traffic offences or administrative fines, have a negative effect on the employment opportunities of such applicants. Moreover, it is not known what types of previous criminal acts would, in particular, indicate a person's heightened tendency towards aggression and violence against old people. As no studies have been conducted in this area, the question as to whether such background checks have significantly

improved the safety of home residents or have had a preventive effect cannot be answered.

A comprehensive analysis of the recording system has demonstrated the problem of subjectivity in the recording of unsuitable nursing staff (Stevens, Hussein et al., 2008). The "black lists" show a significant overrepresentation of male caregivers. With regard to sexual abuse, only male perpetrators are listed. Furthermore, it is remarkable that caregivers in resident institutions tend to be recorded in the black list because of physical and emotional abuse whereas nurses in mobile service units are more often blacklisted because of financial exploitation. Moreover, there is clear evidence that caregivers who belong to (ethnic) minorities are more probable to be reported more often for abuse. Against the background of all these circumstances and due to insufficient data it cannot be concluded with certainty whether the different registration patterns of individual groups of persons merely reflect facts or can perhaps be ascribed to unjustified discrimination.

Conclusions

Although there are many authoritative statements and demands regarding the elimination of elder abuse and violence and its consequences, relatively few scientific projects have been carried out with traceable results and hardly any empirically proven reports on practical actions exist (Ploeg, Fear et al., 2009). On the one hand, mandatory reporting, whistleblowing strategies and background checks probably have no direct harmful impact. On the other hand, the efficiency and effectiveness of legal intervention and prevention activities that are concentrated on certain individuals are very limited and not sufficiently validated. Therefore, it appears advisable for nursing homes and social service providers to invest more energy and resources in adequate personnel and high-quality training of staff, good nursing and care planning as well as a positive work atmosphere.

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TREATMENT OF ADULT VICTIMS OF VIOLENCE IN SERBIA[1]

Abstract: The purpose of this article is to examine the influence of choice of recipients, types of victims, offered services, activities and program offers, and ways of service delivery to practice of treatment of adult victims of violence in Serbia. Treatment of adult victims of violence has been discussed in literature in terms of legislatives, distribution, development and history of providers. This article focuses on a specific andragogical aspects of practice of treatment of adult victims of violence in Serbia and its relations to patterns of practice in different organizations determinate to give support to victims and context in which they operate. Adopted descriptive multiple–case study approach designed to explore issues within each region of Serbia (Central Serbia, Vojvodina, and Belgrade) is based on data gathered on the sample of 108 Serbian organizations aimed to give support to adult victims of violence. The findings indicate importance of: professional preparation of staff engaged in organizations who deliver treatment to different groups of adult victims, organizational structure, and ways of funding, social trends and main characteristics of social context, as key factors which influence performance of those organizations.

Key words: adult victims of violence, treatment of adult victims of violence, organizations which give support to adult victims of violence, organizational structure, ways of funding, andragogues

Introduction

The body of literature on the treatment of adult victims of violence in Serbia is comprehensive, spanning a few disciplinary fields (victimology, law, sociology, psychology, andragogy). Recent literature published in Serbia concerned different types of victims. Most papers about domestic violence and about female victims have been written from judicial perspective (Jovanović, 2012). Only a few authors researched adult male victims of domestic violence and maltreatment of men from holistic standpoint (Knežić, 2010). Problem of mobbing is researched regard to the issue of psychological abuse at the work place (Tripković, 2009) and explained from managerial (Baltezarević, 2009), and judicial perspective (Šaljić, 2013).

Few authors (Vidaković, 2002) describe characteristics of the emotional reactions and recovery process of both the victim and his/her surrounding. Vidaković (2002) emphasized that "many victims lose the sense of interior control over the things that happen to them, lose self–respect, faith in other people and the community" and, concluded that the process of victim`s recovery and restitution depends on whole community, while Spasić (2007) in her research pointed out cause-and-consequence relationship between depression and different forms of victimization.

Treatment of adult victims of violence in different organizations has been in focus of few researches (Ćopić, 2007; **Milivojević and Mihić, 2003).** Ćopić (2007, p. 28) used survey on organizations in Serbia which offer support to victims of crime. Purpose of her study was "to identify organizations that are supporting victims of crime either within state institutions and non-governmental organizations; to collect and analyze the data that might be useful for victims, and also to make a directory of victim support services in Serbia. The sample encompassed 188 organizations from 55 towns in Serbia." Directory of victim support services in Serbia, developed by researchers engaged in Victimology Society of Serbia (VDS info…, 2007) was one of the main data sources for our research. Ćopić identifies a few categories of victims, supported by different providers: domestic violence victims, workplace crime victims, victims of „out of workplace" crime, victims of threatening, victims of fraud, victims of burglary or robbery, victims of violation, victims of human trafficking, victims of torture, state and institutional violence. As recipients of support, she identifies six categories: women, children, men, women and children, women,

children and men, women and men. In comparison to our research, list of activities provided to victims are reduced: information, emotional support, transfer to other institutions/organizations, legal support, psychological support, legal representation, psychotherapy, practical support, crisis and emergency accommodation, crisis intervention, medical support, and support in contact with other institutions. As a main reason for such a situation, the author emphasizes a lack of material support provided by the state, and a lack of material resources.

Research performed by Milivojević and Mihić (2003, p. 38) had similar design of methodology – they used a survey sample of 24 NGOs from Belgrade "assisting victims of crime in Belgrade". They identify four types of victims among adults: victims of domestic violence, victims of sexual violence, victims of human trafficking, and victims of torture (violation of human rights).

Recent trends in treatment of adult victims of violence in Serbia

Treatment of adult victims of violence is a reflection of many different factors in a society. Among them, of main importance are: tradition, social, economic, and legal characteristics, development of social sciences, and educational potentials of society to cope with these issues. Serbia, as a state in transition, with proclivity to join the EU, recently brought a few laws or annexes to laws which follow current European standards and international conventions to regulate this area: family law (NSRS, 2015a), which emphasizes protection against domestic violence, labor law (NSRS, 2014b), which allows employees to protect themselves against various kinds of mobbing, law for protection of human rights and basic freedoms (2015b), a few laws related to criminal behavior (NSRS, 2014a), law about elimination of all kinds of female discrimination (NSRS, 2014c), etc. and have a few laws related to this topic in the process of creation (for example, freedom from fear law).

Moreover, in Serbia there operate different independent bodies, institutions, GOs, NGOs, and different groups aimed to give support to victims of domestic violence, breaking of human rights, human trafficking, mobbing, to victims of violence against people with disabilities. Among them, according to Ćopić (2007) and **Milivojević and Mihić (2003)**, the most prominent are:

- *independent bodies* (Ombudsman of RS, The Protector of Citizens
  – Ombudsman of the Autonomous Province of Vojvodina, Com-
  missioner for Protection of Equality, etc.),
- *institutions in system of social welfare* (Secretariats for Social Wel-
  fare, Centers for Social Work, established in all communities in
  Serbia, Institutes of Gerontology, Gerontology Centers, Shelters for
  Homeless Adult Persons),
- *services for victims of violence* (VDS victim support service
  which operate under Victimology Society of Serbia, Safe House,
  Autonomous Female Center, Out of Circle, etc.),
- *association of citizens* which operates on voluntary basis (SOS
  telefon, established in many communities in Serbia, network Woman
  Against Violence, etc.)
- *media services* (Media Center Belgrade, TVB92, TVPink, Radio
  Odžaci, etc.),
- *association of citizens* which operates through *social networks*
  (Facebook, Twitter, etc.).

Methodology

Our aim in this article is to contribute to the understanding of practice
of treatment of adult victims of violence in Serbia by exploring patterns of
practice in different organizations determinate to give support to victims
and context in which they operate.

The approach which we used is descriptive case study (Yin, 2003,
p. 3-15) designed to explore issues within each region of Serbia (Central
Serbia, Vojvodina and Belgrade) drawing on data gathered on a sample
of 108 Serbian organizations aimed to give support to adult victims of
violence, during the summer of 2015. We selected 108 organizations aimed
to give support to adult victims of violence. Our case selection was driven
by pragmatic concerns and availability of data necessary for triangulation.
Main strategy we adopted were archival and qualitative content analysis,
based on Yin's suggestion (Yin, 2003, pp. 3-15 Yin, 2003, pp. 3-15) and our
decision to try to give answers to the questions:

- Who gives support and treatment to adult victims of violence in
  Serbia?
- Where is this support and treatment available?
- Who are the recipients of this support and treatment in Serbia?

- What kind of services of different organizations determinate to give support and treatment may offer to adult victims of violence in Serbia?
- How many activities and program offers are available to adult victims of violence in Serbia?
- Which ways of delivery these organizations use for their services?

For obtaining necessary data we used a few sources – different archival records:

- Available documents and reports of: Government of Republic of Serbia, Ministry of Labor, Employment, Veteran and Social Affairs, authorities of the City of Belgrade, Statistical Office of Republic of Serbia, different institutions of social welfare, ombudsman of Republic of Serbia, and other relevant sources,
- Internal policy drafts from providers of support and treatment to adult victims of violence in Serbia,
- Directory of NGOs (http://www.crnps.org.rs/direktorijum-nvo?lang =rs),
- Periodicals based on empirical researches with detailed data about: providers of support and treatment to adult victims of violence in Serbia based on research performed by Victimology Society of Serbia (2007a), about development of victim support in Serbia based on research performed by Victimology Society of Serbia (2007b),
- Web pages of providers of support and treatment to adult victims of violence in Serbia,
- Facebook pages of providers of support and treatment to adult victims of violence in Serbia, including records of correspondence between providers and clients of their services,
- Empirical researches published in relevant, scientific publications.

For this case study we developed a protocol with a set of substantive questions about:

- recipients,
- types of victims,
- offered services, activities and program offers, and
- ways of service delivery.

In case study protocol we emphasized procedures, and major tasks in collecting data, as well as a plan for ways of coding and interpreting data. Based on it, in analyzing data obtained from aforementioned different sources, after coding, we used archival and qualitative content analysis.

For generalizations we additionally used basic descriptive statistics (frequencies), while for comparison of data we used independent samples t-tests and nonparametric tests for k related samples which is suitable for small samples.

Findings and analysis
Differentiation of services by recipients

Based on performed archival and qualitative content analysis (Table 1), we found that most of independent bodies, institutions, GOs, NGOs, and different groups concentrate efforts to give support to all citizens, who were victimized. From 108 organizations in Serbia which give support to adult victims, 62.96% provides services to all citizens, who were victimized.

Table 1. *Recipients of service support*

	Belgrade	Vojvodina	Central Serbia	Serbia
Population in risk, refugees, Roma, other ethnic groups, migrants, assailants, mentally disabled and handicapped people, etc.	8.33%	15.79%	18.87%	14.81%
All citizens, who were victimized	61.11%	73.68%	60.38%	62.96%
Women, lesbian, transgender, bisexual and gay population	2.78%	0.00%	1.89%	1.85%
Women, who were victimized	22.22%	5.26%	16.98%	16.67%
Women with handicap	2.78%	0.00%	0.00%	0.93%
Lesbian and bisexual women	2.78%	0.00%	0.00%	0.93%
Refugees, other citizens affected by war	0.00%	5.26%	1.89%	1.85%

In Central Serbia, from 53 organizations which give support to adult victims, 60.38% provides services to all citizens who were victimized, while in Belgrade, from 36 organizations which give support to adult victims, 61.11% provides services to all citizens who were victimized. Such a trend is especially present in Vojvodina, where from 19 organizations which give support to adult victims, even 73.68% provides services to all citizens who were victimized. Such results could indicate that Serbia does not have a developed and specialized networks of organizations for differentiated

group of victimized adults, and that Centers for Social Work, situated in almost all towns, provides most services to adult victims of violence.

Differentiation of services are provided for women, who were victimized (16.98% in Central Serbia, 22.22% in Belgrade and only 5.26% in Vojvodina), and different vulnerable groups -- population in risk, refugees, Roma, other ethnic groups, migrants, assailants, mentally disabled and handicapped people, etc. (18.87% in Central Serbia, 15.79% in Vojvodina, and 8.33% in Belgrade). Just few organizations are specialized to support women in risk, lesbian, transgender, bisexual and gay population (1.89% in Central Serbia, and 2.78% in Belgrade), and refugees and other citizens affected by war (1.89% in Central Serbia, and 5.26% in Vojvodina). Services specialized to support women with handicaps who were victimized (2.78%) and to support lesbian and bisexual women who were victimized and exposed to different kinds of violence (2.78%) are available only in Belgrade. Factors directly related to such a situation are: shortage of specialized professionals, unfavorable economic conditions, and unsupportive social climate in smaller communities.

Differentiation of services by type of victims

Qualitative archival and content analysis of differentiation of service support offers by type of victims revealed interesting discrepancies between regions (Table 2). All organizations in our sample offer multiple services. When we analyzed them by type of victims to whom they offer their services results are very interesting. In Serbia, most organizations offer their services to: domestic violence victims (89.81%), sexual violence victims (89.81%), physical violence victims (50.00%), victims of mobbing (39.81%), victims of threatening (37.50%), and victims of war (35.19%).

Table 2. *Differentiation of service support offers by type of victims*

organizations offer their service support to:	Belgrade	Vojvodina	Central Serbia	Serbia
domestic violence victims	77.78%	94.74%	96.23%	89.81%
sexual violence victims	47.22%	36.84%	58.49%	50.93%
sexual exploitation victims	11.11%	0.00%	1.89%	4.63%
physical violence victims	47.22%	36.84%	56.60%	50.00%

victims of burglary or robbery	19.44%	0.00%	11.32%	12.04%
victims of violation	22.22%	0.00%	13.21%	13.89%
victims of mobbing	41.67%	42.11%	37.74%	39.81%
workplace bullying victims	5.56%	0.00%	3.77%	3.70%
victims of threatening	40.28%	31.58%	37.74%	37.50%
victims of fraud	25.00%	5.26%	20.75%	19.44%
victims of war	41.67%	21.05%	35.85%	35.19%
victims of brutal prison bullying	27.78%	10.53%	18.87%	20.37%
former convicts as victims of violence	30.56%	21.05%	20.75%	24.07%
victims of human trafficking	19.44%	0.00%	5.66%	9.26%
victims of police brutality and corruption	11.11%	0.00%	5.66%	6.48%
forcibly mobilized refugees	11.11%	10.53%	5.66%	8.33%
victims of racial/ethnic discrimination	8.33%	0.00%	3.77%	4.63%
victims of torture from official rehabilitation institutions/centers	2.78%	0.00%	3.77%	2.78%
people who are vulnerable to human trafficking	2.78%	0.00%	0.00%	0.93%
Migrants	2.78%	0.00%	0.00%	0.93%
Unemployed	2.78%	0.00%	0.00%	0.93%
people who want to report someone missing	2.78%	0.00%	0.00%	0.93%

Some organizations are focused to offer their support to: former convicts as victims of violence (24.07%), victims of brutal prison bullying (20.37%), victims of fraud (19.44%), victims of violation (13.89%), victims of burglary or robbery (12.04%), victims of human trafficking (9.26%), to forcibly mobilized refugees (8.33%), and to victims of police brutality and corruption (6.48%). Just a few organizations offer their support to: sexual exploitation victims and victims of racial/ethnic discrimination (4.63%), workplace bullying victims (3.70%), victims of torture from official rehabilitation institutions/centers (2.78%), to people who are vulnerable to

human trafficking (0.93%), migrants (0.93%), unemployed (0.93%), and to people who want to report someone missing (0.93%).

Based on deeper statistical analysis, appropriate for small samples, nonparametric tests for k related samples (Table 3) revealed that service support offers by type of violence in Belgrade and Central Serbia are statistically significantly different from each other and from offers by type of violence in Serbia and Vojvodina.

Table 3. *Nonparametric tests for k related samples for differentiation of service support offers* by type of victims

Test Statistics				Kendall's W Test	
N			22	**Ranks**	
Kendall's W[a]			.847		Mean Rank
Chi-Square			55.880	VAR00001	2.66
Df			3	VAR00002	1.09
Asymp. Sig.			.000	VAR00003	2.34
Monte Carlo Sig.	Sig.		.000	VAR00004	3.91
	99% Confidence Interval	Lower Bound	0.000		
		Upper Bound	.000		

In Vojvodina, service support offers by type of victims is similar. The most frequent are support to victims of: domestic violence (94.74%), mobbing (42.11%), sexual violence (36.84%), physical violence (36.84%) and threatening (31.58%). Support to victims of: war (21.05%), former convicts as victims of violence (21.05%), victims of brutal prison bullying (10.53%), to forcibly mobilized refugees (10.53%), and to victims of fraud are seldom (5.26%).

In offer of service by type of victims, organizations in Central Serbia are most frequently supporting victims in case of: domestic violence (96.23%), sexual violence (58.49%), physical violence (56.60%), mobbing (37.74%), threatening (37.74%), war (35.85%), fraud (20.75%), former convicts as victims of violence (20.75%) and victims of brutal prison bullying (18.87%). Just a few organizations offer their support to victims of: violation (13.21%), burglary or robbery (11.32%), human trafficking (5.66%), police brutality and corruption (5.66%), forcibly mobilized refugees (5.66%), workplace bullying (3.77%), racial/ethnic discrimination

(3.77%), torture from official rehabilitation institutions/centers (3.77%), and sexual exploitation (1.89%).

In Belgrade, representation of support to victims of: domestic violence (77.78%), sexual violence (47.22%), physical violence (47.22%), mobbing (41.67%), war (41.67%), threatening (40.28%), to former convicts as victims of violence (30.56%), and to victims of brutal prison bullying (27.78%) are noticeable. Some organizations offer support to victims of: fraud (25.00%), violation (22.22%), burglary or robbery (19.44%), and human trafficking (19.44%), while organizations offer sporadically support to victims of: sexual exploitation (11.11%), police brutality and corruption (11.11%), forcible mobilization of refugees (11.11%), racial/ethnic discrimination (8.33%), workplace bullying (5.56%), torture from official rehabilitation institutions/centers (2.78%), to people who are vulnerable to human trafficking (2.78%), to migrants (2.78%), unemployed (2.78%), and to people who want to report someone missing (2.78%).

The service support offers by type of victims in Serbia are not related to real needs of victims. In Central Serbia and Vojvodina there live many people who are vulnerable to human trafficking, victims of human trafficking, victims of police brutality and corruption. Sexual violence and physical exploitation are not less prevalent in Belgrade than in Central Serbia or Vojvodina. Moreover, it seems that offer of Serbian organizations mostly depend on professional preparation and specialization of human resources engaged in organizations, to unfavorable economic conditions, and to unsupportive social climate instead to the needs of victims. Ćopić (2007, p. 18), based on a survey carried out on 115 organizations which offer support to victims of crime, claims that even if some organizations in Central Serbia and Vojvodina listed different offers by type of violence, it does not mean that they are capable to perform them. Often, as Ćopić explained, these organizations are capable only to recognize a problem, to classify it, and to offer support of some other institution or organization to the victim.

Services, activities and programs offered to victims of violence

Furthermore, as our analysis revealed, most of these organizations have neither programs to cope with all the problems listed, nor possibilities to treat them in an appropriate way (Table 4).

Table 4. *Services, activities and programs offered to victims of violence*

	Belgrade	Vojvodina	Central Serbia	Serbia
Information	100.00%	94.74%	100.00%	99.07%
Emotional support	86.11%	13.28%	90.57%	88.89%
Legal support	69.44%	13.28%	84.91%	80.56%
Legal consultations	11.11%	0.00%	1.89%	4.63%
Legal representation	34.72%	3.91%	35.85%	33.80%
Support to victims and witnesses of crime who are required to testify at court	5.56%	0.00%	0.00%	1.85%
Psychological consultations	80.56%	12.50%	75.47%	78.70%
Psychotherapy	33.33%	4.69%	24.53%	28.70%
Medical support	19.44%	1.56%	13.21%	14.81%
Practical support	44.44%	8.59%	58.49%	53.70%
Crisis and emergency accommodation	36.11%	7.03%	41.51%	40.74%
Crisis intervention	52.78%	7.03%	41.51%	46.30%
Transfer to other institutions/ organizations	88.89%	14.06%	88.68%	89.81%
Temporary accommodation	5.56%	0.00%	0.00%	1.85%
Support for obtaining residency status and special humanitarian concern	2.78%	0.00%	0.00%	0.93%
Support group/workshops	2.78%	0.00%	0.00%	0.93%
Trauma and critical care education	2.78%	0.00%	5.66%	3.70%
Education about human trafficking and prevention	2.78%	0.00%	1.89%	1.85%
Education on safe migration procedures	2.78%	0.00%	0.00%	0.93%
Education and legal assistance for job application	2.78%	0.00%	0.00%	0.93%
Women's rights information, counseling, and services	2.78%	0.00%	0.00%	0.93%

Monitoring human trafficking victims in court proceedings	5.56%	0.00%	0.00%	1.85%
Monitoring human trafficking victims in process of resocialization	2.78%	0.00%	0.00%	0.93%
Educational programs for prevention and resocialization in day-care center	5.56%	0.00%	0.00%	1.85%
Support and monitoring through institutional procedures	2.78%	0.00%	0.00%	0.93%
Support to family and friends of human trafficking victims	2.78%	0.00%	0.00%	0.93%
Searching for missing persons	2.78%	0.00%	0.00%	0.93%
Immediate cash help	5.56%	0.00%	0.00%	1.85%
Material family support	2.78%	0.00%	0.00%	0.93%
Other kind of legal and social family protection	2.78%	0.00%	0.00%	0.93%
Psycho-social support	2.78%	0.00%	0.00%	0.93%
Employment mediation services	5.56%	0.00%	0.00%	1.85%

In general, most organizations in Serbia to victims of different kinds of violence offer: information (99.07%), transfer to other institutions/organizations (89.81%), emotional support (88.89%), legal support (80.56%) and psychological counselling (78.70%). A fair amount of them offer to victims of violence: different kinds of practical support (53.70%), crisis intervention (46.30%), crisis and emergency accommodation (40.74%), legal representation (33.80%), psychotherapy (28.70%), and medical support (14.81%). Just a few of them in their offer have: legal counselling (4.63%), support to victims and witnesses of crime who are required to testify at court (1.85%), temporary accommodation (1.85%), monitoring human trafficking victims in court proceedings (1.85%), immediate cash help (1.85%), support for obtaining residency status and special humanitarian concern (0.93%), monitoring human trafficking victims in process of resocialization (0.93%), support and monitoring through institutional procedures (0.93%), support to family and friends of human trafficking victims (0.93%), searching for missing persons (0.93%), material family support (0.93%), psycho-social support (0.93%), and other kinds of legal and social family protection (0.93%). Offer of andragogical

support to victims of violence is very rare: trauma and critical care education (3.70%), education about human trafficking and prevention (1.85%), educational programs for prevention and resocialization in day-care centers (1.85%), employment mediation services (1.85%), support group/ workshops (0.93%), education on safe migration procedures (0.93%), education and legal assistance for job application (0.93%), women's rights information and counseling (0.93%).

Nonparametric tests for k related samples (Table 5) revealed that program offers in Belgrade, Vojvodina and Central Serbia are statistically significantly different from each other and from program offers in Serbia.

Table 5. *Nonparametric tests for k related samples for activities and program offers*

Test Statistics

N			32
Kendall's W^a			0.749
Chi-Square			71.915
df			3
Asymp. Sig.			.000
Monte Carlo Sig.	Sig.		.000
	99% Confidence Interval	Lower Bound	0.000
		Upper Bound	.000

Kendall's W Test

Ranks

	Mean Rank
VAR00005	2.91
VAR00006	1.28
VAR00007	2.09
VAR00008	3.72

In Vojvodina, most organizations aimed to give support to victims of different kind of violence offer information (94.74%). Few of them offer: transfer to other institutions/organizations (14.06%), emotional support (13.28%), legal support (13.28%), and psychological consultations (12.50%). Rarely, these organizations in their offer have: practical support (8.59%), crisis and emergency accommodation (7.03%), crisis intervention (7.03%), psychotherapy (4.69%), legal representation (3.91%), and medical support (1.56%).

The offer in Central Serbia is broader to some extent. All organizations to victims of different kinds of violence offer information (100.00%). Many of them offer: emotional support (90.57%), transfer to other institutions/ organizations (88.68%), legal support (84.91%), and psychological consultations (75.47%). Among less common offers are: practical support (58.49%), crisis and emergency accommodation (41.51%), crisis

intervention (41.51%), legal representation (35.85%), and psychotherapy (24.53%). Rarely, these organizations in their offer have: medical support (13.21%), trauma and critical care education (5.66%), legal consultations (1.89%) and education about human trafficking and prevention (1.89%).

In Belgrade, the situation is in some way brighter. All organizations to victims of different kind of violence offer information (100.00%), while transfer to other institutions/organizations (88.89%), emotional support (86.11%), and psychological consultations (80.56) are a very frequent offer, too. Many organizations offer legal support (69.44%), and crisis intervention (52.78%), and to some extent: practical support (44.44%), crisis and emergency accommodation (36.11%), legal representation (34.72%), and psychotherapy (33.33%). Offer of: medical support (19.44%), legal consultations (11.11%), support to victims and witnesses of crime who are required to testify at court (5.56), temporary accommodation (5.56%), monitoring human trafficking victims in court proceedings (5.56%), immediate cash help (5.56%), support for obtaining residency status and special humanitarian concern (2.78%), monitoring human trafficking victims in process of resocialization (2.78%), support and monitoring through institutional procedures (2.78%), support to family and friends of human trafficking victims (2.78%), searching for missing persons (2.78%), material family support (2.78%), psycho-social support (2.78%), and other kind of legal and social family protection (2.78%) is occasional. Still, andragogical offer is limited: educational programs for prevention and resocialization in day-care centers (5.56%), employment mediation services (5.56%), support group/workshops (2.78%), trauma and critical care education (2.78%), education about human trafficking and prevention (2.78%), education on safe migration procedures (2.78%), education and legal assistance for job application (2.78%), and women's rights information, and counseling (2.78%).

Impact of professional profiles of employees, and unfavorable economic conditions in Serbian organizations which offer support to adult victims of different kind of violence is more visible from program offer than from any other data. Many staff engaged in such organizations (with the exception of employees in Centers for Social Work) are volunteers, without adequate professional preparation, and any relevant andragogical knowledge. Many of them operate only on the basis of skills developed through short trainings, which is a reflection on the offer of information, as a main activity, and to the provision of emotional support (through activities of

listening, understanding and support) which does not require adequate psychological knowledge or professional preparation. On the one hand, due to fact that our sample encompass 45.37% Centers for Social Work in Serbia (respectively: 57.89% in Vojvodina, 47.11% in Central Serbia, and 36.11% in Belgrade) which are obligated to employ lawyers, psychologists and social workers with adequate professional preparation, it is not surprising that the core of activities offered to victims are psychological consultations, legal support and transfer to other institutions/organizations. On the other hand, previous lack of regulations for obligatory professional engagement of andragogues in Centers for Social Work in Serbia in the field of protection of adults and elderly directly reflected to un-proportional representation of activities of andragogical support or educational programs for victims of different kinds of violence. Serbia recently adopted legal regulative about professional structure of employees in the system of social care (Ministarstvo za rad…, 2012, p. 2) which will prospectively have impact to offer of activities and programs of Centers for Social Work.

The findings for ways of support delivery to adult victims of different kinds of violence are very interesting, too (Table 6). Most programs in Serbian organizations which offer support to adult victims of different kinds of violence are delivered by direct communication (94.44%), and by telephone (65.74%). Occasionally, organizations communicate with adult victims through letters (28.70%) or e-mail (27.78%), while they sporadically use: visits (6.48%), process of mediation (4.63%), legally regulated activities, in cooperation with relevant institutions (3.70%), group work/workshops (2.78%), support (1.85%), social interventions (1.85%), observations (0.93%), and evaluation (0.93%). Additionally, 59.26% of organizations which offer support to adult victims of different kinds of violence use Facebook (or have open profile at Facebook), while 32.41% of them have web pages.

Ways of support delivery to adult victims

We found similar ways of support delivery to adult victims of different kinds of violence in Central Serbia and in Belgrade, while they are different and to some extent reduced in the case of Vojvodina. Particularly, in Vojvodina, support to adult victims of different kinds of violence is usually delivered by direct communication (89.47%), by telephone (84.21%), through Facebook (63.16%) and through web pages (31.58%). Rarely,

organizations communicate with adult victims through letters or via e-mails (15.79%), and infrequently organize visits (10.53%) or group work/ workshops (5.26%).

Table 6. *Ways of support delivery to adult victims*

	Belgrade	Vojvodina	Central Serbia	Serbia
by telephone	72.22	84.21	54.72	65.74
by direct communication	97.22	89.47	94.34	94.44
through letters	47.22	15.79	20.75	28.70
via e-mails	44.44	15.79	20.75	27.78
through group work/workshops	5.56	5.26	0.00	2.78
through observation	2.78	0.00	0.00	0.93
through support	5.56	0.00	0.00	1.85
through evaluation	2.78	0.00	0.00	0.93
through legally regulated activities, in cooperation with relevant institutions	8.33	0.00	1.89	3.70
by visits	8.33	10.53	3.77	6.48
by social interventions	5.56	0.00	0.00	1.85
by process of mediation	5.56	0.00	5.66	4.63
through web pages	41.67	31.58	26.42	32.41
through Facebook	58.33	63.16	58.49	59.26

In Central Serbia support to adult victims of different kinds of violence are usually delivered by direct communication (94.34%), by Facebook (59.26%) and by telephone (54.72%), while organizations in Belgrade use more frequently direct communication (97.22%), telephone (72.22%) and Facebook (58.33%).

To some extent the common ways for communication with adult victims of violence in Central Serbia are: process of mediation (32.41%), letters (28.70%), and e-mails (27.78%), while in Belgrade organizations occasionally use letters (47.22%), e-mails (44.44%), and web pages (41.67%). Legally regulated way of communication, in cooperation with

relevant institutions is rare in Central Serbia (6.48%) and in Belgrade (8.33%), as well as: social interventions (4.63% in Central Serbia, 5.56% in Belgrade), evaluation (3.70% in Central Serbia, 2.78% in Belgrade). Organizations which offer support to adult victims of different kinds of violence in Belgrade rarely use mediation (5.56%), while in Central Serbia they almost never use web pages (2.78%). We found seldom usage of observation (1.85% in Central Serbia, 2.78% in Belgrade), visits (1.85% in Central Serbia, 8.33% in Belgrade), group work/workshops (0.93% in Central Serbia, 5.56% in Belgrade), and support (0.93% in Central Serbia, 5.56% in Belgrade).

Besides, these results imply lack of andragogical support to victims. While direct communication is suitable for delivery of information, emotional and legal support and psychological consultations, and communication by telephone is proper for information delivery and eventually for emotional and legal support, more complex ways of support delivery to adult victims (through: group work/workshops, observation, support, evaluation, process of mediation, etc.) are rarely present in practice of organizations which offer support to adult victims of different kinds of violence.

Discussion
Who are recipients of offered services?

Differentiation of recipients of services offered by analyzed organizations reflects their ownership, mission and policy, and organizational structure. State owned organizations/institutions (Centers for Social Work, People's Offices, etc.) in their mission usually state that their services are aimed to all citizens of Serbia. Recipients of services offered by private owned providers (NGOs), stated in their missions, are very heterogeneous (women, victims of domestic violence, victims of human trafficking, victims of mobbing, victims of sexual violence, Roma, etc.). Furthermore, formally stated missions of Serbian NGOs, follows current social trends. During 1990s most NGOs stated that their mission is to provide different kind of support to victims of war (refugees, forcibly mobilized citizens, other citizens affected by war, etc.); during last decade most of them stated that their mission is to protect and to support victims of domestic violence (children and women, and in case of few NGOs, elderly victims).

Recently, stated missions of NGOs followed trends directed by current projects supported by EU and other major providers; thus most of them

as recipients of their offer distinguished population in risk, refugees, Roma, other ethnic groups, migrants, assailants, mentally disabled and handicapped people, etc., while in last few years as recipients that dominate: women, who were victimized, women with handicap, lesbian and bisexual women, or women, lesbian, transgender, bisexual and gay population. Patterns of following current social trends are especially present in the case of Belgrade.

Otherwise, in Vojvodina and Central Serbia patterns of stated missions are more based on the current needs of the community, then on current social trends (which have a far–reaching influence on them, too). Due to the fact that substantial numbers of refugees from 1990s wars are situated in these two regions, many NGOs in their mission statements still have refugees as main recipients. Broadly speaking, domestic violence influences many NGOs in Vojvodina and Central Serbia to state that their recipients are women, who were victimized, while the presence of divergent victimized population had impact to some of NGOs to state in their mission the provision of activities for broad groups of victimized: population in risk, refugees, Roma, other ethnic groups, migrants, assailants, mentally disabled and handicapped people, etc.

Such "mission drifts" have been noticed by other researchers, too. Thus, as Dees and Anderson wrote, examples that NGOs encompass in their mission as recipients "individuals who are somewhat less disadvantaged because it is cheaper to fund those programs than find grants for helping the extreme poor" (Dees and Anderson, 2003, as in: Lewis, 2005).

Furthermore, organizational structures are in some extent congruent to formulation of mission statements, as Andrews and Light (Andrews, 2010, Light, 2002, in: Lewis, 2005) founded in their studies. In accordance to this, results of our study imply that specialized services for distinctive groups of recipients are offered only in NGOs with employees who obtained specific professional training (for example: Atina, ATC, IAN, Nemeza, VDS Info).

What types of victims are recognized?

Differentiation of service support offers by type of victims put additional light on trends in treatment of victims of violence against the adult population. Based on obtained data, it seems that domestic violence victims are far more represented in offer, no matter of ownership of organization. Their representation corresponds to missions and organizational structure

of Centers for Social Work, and for some NGOs. Deeper analysis revealed that some NGOs, especially those who are supported by Government or who follows their recommendations ensure same procedures in provision of their services as aforementioned Centers (i.e. Counseling against domestic violence, Amity). Concurrently, many NGOs, whose services are aimed to victims of domestic violence, have different visions. Some of them as a goal have empowerment of women – victims of domestic violence (… Out Of Circle, Autonomous Women's Center), material support and education (Self-Supporting Mothers), political and legislative enlightenment of women (Juca), etc.

Sexual and physical violence victims are very often listed as recipients of different kind of support. In treatment for those recipients, Centers for Social Work and different People's Offices follow legal procedures, and emphasize legislative and psychological counseling. Visions of many NGOs in treatment of sexual and physical violence victims are aimed toward their empowerment and education (Anti Trafficking Center), legislative support, mediation, counseling (Atina, YUCOM), information and support (SOS Telephone), emancipation (Anna). While Centers for Social Work offer their services (mainly legislative) to victims of mobbing, some NGOs added educational support to their offer (Committee for Human Rights – Leskovac). Such findings indicate a trend of increased organizations specialized in the treatment of differentiated violence victims, especially women. While, according to Nikolić-Ristanović (2007, p. 7), only 10 organizations in 2007 have been specialized in treatment of female victims of sexual and physical violence, in our research over 50.00% (31 in Central Serbia, 7 in Vojvodina and 17 in Belgrade) of organizations in our sample have such specialization. Moreover, many specialized treatments from our sample are offered to victims of mobbing (43 organizations in Serbia, 20 in Central Serbia, 8 in Vojvodina and 15 in Belgrade), victims of threatening (40 organizations in Serbia, 20 in Central Serbia, 6 in Vojvodina and 14 in Belgrade), and victims of war (38 organizations in Serbia, 19 in Central Serbia, 4 in Vojvodina and 15 in Belgrade), which is opposite to findings of research performed by Milivojević and Mihić (2003, p. 40), who found that in Belgrade not one NGO offered any specialized treatment to victims of fraud, physical violence or threatening (different than as component of domestic violence).

Increase in specialized treatment is noticed for former convicts as victims of violence, and for victims of brutal prison bullying. While

according to Nikolić-Ristanović in 2007 only one organization – VDS Info, which operates under umbrella of Victimology Society of Serbia offered treatment to "female victims of violence who killed the violator or committed any other criminal act related to suffered violation" (Milivojević and Mihić, 2003), in 2015 even 22 organizations from our sample in Serbia have such offer (10 organizations in Central Serbia, 2 in Vojvodina and 10 in Belgrade). Although similar increase of offered treatment is evident in last 10 years for victims of: fraud, human trafficking, burglary or robbery, violation, and racial or ethnic discrimination, we could not find any organization in our sample which offer any kind of activities to elderly people as victims, to adult victims of cybercrime or to adult victims of children as perpetrators of violence, although these issues are well explained in analyzed literature (Kostić and Đorđević, 2000; Lepojević and Kovačević-Lepojević, 2007; Opsenica Kostić, Panić and Cakić, 2015; Petrušić, Todorović and Vračević, 2012; Popadić and Plut, 2007, etc.).

Services, activities and programs offered to adult victims of violence

Next step in our analysis was to distinguish services, activities and programs offered to adult victims of violence by different providers in Serbia. Most state owned organizations from our sample, i.e. Centers for Social Work offer: information, emotional support, legal support, psychological consultations, practical support, crisis and emergency accommodation, crisis intervention, and transfer to other institutions/organizations. In comparison, offer of People's Offices is limited to: information, psycho-social support, legal support, psychological consultations, and transfer to other institutions/organizations. Although by recently adopted legal regulative about professional structure of employees in the system of social care (Ivanović and Jovanović, 2013; Ministarstvo za rad…, 2012, p. 2) Centers for Social Work could hire andragogues – well prepared professionals, able to design, organize and perform differentiated programs for education and learning of adults (including category of adult victims of violence), according to our data, only few of them (Jagodina, Novi Pazar, Zrenjanin) have andragogues as associates. Such practice has direct impact on a narrow offer of activities provided by these organizations.

Concurrently, most NGOs (from our sample) perform a very broad spectrum of educational activities for adult victims of violence. For example,

Committee for Human Rights – Leskovac among other activities aimed as support to adult victims of violence have Summer school of human rights, Educational programs about human rights, police brutality and torture, torture and brutal prison bullying, etc. NGO Atina which is engaged in the field of combating trafficking in human beings and, specifically, comprehensive social inclusion of victims of human trafficking and other forms of exploitation realized a number of very differentiated activities: "In addition to direct assistance to victims of human trafficking, Atina, as a separate program, organizes trainings and education for professionals from different fields in order to build capacities of institutions and organizations to provide adequate support to victims of human trafficking. (…) The program of sustainable social inclusion of victims of human trafficking, and other forms of exploitation aims at full social inclusion and economic empowerment of victims of human trafficking and other forms of exploitation, in the conditions of economic crisis and reduced state intervention." (http://atina.org.rs/en/index.html). NGO Atina's direct assistance activities are carried out through three sections: Transition house, Open club–Reintegration center, and Field support team. Additionally, Atina provide programs for prevention of human trafficking and exploitation developing anti discriminative standards while working with the vulnerable groups. Apart from information, legal and psychological support, and other common activities, NGO "Iz kruga" offer basic training package for the SOS line for women with disabilities who have the experience of violence; NGO Roma Female Center provide programs for women empowerment, and literacy programs, while NGO Autonomous Women's Center, which have a vision to empower women in overcoming trauma caused by domestic violence, partnership violence and/or sexual violence, to sensitize and educate professionals engaged in different institutions about issues related to violence against women, women's human rights and institutional procedures for protection from domestic violence perform preventive, informative and educational activities for women and the public in general, consultative activities for women with trauma of male violence, interventions in situations of crisis, psychological support for overcoming the trauma of violence and legal support for enjoying the right of life without violence, independent representation of beneficiaries in institutions and judicial and administrative proceedings, independent monitoring and evaluation of public services intervention, implementation of the laws, implementation of the public policies, making reports on violence against women and

domestic violence ("shadow reports"), education of representatives from nongovernmental organizations and institutions, advocacy, analytical and research activities, publishing, etc.

Ways of support delivery to adult victims

Core of activities in both public and private funded organizations included in our research are performed through direct "face–to–face" communication. Two thirds of them communicate with recipients by telephone, which is related to fact that most organizations perform informative activities, and that many of them have SOS telephone services. Communication with recipients through Facebook is surprisingly frequent, due to fact that on the whole sample only about 30.00% use e-mails, or delivery relevant information through web pages. Realization of activities through group work/workshops, observation, evaluation, legally regulated activities, in cooperation with relevant institutions, by visits, through social interventions or by process of mediation is sporadic. Based on analyzed data, we can conclude that ways of support delivery to adult victims are still very conservative and limited; they reflect insufficient andragogical professionals engaged in this field.

Conclusion

With regard to the first posed research question, our findings indicate that in missions stated by public funded organizations as recipients are usually addressed to all citizens of Serbia, while the addressed recipients in NGOs represent very heterogeneous population, shaped by current: social trends, projects funded by external providers and community needs. Different kinds of "mission drifts" related to recipients in both public and private funded organizations could be performed only regarding to major changes in professional structure of these organizations.

As main groups of adult victims in Serbia both public and private funded organizations emphasized women as victims of domestic, sexual and physical violence. Our findings revealed that in last few years, more often than it was found in previous researches, organizations indicate very heterogeneous types of victims: victims of mobbing, victims of threatening, victims of war, victims of fraud, physical violence or threatening (different than as component of domestic violence). In Serbia nowadays there operate few NGOs which offer specialized treatment for former convicts as victims

of: violence, brutal prison bullying, fraud, human trafficking, burglary or robbery, violation, and racial or ethnic discrimination. List of recognized recipients – adult victims of violence, offered by different organizations are congruent to list offered by Serbian researchers, with the exception of groups of elderly people as victims, adult victims of cybercrime or adult victims of children as perpetrators of violence.

With reference to our third research question, we concluded that most public funded organizations, and a substantial number of NGOs in Serbia which provide different activities and programs to adult victims of violence still base their performance on limited services – delivery of information, emotional support, legal support, psychological consultations, practical support, crisis and emergency accommodation, crisis intervention, and transfer to other institutions/organizations. Hiring andragogues could result in more adequate, appropriate, and differentiated programs for adult victims of violence

In accordance with lack of professionally engaged andragogues and selection of activities and programs are findings that most organizations, encompassed by our research, perform their activities through "face–to–face" communication. Traditionalistic approach to selection of communication channels is partially enriched with Facebook, e-mails, and web pages as a sort of progressive substitutes, which provide fast responses, possibility of evaluation and wide range of information. Still, group work (supportive groups), workshops, pair learning, etc. still remains unknown to most Serbian practitioners engaged in treatment of adult victims of violence.

Although we were interested in the practice of treatment of adult victims of violence in Serbia by exploring patterns of practice in different organizations determinate to give support to victims and context in which they operate, future studies should examine this problem from different perspective. Limitation of case study approach with archival and qualitative content analysis adopted as the main research strategy could be reduced in combination with different sources of data (qualitative semi-structured interviews) or by different research methodology (meta-analysis of qualitative studies) or by adoption different (quantitative) research methods. Attention has to be given to professional preparation of staff engaged in organizations who deliver treatment to different groups of adult victims, to organizational structure, tradition and characteristics of social context, and to ways of funding, as main factors which influence performance of those organizations.

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SOCIAL AND ECONOMIC CAUSES OF ELDERLY VIOLENCE IN BOSNIAN SOCIETY

Abstract: Elderly violence in social research is a phenomenon of modern times, although the problem has existed as long as human civilization. As with a number of vulnerable groups that have been the focus of attention in recent years, such as women and children, a serious and alarming situation now with the elderly has been observed. Social uncertainty, individualization, self-sufficiency, and technological advances complicate and marginalize the elderly population. Poorer societies such as Bosnian are additionally at risk when it comes to the rights of the elderly; life for elderly people today is nothing but a struggle for dignity.

It is known that the causes of elderly violence are varied, and in this paper we discuss the social, economic and cultural risk factors that are present and dominant in Bosnian society and are directly related to personal and family considerations. In addition to the theoretical analysis of elderly violence, the results of a survey conducted in the Tuzla Canton[1] in 2012, covering 130 elderly people and 44 professionals employed in social welfare centers will be presented.

Key words: elderly, violence, abuse, social risks

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[1] Tuzla Canton is one of 10 Cantons in Federation of Bosnia and Herzegovina.

Theoretical framework for understanding the problem of elderly abuse

Demographic changes represent a significant challenge to modern society. The sudden increase in the number of elderly people is one, if not the most important challenge for society to address. According to estimates by the World Health Organization, the total world population aged 60 and over will double from 542 million in 1995 to approximately 1.2 billion by 2025. (WHO, 2011) The share of people older than 65 in Bosnia and Herzegovina is 15.1%, and for every 100 elderly, 57 are women. More than 1/3 (37.3%) of total households in Bosnia and Herzegovina has an older person as the member of their household, and 32% of the cases (11.9% of the total), have at least two elderly people. Single-person households represent 14.8% of total households of which 60% are households of people over 65[2] years of age. In countries undergoing the transition of political and social systems, including Bosnia and Herzegovina, which is specific and in its post-war period, the elderly find themselves in extremely difficult situations. In addition to social and economic exclusion, poor economic situation, illness, changes in social status and family structure, and unemployment, family members are increasingly concerned about the problem of discrimination and violence against the elderly.

The increase in the number of elderly in the total population of modern societies, as well as significant changes in the social position of older people, has resulted, beginning in the 1980s, in greater examination of the population 65 years and older, particularly in terms of their experience of violence. And as early as the 1970s, this phenomenon emerged in awareness as a form of human right violations (Ajduković, Rusac and Ogresta, 2008).

One of the most important studies of violence against the elderly was launched by the Council of Europe in 1991 and included 21 countries of Europe. The results showed that violence against the elderly within the context of a family, was much more widespread than anticipated; 8% of elderly experience domestic violence (Rusac, 2006). The World Health Organization in its European report on prevention of elderly violence (2011) characterized elderly violence as a health and social problem. So, today, elderly violence, at the global level, is seen as a more serious phenomenon, which reflects the increase in the world's concerns about human rights, domestic violence, as well as issues of aging populations and the violence

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[2] Agency for Statistics of Bosnia and Herzegovina.

against them. The complexity of the etiological network in a specific social context is a segment which should be given special attention. Significant research studies have identified potential risk factors for elderly abuse and the most important are: poor living conditions, unresolved / tightened financial conditions, unemployment (Lehner and Schopf, 2009), shared housing, social isolation, addiction (Pillemer, et.al., 2007), dependence on family members, financial dependence on the perpetrator of the abuse, social isolation (Marmolejo, 2008) and economic causes (Kabole, et.al., 2013).

Violence as a phenomenon has, until recently, been conceptualized and treated as a private issue[3]. The shift in Bosnia and Herzegovina was made when domestic violence was recognized in criminal law[4] thus formally moving from the private to the public sphere. The adoption of the Law on Protection from Domestic Violence (2005) laid the ground for detailed tracking, resolving and preventing domestic violence, and adequate separation of powers between the institutions. To serve these legislative changes, a necessary prerequisite was the correct perception of violence and a willingness to report it to the relevant institutions, an action which is particularly difficult for elderly.

A system of values that is based on traditional and cultural beliefs, means that problems in the family will be settled and retained within the embrace of family intimacy. Therefore, an aggravating factor in the study of this phenomenon, is the reluctance of the elderly to speak, especially when it comes to violence committed by family members. Shame and fear are the most common reasons why elderly do not report the violence they experience in their families (Salić, 2013). According to data obtained from the Ministry of Internal Affairs of Tuzla Canton for the period 2006-2011, of 831 cases of domestic violence, 118 were cases of violence against the elderly. Official data held by competent institutions do not reflect the real situation on the ground, and it is assumed that the violence against the elderly is a significantly larger problem, which is confirmed by the research

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[3] The World Health Organization announced the "World Report on Violence and Health" on October 3rd 2002, which states that the abuse of older people by family members had its origin since ancient times. Until the emergence of initiative of raising public awareness to the child abuse and domestic violence in the last quarter of the 20th century, this phenomenon remained in the domain of domestic issues, hidden and concealed from the public.

[4] Criminal Law of Federation of B&H.

with experts who are employed in the centers for social work in Tuzla Canton (Salić, 2013).

Given that the research focus in our region is much more focused on children and women as victims of violence, research conducted in 2012 (Salić) is the first attempt to provide some answers concerning elderly violence, a part of these results are presented in this paper.

Social, economic and cultural risks for elderly abuse

The network of unfavorable general social and economic, but also the cultural condition of society ensures the vulnerability of every individual, and the more vulnerable become additionally vulnerable. Changes in relationships within the family are the result of economic, social and moral crises (Šadić, 2006). Adverse socio-economic conditions intensify the alienation and lack of social security, while technological advances are challenges for global society, but also for intergenerational solidarity. The family is under the direct impact and is not able to meet the expectations that are placed on it, "which significantly disrupts its functional task" (Šadić, 2006, p. 135). Therefore, the elderly become more vulnerable than usual, and as their general position becomes less favorable, there exists an increased risk of violence.

The fact is that older persons depend on the help of others. From whom do they, or could they expect help? Children (if any), relatives, neighbors, friends and from the state. The dominate response will depend largely on the development of society. In more developed societies where there is a well-developed system of service, the elderly reduce their familial expectations for help and assistance. On the other hand, in poorer societies, intergenerational solidarity and the help of family is something that an individual relies on heavily. In Bosnia and Herzegovina the public service system is poorly developed, and during the last two decades (after the 1992-1995 war) service care and assistance were replaced with symbolic financial assistance that is not adequate, not even to remotely compensate the needs of the elderly. This creates an emphasized dependence of the elderly on their family, which is also one of the important risk factors. A considerable number of authors previously have written that dependence on other close persons actually can be a cause of conflict, neglect and abuse. In the past, caring for the elderly was carried out almost exclusively within the family. In the modern family, however, given the fast pace of life, care of elderly

has increasingly become a function of institutional arrangements, of which there is an increased presence.

In societies where young people are not able to solve their housing problems due to unemployment, they are forced to live with their parents, making the three-generation family very common. All family members must carry out not only the challenges of living together under conditions of daily tension, but also with increased risk for elderly abuse. Pillemer et al. (2007) point out that joint housing may be one of the main risk factors for abuse.

Retirees in Bosnian society belong to one of the poorest and most vulnerable groups. In 2015, the minimum pension in the Federation of B&H[5] was 326 BAM / 163 EUR, and the highest 2,174 BAM / 1,087 EUR. The Republic of Srpska minimum pension is 174 BAM / 87 EUR, and the highest 1,687 BAM / 843 EUR. A large number of elderly people with the lowest pensions cannot satisfy basic needs and depend increasingly upon the help of their children. At the same time, as a result of unemployment and intensive changes in the labor market, elderly people are often the breadwinners, whose minimum income represents the only source of income in the family. Unemployment among the young also contributes to holding negative attitudes and intolerance towards the elderly population; the view held is that older workers should retire so younger workers will fill those jobs and get their chance to work. At this point in B&H, unemployment is around 50%, of which about 70% is young people. In times of poverty "Existential fear" (Giddens, 1998) is recognized and intensified, increasing anxiety and general insecurity.

It is not surprising that economic violence is one of the most common (Salic, 2012), immediately after the psychological. Undoubtedly, psychological abuse largely can be connected with these social circumstances. According to research conducted in Kenya (Kabole, et.al., 2013), 61.4% of the elderly connected violence to these economic factors. Marmolejo (2008) points out that a large number of authors observed the perpetrators are financially dependent on the victim/ older person, in terms of housing and other living costs.

The most poor of the elderly population face even greater problems because they are not able to secure even the basic necessities of life,

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[5] In accordance with Dayton Peace Agreement from 1995, Territory of Bosnia and Herzegovina is divided into three administrative units: Federation of B&H, Republic of Srpska and Brčko District of B&H.

medications, services of care, and therefore are often victimized. On the other hand, elderly people from higher socio-economic class have the problem of loneliness (Kabole, et.al., 2013). In a series of risk factors which can make the elderly more vulnerable to violence are people over eighty years of age, women, people with lower education, and those unable to care for themselves (Rusac, 2009).

The most relevant research results on elderly violance in Tuzla Canton

Research conducted in Bosnia and Herzegovina in Tuzla Canton (Salić, 2013) is one of the first attempts to understand and obtain some answers to the questions related to elderly violence[6]. The research provides interesting knowledge, of which only some of the findings are presented in this paper. In addition to considering the social causes of violence, objectives of the research were to examine whether and to what extent the elderly are exposed to violence, which kinds and forms of violence are they the victims of, who are most often the perpetrators of the violence, and what is understood about reporting and entrusting the case of domestic violence.

Results show that 16.2% of those elderly surveyed experienced violence perpetrated by a family member. For behaviors belonging within the domain of psychological violence, 2.3% of the elderly experienced these behaviors on a daily basis. According to our experts this percentage goes up to 3.8%, and the most common form of that violence is that family members do not want to talk to their elderly members. Experiencing silence, or the "boycott" can and probably is one of the indicators of decreasing respect of the younger generation towards elderly, and the loss of authority of the elderly. This research can confirm that one of the most common perpetrators of elderly violence is the son.

By frequency, after psychological violence, those who participated in the survey expressed they experienced material/economic/financial violence followed by physical violence and neglect. Females were more often exposed to violence, which was the expected result based on research

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[6] The survey was conducted on a sample of 174 respondents, 44 experts from the social welfare centers and 130 elderly people. Test methods was used, using questionnaires for the most part created specifically for this study. Questionnaire for experts consisted of 28 questions and for the elderly of 36 questions.

on domestic violence. As for age, most commonly abused persons are aged between 60 to 65.

More than a half of the professionals in their professional engagement encountered elderly violence, half of them took part in the initiation of the procedure, while only half of those who start the process at all, as a result have some protective measure imposed[7]. The reasons for such a small number of imposed protective measures are usually withdrawal from the procedure or unwillingness of elderly to report the violence they experience. Assuming that the number of unreported violence of elderly violance is large, we have tried to examine the difference between the experienced and the notified violence. Are the family members, who are often witnesses of elderly violence, or the relatives, friends, officials, restrained of reporting, even though they are obliged to report to the competent institutions? Predicted large number of unreported violence is confirmed by 75% of professionals stating that there is a huge difference between committing violence and those that have been reported and on which they have information. Although 80.8% of respondents believe that violence should be reported to the competent institutions, less than half of the respondents who experienced violence actually reported that violence. The reasons for this are shame and fear, which is not surprising if they have an understanding of the significant value placed on preserving family intimacy.

As previously stated, the main objective of the research was to examine the possible social causes and risk factors of elderly violence. By theoretical analysis we have segregated fifteen separate risk factors, which facilitates classification into four groups of causes, namely: socio-economic conditions, socio-pathological behavior of family members, unadjusted relationships within the family, and the need for care and attention. The influence of socioeconomic conditions (Table 1, 2 and 3) in which families live, to violent behavior towards elderly is significant.

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[7] The Law on Protection from Domestic Violence of the Federation of Bosnia and Herzegovina, 2013

Table 1. *What causes elderly violence in the family – elderly*

What causes elderly violence in the family – elderly	N	M	SD	I agree		Undecided		I do not agree	
				N	%	n	%	n	%
social and economic conditions	**130**	**1,58**	**0,73**		**57,86**		**26,60**		**15,54**
1. unemployment of family members	130	1,43	0,681	88	67,7	28	21,5	14	10,8
2. family low income	130	1,52	0,707	79	60,8	35	26,9	16	12,3
3. unfavorable material conditions of the family	130	1,38	0,674	95	73,1	21	16,2	14	10,8
4. younger family members dependency on income of older family members	130	1,74	0,803	63	48,5	38	29,2	29	22,3
5. the competent institution does not care enough about elderly	130	1,82	0,762	51	39,2	51	39,2	28	21,5

Table 2. *What causes elderly violence in the family – experts*

What causes elderly violence in the family – experts	N	M	SD	I agree		Undecided		I do not agree	
				N	%	n	%	n	%
social and economic conditions		1,48	0,67		65,44		20,92		13,64
1. unemployment of family members	44	1,3	0,632	35	79,5	5	11,4	4	9,1
2. family low income	44	1,32	0,601	33	75	8	18,2	3	6,8
3. unfavorable material conditions of the family	44	1,27	0,624	36	81,8	4	9,1	4	9,1
4. younger family members dependency on income of older family members	44	1,52	0,664	25	56,8	15	34,1	4	9,1
5. the competent institution does not care enough about elderly	44	2	0,835	15	34,1	14	31,8	15	34,1

Table 3. *Social and economic conditions*

Social and economic conditions
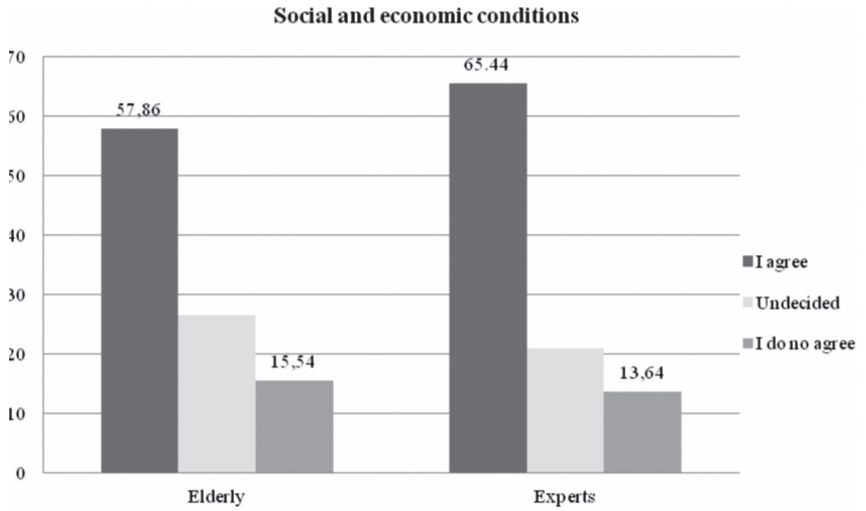
Finally, the overall results show that socioeconomic conditions, according to both groups, have a significant impact on the elderly violence. This result is consistent with research studies up to this point in time examining the etiology of violence (Lehner and Schopf A., 2009; Pillemer, et.al., 2007; Marmolejo. 2008; Lehner and Schopf, 2009; Kabole, et. al., 2013).

Conclusion

Elderly violence is a problem of which contemporary society is becoming more aware. There are various social, economic, and cultural factors that directly affect the occurrence of elderly violence, but also there is a range of personal and family pathology that most directly threatens their safety.

Research conducted in Bosnia and Herzegovina in Tuzla Canton showed that 16.2% of elderly people are exposed to some form of violence. At the same time, the knowledge of experts on elderly violence indicates greater severity of the problem than once assumed. Unreported number of elderly violence is present as is seen in the case of other vulnerable groups, namely, children and women. Experts in the field reported about 50% of cases of elderly violence to the police. Most often exposed to violence are persons between 60 to 65 years of age, women, and persons in poor health are at additional risk for abuse. The most common perpetrators of violence are children (sons), followed by spouses. Elderly people are reluctant to

report violence for several reasons: traditional values, loyalty to children or spouse, economic dependence, reliance on the assistance of the family and perpetrators, etc. Neighbors most often report violence.

The fact is that the position of elderly people in society in general is unfavorable. Elderly become aware of disadvantage and their lack of authority in society, because their opinions and experiences are belittled and disrespected. The lack of authority is a problem of modern society in general, and in B&H we can cite the contributing factors of drastic social and technological change, lack of financial autonomy, unemployment, poor health conditions and dependence on other close, usually family members. Although the main thesis of this paper is that poverty and economic insecurity most directly contribute to victimization of elderly, in the research reported here, we have learned that the most dominant form of abuse is psychological violence, followed by financial, physical and social neglect. Although the forms of neglect can be sorted in such an order, psychological abuse is certainly conditioned by unfavorable financial conditions and poverty.

Since the problem of elderly violence is not sufficiently recognized in the community, we must focus our attention on public awareness, but also develop appropriate services to address both the causes and the effects of victimization and abuse of the elderly population.

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AGING IN A YOUNG NATION AND NEW STATE KOSOVO: SOCIAL DIVISIONS AND NEGLECT ACROSS CULTURES

Abstract: As a social process, aging has increasingly become more complex due to multifaceted changes and life styles in the contemporary world. There is, in fact, limited knowledge about the changing cultures of aging. Research on experiences of the elderly people, such as the dynamics and the differential quality of life across gender, ethnicity, disability as well as social protection has been neglected. The situation in Kosovo is no different from that of other countries. Everyday life of the elderly in Kosovo, whether reflecting positive or negative experiences, remains unaccounted for.

This chapter is a modest attempt to fill this gap. It addresses the questions of late adulthood and aging as a social process in Kosovo. It discusses the manifestations and constructions of aging and how they have shaped social policy. In addition, the text offers some insights on aging in relation to violence where the elderly are targeted and on Kosovar attitudes towards aging. It argues that social policy on aging mainly limited to pensions and residential care for those needing it – has widely neglected the risk of abuse of the elderly across cultures. Left without a platform for social engagement, the elderly are subjected to marginalization and exclusion, poverty and violence in the private and public domains. Thus, transcultural neglect and ageism and institutional practices go hand in hand with cultures of capitalism in post-war and post-independence Kosovo, which has valorized risk-taking, entrepreneurial spirit, and mobility of youth at the expense of the elderly.

Key words: Kosovo; cultures of aging; aging and social policy; neglect; violence

Introduction

Having declared independence in 2008, with the support of the major Western powers, Kosovo is the newest state in Europe, which has been recognized by more than one hundred United Nations member states (Who Recognized Kosova as an Independent State, 2015). However, Kosovo's statehood still remains contested since five of the European Union member states-together with Russia and Serbia-refuse to recognize Kosovo's sovereignty. Kosovo is also grappling with unfavourable economic conditions, which are rooted in the dramatic shift, it has undergone the collapse of socialism and the erosion of the social state, war, and uneven interventions in post-war reconstruction and institution-building. Today, the vast majority of the population is facing many challenges, such as high employment and poverty, inadequate social protection, poor health and social services to address the needs of the unemployed, persons with disability, female-headed households and survivors of domestic violence.

In post-war and post-independence Kosovo, the primary values have been premised on the ideologies of individualism, entrepreneurship, resilience, and consumerism. The "Europeanization" of Kosovo has been central in the discourses on state-building; generally, it reflects a political ideology and aspiration of political elites for liberal democracy and Kosovo's European Union (EU) membership, specifically. Yet the Western European model of the welfare state has been mostly followed in Kosovo's social policies and services. Deprivations that Kosovars face and the state's failure to mitigate them have compelled many to emigrate from Kosovo. Early this year, young people migrated en masse to Western European countries in search of jobs.

As part of the identity construction and negotiation of Kosovo's political status, it is age that has been made a signifier of the new state. Kosovo has the youngest population in Europe, with 53 per cent under 25 years of age.[1] Yet capitalizing on youth in state-building ideologies is not only a "rectifying" characteristic of Kosovan society; it also signals a major shift in the cultures of age and aging. Traditionally, the family elders, men in particular or "*i Zoti i Shtëpisë*" (*head of household*) and the oldest in the

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[1] Kosovo's population is estimated to be 1 804 944. Total number of households: 297 090; percentage of people living in rural areas: 61 per cent and the average size of household is 5.85 persons. In: *Kosovo Agency of Statistics* (2015). https://ask.rks-gov.net/eng/ [access: 30 October 2015].

village "*Krye plaku*" (*head of village*) who enjoyed the highest esteem and respect, and their "wisdom" was deemed normative in directing the family and running community affairs. This leap in age re-evaluation from the elders to youth can be read against the backdrop of cultures of capitalism and transformations in post-war and post-independence Kosovo.

The experiences of the elderly in Kosovo – the dynamics and the differential quality of life among the elderly across gender, ethnicity, disability, the amount of social support accorded to them, and persistent instances of neglect and violence – remains under-researched. This text is a modest attempt in filling this gap. It addresses the common understandings of the late adulthood and growing older as a social process in Kosovo. It discusses the manifestations and constructions of aging and how they have shaped social policy. In addition, the chapter offers some insights on growing older in relation to violence and on Kosovar attitudes toward aging. It shows that social policy on aging, having been limited to pensions and residential care for those needing it, has widely neglected risks of elderly abuse across cultures. Left without a platform for social engagement, people in their late adulthood are subjected to marginalization and exclusion, poverty and violence in the private and public domains. Neglect and ageism across cultures and institutional practices go hand in hand with the cultures of capitalism in post-war and post-independence Kosovo, which valorize risk-taking entrepreneurial spirit, and mobility of the youth at the expense of the elderly.

The Context: Growing Old and the Elderly in Kosovo

Aging is a complex social process, whose cultures and practices are contingent on historical and cultural contexts. In this text, reflections on aging owe much to the concept of aging as defined by Christopher Gilleard and Paul Higgs. They do not refer to old age, because it "does not figure in the plastic" or "flexible" life course of men and women (…) in current society. Rather, it acts as a kind of reference point around which the culture of aging revolves. (…) It remains a period of life that is excluded, marginalized or institutionalized" (Gilleard and Higgs, 2000, p. 3).

True, aging is about "opportunity and loss, change and adjustment" (Godfrey, Townsend and Denby, 2014, p.211). Yet aging is shaped and influenced by the wider social context and institutional practices. Social policy on ageing, in general, and pensions, in particular, offer an impetus

to understand the negotiations of aging and their effects on the lives of the elderly. According to the latest census (2011) in Kosovo, there were 116,785 people of 65+ years, out of whom 62,193 were female and 54,592 male (Kosovo Census 2011 Main Findings, 2011). The retirement age for women and men is 65 years. In Kosovo, the pension system has been one of the most controversial and critiqued part of the government's social protection policy. It is based on three principles: first, there is an old-age basic pension funded from general revenues paid to all Kosovars who are 65 years of age and older; a disability pension; and an early pension for Trepça mine workers. Second, there is a mandatory component, which is a defined-contribution and savings-pension program. Third, there are supplemental, individual or employer-sponsored pension schemes (Pension Funds of Kosovo, 2012; On Pensions schemes financed by the state, 2014; On Disability Pensions in Kosovo, 2015).

The number of pensioners in Kosovo is currently 126,212; 77 per cent are Kosovar Albanians and 23 per cent of ethnic minority groups living in Kosovo: Serbs, Bosniacs, Turks and Roma and Gorani; 47 per cent are male and 53 per cent female (Kosovo Census 2011 Main Findings, 2011). The old age basic pension is a flat-rate monthly payment of €140 for those who used to work and €75 for those who have not worked before. The disability pension is the same as the basic pension. It goes without saying that the pension is far from adequate. It can be seen as a symbolic gesture to retired people. One can argue that the pension system is maintained as dialectic between protection and inclusion, on the one hand, and neglect and exclusion, on the other, which has the function of neutralizing the unequal power relations across age.

Kosovo is among the poorest countries in Europe. 34 per cent of its population lives below the national poverty line, with 12 per cent living in extreme poverty. This also affects the elderly as they constitute a share in this proportion. Poverty interacts with age, widening the social divisions. The elderly are at high risk of poverty. It has been estimated that pensions reduce poverty by only four per cent and extreme poverty by five per cent. It is the households with more than half of its members who are in late adulthood who face a poverty risk of 62.3 per cent higher than all other household categories in Kosovo (European Commission, 'Social Protection and Social Inclusion in Kosovo', 2008).

The Elderly in Residential Care in Kosovo

Another way of understanding the perceptions and practices of ageing, and how they have shaped policy and welfare institutions is to look at residential care for the elderly and those without family care. In Kosovo, residential care for the elderly is organized in institutions – in the local cultures known as the "Shtëpia e Pleqve" – "House for the Elderly People." They are based in the capital Prishtina, Skenderaj, and Gurakoc (Peja municipality). The biggest residential care for the elderly people is in Prishtina.

Table 1. *The Elderly People in Residential Care in Kosovo*

Year 2015	Albanian	Serb	Other	Female	Male	Total
First quarter	91	9	14	66	48	114
Second quarter	88	9	15	49	63	112

Source: Kosovo Agency of Statistics, 2015.

Persons living in the "House for the Elderly People" do not pay for it as this constitutes an entitlement in the state's welfare provision. Residential care for the elderly is an institution open only to persons without family care. Placement in the residential care in Kosovo is based on the following five criteria: (1) to be a permanent citizen of the Republic of Kosovo; (2) to be over the age of 65; (3) experiencing no psychiatric disorder; (4) having no illness; (5) to be without family care (On Personal Protective Equipment, 2011).

As the data in Table 1 show, the number of elderly in residential care in Kosovo is small, hovering at about 120. To be sure, residential care for the elderly people is a new phenomenon. The prevailing cultural perceptions and practices of old age have always accentuated the role of the family and family relationships for the elderly. And as already mentioned, the role of the old "wise men" in kinship and community affairs has always been paramount in the Albanian culture. Hence, the nursing homes for the elderly people have not assumed a central role in welfare system as elders live in the family. Yet this cultural practice is changing.

The Family: Foci of the Gendered Economy of Care

Care is embedded in social values, expectations and institutions. Social services in Kosovo are based on institutions located in different institutions of the welfare "triangle," which have included public state institutions, the non-profit sectors – that is, non-governmental and charity organisations – and the family. The cornerstone of the informal sector in the economy of care is the family. Despite multiple actors in welfare policy and services the state's minimal welfare provisions has put pressure on the family and kinship to care for people with disability, the elderly, and children. As an antithesis of youth, aging is grounded on social relationships. Family relationships and dependence on family members is paramount for the vast majority of the elderly in Kosovo. The state's limited social provisions have, indeed, burdened families, especially women who bear the responsibility for the welfare of the household and care for children, and the elderly. This never-ending process of shifting social responsibility from the state to families to provide care is gendered and is largely placed on women. However, women in their late adulthood are not only on the receiving end of care, but are also providers of care. The role of grandmothers in taking care of grandchildren – if too few kindergartens are available for children whose mothers work outside home – is a case in point. This is an indication of traditional gender roles and different practices of ageing among men and women in Kosovo. Overall, women, even in their late adulthood, are expected to be able to take care of themselves and also to do some house work and care for grandchildren, while such expectations do not pertain to men. A commonly held belief in Albanian culture is that women, even in their very late adulthood, can look after themselves, but not men. And, consequently, the dominant perception is that women in their later life are far less of a problem for care and support by their family in old age than men.

"The Home": Violence across Private and Public Divides

While there is legislation in place in Kosovo to combat domestic violence (On Protection against Domestic Violence, 2010), the practice is still regarded by many as a private issue. According to official reports, domestic violence often goes unreported and violence at home and/or in intimate relationships poses a major social problem, affecting women,

children, the elderly, and persons with disability (Ombudsperson Kosovo Annual Report 2014, 2014). More specifically, it has been shown that "women, persons in rural areas, those with lower levels of education, those receiving social assistance, the poor, and/or unemployed" are more likely to suffer violence. Children, persons with disabilities, LGBT persons, and the elderly may also be at greater risk (Country Gender Profile: An Analysis of Gender Differences at All Levels in Kosovo, 2014, p. 21). Alas, the prevalence of abuse directed against the elderly in Kosovo is under-reported, and research is lacking on the problem. Yet, while the magnitude of abuse against the elderly at home/family is hard to pinpoint due to the lack of data, other venues within the social space provide some important insights to gauge the issue of elderly abuse. The residential care is one of the sites to explore the cultures of neglect and violence.

It is a crude fact that living conditions in the residential care for the elderly in Kosovo are far from satisfactory. Let us for a moment take a look at the description offered by a human rights organization of "The House for the Elderly People" in Prishtina.

This house consists of two objects – one was built in 1964 and the other in 1982. The new building fulfills to a certain extent the conditions for accommodation, while in the one built in 1964 the living conditions are bad. The building structure is inadequate for the elderly persons to stay and receive treatment. In this object are placed the severest cases, mainly those who cannot take care of themselves. In the new building, rooms are more structured and all rooms have their own bathrooms, TV, radio and fridge. They also have an activity room, kitchen and dining room. […] there is no dishwasher and all dishes are hand cleaned. Furthermore, the washing machine is out of order and that is why they should use only the small washing machines (KCTR, 2013).

The impoverished lifestyle is always followed with symbolic violence in Kosovo. Publicly, the people placed in "The Houses for the Elderly People" are often pitied and the decline in traditional family relationships is lamented. Just like the research community, the media has not paid sufficient attention to the lives of the elder and the changing cultures of aging. It reacts on an ad hoc basis, especially on the international day marking the elderly, or in chronicles about the pensions. Yet its treatment of the issue is usually subordinated to that of a general criticism of governmental policies. Nonetheless, overall, the media have shown sympathy toward the hardships of the elderly, in general, and the elderly in residential care, in

particular. To illustrate this, attention is drawn to an article entitled "Old People Complain on their Day," which was published on October 1, 2013 in the respected weekly magazine *Gazeta Jeta në Kosovë* (*Newspaper Life in Kosovo)* to mark the International Day of the Elderly. This article chronicles the issues related to ageing in Kosovo: the lack of a proper pension scheme and political representation of the elderly. Second, it critiques the state's approach toward the elderly, especially those placed in residential care. It quotes a resident expressing dissatisfaction with how the staff treats the inmates in the residential care. The person quoted expressed the following: "the staff is very harsh with us; they sometime beat us" (Sylejmani, 2013), hinting that abuse is an omnipresent occurrence.

This particular newspaper article touches on a far broader theme: the neglect of the rights of people in late age, which may lead to abuse: violence, marginalization, and oppression. What such representations tell about the residential care for the elderly without family care is that state paternalism operates through neglect and token attention to the elderly. The responsibility has been displaced outside the state in the market, leaving the elderly at the "mercy" of corporations in exchange for tax reduction. Residential care and the elderly are, thus, being instrumentalized for economic gain in the name of charity and support to the people in need. This, indeed, resonates with the argument made by Zygmunt Bauman about being a recipient of state welfare: "in an era characterized by consumption and choice people use commodities to establish self-identities. Those who do not have resources to participate in the market become 'repressed' welfare clients subject to control and disciplinary mechanisms of the state" (Gilleard and Higgs, 2000, p. 94).

Conclusion: "No Good Place for Getting Older"

In Kosovo, aging and late adulthood as social process is not only associated with fears of finitude and failure but also with poverty, marginalization, neglect, and, in many instances, violence. In an ever expanding culture of aging, which valorizes youth and young people as a ready-made potential for labour, the elderly have not only been devalued symbolically but understood as a burden in economic and social policies. The symbolic economy of aging entails a loss of status and means of sustenance for many. Age interacts with the poverty gap and social divisions. The failure of social policies, pension schemes and residential care for the elderly has

widened the social divisions. They neither guarantee a life free of poverty nor do they provide a promising future for a life free from coercion and abuse. Sadly, late adulthood and aging in Kosovo – when judged by state ideologies characterized by minimal pension and social protections for the elderly – will generate more exclusion, marginalization, and poverty for the elderly. Such conditions will feed neglect, abuse, and harm across cultures. Alas, in this landscape of the now and the future there is "no good place for the elderly" and "no good place for getting older."

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ADVOCACY FOR INCAPACITATED ELDERLY[1]

Abstract: The objectives of this article were to determine the care of incapacitated elderly with mental disorders in the guardianship system in the Czech Republic and identify problems of public guardians. Public guardians are important actors entering the guardianship system. The number of the guardians (including public guardians) was increasing with the increasing number of incapacitated elderly. Incapacitated elderly are often endangered with abusing, or care neglecting, which makes them a risk group. A change in the attitude to mentally challenged persons was to a great extent promoted by the Convention on the Rights of Persons with Disabilities. By adopting the convention, the Czech Republic is obliged to implement all the guaranteed rights and freedoms, including fundamental changes in the system of guardianship.

Key words: incapacitated elderly, mental disorders, guardianship system, public guardians

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Introduction

The phenomenon of guardianship may be understood as acts on behalf of someone else with consent from society. It is a social institution concerned with protecting persons found unable to make decisions about their matters by the society (Juríčková, Ivanová and Kliment, 2011). Elderly (i.e. persons over 60 years of age) have right to live respectable life in dignified conditions, while the most serious breach of dignity is considered abuse or care neglecting. The issue of abuse or care neglecting of elderly is a serious topic of discussion of public worldwide (WHO, 2002). The Czech Republic (hereinafter CR) lacks an authoritative study at national level, although elder abuse is estimated in at least 3–6% of elderly people, or approximately 60,000 persons. In the CR, elderly are abused not only by their family members but also by professional workers (Bužgová and Ivanová, 2009). Abusing of elderly can have many forms from physical abuse, psychological abuse, despite the humiliation, threats to the financial or other abuse (Salari, 2012). Elderly with mental disorders are often more vulnerable to this inappropriate behaviour (Lužný and Juríčková, 2012). Mental disorders are the second largest factor in the burden of disease in the European region and the most common cause of disability (WHO, 2012). Being diagnosed with a mental disorder means a strong stigma for an individual as the public's attitude in most societies and it is strongly influenced by irrational prejudices and low awareness of the nature and treatment possibilities of mental disorders (Arboleda-Flórez and Stuart, 2013). Mentally challenged people are frequently viewed as incapable of making any decisions and treated accordingly (Quinn, 2005).

In the CR, persons over 60 years with mental disorders are often deprived of legal capacity and are appointed by private or public guardian. Persons over 60 years create almost one third of persons who are deprived of legal capacity. Incapacitated elderly are unable to effectively secure the basic necessities of life (food, housing, etc.), they are unable to communicate with healthcare facilities and other institutions, they are unable to handle their properties and financial means etc. It is typical for incapacitated elderly that they often use services of healthcare facilities and social services and they need increased protection and assistance to ensure that their rights have been properly defended and obligations are met in order for them to avoid human rights violations, to neglect, to degrading acts or abuse (Juríčková, Ivanová and Filka, 2014). The objectives of this article were to

determine the care of incapacitated elderly with mental disorders in the guardianship system in the CR and identify problems of public guardians, who are important actors entering the guardianship system.

Care of the Incapacitated Elderly in the Guardianship System

The guardianship system inputs are in the CR: (1) persons who need help from others when acting in their interest or in the interest of their family or society, that is, most frequently persons with mental disorder; it is essential to know the demographic structure of these persons and reasons for deprivation of legal capacity; (2) persons and institutions taking care of them, that is private guardians (i.e. family members) and public guardians (i.e. social workers of municipalities); it is necessary to know the ratio of private and public guardians and the demographic structure of private guardians; (3) representatives of social institutions responsible for assessing the situation and making decisions in the process, that is, psychiatrists, legal experts, judges, lawyers; expert opinions of these persons must be known; (4) the country's official policy concerning the process and system of guardianship; official documents must be analysed; and (5) financial limitations of the country; it is necessary to analyse the costs of the system (Juríčková, Ivanová and Kliment, 2011).

The following processes were crucial until 2013 for the guardianship system in the CR: (1) the process of deprivation of legal capacity (fully or partially); it is essential to know the content of court records; (2) the process of continuous guardianship of the ward; the work and care of both public and private guardians must be assessed; and (3) the process of termination of guardianship; once again, the content of court records must be known. The output of the system of guardianship should be persons who are cared for when mentally challenged, people who are treated – together with their property – with respect to their potential interest, and people who live as dignified lives as possible. This is what a society is committed to after adopting the institution of guardianship. In the CR, until 2013 there were two proceedings that interfered with each other and have eventually led to the establishment of a guardianship. In the case of incapacitated elderly, they cannot exist one without other. If the reason for deprivation of legal capacity (fully or partially) is a diagnosis according to the International Statistical Classification of Diseases and Related Health Problems (ICD-10), the procedure is lawful and socially acceptable (Juríčková, Ivanová and

Filka, 2014). From the point of view of the society, a person deprived of legal capacity is found irrational and is in opposition to rational individuals (Foucault, 1994).

The courts in the CR until 2013 restricted an adult (i.e. person over 18 years of age) in legal capacity or deprived them of in legal capacity (Act No. 40/1964 Coll., Civil Code, Section 10). The courts restricted an adult in legal capacity (partially) in two cases: (1) in cases of mental health problems or intellectual disabilities, when: (a) an adult has a mental disorder; (b) this mental disorder is not only temporary; (c) due to this mental disorder the individual possession is only limited in the capacity to undertake acts in law; (2) in cases of excessive consumption of alcohol, narcotics or intoxicants, when: (a) an adult excessively consumes alcoholic beverages, narcotics or intoxicants; (b) due to this, the adult possesses only limited capacity to undertake acts in law. An adult may be fully deprived of legal capacity (fully) only if the following legal requirements are met: (a) the adult has a mental disorder; (b) this mental disorder is not only temporary; (c) due to this mental disorder the individual is incapable of undertaking acts in law. The courts in the CR from 2014 only restricted an adult in legal capacity due to the mental disorder (Act No. 89/2012 Coll., New Civil Code, Section 57).

The results from the national study in the CR (2009–2011) indicated the difference between the types of mental disorders of incapacitated adults by age groups and sex in two regions in the CR. The most frequent mental disorders for which males (137 of 592) were deprived of legal capacity (fully or partially) was moderate mental retardation (23.1%) and Alzheimer's disease dementia (23.2%) for females (116 of 500). The chi-square test revealed that people over 60 years (229 of 307) are characterized by a significant difference in deprivation of in legal capacity due to dementia between females (79.8%) and males (60.7%; $p = 0.001$). Schizophrenia occurred 2.5 times more frequently to males than to females. Dementia is the main reason for deprivation of legal capacity in people over 60 years, mental retardation in people aged 18–35 years, and alcohol-related disorders in people aged 48–59 (Juríčková and Ivanová, 2014).

The answer to the question on the level of autonomy when protecting incapacitated elderly is not clear, with the opposite solutions having their advantages as well as disadvantages. In the CR, other approaches began to emerge after the 1989 overthrow of the political system, but the changes were rather long-lasting. The Civil Code passed in 1964 was valid until 2013. The main philosophy of the legislator concerning regulation of

guardianship in the 1960s was a paternalistic one. The legislation was conceptualized as a protection of both society and individuals against mentally ill people, who could be also "dangerous" for the society. A change in the attitude to mentally challenged persons was to a great extent promoted by the Convention on the Rights of Persons with Disabilities (Act No. 10/2010 Collection of International Treaties). By adopting the convention, the CR is obliged to implement all the guaranteed rights and freedoms, including fundamental changes in the system of guardianship. The new Civil Code (valid from 1 January 2014) reflects a change in the social paradigm – "supported decision-making" based on the fact that every person is able to make decisions, albeit with a certain amount of support.

The psychiatric care in the CR is to be reformed. The most significant parameters of the psychiatric care transformation are as follows: (1) development of community care; (2) increased role of primary psychiatric care; (3) increased role of hospitals in provision of acute care; (4) transformation of psychiatric hospitals; (5) education of professionals; and (6) more room for involvement of mentally challenged persons and their family members in decision-making. All the above activities will be accompanied by other steps promoting destigmatization of both mental patients and psychiatry which, despite the high level of professional competence, is perceived with ambivalence by the general public. From a medical perspective, the level of the Czech system of health care is comparable to that in other European countries. However, there is a long-term deficit in financing psychiatric care (Ministry of Health, 2013). It is important for incapacitated elderly that the help will have continuous character and to create multidisciplinary approach and principle case management. The public guardians are in a role of the case manager as well (Juríčková, Ivanová and Filka, 2014).

The Public Guardians in the Guardianship System

The study in the CR (2009–2011) revealed that the public guardians are important factors entering the guardianship system. In the CR, care for incapacitated elderly is divided between their families and institutions (social care institutions, psychiatric hospitals, long-term care institutions). The study (2009–2011) showed that most frequently, guardians were family members (79.3%). Unlike in the CR, guardianship in the USA, Germany

or Japan is also provided by professional private guardians (Mizuno and Nanba, 2003; Quinn 2005). The study (2009–2011) revealed that the vast majority of private guardians are females (76.6%). The same was true in empirical studies carried out abroad (Reynolds and Carson, 1999; Bridges-Webb et al., 2007). Bužgová and Ivanová (2011) reported cases of maltreatment and "financial" abuse of incapacitated elderly (wards) by family guardians.

In the CR, the number of the public guardians (social workers) taking care of incapacitated elderly is being increased (Juríčková, Filka and Ivanová, 2012). The tasks of the court appointed guardian is to protect the interests of person with mental disorder and to make such as legal actions to which the person is not legally capable. The court prefers the guardian is relative of the mentally disordered person or other person who fulfil conditions for being appointed as a guardian. If it is impossible to appoint any relative or another person fulfilling the conditions for appointment, the court appoints the local authority (e.g. municipalities), respectively, the device if it is authorized to act on its own behalf (Act No. 89/2012 Coll., New Civil Code, Section 465). The mayor of the city then usually delegates the duties of a public guardian worker of social department to act on his/her behalf in routine matters before the courts and other institutions in the interest of people deprived the legal capacity. Typical tasks of public guardians are dealing with common issues associated with everyday life persons deprived the legal capacity, e.g. ensure food and housing, securing and managing funds, assets management, file keeping, etc., including health care cherished person.

The legitimacy of social work may be viewed from two perspectives, from a system perspective and from a perspective of action. To a great extent, systematically theoretical and structural approaches are based on external perspective whereas in theory of action perspectives, social reality arises from an internal view (Laan, 1999). System perspective assumes normative control of both the process and structure of the system, related to a certain protective (or socially beneficial) institute. According to Parsons (2005), the system perspective defines action outside the accepted norms as a threat to the system and departure from the norms requires official social regulation. Through a control (or protective) organ, society legitimizes the status of a person that has to be helped and defines how it will be helped. Autonomy of persons who have to be protected based on social decision is significantly limited. The basic prerequisite for a social

system is that society (and its representatives), as a provider of protection, knows best what is most beneficial for persons needing help. Beauchamp and Childress (2001) refer to such approach as to paternalistic. By contrast, internal perspective is concerned with how an individual perceives and interprets everyday life events, tries to maintain his/her internal integrity and feeling of dignity in roles imposed on him or her. Approach to care for a person breaking social norms was studied by Foucault (2003) and approach to them by Goffman (2003). From this point of view, only social help that an individual needs and demands based on his/her life experiences is legitimate. Such an approach puts more emphasis on respect for autonomy of persons in need for protection as well as on their rights and desire to take part in society (Juríčková, Ivanová and Kliment, 2011).

The results from the study (2009–2011) showed that performance of public guardian function perform social workers, most often women with university education. Performance of public guardian function is often cumulated with another work activity, e.g. collection and others. The duration of guardianship is established for an indefinite period. Guardianship is subject to scrutiny by the court. The following actual problems of the public guardians were identified: (1) the effective legal arrangement of the guardianship is too general; (2) the methodology of the performance of the function of the public guardian has not been established; (3) there is a lack of institution with special regimen for alcoholic and schizophrenic persons; (4) there is a low public knowledge of the institute of guardianship; (5) there is a lack of systematic education of public guardians; and (6) the cooperation of physicians with public guardians in care about incompetent seniors´ health is insufficient. The study (2009–2011) also revealed that public guardians should be educated systematically in the field of gerontology and they should be led to the effective communication with family members of incapacitated elderly. The public guardians in the CR do not have create the proper conditions for the performance of the function of public guardian so they can keep hold the quality of care of incapacitated elderly (Juríčková, Ivanová and Filka, 2014).

Conclusion

Results of the national study in the Czech Republic (2009–2011) showed rising numbers of incapacitated elderly and thus increasing importance of

the system of guardianship. To ensure a high quality of health and social care provided to incapacitate elderly, the following measures are necessary: (1) at the state level, adequate changes to legislation concerning the adult guardianship system; (2) at the regional level, methodological support of public guardianship; (3) at the municipal level, systematic training provided to public guardians. At all the three levels, the awareness of both professional and the general public of adult guardianship should be raised. The trends in mental health stress the humanization component of the system of care, respect for human rights and dignity of mentally challenged patients, and care provided in as little limiting setting as possible. Stated global trends are increasingly reflected also in health and social policy in the Czech Republic.

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Action

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MEANS OF PREVENTION OF ELDER ABUSE – THE ISRAELI EXPERIENCE

Abstract: Like many other countries, Israel's society is getting old, and people of 65+ consist 10% of the population. About 18% of community dwelling elders report of a disability or ADL difficulties. Studies show that family members provide about 80-90% of care for disabled elders. Due to the care burden, the elderly population might be exposed to occurrence of abuse and neglect.

The Unit for Services for the Elderly within the Ministry of Welfare, the National Insurance Institute and the Association for Planning and Development of Services for the Aged in Israel – ESHEL – developed a multi-systemeic model which includes creation of special units for treatment and prevention of abuse and neglect that are anchored within the municipal welfare-services.

As the Israeli society is a unique multi-cultural society which consists of Jews, Muslims, Christians and Druze societies, traditional and modern cultures, in this chapter we try to demonstrate how each unit needs to adapt its working models of prevention and intervention, presenting examples from three specific geographical areas in the country.

Key words: elder people, abuse, prevention of elder abuse, Israel

Background

Israel, like many other countries, deals with the consequences stemming from demographic changes in population size and composition, i.e., society's age structure, which is the outcome of increasing life expectancy. Israel's population today is approximately 8.5 million people, out of which the people of 65+ consist 10%, (CBS, 2014). This percentage is expected to rise up to 12% in 2020 (Brodsky, Shnoor and Be'er, 2014). Today, 75+ year olds are about 45% of the elderly population, and 87% of them are community dwellers (CBS, 2014). This age cohort is the most vulnerable, suffers from limitations in daily functioning and chronic diseases. About 18% of community dwelling elders report of a disability or ADL difficulties. Since elderly usually prefer aging at home, the expectation is that needed care will be provided by the informal system – familial system, usually adult children. Studies show that family members provide about 80–90% of care for disabled elders (Lowenstein and Katz, 2010; Lowenstein, 2003). Elder care can be a stressor and even a source of conflict in family relations. The physical, emotional and economic burden of caring for an elder family member presents a growing challenge to societal priorities regarding the older person, and his/her family.

Due to the care burden, the elderly population might be exposed to occurrence of abuse and neglect (Daatland and Lowenstein, 2005; Lowenstein, Eisikovits, Band–Winterstein and Enosh, 2009). Neglect, abuse and violence has been identified at the 2002 Second World Assembly of Aging in Madrid as an important issue affecting the well-being of older people around the world (Madrid International Plan of Action on Aging, 2002).

Elder abuse and neglect: Definition and outcomes of the phenomenon

There is a lack of accepted and unified definition of the phenomenon of elder abuse and neglect. Sometimes the definition is much too broad and sometimes too specific and modified, based on the perceptions of the different professionals dealing with it, like health professionals, lawyers etc. (Rosenblat, Cho & Durance, 1996; Kosberg, Lowenstein, Garcia, & Biggs, 2002). The World Health Organization (WHO, 2002) defined neglect as "single or repetitive event or not acting in an appropriate action, that may

cause harm or distress to an elder person and are taking place within trust relationships". One can find many other definitions regarding acts of abuse and neglect, or the career failure in caring and even abandoning elders' who need care (Dyer et al., 2005; Golding et al., 2004; Lachs and Pillemer, 2004; Payne, 2005; The National Academy of Science, 2003). Hence, the difficulty of defining abuse and neglect and the complexity of the phenomenon, which impacts the ability to have a more accurate picture of its scope.

Data on Elder Abuse Globally and in Israel

The national center on elder abuse in the US (NCE, 2005) estimated that approximately one million elders experienced abuse in 2000. For each reported case, there are four other unreported cases (ACOG, 2009; National Center on Elder Abuse, 1998). In addition, studies show that 60%-70% of all reports to Adult Protective Services in the US are neglect cases (Fulmer, et al., 2002; Fulmer, et al., 2003).

Estimations in Europe vary from about: 2.7% for all 60+ years' elders regarding physical abuse, 0.7% experienced sexual abuse, 19.4% experienced mental abuse and 3.8% experienced financial abuse. Several surveys that had been conducted in different European countries found different proportions of elder abuse and neglect (Naughton et al., 2010; NCPOP, 2012; WHO, 2011).

The case of Israel

The Israeli society is a unique case among the worlds' developed countries. It is a multi-cultural society which consists of Jews, Muslims, Christians and Druze societies, traditional and modern cultures (Brodsky, Shnoor and Be'er, 2010). On one hand Israel is a modern country with developed education, healthcare, technology and industry systems, and on the other it has a strong religious, traditional, familial and cultural values. The traditional family values created a wrong picture of "elder abuse free society" which took place until the early 1990s (Lowenstein, 2003; Lowenstein and Doron, 2013; Lowenstein and Ron, 2000). Since then, Israel experienced dynamic changes regarding elder abuse and neglect in varied areas (e. g. research, policy, legislation and social interventions). The elder abuse and neglect phenomenon has moved to the forefront and generated professional and political awareness (Lowenstein and Doron, 2013).

Families in Israel are the main source of informal support network: spouses followed by children and grandchildren (Habib and Tamir, 1995). The family plays a large role in the caring for its elders and it is reflected in low institutionalization rates (4.4%) (Brodsky, Shnoor and Be'er, 2014).

The Israeli criminal code doesn't define abuse. However, the definition of abusive behavior is agreed as behavior with cruel elements, humiliation or terror. It is usually associated with an on-going or prolonged behavior although it may occur in one-time scenario as well. The criminal code defines helpless adult as any adult who due to age, sickness physical or mental disability or cognitive impairment or any other reason, can't take care for his/her basic needs, health or safety (Article 386a). The abuser is defined as any person who physically, mentally or sexually abuses an "helpless adult" either by an active behavior or by omission and neglect and he/she can be punished by up to 7 years in prison (or 9 years if the person Is legally responsible for that helpless adult) (Article 386a).

Financial abuse is not included in this chapter. However, in other parts of the criminal code there are specific articles which constitute fraud or financial exploitation as criminal offence, but within a general context and not specifically regarding helpless adults.

The legislation regarding elder abuse and neglect is rooted far back in the 1950s and 1960s. But during the years there have been changes and updates that demonstrate the commitment of Israel to implement the Madrid International Plan on Action on Ageing (2002).

Scope of Elder Abuse in Israel

The study of elders' abuse became especially visible in Israel after the first national survey among community dwelling elders was conducted (Eisikovits, Winterstein and Lowenstein, 2005). The findings were more than surprising. The data showed a high proportion of abuse and neglect – 18.4% among the elders who reported that they had been exposed to one or more types of harm during the year prior to the survey (Lowenstein, et al., 2009). About 30% from respondents reported they experienced one or more types of abuse including neglect during the year prior to the survey. These proportions of abuse and neglect were significantly higher than those in other studies conducted in some other countries. It is probably because of an elder abuse and neglect broad definition as well as using a multitude of survey tools (Lowenstein and Doron, 2013).

The proportion of Jewish elderly experiencing at least one type of abuse and neglect were similar to the situation in the non-Jewish population (29.7% and 29.2% respectively). When examining the finding through the abuse type's lenses we can see low proportions of **physical** and **sexual** abuse rates (2.3%) which fall in line with findings reported globally. This may be due to the fact that physical and sexual abuse are always combined with other types of abuse. However, higher rates of physical and sexual abuse were reported among non- Jewish women (16%). The women were mostly younger and less educated, married for longer periods of time and the number of their home residents was higher. These findings correspond to findings from other countries like studies conducted in the PRC (Dong and Simon, 2010) and India (Chokkanathan and Lee, 2005; Sebastian and Sekher, 2011) or in Canada where women were more often victimized (Edwards, 2009). This can also be explained by cultural differences and the Arab family patriarchal structure which increases power differences between women and men in the Arab sector (Haj-Yahiya, 1996; Sharon and Zoabi, 1997; Silverstein et al., 2013).

Economic abuse rates were 6.6%, verbal abuse rates were 16%, most of them were combined with other types of abuse, and 17% of elders reported of experiencing being neglected. Another low proportion type of abuse was freedom limitation (e.g. phone usage restrictions, in-home locking and restrictions regarding money usage). The number of studies regarding this type of abuse is limited and the findings in the survey (3.3%) fit the other studies (Eisikovits, Winterstein and Lowenstein 2005). The findings were presented at the President of Israel's House and got large media coverage. Additionally, Prof. Lowenstein discussed the results and recommendations of the study with the Parliamentary Committee of Health and Welfare at the Israeli Parliament.

Means of Prevention of Elder Abuse – The Israeli Experience

Since the late 1990s, Israel experienced dynamic transition and changes regarding elder abuse and neglect in varied areas – research, policy, legislation and social interventions. The elder abuse and neglect phenomenon has moved to the forefront of public, professional and political awareness (Lowenstein and Doron, 2013).

In Israel, as above mentioned, elder abuse and neglect has been recognized as a social phenomenon only in the last two decades. In order

to deal with this phenomenon there is a need for multi-dimensional and multi-systematic activities for constructing a policy, increasing public awareness, developing social services and building a special-care system (Alon and Berg-Verman, 2009).

There has been a few policy and legislation developments in Israel, most of them are a result of the survey's findings. Although legislation in Israel regarding elders' abuse and neglect is rooted far back in the 1950s and 1960s, in the course of time there have been changes and updates that demonstrate the commitment of Israel to implement the Madrid International Plan of Action on Ageing (2002) among other things.

In addition to the primary legislation, there has been published a series of internal directives issued by the Director-General of the Ministry of Health in 2003. They deal with identifying of victims of domestic violence (General Manager Circular, 22/2003). Other circulars states that the aim is to "Broaden and deepen identification of and care for the aging population, from the moment suspicion is aroused…" (Clause 2.3). Additionally, in each big hospital in Israel interdisciplinary violence committees were established, whose role is to receive information from all departments of the hospitals, to follow up and to report to the Ministry of Health, and finally devise links for continuity care after the patient is released to the community.

The Role of the Health System in Israel

Within the health system there a need exists to cope with the double challenge that is embedded in the encounter between an elderly patient and a younger professional carer. The challenge to the elderly patient needing medical treatment and support, against the usually young carer's challenge, having the professional tools he/she has, to help a person with a very rich life experience. In order to establish trust relationships between patient and professional carer there is a need to learn the elder's patient history which might facilitate identifying occurrence of abuse and neglect. Beyond identifying the existing problem or related problems, the health professional has to try and understand the meaning of being an older woman/man and the aging consequences impact on different life domains (Bar-Tur, 2010).

The importance of early identification and staff training had been emphasized in the US (Vandsburger Curtis and Imbody, 2012) when

family physicians, social workers in social services and staff – especially in the ER and other wards – are central in this context. For example, family physicians' lack of awareness may cause lack of trust and affect the way they might or might not identify patients who may be exposed to abuse or neglect by their family members (Lachs and Pillemer, 1995).

Health, nursing and social work professionals play a major role in identifying and treating elder abuse and neglect. Thus, raising awareness and providing training about situations of abuse and neglect identification are of utmost importance (Alon and Doron, 2009; Vandsburger et al., 2012). Still, due to the phenomena's complexity and its consequences, one cannot expect professionals from a single profession to deal with the phenomena by themselves. Moreover, it was found that different professions hold various and even opposing attitudes and beliefs regarding the phenomenon (Yaffe et al., 2009). Therefore, there is a need for a multi-disciplinary team in the process of identification of elder abuse and neglect, and maintaining a continuum of care between hospitals and the community (sick funds – HMO's, welfare services and the police). Thus, the hospital staff needs not only to provide information to elders regarding their rights and the available services. In parallel they have to work with care giving family members, providing them with knowledge and treatment tools and informing about existing rights.

The Israeli Ministry of Health published in 2003 a detailed circular regarding the identification and reporting of elder abuse and neglect cases within the health system (community clinics, hospitals and institutions) (General Manager Circular, 2003). The circular reviews the legal basis in Israel regarding elder abuse victims' protection. The circular obligates each health system to establish Violence Committees, led by a social worker, which are responsible for receiving reports from the various services departments within the system and forwarding them to relevant agencies (welfare services, police and/or Health Ministry) as cited: "the committee's roles are: to supervise, monitor, and accompany the abuse cases' or apprehension for abuse cases' treatment. To implement the circular directives including reporting and recommendations of operational options to management according to changing needs" (General Manager Circular, 2003). Paragraphs 8-10 in the circular are dealing with treatment methods in each abuse or apprehension for abuse case to defend the victim during hospitalization, and the action to be taken during hospital discharge. Additionally, they have a responsibility to create a continuum

of care with the relevant community services. Paragraph 11 in the circular obliges each committee member to report on cases he/she have identified.

Thus, in each acute hospital in Israel interdisciplinary violence committees were established whose role is to receive information from all department hospitals, to follow up and to report to the Ministry of Health. Also, to devise links for continuity of care after a patient is released to the community.

The Israeli Multi-Systemic Model for Treatment and Prevention of Community dwelling elders' Abuse and Neglect

In Israel most social services for the elderly are provided by the welfare services, which are located within local municipalities. The main hypothesis in cases of elder abuse and neglect is that in order to stop or reduce elder abuse and neglect we need to implement diversified community intervention methods. Hence, there is a need in accessible services to elders and their family members, other professional who work with elders, and direct treatment of the victims and their aggressors (Alon and Berg-Verman, 2009).

To meet these needs, the Unit for Services for the Elderly within the Ministry of Welfare, the National Insurance Institute and the Association for Planning and Development of Services for the Aged in Israel – ESHEL - developed a multi-systemic model which includes creation of special units for treatment and prevention of abuse and neglect that are anchored within the municipal welfare-services. The units include an interdisciplinary team manned by social workers whose expertise is in elder abuse and neglect prevention. The interdisciplinary teams include social workers, psychiatrists and/or medical geriatric experts and the legal profession. The units provide direct interventions to abusers and victims, deal with professionals and public awareness raising and supporting all professionals who work within the area of the municipality. The units receive applications from victims themselves, victims' family members, friends and neighbors; health system, hospitals and community clinics, welfare system, nursing companies and the police. The team gathers information, on a regular basis, and helps the coordinator and the social workers in identifying and preparing treatment interventions.

The units deal with **direct treatment**: case management, identifying risk of elder abuse and neglect, assessment, diagnosis and classification of

cases. The intervention combines between psycho-social means (e.g. group therapy, empowerment, etc.), providing the victim, the perpetuator and other family members with supportive services, mediation and direction toward needed services. The units also are involved in community activity: providing information intended to increase awareness among elderly, professionals and the general public.

We chose to briefly describe the way this Multi-System works within a narrow geographical area, trying to answer different needs of various population groups in that area. We chose the vicinity of the Max Stern Yezreel Valley College in the geographical area of the lower Galilee (where we are located). In the surrounding (a travel distance of 10 minutes to each direction) there is a large Jewish town, an Arab town and a regional council. In each of those municipalities there is a Violence Prevention Unit that works according to the Multi-System Model described above.

The Cities of Afula and Nazareth

These two cities are relatively large Jewish and Arab cities, even though especially in Nazareth there is more of a mixed population of Arabs – both Muslims and Christian as well as a Jewish population.

Even though the situation of elder abuse and neglect is universal and might occur in both populations special attention especially in Nazareth is paid to cultural sensitivity, family culture and norms and the social neighborhood.

In Nazareth the identification and treatment of elder abuse and neglect is performed within the welfare unit – the special sub-section for the elderly. The treatment continues after the elders are returning home, thus addressing also the extended family (as many elders live with a large circle of family members). The proximity of living arrangements often creates conflicts which might cause abuse and/or neglect. The workers provide casework, group treatment and family intervention. Basically we see in Nazareth an integration of individual and community models involving elders and the younger generations.

Afula which is an urban town mostly of about 40,000 Jewish inhabitants is a town which absorbed large waves of immigration. Thus, there is a need to relate to the needs of various cultural and ethnic groups like the Ethiopian community, immigrants from the Former Soviet Union. Unlike Nazareth in Afula the unit dealing with elder abuse and neglect is integrated with the

larger Center for Violence prevention and treatment. The rationale being that old age is part of a holistic family treatment approach. The Center activates different treatment approach – individual, group and family therapy manned by a multi-disciplinary team.

Yezreel Valley Regional Council

A unique issue in Israel's rural areas is the issue of the "Successive Son". According to Israel's Cooperative Societies Regulations, only one son (or grandson) is supposed to inherit an agricultural estate by the power of his parents' liability, or the power of his heritage, and it is usually the first born. This son will build his home in the estate near his parents' home, will cultivate the farm together with his parents and after their death, will hold the rights for the property. It should be emphasized that the successive son rights registration on the estate will become possible only after the parents' death. In order to preserve the farm, the policy is not to divide an agricultural estate. The parents who own the farm must notify the cooperative settlement, the Israel Land Administration and the Jewish Agency who is the son who is appointed to be the successive son. The whole procedure is prescriptive in paragraph 114 to the heritage law (Heritage law, 1965).

The issue is complicated due to the estates' high value. In families with long years of pathology (a parent-child coalition), and unsuccessful in overcoming strife, conflict will arise. Family therapy models that work in such cases are undeveloped since in cases where that conflict is strong, it is very hard to sit together for family therapy.

We can see children that were appointed as successive sons but are not able to take care of their parents, cases of abuse – mental and economic – that may turn into violence and parents' extortion by their children.

Treatment Interventions and Tools

Activating a social worker who is an expert regarding the issue and her/his work is embedded in laws (Protection Law, Guardianship Law), assisted by special organizations (e. g. Yad Riva which is an Elder Legal Aid organization) that advice families and provides them with the needed tools for dealing with the issue. These social workers have developed a special

expertise regarding the relevant regulations through special courses and training and receiving guidance toward bridging negotiations.

The Multi-System Model is implemented by two staff members:

Elders Intake team – an internal consultation team of the community and welfare unit in the regional council. The team acts as a diagnostic tool and helps in building an intervention program for the different cases. The team works according to a procedure that had been developed especially in the regional councils.

Multi-disciplinary team – this is an expanded team that includes a legal advisor and geriatrist/psychiatrist. The discussion of the case is with the presence of the family.

In small rural villages there is a communal aspect: everybody knows. In spite of that, the welfare system intervention focuses only on the parents or the children. The communal intervention is in the hands of the community coordinator – the information regarding the case is transferred from the community members to the settlement social worker. The family receives feedback while maintaining confidentiality and immunity. In cases where the family asks for and signs confidentiality relinquishment, it is possible to involve other community members. Other interventions include 'settlement support programs' for reducing loneliness and violence and other age related phenomenon. In each settlement there is a contact-person. Also, several community projects had been developed:

Personal security in the third age – a training course for elders' clubs visitors who are regional council members. The course provides them with information and enables exposure to issues that relate to elders' security and welfare, including guidance for money protection in old age. Those courses emphasize community support and use of community resources as part of the program.

Summary and Conclusions

This work demonstrates the substantial progress Israel has made in studying and confronting issues of elder abuse and neglect, developing policy and legislation and innovative service models. Special multi-system models of prevention and treatment of elder abuse and neglect were created. We described some of these models which generally operate in every special unit within the welfare departments of local municipalities and the work in this area within the Israeli health system. Specifically we

delved into work practices which operate in different cities with different populations – Jewish born, new immigrants and within an Arab city. Such a variety of models must be expanded in a country of immigration, which includes so many cultural and ethnic groups, whose family norms and behaviors and family dynamics are unique. Adapting models of prevention and intervention to such a kaleidoscope of societal groups is still an on-going challenge and one must relate to the concept of 'cultural relativity'. Thus we have to consider various ethnic and cultural norms and behaviors in a country with such cultural diversity and this should be studied further.

With the increase in the elderly population, where life expectancy in Israel is very high – 80 for men and 84 for women – the old-old especially face various health and functional difficulties, the care burden on many families' increases as well. Israel provides quite a wide network of service supports but the family is still the main caregiver. Burden of care might in certain families lead to abuse and neglect and especially in unique situations like in agricultural areas as described above, or living with an extended family like in the Arab society. These developments might exacerbate situations of elder abuse and neglect and the challenge is to develop further prevention and intervention models.

In sum, Israel has greatly advanced in combating elder abuse and neglect. We should, though, continue to explore and develop more intervention and prevention programs and services and devise innovative models of care. The health and welfare systems should strive for deeper coordination and collaboration which had started already.

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MODEL SOLUTIONS FOR COUNTERACTING VIOLENCE AGAINST THE ELDERLY

Abstract: The article presents a comprehensive system of prevention of violence against elderly people, which includes four integrally bound areas: education, mass media, the state and the law. The fifth component is science (research, diagnosis, surveys, concepts, paradigms and theories) which can be a kind of a staple binding together the distinguished items of prophylaxis. The *knight-errant syndrome* is also discussed, when a sincere desire to help can turn against the injured person. Therefore, seeking preventive action to eliminate violence against the elderly from family and/or public life, one should be aware of the mentioned syndrome so as not to worsen the situation of victims of violence.

Keywords: elder abuse, elder maltreatment, violence, violence against the elderly, violence prevention

> *"Now, Master Andres," said the farmer, "call on the undoer of wrongs; you will find he won't undo that, though I am not sure that I have quite done with you, for I have a good mind to flay you alive." But at last he untied him, and gave him leave to go look for his judge in order to put the sentence pronounced into execution. Andres went off rather down in the mouth, swearing he would go to look for the valiant Don Quixote of La Mancha…* – Cervantes

It is not a coincidence that this essay opens with a quote from the classic novel by Miguel de Cervantes (1547–1616) because it shows what I call the

knight-errant syndrome, when the sincere desire to help can turn against the person injured. Thus, while searching for preventive and/or protective countermeasures to eliminate violence against the elderly from public life, one should keep in mind the above syndrome in order not to worsen the situation of victims of violence ... (see. Illustration 1).

Illustration 1. The knight-errant syndrome…

Honoré Daumier (1808–1879) *Don Quixote*, c. 1868.
New Pinakothek, Munich

The phenomenon of neglect, humiliation, or abuse of elderly and old people is not new and surprising in our time. It is worth recalling at this point that in ancient, pre-Christian Rome there was a law called *sexagenarios de ponte*, according to which one could get rid of the infirm father, knocking him off a bridge into the Tiber. The range of acts and activities that are referred to as violence, however, is very extensive – from resentment, neglect or disregard for basic needs, through mental and physical abuse, to loss of life and/or extermination inclusive. Examples of violence may be such actions as refusal to serve food, withholding of financial and emotional support, abandonment in hospital, nursing home or in the street, psychological abuse, including intimidation, humiliation and threats of removing the elderly from his or her family home, as well as material violence and financial fraud including, for example, pressure to alter the content of the last will in order to win legacy, or money extortion, and use of financial resources of an elderly person for the private benefit of his or her caregiver.

Other forms of violence against the elderly may include stalking, i.e. a persistent harassment of another person that can develop in him or her a sense of threat, or a significant invasion of his or her privacy; mobbing, which can occur even in institutions for care of the elderly in two forms: vertical, i.e. in the form of abuse and/or neglect of caregivers in relation to the elderly under their care; and horizontal violence, or violence of inmates against each other; abuse of the elderly or abuse using force against them, i.e. aggression, violence, physical and/or mental abuse which carries the risk of bodily injury, as well as neglect or exploitation of elderly people by their families or by others who are in charge of care over them. Finally, mention must be made of the latest electronic form of aggression and/or violence against the elderly which appears online.

Abuse, neglect and/or violence against the elderly is a phenomenon present in Poland. It results from the research carried out under the project PolSenior that many elderly and old people have experienced violence. Most often the elderly were insulted, called names, ridiculed and ignored (5.4% of respondents, n = 250); 2.1% of respondents were intimidated and blackmailed. Physical abuse and the risk of expulsion from home, freedom restrictions, access to a physician, and obstacles in contacting family and friends have also been noted. The least frequently reported form of abuse was sexual abuse (cf. Halicka, Halicki, Ślusarczyk, 2012, p. 498), therefore, the problem of abuse of the elderly is still valid and current.

Another issue is cultural conditioning and the "inheritance of violence," as has been pointed out by the Council of Europe Convention ... (2011), ratified recently by Poland. In short: "If the son does not respect his father, it is difficult to expect the grandson to respect the grandfather ..." As a result, violence passes from one generation to the next generation, because "she was first was humiliated and beaten by her father, then by her husband, and now by her son and grandson ..." The vulnerable victims often do not realize that their fundamental rights are violated. Old people today had in fact been raised in a world of global violence, and have in memory the horrors of the two world wars, the time of gulags, concentration camps and the Nazi and communist totalitarianism. So they treat violence as something natural and yet an effective means of solving political and social problems. This gives rise to the misconception that we can only counteract violence with violence, which in turn can create patterns of intergenerational transmission of violence and will intensify its severity. On the other hand, we observe indifference and permissive silence of the social environment as regards acts of violence in society, and lack of response or trivialisation of violent behaviour, which may embolden those with a physical and/or psychological advantage in family life.

Searching for systemic and/or model solutions to counteract violence against ageing and old people, I referred to collective wisdom, asking people studying at the University of Lower Silesia in Wrocław to express their opinions on this subject. I am very grateful for their co-operation. This small survey was conducted in the second year of extramural second-degree studies: *Special Pedagogy*, with the following specializations: *Education and Rehabilitation of People with Intellectual Disabilities*, *Pedagogy of Rehabilitation and Occupational Therapy with Psychomotor Development*. The study – in the form of conversational classes – was completed in March 2015 and covered 72 people, including 60 women and 12 men. The material – in the form of written opinions – allowed to distinguish four entities: education, mass media, the State and the law, that should participate in taking action in order to counteract violence against the outgoing generation. For my part, I would like to add a fifth component, science, that can be a kind of a staple which binds the distinguished elements of violence prevention. The model of a comprehensive system of preventing elder abuse is shown in Fig. 1.

Fig. 1. The model of a comprehensive system of preventing elder abuse
(© Adam A. Zych, 2015)
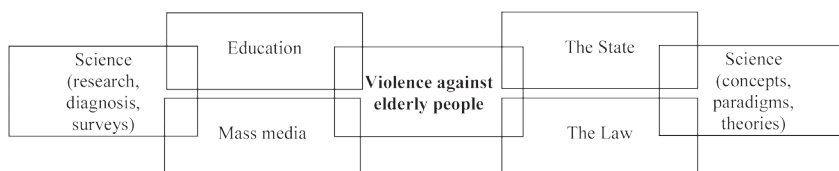
In the foreground is widely understood *education*, the tasks of which within the preventive actions include, among others:

- Changes in the training of social services (social workers, police, municipal police) who are in charge of interventions in situations of violence. Striving to prevent violence against ageing and old persons, it becomes necessary to create an effective system of protection services for elderly people. Social services, which will include volunteers, probation officers, municipal guards and policemen, will take preventive actions and interventions in the case of abuse against the elderly. In parallel, in the field of social policy targeted at older people, prevention programmes as well as preventive measures and interventions aimed at protecting and defending this particular generation from abuse and safeguarding its basic human rights should be implemented. Public support for victims of violence is also necessary;

- Actions of social integration, because currently applicable legislation on the prevention of domestic violence does not solve the problem of violence against ageing and old people without two-way educational procedures, addressed to the elderly (e.g. assertiveness training or building an awareness of fundamental rights, up to learning self-defense techniques), and their families and/or caregivers (e.g. a typical rehabilitative action when it comes to violence, preparing care for an onerous elderly person, learning techniques to cope with stress and/or burnout syndrome). Some suggest that physical or emotional violence may be a consequence of the fact that an elderly person, being unable to care about himself/herself, becomes a source of stress for those caring for him, who may act out violently against him or her in order to release their stress. Therefore, caregivers can become a source of violence against the elderly. The use of robots

and/or automation in the care of the elderly can significantly reduce the scale of violent action. In addition, education, as well support for caregivers, should be a component of intervention in this type of emotional abuse to be carried out in support groups for people with Alzheimer's disease and their families, or educational programmes implemented in day care centres and care for adults or in open and closed health care facilities;

- The creation of modern assistance and support programmes that would eliminate violence from family and public life in the form of harm, neglect or maltreatment of members of the oldest generations, as well as organizing mediation courses for the elderly, assertiveness workshops, and self-defence training for seniors. In parallel, professional training should be offered for the staff of the institutions designed for the elderly, especially in dealing with the ageing and old sick and/or disabled persons;

- A guidebook should be published for older people and caregivers regarding such issues as: *How to defend your rights?* and/or *How to prevent violence directed at seniors?* This may be a small booklet, printed, however, in large letters, which provides a definition of the concept of violence and determines its various types and/or forms, and next identifies ways of defence against violence and indicates bodies, institutions, associations and organizations that can provide protection from violation of the rights of seniors and from violent actions. The first harbinger of this project is a handbook for police and social services titled *It's never too late …* (2013), which presents a multi-faceted approach to violence against an elderly person, strategies of the perpetrators and victims of violence, and the treatment of victims of violence in the light of the applicable provisions of the Polish law, and other isses (Halicka et al., 2013, see. Illustration 2);

Illustration 2. Cover of the information booklet: *It is never too late…* (2013).

- Legal education of both victims and perpetrators becomes particularly important. The issue is to make seniors aware about the extent of their human rights, such as the right to privacy, the right to dignity, the right to personal choice, as well as the right to protection of of good name and reputation. In turn, the perpetrators of violence should be made aware of the legal consequences of violent actions;
- "The neighbours know everything" – says folk wisdom. The point is therefore to raise awareness of the neighbourhood to the needs and rights of the elderly so that in a situation of abuse interventions are undertaken in accordance with the general human principle: *When you see violence, don't be indifferent* ... It is not denunciation, known in past times, but our moral, human obligation, and besides, it is worth noting that social control is most effective;
- The third sector, i.e. nongovernmental organizations (NGOs), voluntary bodies and third age universities (almost 500 in Poland),

senior citizen centres and clubs, as well as "silver haired legislature,"
and "councils of elders" should participate in the prevention of abuse
against the elderly because we can most effectively help ourselves.
Mass communication media, or *mass media,* are underestimated in
the prevention of violence in public and/or family life, particularly
in counteracting violence against the elderly. The investigated
students pointed out to the need of developing and implementing
programmes and social actions, such as:

- The Wrocław campaign against violence under the slogan: *Hear, see,
  help – don't be indifferent!*, which can be exemplified by the mural in
  Wyszyński Street in Wrocław (see. Photo 1);

Photo 1. The Wrocław campaign against violence under slogan:
Hear, see, help – don't be indifferent!

Street mural in Wyszyński Street. Photo: Sławomir Pawłowski / Agencja Gazeta. Source:
http://wyborcza.pl/51,75475,16704458.html?i=2 [access:24 April 2015]

- Media actions informing seniors about their human rights in order to publicize the problem of violation of their rights and the issue of violence in the social scale. Television has to fulfil a special role (e.g. Seniors Club in Wrocław Television, Television Third Age University in Katowice, 50+ Academy in Poznań, and the Digital Competence Academy in Lublin), magazines addressed to the elderly (such as "Magazine 60+," "Senior's Guide," "Modern Senior" or "Senior's Health", also available on the Internet), as well as scholarly journals, e.g. "Gerontologia Polska" (Polish Gerontology), "Praca Socjalna" (Social Work), "Labor et Educatio," and "Psychogeriatria Polska" (Polish Journal of Geriatric Psychiatry);
- Media public debate on violence against elderly people. Unfortunately, it is the dark side of our social reality, carefully hidden; it's time to get rid of unjustified shame and show the size of this painful phenomenon in a regional and/or national scale in order to effectively counteract it;

An important area of preventive measures for counteracting violence against ageing and old people should be the *State* whose important task – according to respondents – is to help victims of domestic violence by identifying institutions that can hasten assistance in situations of violations of the rights of the elderly, the boundaries of intimacy and/or personal dignity. A conviction should be spread that we defend the victims on behalf of their dignity;

- Yet another major task of the state is the creation of separate national programmes to counteract violence against elderly people, due to the nature of elderly people and a growing number of them as a result of demographic change;
- Particularly important in the prevention of violence against older people can play health care facilities, especially primary care physician and/or family doctor. Medical staff is well prepared to recognize situations of violence, and in the case of suspected abuse against seniors, they should react supplying information to the police and/or the relevant state bodies in order to take intervention (Halicka et al., 2010, p. 296);
- An important task is to constantly monitor the family or institutional environment of the elderly, which can include, for example, social workers' visit to the place of residence of the elderly, anonymous

surveys on neglect, abuse and violence, addressed to residents of institutional care, rehabilitation and/or care and treatment centres;

- It might be worthwhile to introduce a separate procedure of diagnosing violence against the elderly in the form of the *Pearl Card*, like the Blue Card, intended for seniors who are victims of family and/or institutional violence. It can be a very good preventative solution, provided that all entities (police, local government, social welfare centres and/or family support) are involved in activities to prevent violence. It means that it is necessary to integrate all the entities to counteract violence;
- It would be advisable to establish a network of social and institutional support for elderly people who experience violence in their family environment or in a care institution. They can include Crisis Intervention Centres, new forms of assistance to the elderly, such as telecare, telemedicine and/or telehealth, robotics and/or automation of care, monitoring and supervision in care institutions for the elderly, and the newly created regional free telephone helplines – intervention and counseling for the elderly (see. Halicka et al., 2010, p. 290 et seq.);

Law plays an important role in abuse prevention of the elderly, in the sense that it is necessary to regulate the legal protection of adults, particularly ageing and old people. Besides, it is advisable to appoint an Ombudsman for elderly and organize free and/or low-paid legal assistance for elderly. The following legal issues were indicated:

- Too restrictive law against perpetrators of violence, and too fluid law, which requires proving innocence before the court instead of guilt, does not solve the problem in point, because it is an illusory belief that the tightening of sanctions will remove violence from family and public life. It should be added that in Poland there is no active policy to counteract abuse of the elderly. It is necessary to change the penal policy because it's not the severity of punishment, but its inevitability as well as its fast enforcement are vital. Moreover, instead of suspended sentences, other punitive measures are advisable, e.g. electronic monitoring or socially useful work for the elderly, for example, in nursing homes or hospices;
- Introduction of the right of compensation and/or compensations for the victims of violence, and even such a drastic measure as may

be disinheriting of the perpetrator under the law, but it requires changes in the law of succession. At this point, it is necessary to quote here this comment. The eminent lawyer Jerzy Juliusz Regulski (1924–2015) in one of his last interviews said: "Poland is *upregulated by law*. In Poland half of the laws can be cancelled without any loss for the State." He also added: "We prohibit people to think, let's allow people to think" (TVP INFO, 02/19/2015). This observation can also be referred to the prevention of violence, because the currently applicable legislation of the prevention of domestic violence (Ustawa z 29 VII 2005/ Law of July 29, 2005.) is quite sufficient to safeguard old people against violence and abuse, and there is no need for excessive tightening of the law, it is sufficient that the current law will be smoothly and effectively enforced – unfortunately, "the legal mills grind slowly…"

Returning to the binding staple, the discussed elements of prevention of violence against ageing and old people, which is *science*, it should be stated that it is necessary, on the one hand, to carry out research, diagnosis and scientific surveys that may reveal the scope of violence against old people, because we see only *the tip of the iceberg* and, in *the dark depths of the ocean* is hidden *a countless number of silent and invisible victims*, because as a matter of fact, which bullied, mistreated and humiliated old father, and which neglected ageing mother, robbed of her modest retirement pension, would dare to accuse their son or daughter of the violation of guaranteed human rights. The results of the research can be supported by both educational activities and media. On the other hand, scientific theories, concepts and/or paradigms are necessary to explain the causes of violent actions. These theories can be helpful to develop both state provisions as well as new legal solutions, defining the rules of conduct in cases of violations of the rights of older people.

It should be remembered that in crisis societies, which are undergoing rapid and profound changes, as well as in those that pass through dramatic or revolutionary transformations, which affect in varying degrees different age groups, these developments become sometimes very violent and tend to have important consequences in the form of such phenomena as the above discussed violence against the elderly, lowering of their status and disregard for the elderly, intergenerational conflict or some kind of gap that is created between the generations.

Closing this small study of model strategies to eliminate violence against elderly and old people, I wish to express my conviction that elderly people can and ought to live with dignity and in safety, provided that legal protection of adults, especially of the elderly and very old people is implemented and that assistance and support programmes are established, which will eliminate violence, harm, abuse and maltreatment of members of the outgoing generation from family and public life. I believe that creation of such conditions is a moral obligation not only of the state, but also of the youngest generations.

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THEORETICAL KNOWLEDGE AND PRACTICE WISDOM: TOWARDS A COMPREHENSIVE MODEL FOR ADDRESSING ELDER ABUSE AND NEGLECT

Abstract: In recent years, the phenomena of elder abuse and neglect have received growing attention. Although research and practical knowledge accumulated over the years to date, an evidence based practice model for dealing with elder abuse and neglect has yet to be developed. However, practical and empirical knowledge that is being developed and implemented is in distinct parallel tracks with little dialogue between them.
Aim: to describe a framework developed and implemented in Israel in the last years. Practitioners and researchers are engaged in an ongoing dialogue with ideas, experiences, inquiry, and reflections. This discourse gives an equal voice for each type of knowledge (empirical and practical).
Our presentation will describe a framework and implementation of a model followed by discussion about its meaning of addressing the phenomenon of elder abuse and neglect. Several issues will be discussed: prevalence of elder abuse & neglect; identifying risk factors; developing and evaluating community based model for intervention; understanding long term Intimate partner violence dynamic; comprehending intergenerational relationship developed in the shadow of abuse and neglect. Our experience over time reveals that open communication between professionals and

researchers goes beyond breaking the boundaries between them. Through this process, a novel knowledge on elder abuse and neglect can be created.

Key words: older people, elder abuse, neglect community based model for intervention, risk factors

Introduction

Elder abuse and neglect has been recognized as a social and health-related problem (Podnieks, Penhale, Goergen, Biggs and Han, 2010; Poole and Rietschlin, 2012). Abuse and neglect were defined by the World Health Organization (WHO, 2002) as one-time or ongoing actions, or lack of appropriate action, which occur in trust-based relationships between older adults and their caregivers, causing them harm or distress. These actions can be physical, psychological/emotional, sexual and/or financial in nature. Neglect can be intentional or unintentional.

Addressing the problem requires multidimensional, multisystem actions: formulating policy, raising awareness, developing social responses and constructing an array of services (Alon and Berg-Warman, 2014). The aim of this paper is to present a comprehensive model for addressing elder abuse and neglect. This model is based on two key concepts: "Knowledge" and "Practice Wisdom".

## Comprehensive model for addressing elder abuse and neglect

Knowledge refers to several aspects. The first, which is essential and fundamental to our paper, is the idea that knowledge and its use may be understood as a process. The second aspect is that knowledge offers explanation and or description of a phenomenon. The third is that knowledge is capable of influencing, transforming and changing the situation – in this case the victims, abusers, the circumstances in which the phenomenon takes place. Fourth, the use of knowledge can be passive or active. Finally, there are many ways of knowing: it can be from personal experience, theoretical knowledge, research, and or from practice wisdom (Osmond, 2006).

Practice wisdom is knowledge gained from practice, "knowledge at hand", which goes beyond theoretical and scientific knowledge. It is acquired by

direct experiences with social phenomena and people representing it. It is heuristically derived through personal reflection and deliberation. It is used in the process of identifying, detecting, explaining and intervening with relevant issues, problems and social phenomena. Practice wisdom mediates between intervention, theory and practice experience (Chu and Tsui, 2008).

The model we present refers to prevention of elder abuse and neglect. It consists of four components: theoretical and research knowledge; practice wisdom; policy making; and training (figure 1).

Figure 1. Model for addressing elder abuse and neglect
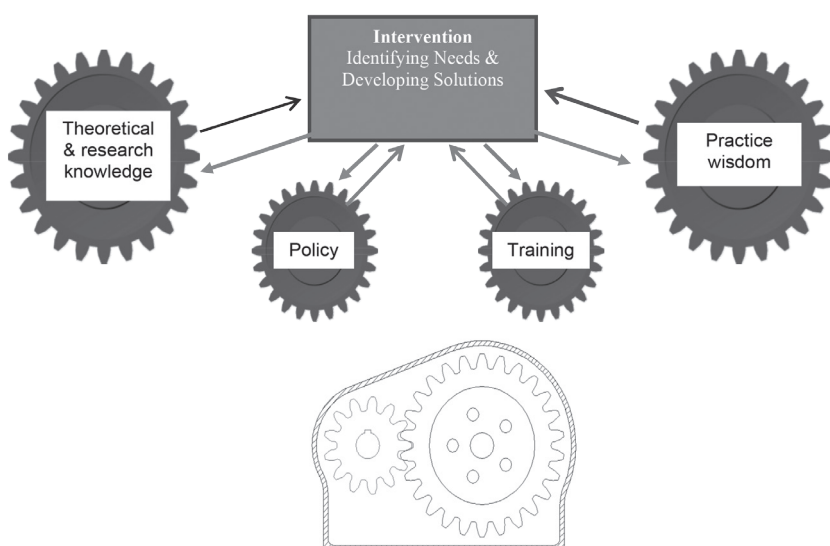
All four circles work simultaneously and interact with each other. They are based on two dimensions: There is a constant flow of knowledge and information between them, which informs intervention methods including an ongoing process of identifying needs and developing solutions. The second dimension relates to timeline as illustrated at figure 2.

The model's application in Israel described on this timeline is divided into four phases.

The first phase is called the pre-recognition of elder abuse as a phenomenon. The second is the exploring and exposure of the phenomenon. Phase three reflects on digging into the phenomenon, which

includes developments and implementation. And the last, current, phase is the phase of specialization.

Figure 2. Timeline of addressing elder abuse and neglect in Israel
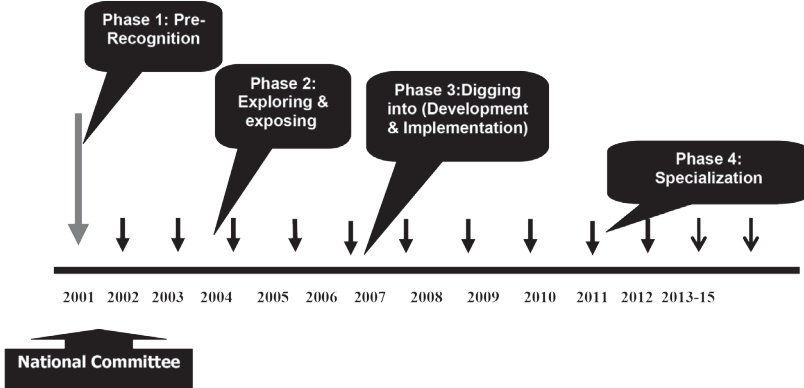
The first phase started before there was a formal recognition of the phenomenon of elder abuse and neglect. On the level of practice wisdom, professionals who encountered older people noted and paid attention to the fact that there are older people at risk of abuse and neglect as a result of aggressive behavior towards them mostly from family members. Professionals discovered that there are older adults who are abused and neglected. They started to deal with it by providing a protective network in those cases. This challenged researchers to explore and searching theories relating to the phenomenon.

At first, researchers relied on the conceptual definition of Hudson (1989). As she was the first researcher who conceptualized the term of elder abuse and neglect. Nowadays, it is recommended to use a uniform definition formulated by the World Health Organization, (2002) as mentioned above.

As a result of the flow between the practice wisdom and the theoretical knowledge, a multi-organizational committee was established aimed at the inquiry of the phenomenon of elder abuse and neglect. Researchers, policy makers (representatives of governmental ministries), and professionals, took active part in the committee.

Forming the committee and its recommendations were the turning point in addressing the phenomenon. The final report along with recommendations was published in December 2002. Recommendations included:

1. Conducting a national survey on elder abuse.
2. Implementing a pilot project in three cities where specialized units will be established that will address elder abuse.
3. Providing elderly victims with legal representation and consultation for free.
4. General hospitals and long term care institutions will set up an inter-disciplinary committee, to focus on abuse and neglect. It was also recommended to develop a procedure for standardized detection and reporting cases of abuse and neglect. The committee will be responsible for adopting and assimilating the procedure. This procedure should be integrated into the daily routine of the organization.
5. Developing training programs for professionals.
6. Legislation: Law amendments regarding laws dealing with domestic violence and protective laws.

Following the above, the first training program was developed and carried out. The basic training included 30 hours and was aimed at dissemination of knowledge on the emerged phenomenon – elder abuse and neglect (the course included knowledge about identifying, assessment and diagnosis of abusive situations).

The second phase involved exposing and exploring the phenomenon. As professionals started studying the cases and learned more about them, they realized that not all cases are the same. Some were characterized as long term cases of IPV (intimate partner violence), while others were abused by their children or others such as neighbors, or paid caregivers. Moreover, they noticed that abuse is not limited to a single incident and victims may be subjected to more than one type of abuse (financial abuse, verbal abuse, neglect).

As a consequence of mapping the phenomenon, researchers began studying the different cases. The first national survey on elder abuse and neglect was conducted (Band-Winterstein, Eisikovits and Lowenstein, 2006; Eisikovits, Band-Winterstein and Lowenstein, 2005; Lowenstein, Eisikovits, Band-Winterstein and Enosh, 2009), and several studies were published (Buchbinder and Winterstein, 2003; Winterstein and Eisikovits, 2005).

At the policy level: ESHEL (the Association for the Planning and Development of Services for the Aged in Israel – NGO organization), the Ministry of Social Affairs and Social Services, and social workers

encounters with older adults at the municipalities developed a multisystem model- aimed to address effectively the phenomenon. The model was implemented as an experimental initiative at three municipalities. The main features included the establishment of a Specialized Unit for the Prevention and Treatment of Elder Abuse with a social worker as coordinator, and a multidisciplinary advisory team. Intervention was directed in two tracks: A therapeutic track and legal counseling track. The counseling was provided free of charge by legal experts and its branches with locations all around the country. In other words, professionals, especially social workers, employ a combination of treatment approach along with using legal means: such as reporting and filing complaints with the police, obtaining protection orders, and an appointment of a legal guardian.

In addition, during this phase, Ministry of Health submitted protocols and guidelines for detecting and reporting cases of elder abuse and neglect in the health system. According to the protocols, hospitals and LTC (long term care facilities) had to establish an ongoing committee aimed to deal with cases of elder abuse and neglect.

As mentioned the model of interventions was implemented as an experimental initiative to learn more and to gain feedback from the professionals. It was accompanied by an evaluation study aimed to learn about the impact of the program (Alon & Berg-Warman, 2014).

On the training level, at the same time, training courses began for detection and identification elder abuse and neglect (it was extended to a 42 hour course), and a new course dealing with methods for intervention in cases of elder abuse was offered for professionals (150 hour course).

Based on the cumulative knowledge, the units (pilot studies) engage the following activities: (1) *Case work*: includes screening and detecting elder abuse, risk assessment, legal counseling, provision of supportive services to victims, abusers; mediation and referral to the appropriate services. (2) *Community work* consists of raising awareness among older adults and professionals, educational programs for the public. Moreover, establishing partnerships with professional partners from health care clinics, homecare agencies, hospitals, police and nonprofit organizations – providing services for the older adults in order to improve effective coordination.

The third phase is "digging into". On the theoretical and research knowledge cycle, the study on the phenomenon was expanded. Qualitative studies focusing on the dynamic of the phenomenon were published, such as long term IPV – the perception of all family members (Band-Winterstein

andEisikovits, 2014); elder abuse and neglect in long term care (Band-Winterstein, 2015a); adult offspring as abusers (Band-Winterstein, 2015b); and others (e.g. Eisikovits and Band-Winterstein, 2015) and Elders at Risk (Alon, Schindler, Doron and Yooz, 2013).

On the level of practice wisdom, professionals realized that it was needed to address not only the victims, but also other people involved, such as perpetrators. As a result, special intervention programs were designed for different kind of perpetrators (abusive spouses and abusive adult children). In addition, a multi-disciplinary team- (lawyer, psycho-geriatric physician, social worker) was establishing in order to provide effective and tailored solutions for victims and for perpetrators.

On the policy level, this phase is characterized by Allocating Funds & Resources for Expanding Specialized Units for preventing elder abuse and neglect all around the country (from 5 unites to 20). An inter-organizational committee for coordination was established. The committee convened three times a year and discussed acute relevant issues such as under-reporting cases, creating protocols and guidelines when and how to report cases of elder abuse, protocols for foreign caretakers. Another initiative was to carry out the International World Awareness Day for prevention of elder abuse. It involved cooperation between the Ministry of Social Services, Ministry of Health, and NGOs (non-governmental organizations), and representatives of municipalities.

On the training level, expanding modules for courses of various professionals, such as nurses, M.D., social workers, were developed. At the same time, materials and manuals for professionals, for professionals were produced (such as a kit for professionals social services, in hospitals and long term care facilities).

The current phase is characterized by specialization. In the theoretical and research knowledge cycle, researchers specialize in various aspects of the phenomenon, developing and validating a risk assessment tool (Cohen, 2013). Expanding studies on the dynamics between elderly parents and abusive offspring with mental health disorders (Avieli, Smeloy and Band-Winterstein, 2015; Band-Winterstein, Smeloy and Avieli, 2014), the phenomenon of self-neglect from the elderly perspective and professionals perspective (Band-Winterstein, Goldblatt and Alon, 2014), cultural aspects addressing elder abuse and neglect in faith based communities, and the encounter of social workers with elder abuse clients.

In the practice wisdom cycle, professionals used advance methods for interventions, and became recognized as experts in this field. Their practice wisdom enables them to lead and to be in the font of coping and combating elder abuse, and at the same time exercising the rights of the elderly. In order to deal with elder abuse in diverse populations, specialized units for treating and preventing elder abuse in Muslims' communities were established. In addition, advanced intervention methods have been developed to treat the elderly, victims of abuse, imigrants from in the former Soviet Union.

In the policy cycle, expanding the number of specialized units, from 20 to 45. At the same time, continuing in collaborations between organizations and allocating resources for supervision and support groups for social workers in order to prevent compassion fatigue.

In the training cycle, a training program for assimilation of the risk assessment tool, aimed at improving skills has been developed and implemented throughout workshops.

This was accompanied by some publications, such as articles, books, and manuals for professionals: A guide for professionals – Screening & Identifying abuse and neglect; 4 manuals for professionals focusing on detection and identification of elder abuse and neglect. 7 Video Tapes were produced, 3 of them were written and played by older adults and with the assistance of a professional director.

Directions for the future

The first question that arises is how to continue. We should identify types of problems that have not been addressed so far, such as financial exploitation and resident to resident aggression in long term care facilities, as well as new target populations,; alcohol and drug abuse perpetrators; older victims of sexual abuse; older males as victims. We should also develop novel responses.

Another issue is how to nurture the achievements and foster an ongoing process of being pro-active. Moreover, how to synchronize all the elements of the model presented? The third aspect addresses ways to conceptualize, document, preserve, and disseminate the accumulated knowledge (theoretical and practice wisdom). Finally, care should be given to professionals dealing with elder abuse and neglect, and preventing secondary traumatization and burnout to them.

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ELDER ABUSE AND NEGLECT – TRENDS AND PRACTICES IN BULGARIAN SOCIAL WORK

Abstract: This paper presents the main trends of practice of social care and support organizations and other related fields regarding protection of elderly people – victims of abuse and neglect. The article overviews legal, organizational and methodological aspects of protection of elderly people in Bulgaria. It outlines and describes an example of good practice in training professionals for helping elderly people. The paper identifies trends and directions for improving the methodology for prevention and assistance for elder violence and abuse.

Key words: elderly care, abuse and neglect, social work

Introduction

In the caring professions the problems of violence and abuse of elderly are assessed and reviewed by the positions of understanding the specific vulnerability of this age group. In practice different specialists face many cases of risk and helplessness. In these particular cases the good regulations and procedures, the practice of inter-institutional interaction, precise and effective actions and measures for protection and support are of main importance.

Here we offer a brief overview and analysis of the main aspects of practice of elder abuse and neglect in Bulgaria. We will discuss the legal,

organizational and methodological aspects of the topic. On the one hand there are some aspects that make it easy to work on protection and assistance for elderly like the work of the institutions and the conditions, but on the other hand there are some specifications that constrain the work. The latest legal acts and reforms in social law can help us get deeper understanding. The practice in Bulgaria will be illustrated with examples of one of the most representative projects on this issue in our country.

Main concepts, used in practice

In the caring professions there are used concepts, approved by World Health Organization, that define elder abuse as "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. Elder abuse can take various forms such as physical, psychological or emotional, sexual and financial abuse. It can also be the result of intentional or unintentional neglect" (Stop Violence Against Elderly Women, 2009, p. 4). In the scientific literature there also exists certain differentiation which includes seven main types of elder abuse – physical abuse, sexual abuse, emotional abuse, financial exploitation, neglect, self-neglect, and abandonment (Brandl et al., 2007, p.23). In the following table there are presented these types of abuse. The definitions are developed by B. Brandl et al., in the book "Elder abuse detection and intervention" (2007, pp. 24-34).

Table 1. *Forms of elder abuse*

Physical abuse   Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. "Physical abuse may include, but is not limited to, such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical   punishment of any kind also are examples of physical abuse."
Sexual abuse   Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, and all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.

Emotional or psychological abuse

Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional or psychological abuse includes, but is not limited to, verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his or her family, friends or regular activities; giving an older person the "silent treatment"; and enforcing social isolation are examples of emotional and psychological abuse.

Financial or material exploitation

Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property, or assets. Examples include, but are not limited to, cashing an elderly person's checks without authorization or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

Neglect

Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services), or the failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.

Self-neglect

Self-neglect is defined as an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including: (a) obtaining essential food, clothing, shelter, and medical care; (b) obtaining goods and services necessary to maintain physical health, mental health, emotional well-being, and general safety; and (c) managing one's own financial affairs. Choice of life-style or living arrangements is not, in itself, evidence of self-neglect.

Abandonment

Abandonment is defined as the desertion of an older person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

After: Brandl, B., C. Dyer, C. Heisler, J. Otto, L. Stiegel, R. Thomas, *Elder abuse detection and intervention: a collaborative approach*. New York: Springer Publishing Company, 2007, pp. 24-34.

Bulgarian practice – legal, organizational and methodological aspects

Legal aspects. In legal terms the case work on elder abuse and violence is consistent with the regulations of:

- Domestic Violence Act (2005);
- Detailed rules for application of Domestic Violence Act;
- The rules for application and complaint defined in the above mentioned law (Kostadinova, 2008; Domestic Violence Act, 2005, www.ciela.net)
- Protection injunction procedures (Bulgarian Helsinki Committee, 2004, pp. 21-32; Interdiction and human rights, Mental Disability Advocacy Center, 2007).

In cases in which subject of violence is person under interdiction, there is certain complexity, because the subject of violence cannot apply to the Court or to the Chief of the Police Department. According to Art. 8 from Domestic Violence Act "Order can be initiated at the request of the:

- injured party if he or she has attained the age of 14 or is placed under limited guardianship;
- brother, sister or a person who is in a relationship in a straight line with the injured party;
- the legal guardian of the injured party;

Director of the Social Assistance Directorate, if the victim is a minor, is placed under interdiction or is disabled."

The last point explains that the directors of Social Assistance Directorates are the ones that should take action, but it is also possible for the social workers, working on the case. Social workers (general practitioners, assistants etc.) may also apply the principle of informed consent – i.e. the consent procedures to be processed and to be taken. However, this consent is expressed by a person specified by the Court for custodians – those are mainly relatives. When a conflict of interest or in the absence of relatives – the court appoints municipal representative designated by the Mayor, to express informed consent for lodging a complaint/request.

Organizational aspects. The institutions represented in the country, which are relevant to the problems of prevention, information, support, direct actions on protection from violence and the implementation of measures to help the people of the third age are as follows:

- Social home patronage;

- Social Assistance Directorates;
- Social care and support organizations;
- General practitioners (GP);
- District offices of the Ministry of the Interior;
- Municipalities, town halls;
- Hotlines for counseling to victims of violence;
- Non-governmental organizations, retiree clubs, local NGOs, part of the Union of disabled people (members of which are significant number of women from the target group) and community centers – in which are being organized prevention activities, individual and group psychosocial support, social support networks, information campaigns.

The interaction between these institutions is described in the Detailed rules for application of Domestic Violence Act in Chapter 2, section I "Interaction in the protection from domestic violenc"e:

Art. 4 (1) In protection from domestic violence interact the authorities of the Executive Branch, the courts, municipalities and legal entities working for the protection from domestic violence; (2) the interaction of Paragraph 1 is accomplished by: 1. Exchange of information on cases of applications for protection from domestic violence, for the implementation of protection measures and setting up programmes for prevention and protection from domestic violence; 2. carrying out joint actions for the protection from domestic violence.

At local level can be found many good practices of coordination and cooperation between different institutions and organizations.

Methodological aspects. Here should be emphasized the practice of informing and consulting of endangered or affected parties. This is an important aspect in Bulgarian practice, taking into account the low legal and law culture, low awareness of the human rights, etc. Therefore, social workers and other caring professionals should focus on:

- Counseling the client about his rights or opportunities to seek and obtain assistance and protection; for administrative and legal proceedings; the consequences (for both him or her and the "oppressor"); probabilities and risks;
- Initial counseling to be conducted in cases in which the social worker has information – direct (by the client) or indirect (by other persons or by assumption) – for violence or a risk of such;

- Evaluation is a main component in the procedures and methodologies that are used by social workers in Bulgaria – when starting the case, the social worker should evaluate the living conditions of the client, social relations, health status, needs assessment, etc. One of the evaluations is "risk assessment" which should be emphasized in the assessments of the social workers. This risk assessment is usually underestimated and social workers focus more on the living conditions of the client. Risk assessment especially for elderly should require the statement of the social worker for the presence or absence and the degree of risk of a certain type of violence. Risk assessments should be updated every 6 months or immediately upon occurrence of the new circumstances of the case. According to the specific risk assessment in individual work plans, actions for prevention or intervention are foreseen;
- The client should be counseled and addressed in clear manner about the objective possibilities and limitations, pros and cons; the consequences that may result from one or another action, decision, measure, etc.;
- The client must clearly understand what will change after the action, what won't be the same both in positive and in negative aspect, f.e. in cases in which the perpetrator of the violence or abuse is a close relative, the client must be willing to accept the negative consequences for the perpetrator, the change in their relationship, breakup of the contact, etc. at the same time, the client must "weight" it for him/herself that will "win" the termination of the losses, pain, humiliation, get peace of mind, security, etc.;
- The counseling for probable submission of request and taking measures according to Domestic Violence Act should be individualized, balanced, without pressure for final decision;
- Information and consultation must be directed towards the promotion of private choice of the client, whose decision should be supported with information, alternatives, prognoses;
- The principle of informed consent should be strictly respected when the social worker takes specific actions as reporting, connecting with other professionals and institutions, having conversations with other client-related persons (close relatives) etc.;
- In cases where the client refuses to take formal action against the offender or to request intervention and protection, social worker

should report in written evaluation report and in a session for supervision;

- With the supervisor can be discussed doubts and conjectures about the case. The information shall be entered in the minutes of the carried out supervision (individual or team) and signed by the social worker and his supervisor (in Bulgaria the manager of the social worker is usually also his or her supervisor). Further possible actions can be also discussed with the supervisor (f.e. counseling, providing emotional support, information about possible solutions, etc.) and the case shall be monitored.
- Other highlights in the methodology of assisting elderly victims of domestic and other violence and abuse:
- Of significant importance are the prevention programs that include information, consultation on individuals and groups at risk;
- Development of opportunities for self-help through educational prevention programmes, talks and lectures, such as the Community Center and Clubs.

In Bulgaria there are well developed channels for information and prevention through specialized media (such as print media, aimed at an audience of the third age, such as the newspaper "Over 55", "The third age", "Retro", "It's been years." These publications include rich features with examples, messages, current information, socio-legal advices, which perform preventive and informative functions for some forms of coercion and violence.

Taking into account Bulgarian national psychology it is harder and less popular to present direct interventions for psychosocial support in the form of group psychotherapy. Significantly more developed are the indirect forms of support – attracting injured parties to communities and support groups through communication activities, interests, etc.

The problem of elder abuse in nursing homes and other Long-Term Care Facilities

In some analyses of the practice of long term care facilities there is used term "institutional abuse". B. Brandl et al. state that this institutional abuse occurs for the following reasons:

- Long-term care residents may be physically or mentally incapable of reporting abuse;
- They or their family members and other visitors may fear that reports will result in increased abuse or retaliation;
- Even when reports are made, regulatory, investigatory and advocacy agencies responses have often been inadequate (Brandl et al., 2007, p. 12).

For Bulgarian social services and especially those for institutional care for elderly there are foreseen changes in the Social Assistance Act which directly affect the prevention of negative effects of long-term institutionalization and overcoming risks of so-called "institutional abuse". Those changes are now being introduced for debate in the National Assembly of the Republic of Bulgaria as draft amendment to the Social Assistance Act, and foresee:

- Reduction of the institutional care in long-term social services – limited to 3 years;
- Wider provision of community social services, day care services in the home environment for the elderly clients after their stay in the institution (Bill on amendment and supplement to Social Welfare Act, 2015).

It is expected that this new philosophy in the Bulgarian legislation will significantly reduce the risk and negative consequences of prolonged institutional care for elderly. However, it is particularly important these legislative changes to be operationalized in practical and methodological requirements and principles for the resident care of elderly. This is necessary because (regardless of the trend of de-institutionalization of social services) care in the institution had not yet lost its practical sense and still is not found an entirely better and affordable alternative. Certain principles and rules can be useful for minimizing the chance of abuse in the process of institutional care for elderly:

- In specialized institutions there should be avoided the use of medical uniforms for non-medical staff (social workers, psychologists, group therapists, etc.) because these uniforms stigmatize and draw a picture of institution in which clients are dependent and sick people, not users of services;
- The staff in residential social services should take into account the individual preferences of the user, including the choice of food, clothing, bed linens, eating utensils and other personal belongings.

For example, the General mode, the matching times of getting up from sleep, uniform and mandatory for all hours of a meal can have a negative effect on the autonomy of the individual and to leave at the elderly a sense of compulsion, restriction of free will, neglect of personal preferences, alien external control over individual physical needs, impingement over independence. Because of this opportunities for an individual schedule of eating, sleep, activity and rest should be provided in every residential care unit;

- Special attention should be paid to the quality of sleep and rest of elderly people in residential setting. Sometimes external factors that intrude the sleep and rest are perceived by customers as forms of violence, coercion, limiting. Such factors are for example: placement in a common room of two or more users; the presence of noise in the environment, in the building or in the accommodation; inappropriate deployment schedule of the day on various activities; noise from another person – roommate – such as snoring, coughing, getting up in the night time, speaking of sleep, etc. Therefore, institutional care should ensure the independence, peace, isolation and comfort especially at night and afternoon;

- Elderly in residential care are often being cut form their natural environment of close people and relatives. That is why the social workers and other professionals need to focus more on building and maintaining a relationship of trust, sincerity, emotional, moral and spiritual support. Clients need to feel safe in sharing their concerns; confidence when searching for advice; to receive professional help in making important decisions (e.g. decisions on material and financial issues, wills, donations, disposal of property, etc.).

The role of Bulgarian Red Cross – the project Breaking the Taboo Two

The project Breaking the Taboo Two "Developing and testing tools to train the trainer" was conducted by Bulgarian Red Cross and Austrian Red Cross with financial support of European Commission, the DAPHNE III – Programme 2007-2013, DG Justice, Freedom and Security. The aims of the project were:

- Enable senior staff and/or trainers to carry out one-day workshops on "Violence against older women within the family – recognizing

and acting" with staff members who work in older people's own homes (e.g. nurses, nursing assistants, home helpers, social workers);

- Train staff members to act as peer advisers within community health and social service organizations;
- Develop and suggest a module on violence against older women within the family for inclusion in basic vocational training of staff members who work in older people's" (Breaking the Taboo Two, 2013).

Through these activities realized in practice was developed and tested a model of competence for social and medico-social work in aspects of work on cases of violence and abuse of older people. The ideas and results have created an opportunity to increase the knowledge and skills of social workers, social assistants and other professionals in the field of social services and home care. Specialists in gerontological practice were supported with informational and methodological resources for recognition, response, taking action on the case and providing counseling and support of vulnerable older people.

Conclusion

The system of prevention and support against elder abuse and violence is developing in the direction of the main positions, values and recommendations related to the problems of elder abuse. Most notable among them are for instance:

- The responses to victims should be reinforced and adapted to the characteristics of age and condition. The elderly assistance services should be more focused on the person receiving the assistance instead of the organization running it.
- It is necessary to focus on the vulnerability of older women, they should be considered as a particularly vulnerable group; it is important to recognize the specific characteristics and needs of elderly women who suffer violence, as they can have significant implications in their behavior and reaction to the abuse, as well as in the provision of services and support;
- Provision of health and social support is needed, as the analysis shows that one of the main problems is isolation and a lack of supporting networks, formal or informal. In this sense, local associations can

become strength or a protection and mediation factor as support and social help.

- To prevent abuse to elderly people it is necessary to promote multidisciplinary and coordinated efforts from different fields and sectors in order to act upon factors and stimulate protection and resilience factors.
- Provision of education and training for professionals and staff in the detection, care and rehabilitation is essential to guarantee the attention and care of elderly people (Stop violence, Daphne Project, 2009, pp. 6-7).

The current stage of development of the concepts, policies and practices in matters of violence against elderly people in Bulgaria follows the international trends and experience. However, it is combined with local specific features of living conditions, the legal environment and the forms of social support for the elderly. It is important to note as significant the current reforms in the social legislation in the country, although still in the process of implementation. It is expected that these changes would improve the social services and social care for elderly and will develop tools for prevention and support from risk of violence and abuse.

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HOME VIOLENCE TO SENIORS IN THE CZECH REPUBLIC

Abstract: In the paper the author explains the concept of home violence to seniors, the forms of home violence and their reflections. The situation in the Czech Republic is depicted by statistical data and individual selected cases. In conclusion the author proposes the measures how to help seniors threatened by home violence.

Key words: senior, home violence, forms, statistics, proposals of measures

Introduction

Key documents General Declaration of Human Rights, Article 1, and the Declaration of Basic Rights and Freedom, Article 1 declare that all people are equal regarding the dignity and rights. Elderly people, however, represent a specific group whose dignity is threatened in practice by various kinds of maltreatment, abuse or marginalization. The elderly people with reduced self-sufficiency, health handicapped persons, inhabitants of worse equipped locations of the countryside and socially excluded locations require a special attention and a specific approach.

The problem of violence to seniors is not a new theme for the society. This exists with us in its differently strong or little noticeable forms from time immemorial. However, it was a social taboo, a kind of Pandora's box which should not be opened. In spite of that we encounter much more efforts to help seniors and to understand this problem, it still does not

represent the theme which is spoken unceremoniously. There are still some reserves in this respect. Seniors represent a fragile and frequently a more vulnerable group requiring our help both in the region of home violence and the maltreatment syndrome.

The concept of home violence to seniors

The Ministry of Interior defines *home violence* as "*a long-term violent behaviour in the family which includes any acts or omissions committed within the framework of the family by some of their members which undermine the life, physical or psychic integrity of another member of the same family or which seriously affects the development of his/her personality*" (Definice domácího násilí, 2015).

Home violence to seniors is regarded as a long-term and repeated violence which results in injury, harm to health and also in the psychic damage, lost of home, of all-life´s savings, dignity, independence and safety. "Nevertheless, home violence which is committed to seniors represents the conception which is only being developed" (Čírtková, 2007, p. 15). "*Home violence is generally understood as the behaviour which causes fear of violence to one partner from the other. Home violence may gain forms of physical, sexual, psychic violence, forced social isolation and economic deprivation.*" *In case of **violence** this refers to a behaviour which is focused on another person and causes a detriment to him/her. Violence may be a retaliation for a harmful behaviour; it may also have a concrete aim – an inforcement of certain behaviour; it occurs as a manifestation of power ambitions and a real power both among individuals and among groups*" (Matoušek, 2003, p. 118).

Based on the criminal code of the Czech Republic violence is defined as "*an attack on the physical integrity of a person using phychic power*" (Matoušek, 2003, p. 118). Together with the growing age, the physical powers and the number of friends and social contacts are going down. The diversification of powers to other people is changing as well. There is a shift here from the position of a more or less independent person to the position of a more or less temporarily dependent on other people. This imbalance in the mutual positions of social isolation and the ignorance of human dignity may be deepened up to the shape of supremacy of one part over the other.

Home violence is a learned behaviour among close people. Its manifest-ations in the elderly may be the culmination of preceding bad relations.

Let us have a look at the live situations which support the development of home violence to the elderly. These are as follows:

- dependency
- social isolation
- lack of selfconfidence
- long-term serious illness
- return of adult children to parents (these are often persons dependent on spirits or other intoxinants)
- living together of elderly people with their mentally ill adult children.

The concept of elder abuse is rather known as the concept EAN, i.e. Elder Abuse and Neglect. Other English synonyms may be the concepts "elder abuse", "abuse of the elderly" or not so frequently used conception "battered doder syndrom". In the Czech language this term has not been unified until present. It is translated into Czech as abuse (rarely misuse) and elder abuse or improper behaviour (Kalvach, 2008, p. 325). A wider conception more recently used can be seen in some Czech authors as "elder abuse" (Zimmelová, 2006, pp. 82 – 89).

It is not simple to explain the conception "elder abuse" for further work with the abuse behaviour.To come into one definition is very difficult. This conception includes terms which should be known and understood as mutually interconnected phenomena. This refers to conceptions of abuse and ignorance.

The syndrome EAN comes from the USA and can be translated into Czech as an abuse to persons older 60 years or those who are totally weakened due to advancing age or mentally handicapped when these persons are facing some of the following actions: physical maltreatment, material and economic maltreatment, emotional maltreatment, psychic exploitation, sexual abuse and deserting.

In the Czech Republic the conception of abusing from the public law is considered as a coarser form of the home violence. Here can be seen that the foreign conception uses the conception of the abused senior in a different way compared with that in the Czech Republic.

Forms of home violence to seniors

The forms of home violence may be divided into two categories, the active one and the passive one.

The active forms are as follows:

- physical violence,
- psychic and emotional violence,
- sexual violence,
- social isolation – restriction of contacts with other people,
- economic – economic extortion, thefts, financial and material abuse (thefts of things, taking old age pensions, costs of unintended juridical acts),
- restriction of free decision (pressure on the transfer of belongings, preventing the choice of own residence),
- care disregard (caring person takes financial contribution for care without insuring the care),
- intentionally overdosing of drugs or other intentional manipulation with medication.

Passive forms include all forms of disregard to the senior who is thrown upon an aggressive person's care, for instance:

- disregard of personal hygiene,
- insufficient extending alimentation,
- insufficient extending basic health care,
- refusal to visit the physician or caring persons (Reporter White Circle of Safety, 2012, p. 4).

More forms may occur simultaneously. The most frequent is psychic home violence which is highly hidden and is the primary manifestation of violence. Psychic violence includes intimidation, psychic pressure, threatening, scolding, creating the feeling of fault, improper treatment, noncompliance of wishes, humiliation, downgrading of dignity. Psychic violence is often transformed into physical violence which causes physical pain and injuries. The results may be seen as grazes, bruises, fractures, weals. The economic violation which includes the whole or partial taking of the old age pensions, transfer of property, thefts of things, pressurizing into unwanted legal acts which may often occur as well.

The disregard of care is one of the forms of violence when the person receives the contribution for care, but unfortunately does not give care or render care in a smaller extent than necessary. Sexual violence to elderly occurs rarely, it includes both contact forms and incontact forms.

The most frequent combination of psychic and physical forms of violence to seniors occurs in connection with the economic and social isolation. Intended overdosing of drugs or intended manipulation with medication are the forms of hidden shapes of home violence to seniors.

In the passive forms of home violence we should focus our attention on providing care, food and hygiene that could endanger the lives of seniors.

Sometimes financial and material violence are separated. As the financial (or also physical or economic) violence is understood to use the property or money of the senior without his/her agreement, illegal or dishonourable abuse or use of senior´s financial means, taking the old age pension or a part of this, reguiring presents, the inforcement of changes in the last will and testament or intimidation and pressure regarding the transfer of the property or unwillingness of the family to co-finance the medical care (Loughlin and Duggan, 1998).

Signs of home violence to seniors

Signs of physical violence:
- Injuries (haemorrhage, eye injury, hematoms, fractures, burns).
- Repeated injuries – hematom, lacerations, burns, grazes.
- Repeated and old injuries for which the senior has no explanations.
- Frequent visits at the doctors' – sprain, fractures.
- Bruices which are not brobably random ones – e.g. on both arms (it is possible the senior was shaken with), multicoloured bruices indicate repeated violence, bruices on inner thighs (show possible sexual violence).

Signs of psychic violence:
- anxiety, confused state,
- problems with sleeping, shyness,
- depression, hopelessness, suicide thoughts,
- considerable weight loss or vice versa the growth of weight which is not caused by illness.

Signs of economic violence:
- getting the senior to sign documents he/she does not understand,
- pressing to transfer the real property,
- unusual transfers of effective money, taking money from the cash dispenser by the lying person,
- getting the senior to offer loans,
- the promise of the life care – for the fortune legacy.

Signs of sexual violence:

- sexually transmitted diseases, infection,
- soreness in place of genitals (bruices in the inner side of thighs),
- bleeding.

Signs of negligence: These occur in the care environment, but also in the family where the member carer shoud care of a seriously ill or immobile senior.

- Missing personal care, dirty underwear, uncut nails or presence of excrements.
- Culpable negligence, malnutrition.
- Dehydration when there is an extreme thirst.
- The mouth is parched, apathy, soreness.
- Shortage of aids – glasses, hearing aids, walking frames, crutches.
- Bedsores.

Offenders of home violence to seniors

Intergenerational home violence to seniors is the most frequent case – seniors live in a common household with their adult children who commit violence to their parents. The economic dependence of adult children who often lose jobs or suffer from the dependence on spirits and intoxicants often increases intergenerational violence. Together with the increasing economic crisis when seniors have not enough money for living and for ensuring their needs, intergenerational home violence may increase as well. Seniors often have to live in common households with their children with whom they have conflict relations.

Home violence inside the partner relation – conflict partner relations may escalate to home violence in old age. The worsening of the state of health and the increase of dependence may often increase tension which graduates into the home violence.

Home violence committed by another person – it includes other persons committing home violence to seniors.

The senior commits home violence to his/her close persons – due to the growth of phychopatological symptoms in the old age, seniors may often commit violence to caring persons or close persons.

In order to classify home violence it is necessary to clearly divide the roles of the offender/victim. In home violence to seniors the victim is often dependent on the senior either psychologically, physically, economically. The psychic dependence of seniors occurs in situations of intergenerational

violence when the victim is not able to imagine the situation. He/she for instance does not help his/her adult child or does not live together. Physical dependence has often a form of providing the care or assistance in the household. The economic dependence is represented by situations when the aggressor contributes for the senior´s renting, etc.

It is also important to take note of the higher degree of isolation of seniors due to the reduced social contacts. Seniors gradually lose their close people and simultaneously their self-sufficiency is frequently reduced. In such situations the social contacts are limited. Latency is one of the factors in seniors. Seniors very rarely look for an available help because they either do not know about it or they are afraid of possible complications.

Obstacles of the help for seniors who are victims of home violence

The seniors who are encroached by home violence may experience different emotions which accompany them. Fear and anxiety may block the possibilities of utilizing the help. The fear and anxiety accompanying seniors encroached by home violence:

- fear of solitude,
- generation values (respecting matrimony, inviolability of family),
- anxiety of physical and mental health (his/her own or that of the offender),
- objective dependence on the aggresor (in finances, in mobility),
- neighbour ties and settling down in a certain place,
- limited access to socil services,
- fear of revenge,
- standardization of violence (the victims lack the consciosness that they are victimized),
- feelings of shame and blame,
- anxiety of his/her life,
- anxiety of publication,
- fear of unmanageable situations,
- fear of lack of misunderstanding,
- anxiety of refusing the help from the aggressor (in case the aggressor is caring of the victim),
- fear of mistrust of psychic illness,
- fear of social isolation,

- anxiety of the future of the aggressor, they do not want to act against a close person,
- fear they will lose their home, anxiety of being placed at the home for seniors,
- fear they will lose the contact with his/her grandchildren, fear of solitude.

In case of intergenerational home violence – the fear of the senior of the "future" of the violent person in case the mutual relation and the common life of the senior with violent person will be ended. Seniors are often rescuers of violent persons (they feel like them) who have not any other social or family support just due to their violent behaviour, dependence on spirits, drugs.

In cases of violence in intimate ties (marriage) – the anxiety of the senior at risk of violent senior (old age, health problems), the variant of ending common life after the long-standing marriage (divorce and property matters). Seniors often have the feeling that he/she burdens by "their problem" his/her the vicinity, and therefore they often trivialize the problem of home violence.

The senior at risk can often see the solution of violent cohabitation at the presence of the expert who reprimand or order the violent person to stop his/her violent behaviour or arrange the professional care (psychiatrist). Senior does not want or cannot take over the responsibility for the solution of the situation.

The manipulation of the aggressor may also be the difficulty that nobody will believe him/her or declares that victim him/herself is the creator of violence. Also the bad experience of the senior within the framework of the first contact with the institution in the solution of the problems of home violence may make problems with the possibity of utilizing help.

Seniors do not often identify themselves that they may be maltreated. They are not often able to admit they are objects of home violence. Simultaneously, the lack of awareness of their rights and places of help reduces the utilization of help for seniors.

Seniors are often silent, which is an important characteristic, the public will learn about approximately 16 % cases. The reasons may be as follows:
- disgrace for the aggressor's behaviour, malfunction of their own education,
- low possibility of help by their own forces,
- the violence to seniors is hidden, sophisticated, one-sided,

- long-term of violence,
- repeated and escalation of aggressivity,
- difficult discovery,
- within the framework of intergenerational home violence the number of maltreated seniors is increasing.

Due to experience of the intervention centre (IC) in the majority of cases the contact of the senior with the IC is opened thanks to the institution, relatives, through expelling rather than based upon the senior's own decision (when the senior would look for the help of the IC by himself/herself). In cases of intergenerational home violence to seniors, economic violence is always almost present (requiring finances, transfer of property) accompanied by the humiliation of the senior, which is connected with his/her age, health problems, social isolation.

If home violence occurs in the wedlock of seniors, home violence is present from the beginning of marriage or is topically "caused" by the psychiatric illness of the violent senior in connection with his/her age or physical handicap. If there is somebody in the vicinity of the maltreated senior whom he can take up with his/her problem and who can help him/her (close people, family). There is a great probability that the senior will start to solve the problem with home violence, or will solve it. Otherwise the chance to solve the problem is minimal.

Statistics of home violence cases

Type of home violence calling the Senior telephone in the year 2013 (ALTOGETHER 139 calls):

Advisory service – information of home violence	8
Psychic	48
Physical	12
Psychological and physical	41
Economic	10
Psychic and economic	3
Psychic, physical and economic	16
Sexual	1

Psychic violence to seniors is the most frequently used form of violence on the crisis line of the senior telephone 2012. The combination of psychic and physical violence to seniors is on the second place. The combination

of psychic, physical and economic violence is on the third place. Psychic violence to seniors is highly hidden and cannot often be proved. Violence to seniors often escalates into physic forms in combination with economic violence.The offer of the telephone crisis help often decreases the number of impacts and the development of the escalation of home violence to seniors. The possibility of contacting anonymously and free of charge the crisis line brings space for sharing the feelings, which often prevents the utilizing of the professional help. Seniors are given space on the crisis line for repeated calls, the clients' forces increase so as to be able to use the possibility of utilizing help.

The persons calling on the Senior telephone with the problems of home violence in the year 2013 – according to the offender:

88.63%	Intergenerational violence (by daughter, son, grand-daughter, etc.)
38.27%	home violence between partner seniors
1.1%	Seniors commit home violence to close persons (family, caring person etc.)
12 9%	Counsultancy in the area of home violence

The most frequent kind of violence occurring on the crisis line of the Senior telephone is intergenerational home violence between close people (children or grandchildren).The frequent accompanying pathological phenomena of the aggressor – are here the dependence on spirits, the unemployment, the psychic illness etc. The economic situation when seniors live with the adult children who for economic reasons cannot live independently often increases the escalation of home violence. The second place is taken by violence among senior partners where stress increases with the growing age. Violence in the old age is frequently the unreveling of long-term conflict in partner relations. Help constituents include giving both the crisis help and the social expert consultancy.

The calling person on the senior telephone line dealing with the maltreatment problems according to the defender in the year 2013 (altogether 352 calls):

Intergenerational maltreatment	228
Maltreatment between senior partners	65
Senior is maltreating his/her close persons	1
Maltreatment in institutions	2
Maltreatment by owners of apartments, houses	2
Maltreatment of the senior by the senior from The neighbourhood	5
Maltreatment of the senior by another person	10
Other pieces of information	39

From the offender´s point of view, intergenerational maltreatment is again present most frequently. The violence between partners occurs on the second place (Statistics of social services…, 2013).

Statistics of the White Circle of Safety

DONA the line of the White Circle of Safety registers from April 9th 2001 to August 31st , i.e. for 10 years and 11 months of the line operation of the help for the victims of home violence altogether 40 192 calls (2843 calls in the yearg 2012), out of this 1943 calls of the age category over 60 years, i.e.4.75 % of the total number of calls. The age of the violent person over 60 years is registered in 652 cases of women at risk and in 64 cases of men at risk. Violence between generations is regarded as a very topical problem in the operation of the DONA line when especially seniors become the persons at risk. In calls of persons over 60 years the consultants of the DONA line identify home violence in almost 86% of calls (Reporter of the White Circle of Safety…, 2012).

Selected cases of the telephone crisis help – Senior telephone

Case No. 1:
The client in her call was a witness of the cruel attact of her father who attacted her mother and she could not do anything. Her father is also psychologically maltreating the client and uses vulgar swear words. The workwoman expresses understanding for the client´s emotions. The client´s father fell ill of Alzheimer disease and since that time he has been so aggressive. The workwoman wants to know the father´ behaviour before. The client answers he never did injustice to her but he caused harm to her mother for the whole life. The client does not want to hurt her father but she is at a loss what to do.

The workwoman expresses the client her assessment in spite of the father maltreatment and has such understanding for him. She informs the client about the possibility of calling for the ambulance, and about the unwilling hospitalization if father is aggressive again. She also informs her about the possibility of calling police and the institute of allocation. She explains the client that it is fully up to her how she will solve the whole situation and also up to her mother. The client is afraid that nobody will believe them because her father knows how to behave in the public. The workwoman ascertains whether they contacted the doctor´s help in the past.

The client answers that they visited the specialist who promised them to send father to the complete medical examination. However, it has not been realised until present because the doctor is on holiday at that time. The workwoman offers the possibility to contact directly the psychiatrist. The client likes this proposal and says that she kows a psychiatrist in her neighbourhood who gained her trust. The client thanks and says goodbye.

Case No.2:

A highly excited woman reached the Senior telephone. She is speaking about her daughter who is a schizophrenic and who is psychologically maltreated by her father, the client´s husband. Father physically attacked the client – he struck her stomach. The client does not know what to do. The best solution she can see is suicide. It is beyond her power.

The workwoman works with the client's feelings. She establishes the acuteness of her suicide. Presently the client does not want to hurt herself. During the conversation the client mentions a number of topics. Her daughter besides schizophrenia is fighting with the dependence on alcohol which is her largest problem. Her behaviour towards mother is very unpleasant. She accuses her of the spoiled life and threatens she will commit suicide.The client does not want to hospitalize her daughter because she did this in the past and was shocked by the conditions in the mental hospital. Her daughter reproaches her mother with this until present.

The workwoman expresses understanding for such an exacting life situation, and at the same time she reflects the client's possibilities. To live in a continuous stress and fear of her daughter or to hospitalize her to a place where she will not have the access to drink alcohol, will be given treatment, and the client will be able to have a rest.

From the beginning, nothing comes right, but gradually she finds light places together with the client. The client had a nice childhood. She

is writing her autobiography which helps her. She is a believer and spoke about the entire situation with the parish priest, which also helped her. The general practitioner listened to her story as well.

In their talk he client decides she would go to the psychiatrist and will consult what to do. The workwoman is discussing with the client suitable activities. The client mentions several activities which could make her pleasure. The client also has contacts to the Intervention Centre and the White Circle of Safety, but at the moment she does not want to solve it. Suddenly, the client says that her battery is not being charged, and the conversation is broken.

Case No.3:

The client is weeping on the telephone, she is solving the topical situation when her son who is dependent on alcohol demolished her flat, broke the kitchen utensiles, spilled her with beer and attacked her physically. The client is weeping several times, the workwoman offers her space for expressing emotions. The workwoman examines whether the client is hurt. The client says that her son slapped her several times on her face.

The workwoman asks where the client´s son actually is. The son is supposedly sleeping in the neighbouring room. She has to speak silently so that he cannot hear her. She is afraid of him and she does not know what to do. The son wants to drive her out of the flat. Next morning the client has to call the other son to tell him she wants to move to her grand daughter or to the boarding house.

However, the client does not want this, but her son forces her to do it. The workwoman offers to call the police together with the possibility of putting the violent son out of the flat.

The client refuses this. She is afraid if she called there, her son may also kill her or demolish the flat.

The client knows about the possibility of putting him out of the flat, but she does not take this form as a solution. Her son takes his revenge on her, he can do anything. According to the client, he is mentally ill. His father when he was dying of cancer said to the client that he would kill him if he were strong enough because there would be nothing to lose.

The workwoman ascertains the possibilities of help by means of the family, relatives, or neighbours. The client´s relatives are also afraid of her son. The neighbours react as if nothing happens even when the client asked them to call the police if they heard something was wrong.

The workwoman hands over the contact to the intervention centre, she relies on their help and also on the police in case the client´s life is endangered. The client all the time refuses help. The workwoman´s argument is saying the client´s life is preferred to the demolished flat. The client agrees with this argument. The workwoman is mapping the client´s situation after their talk. She does not know what to do, and the client is afraid to leave the flat and decides to stay there. She will try not to put the son on edge. Afterwards, the client will try to call to the intervention centre.

The workwoman expresses her support in managing such a difficult situation. She incites the client to be careful, and in case the client will be endangered to call the police and offers further calling. The client thanks and says goodbye.

Conclusion – Proposals of effective help for seniors threatened by home violence and by EAN syndrome

Asylum homes are not adapted to satisfy both physical and psychological needs of seniors. For this reason it would be suitable to create asylum beds for seniors.

- Another possible recommendation would be to establish small-scale flats by municipalities. This would bring seniors the possibility to move to their own dwelling in cases of home violence or syndrome of maltreatment.
- It would be a great contribution if there existed an organized searching for maltreated seniors in the field, including those who are affected by maltreatment in their families. Searching for seniors within the framework of the social sections of city quarters is a positive contribution.
- Mutual connection of institutions, offices and doctors would resolutely help to bring forward a more effective solution of the arrived problems with which seniors who are malteated at home are often fighting.
- Workers of different institutions (general practitioners, hospital health personnel, social workers etc.) come across the problem of "the credibility of evidence" of the senior who is maltreated by a close person. Sometimes is impossible to eliminate the senior´s evidence is affected by his/her "psychological diagnosis". The environment denies any maltreatment of the senior, which may be true. However,

on the other hand this is typical for home violence cases. The senior with the "psychological diagnosis" may be maltreated. It is difficult very often to get at the truth – the cooperation of more institutions, the education of workers and increasing their authorities are necessary (Buriánek et al., 2016, p. 108).

- The connection of the collaboration of social workwomen is important. The anounced cases of neglected care of a senior – the workwoman investigates thoroughly whether the financial contribution for care of the close person is not misused (in most cases she will find that everything is OK – the senior does not admit the maltreating of his/her person). This is the end of the case for her, further investigation in the senior´s address is not realised, and she does not hand over the information about possible maltreatment to another institution (general practitioner of the senior, etc.) In larger towns the accessibility of help is larger than in villages where the anonymity is reduced and where a larger neighbours' help is found.

- For crisis situations it is necessary to establish the registers of institutions for the involved workers provided with contact addresses (police, offence sections, etc.) which take care of seniors.

- In the Czech Republic there are minimum workplaces specialized in the problems of seniors. For this reason it would be suitable to increase the number of workplaces specialized in the help for seniors.

- It is necessary to lay down legislatively the specific approach to the goal directed group of seniors in a similar way as it is, for example with children.

- From the ethic viewpoint the autonomy of the senior must be preserved. He/she by himself/herself must require this. For this reason it is suitable to strengthen the senior's competence for utilizing help.

- It would be suitable to recommend the methodology of the health personnel in institutional establishments, hospitals and appoint the control system as it is in social institutions (inspection).

- Increasing knowledge about home violence and maltreatment to seniors in the general public including accessible help is a clear and substantial constituent.

- It is also important to increase awareness of seniors about their rights and about information dealing with home violence and maltreatment syndrome.

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DOMESTIC VIOLENCE AGAINST SENIORS IN THE SLOVAK REPUBLIC

Abstract: This paper focuses on the description of the problems of domestic violence against seniors. It defines domestic violence, causes, forms and types of violence. Compares different approaches to monitor the theme and concludes several possible solutions in the form of precautionary and preventive approaches.

Key words: violence, domestic violence, seniors, prevention

Introduction

Violence itself is a heavy encroachment on fundamental human rights. It includes various activities that violate personal freedom, right to property, human integrity of an individual. Victims are often mainly people who are unable to defend themselves due to lack of mental, physical strength as in the case of children or senior citizens. Abuse of the elderly was first pointed out in the UK in 1975. This phenomenon was, for the first time, characterized as a social and political issue.

According to D. Sedláková (Sedláková, 2013), within the last two decades, more and more attention has been paid to the issue of abuse of the elderly in research, politics and practice. The report from June 2011, issued by the Regional Office of the World Health Organization for Europe (WHO / Europe), reveals that every year 2.7% (four million) of all people aged 60 and over experience physical abuse, 19 4% (29 million) experience

mental torture and abuse, 3.8% (six million) financial abuse and 0.7% (one million) sexual abuse.

According to the WHO definition, abuse of the elderly is a single or repeated act appearing in any relationship that causes harm or distress to an older person. The abuse is mainly understood as a mistreatment of a person taken care of characterized with higher degree of brutality and cruelty, disrespect and humiliation perceived by the victim as a huge injustice.

Domestic violence

Except for the terms violence or abuse of the elderly, there is also a term *neglect* used in literature. The difference between these terms is expressed by distinction of "hardness" of the act against the abused person. Neglect is described as a failure of a loved one in providing the necessary care with the purpose of avoiding any physical difficulty or mental distress against the vulnerable person. For example, failure to provide adequate food, clothing, medical care, medication and hygiene. Dehydration, malnutrition, unmade bed, lack of medicines or medical care, poor hygiene, uncut nails, hair, dirty clothes and bedding and so on can be considered as typical signs of care neglect. It is a difference between neglect intentional and neglect unintentional. Some use the terms active and passive neglect. Neglect will occur also at detailed questions about the daily regime, given medication or a patient's disease, where lack of information about senior is shown, due to lack of interest (Haškovcová, 2004, p.79).

The term *domestic violence* is used also to indicate violent acts and neglect that take place in the context of "domestic" relationship especially in the family, whereas it also includes violence in partner relationships. In more details it refers to physical attacks in the form of thrusting, pinching, spitting, kicking, choking, burning, fist hitting, hitting with various objects, stabbing, throwing boiling liquids, maiming, pointing a gun, etc. and sexual violence. In general, domestic violence means mental, social and economic violence, as well as repeated verbal attacks, swearing, harassment, humiliation, deprivation of liberty and contacts with relatives and friends, or access to financial and personal sources.

The most general characteristic of domestic violence is any violence, in which the victim and abuser are or were in any personal relationship. In this understanding, it does not include just violence against women but

also against children, violence among siblings and the abuse and neglect of older people by their children. It is a violence done at home or within the family, which assumes close relationship between the victim and the abuser. It includes sexual, physical violence and mental or social abuse and neglect. There is no clear definition. The main feature of violence is the intention. Violence is not a "coincidence or destiny." It's the consequence of certain human action, which can be described as intentional. Fear from physical violence and fear from being left to someone (something) is always also the fear from an impending mental disintegration. "Pain and threat" go hand in hand with violence. Pain is a common sign for abusers and their victims. Abusers cause the pain and their victims feel the pain. Pain can be imagined by both abuser and the victim in their imagination. This image, often more intense than in reality, can become a source of vision, which psychologically terrifies the victim even before the torture of violence begins. Pain tolerance borne by the victim is extremely individual and is subject to culture and anthropology.

According to P. Ondrejkovič (2000), pain intensity according to scale of Meltzackova is as follows:

- moderate pain,
- unpleasant pain,
- intensive pain,
- cruel pain,
- unbearable pain.

Some form of violence according to J. Voňková and M. Huňková (2004):

- social isolation – banned contact with relatives and friends, banned phone calls with the outside world,
- intimidation – screaming, force show, fear provoking, animals torture, using threats associated with leaving the family, their own suicide and so on,
- exhaustion – ordering meaningless work, sleep, food and other needs deprivation,
- blackmailing – especially through children, whereas the victim is labelled as a bad mother (or father), denigration of children against the other parent, vulgar and violent behaviour,
- Abuse of "rights" of the man – treating of vulnerable person as a housemaid, superior and arrogant behaviour.

L. Čírtková and P. Vitoušová (2007) define domestic violence as physical, psychological or sexual abuse between related persons, which occurs repeatedly in private. They agree that violence is any activity that takes place in an intimate relationship and is conducted in privacy, out of the public. Therefore, it is difficult to monitor and prove domestic violence. The authors further define domestic violence with common characteristics:

Repeated and long-lasting violence – domestic violence cannot be labelled as one-time incident regardless of its intensity. Even if the single incident may be so called "trigger" of domestic violence, more than one attack is necessary to meet this criterion- attack of the violent person in a certain, mostly long-lasting period of time.

A clear and unchanging role between the victim and the abuser – if the role, who is the victim and who is the abuser, is clearly defined, whereas the relationship does not have to be asymmetric. A typical manifestation of the above is the predominance of power and control over the victim. But it may happen that the relationship can change, the abuser may become a victim and the victim may become an abuser. The abuser, who torture his children for the entire life, may become the victim with higher age.

Violence escalation – domestic violence has usually cyclical development. It can be characterized with peaceful beginning of a relationship which then changes to violent period that can result in mental or physical incident and then changes again to the period of peace. This period of peace is again followed by violent crime, whereas the said cycles are shortened and faster. In this context, it appears higher intensity of attacks of the violent person. This feature, however, is not considered as compulsory as there are known cases where the intensity of violence remains constant and threats even for several years. It is therefore absurd not to qualify domestic violence due to the absence of this feature.

Common home as a place for domestic violence – it is clear already from the term domestic violence that incidents take place usually quietly, so called, behind the closed door. It does not necessary have to be just the apartment or house. It can be also a holiday cottage or hotel room, where the next series of violent attacks take place.

Research that although aging of the victim brings new form of domestic violence, a number of violent cases is directed at older people within the partnership. Sometimes the use of violence occurs in older age, when a man goes through mental changes and extreme jealousy appears.

Three quarters of violence against the retired women took place in the family circle, usually in partnerships.

Expert Group of the European Council on violence against the elderly published in 1993 a report Violence against elderly people. Among other things, it states that "efforts to present and describe the phenomenon of violence against elderly people encounters the question of the definition" (Violence against elderly people, 1993).

The problem is that a variety of terms to describe the violent behaviour against elderly people is used:

- physical abuse (eg. hitting, physical cruelty, sexual abuse, restriction of movement, intentional physical abuse leading to death, murder)
- mental abuse (eg. verbal attacks, threaten with violence, isolation, threaten with placing one into institutional care, dehumanisation of the life conditions for elderly people, underestimating older person, behaviour or attitudes leading to uncertainty)
- exploitation – material abuse (financial exploitation, withholding of income, retirement, exploiting a position of guardianship to the detriment of the elderly).
- denial of rights (denial of the rights guaranteed to all persons over national legislation),
- (active) neglect (leaving vulnerable, disabled or mentally disoriented person, who is incapable of taking care of himself/herself, placing person with reduced physical and mental abilities to the hospital or institution, failure to meet duties leading to injury or inability to use the law)
- (passive) neglect (neglect without a clear intention, however, leading to physical or mental harm).

The most hidden form of all forms of domestic violence directed against older women is sexual violence (Koval, 2001, pp. 140-143).

Social role of the old person results from the relationship between his social position of the retired person and consensual ideas of members of society. Elderly people often simply do not recognize the fact that they grow old, close their eyes in front of reality. They build negative attitude towards the younger generation and basically towards everything new. Thus, there is a risk of increasing generation gap. In the second half of the twentieth century, the old person started to get more attention not only as a patient, but also as a medium of internal social status of the retired

person. Old man in Slovakia and the Czech countries is mostly sick, poor, with no savings, with no insurance, has no necessary psycho-dynamics of life, he sometimes perceives bad relations from the outside world and is disappointed from social development. An important question is, who the neglected, abused and tortured people are. These people are very often at risk of mistreatment by their future official nurse. Most of elderly people who live in the same household with younger people are mentally and emotionally abused. The vast majority of the population in Slovakia live in communities, either in their own homes, or home with their family at multi-generation family. They rarely stay with relatives. Elderly people in the vast majority are taken care of by family members, and therefore there may be a greater risk of abuse.

Domestic violence against the elderly people

Only the last 40 years the issue of domestic violence against elderly people has been paid attention to. Also Z. Kalvach and S. Koval (2004) confirm that most attention is paid to the issue of violence against children, then violence against women and only with a great distance – and that only marginally – violence against the elderly is mentioned. Both authors agree that domestic violence against the elderly has been reflected in the world only since 1975, but with 10 times less attention paid to than to other forms of domestic violence. Moreover, in the Czech Republic a topic of domestic violence for the elderly has been discussed only since the mid-90s of the 20th century, when also the first empirical research took place and scientific publications were issued on this topic.

Violence is, according to Biggs, Phillipson and Kingston (1995) a very complicated phenomenon and no unique and complex definition of this term exists, however, the exact definition is, according to their opinion, important from several reasons:

1. Definition of the issue refers to the existence of a serious social problem and leads to a better understanding of what the term comprises.
2. Clear definition helps experts to focus on domestic violence as a specific social problem and specify it against other topics.
3. Thirdly, the exact definition is needed to lead professionals the required direction in order to help and to enable needed intervention.

Critical analysis of definitions is important also because professional discussion was so far limited to only selected topics of elder abuse, for

example in health institutions and social care institutions, while the topic of domestic violence against the elderly (or violence against the elderly in the family) has been neglected. This incompliance can be seen also in the terminology used in relation with violence against the elderly. Biggs, Phillipson and Kingston (1995) reflect the development of the terminology as follows:

- granny battering (Baker, 1975),
- elder abuse (O'Malley et al., 1979),
- elder mistreatment (Beachler, 1979),
- the battered elder syndrome (Block and Sinnott, 1979),
- elder maltreatment (Douglass et al., 1980),
- granny Bashing (Eastman and Sutton, 1982),
- old age abuse (Eastman, 1984),
- inadequate care of the elderly (Fulmer and O'Malley, 1987),
- granny abuse (Eastman, 1988),
- mis-care (Hocking, 1988).

Reasons, theories and model of mistreatment with the elderly

N. Špatenková (2011) identifies the reasons of violence against the elderly as follows:

- location model – source of exhausted nurse ,
- theory of shift – imbalance between received and provided help between the older person and the abuser,
- political and economic theory – marginalism of elderly people in the society resting in, for example, social vulnerability, social exclusion,
- feministic theory – danger of despotisms and depression, stereotype of the woman taking care,
- psychopathology – says about mentally or emotionally disrupted aggressor,
- theory of social learning – emphasizes personal experience of the aggressor with child abuse

G. Lubelcová, R. Džambazovič (2008, pp. 160-172) explain that these models are included into conceptual approaches to interpret torture, mistreatment and neglect of the elderly coming from the theory application explaining social behavior. In addition to these theories, they are talking about pragmatic approaches, based on the model of active intervention

and lead to reflection of the organizations, which have to respond to the problem.

L. Čírtková (2009) explains the reasons of domestic violence within the single-factor and multi-factor theories. Single-factor theories were based on the analysis of the exceptional and unique cases. They could not, however, explain the entire spectrum of diversity of the phenomena of domestic violence, so they may seem outdated. However, they can be an inspiration for solving extreme forms of partner violence.

We can divide them into three groups:

- psychological theories that focus on the psyche of the aggressor and are based on clinically focused research of typical features of the abusers' personality,
- sociological theories see the sources of violence in socio-cultural phenomena related to the exercise of power in society and among its individual members,
- bio-genetic theory able to explain only a general predisposition to aggressive behavior, not specific situations of domestic violence.

Nowadays, the dominance of multifactorial approaches has been recorded. Their value rest in combination with single-factor approaches to one-factor interactive model, in which mutual linkages and connections of previously isolated theories are taken into account. They express the view about domestic violence as a difficult and complex conditional phenomenon.

T. Tošnerová (2002, p. 61) thinks the reasons for domestic violence against the elderly is mainly low awareness of what is happening around the old person or dependence of the old person on the abuser. Another reason is an opinion also accepted in society that the elderly are the people, who take more than give. Not only from the perspective of the younger generation, retired people, who worked for decades, are only so called parasites because they do not work, do not create values and the state must spend enormous resources for their pensions. Nobody is looking for the answer to the question, what happened to the money that the retired people paid to the state during their work life. Another factor is the overall reduction of social contacts, the old person may, therefore, be more isolated from the others. It may lead to even worsening health conditions that increase the likelihood that domestic violence against the individual will be detected. One of the other reasons is the disruption of family ties.

The aggressor may either revenge for the wrongs of childhood or the old person is "left to him" and he must somehow take care of him, even though he has no emotional feelings to him. Initial care for the old person can include emotional bonds, but due to many times physical, mental, time and financial requirements, the feelings of uncontrollability of the situation may later appear. These circumstances, often referred to as burnout, carry the risk of changes in emotional bonds leading to domestic violence. Ignoring the psychopathological reasons such as personality disorders, psychotic disease, it is necessary to take into account another factor that contributes to the occurrence of domestic violence against the elderly. In this context, we may speak of a relatively high tolerance of this behavior in society. It is not about the tolerance of physical or sexual violence against the elderly but the kind of economic pressure or exploitation of the elderly or disregard their needs and views. Last but not least, we cannot forget to mention also the opinion of Slivková and Stolin (Buriánek et al., 2006). One has to look at the elderly also from the other side, which is not quite favorable for them. Coexistence with them is not always ideal.

Types and forms of domestic violence against the elderly

Although a number of forms and types may occur in all cases of domestic violence, a little specific options and scenarios are recorded in domestic violence against the elderly. J. Voňková and M. Huňková (2004) define general kinds of domestic violence as physical, mental, sexual and economic abuse:

Physical – eg. pushing, hitting, hair pulling, kicking, sliding, threatening with guns, throwing objects, restraining the victim, pushing him/her to the corner. Z. Kalvach (2004), emphasizing the elderly, characterizes the physical abuse of the elderly as pain causing, wounding and the denial of physical needs. He further adds possibilities of more sophisticated physical torture – cool or cold water washing, food and medicaments denial, failure to provide help, if the older person suffers from pain. Špatenková and Ševčík (2011) point out that it is probably the most obvious and the roughest form of domestic violence with respect to consequences. They expand the range of attacks of the abuser for example hair plucking, hair plucking from the genital area, burning, or recklessness behind the wheel, or leaving the person at dangerous place.

Mental – includes mainly verbal form – e.g. swearing, different forms of humiliation and embarrassment, permanent checking of the course of the day, interrogations, threaten with crippling. Z. Kalvach (2004) extends the definition by reduction of self-esteem and self-confidence, emphasizing pathologic changes in the old age, threaten with relocation or placement in institutional care. Very serious is the disposal of items of particular emotional significance for the vulnerable older person. This phenomenon is described by D. Ševčík and N. Špatenková (2011) as a non-verbal mental violence.

Sexual – includes all sexual acts, which victims are forced to and undergo them involuntarily or unwillingly. According to D. Ševčík and N. Špatenková (2011) results from US statistics data point to the fact that one third to one half of abused women was at least once raped by her partner, and they expressed concern that the situation in Slovakia is not too different.

Economic – means stopping from possibility of victims to dispose of family or own funds. Z. Kalvach (2004) refers to financial and material abuse consisting of the enforcement of money or changing a will and an unfavorable transfer of property (apartment, house).

Z. Kalvach (2004) adds other types of abuse of the elderly at home:

- neglect of care – may be a failure to care for a dependent elderly person as a household member.
- systematic abuse – so called abuse in the own interest by moving from family into institutional care, excessive social pressure to stay in institutional care.

Profile of the violence victim in the old age

According to Š. Koval (2001, pp. 140-143) the most common victims of abuse and neglect are:

- Women, widows, aged 70–80 years, with less than secondary education,
- Pensioners at the boundary of poverty, but also sufficiently wealthy old people,
- Elderly people living in a household with relatives,
- Defenseless and vulnerable persons with physical and mental decline.

Legal regulations in the Slovak Republic

According to E. Žigová (2011) here is no special research on violence against the elderly people or disabled people. For the future, it is necessary to reach a stage where the activities to reduce violence and neglect develop at all levels in our society. It is necessary that medical personnel is aware of the relevant legal norms that defend the rights of their patients. In this context, it can be concluded that the given issue is already sufficiently legally treated also in our country (amendment to the Criminal Code no. 421/2002 Coll., The Civil Code and the Code of Civil Procedure from 2003). For example, Art. 208 of the Criminal Code "Abuse of close person and person in one's custody" in section 1 states: "A person, who abuses a close person or a person in his care or custody, causing him/her physical or mental suffering by a) beating, kicking, punching, causing wounds and burns of various kinds, humiliation, derogatory treatment, constant monitoring, threats, causing fear or stress, enforced isolation, emotional blackmail and other conduct which endangers the physical or mental health or limits his/her safety, b) unjustified denial of food, rest or sleep and denial of necessary personal care, clothing, hygiene, health care, housing, education or training c) forcing to beggary or to a repeated performance of activities requiring disproportional physical or mental burden considering the age or health status, d) exposing to the effects of substances that could damage his/her health, or e) unjustified restriction on access to the property, which he/she has the right to use, shall be punished by imprisonment of three to eight years". In order to protect the victim of domestic violence, Art. § 89 Section 23 is amended by indent. c) which prohibits to approach the victim within a distance less than five meters and stay near the victim's house. In the event that such measures are not respected, it is possible to draw penalties against the abuser. It is also criminal to thwart the preliminary measures imposed in civil proceedings to protect people at risk of violence. The amendment to the Code of Criminal Procedure no. 422/2002 Coll. reduced number of offenses, prosecution for which requires the consent of the victim and ensured legally that crimes against a family member is prosecuted under the law and does not require approval of the violence victim.

On June 19th, 2002 an amendment to the Civil Code was approved – Art. 146 was amended by sec. 2, which allows the court upon the motion of one of the spouses to limit the right of the other spouse's use of an apartment

or a house belonging to the community property, or exclude it completely thereof, if due to physical or mental violence or the threat of such violence in relation to the other spouse or to a close person who lives in a shared house or an apartment, the coexistence became further unbearable. Similarly, Art. 705a contains the possibility of the court to restrict the right of use to a person who committed physical or mental violence to the other spouse, to a divorced spouse or to a close person. The court may also order the abuser not to enter temporarily to the house or the apartment, in which the close person or a person in his care or custody, in relation to which he is justifiably suspected of violence.

Surveys on violence against elderly people in Slovakia from 2012 (Guráň, 2012) revealed the following:

Table 1. *Situational abuse*

SITUATION	Number of cases	Percentage
1. abuse by several subjects	384	21,3%
2. abuse in families	358	19,8%
3. mistreatment in health care institutions, social service	312	17,3%
4. mistreatment at the offices	270	15,0%
5. failure to provide help, eligible allowance and benefits	265	14,7%
6. mistreatement in social care institutions	216	12,0%
TOTAL	**1805**	**100,0%**

Table 2. *Age and violence in the family*

VEK	PHYSICAL ABUSE % within the age group	MENTAL ABUSE % within the age group
60–69 years	85	67
70–79 years	91	83
80 and more	85	80

Elder abuse prevention

K. Repková and B. Balogová (2013) declare that although there is an evidence that Slovakia copy this European-wide trend, there are only a few aimed and representative studies. Part of the preparation of the National Program for Active Ageing in Slovakia for 2014-2020, on which the Committee on Seniors of the Council of the Slovak Republic for Human Rights, National Minorities and Gender Equality cooperates with WHO /

Europe, is also a task to analyze the extent of the elder abuse, based on which it will be possible to formulate policies on how to prevent this undesirable phenomenon in the future. The aim was to find elder abuse experience among the employees of social service institutions, to help overcome stereotypes, which still exist in the elder abuse. Currently, preventing elder abuse in different environments (in the family, community, services) becomes special and political priority. Professionals working in the area of residential care services are considered as important actors, who can help determine (diagnose) the various forms of violent behavior towards this group of people and help mitigate their consequences. Diagnosis of elder abuse and neglect is insufficient and underestimated. Based on experience, the doctors are less active and identify fewer cases as social workers and other professionals. One of the reasons is that it is not conventional for the doctors to perceive this phenomenon as a medical problem. The survey revealed that senior population risks include age discrimination, social exclusion, low income in the old age, which is insufficient for covering the most basic necessities of life, lack of services and care – unequal access to services, generational intolerance (job opportunities, leadership positions, housing), unfamiliarity with their problems and needs, underestimation of the need to treat the elderly – discrimination in approach to health services, lack of legal awareness and lack of information.

We agree with the definitions of Bérešová, which are divided into 3 levels (Bérešová, 2002, pp. 12-13):

Individual level prevention. Activity and engagement in the community, voluntary or charitable activities can also maintain contact with the outside world and thus avoid isolation and possibility to create opportunities for some form of violence to himself.

Family level prevention. It should be focused on growing and strengthening generational bonds with an older relative. The vast majority of the elderly live in multigenerational family (Prokop, 2001, p. 98). They rarely live with other relatives. Those are the people who represent the risk group in terms of abuse by their own family members – informal nurses. The abuser is usually the spouse, partner, children and their partners. Less often they are distant relatives. In terms of prevention it is important to early detect risk families or informal nurses.

Community level prevention. It focuses its activities on the development of new methods and forms of nursing care in the family. On this level, the interest of others in the community to participate in the programs to help

the elderly should also be encouraged. They should also be encouraged to support public and private activities, which help families taking care for older family member. Community prevention is considered as publishing of cases of mistreatment and abuse of the elderly, encouraging citizens to notify early on signs of mistreatment and abuse of an older person.

Conclusion

Work and life with a dependent senior is really not easy. We cannot expect from the general public to keep sufficient emotional distance and not to let them absorb the feelings that many times lead to behavior similar to domestic violence. Despite the fact that seniors are the generation that takes more than gives – not only financially, they are living beings with a past and a future that also depends on us. Among them there are doctors, who were highly regarded by their patients, teachers, who earned the respect of their students, conductor admiring by their listeners, or doorman, who enlightened the mood of passers-by. Each of them carries his/her story similar to our own, and therefore let's give them sufficient level of dignity that they had few years ago. Based on the preventive recommendations of Berešová (2002), it is necessary to carefully prepare for the old age of the person itself or his/her relatives. Despite the fact that the situation in Slovakia is sufficiently legally treated, the issue of domestic violence against the seniors is still new. Prevention would not only avoid mistreatment with this group of people but it could offer practices that would help every family member fully live their last years of life.

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SOCIO-PEDAGOGICAL PROBLEMS OF SOCIAL PROTECTION OF ELDERLY PEOPLE: UKRAINIAN REALITIES AND PROSPECTS

Abstract: Characterized the main directions and prevent problems of social protection elderly people. Consider basic approaches to the implementation of the state policy in the activities of various ministries and departments. Analyzed basic types of social work with this age category. Presents the role of social workers in this age sector. Draw attention to the deployment of public organizations at the national and regional levels.

Key words: social policy, social workers, social protection elderly

Prevention of violence against elderly people is a problem of national importance. It has a national value, it is multidimensional as it is connected with a number of interrelated fields, such as: sociology, economics, pedagogy, psychology, ethic, and of cause, legislation. At the beginning of 21st century their solution needs purposeful public policy, determination of its priorities, as well as basic directions and legal mechanisms of realization.

For better understanding the problem first let us consider statistical information: in Ukraine the percent of the persons at the age of 60 and more is 21,4% and is one of the greatest in the world.

We should stress that the number of elderly people is considerable. Irrefutable is the idea that every family depends much on seniors'

economic, financial position, psychological state in education of the young generation, and in providing positive psychological climate in families.

Low level of pensioners' welfare, impoverishment of hundreds and thousands of seniors lead to the growing fear to lose their jobs, be financially dependent upon near relatives, and among them – children which quite often after finishing educational establishments cannot find jobs and need financial help too. It is true, unfortunately, not only for citizens of middle age but also for young people.

If we consider the legislative base of Ukraine for this matter, it is possible to come to the conclusion, that it is developed legally correctly and on the whole meets recommendations of international organizations in this sphere. Let us point out the most important legislative acts on this extraordinarily important and topical national issue:

- About pension insurance : Law of Ukraine (5th of November, 1991) No. 1788 – XII // Verkhovna Rada. – 1992. – No 3. – article 10;
- About state social standards and state social guarantees: Law of Ukraine (5th of October, 2000) No. 20117 – III // Verkhovna Rada of Ukraine. No. 48. article 409;
- About obligatory state pension insurance: Law of Ukraine (9th of July, 2003) No. 1058 – IV. / Verkhovna Rada. – 1992. – No. 3. article 10.

We should add that in our country the number of other laws and regulations directed to social defense of seniors were adopted.

According to the article 23 of the Charter, the right of elderly people for social defense is guaranteed by obligations of the Partners, independently or in a collaboration with public or private organizations, proper measures are to be taken or encouraged for giving elderly people possibilities to remain valuable members of society as long as possible, by providing sufficient resources which enable them to live at satisfactory level and participate actively in public, social and cultural life; all information about special programs is to be provided and possibilities of their use by people of senior age; giving such persons the possibility freely to elect the way of their life and independently live in a habitual for them surrounding as long as they wish and are able to, by providing of an accommodation, adjusted to their necessities and state of health, or by giving proper help for the reconstruction of their accommodation; providing medical service and other services, which are required by their state of health; providing senior persons which live in hostels for aged guarantees to make decisions about conditions of their life in their hostels.

The Law "About main principles of social defense of veterans of labor and other seniors in Ukraine" (16th of December, 1993 No 3721-ХИ) determines basic principles of public policy and directed to form in society humane, deferential attitude toward veterans of labor and other seniors and providing for them active long life. The Law guarantees the veterans of labour and seniors equal to other citizens' possibility in economic, social, political spheres, necessary conditions for life.

We should clarify that people of senior age are considered: men at age of 60 and women at age of 55 and older, and also people with not more than one and a half year before their achieving the general retirement age. The state guarantees for every veteran of labour and person of senior age the proper level of living, ensuring various vital necessities, different types of help by: realization of their right to work in accordance with professional training, labour skills, state of health; providing pensions and help; accommodation; medical service in accordance with modern achievements of science; organization of social service, development of the network of material and technical base for consumer service establishments and services given at home for people of senior age, and also preparations of the necessary specialists. The Cabinet of Ministers of Ukraine, local and regional authorities are to work out and realize target state sectoral and regional programs of social defense of seniors.

The Ukrainian legislation sets the necessary guaranteed rights for elderly people in all spheres of social life. The legislation guarantees the use of the rules of international agreement if an international agreement or agreement of Ukraine set higher requirements of social defense of veterans of labour and seniors than those which are set by the legislation of Ukraine.

Citizens of senior age use all socio-economic and personal rights and freedoms, guaranteed by the Constitution of Ukraine, other legislative acts. Discrimination of senior citizens in professional sphere, medical service, social welfare, and in other spheres are forbidden, and public servants who violate these guarantees are to be taken to court according to legislation. Citizens of senior age have a right to work equally with other citizens and this right is guaranteed by state programs of employment.

It is forbidden not to hire or fire a worker on an employer or his representative's initiative after his achievement of retirement age. In accordance with this Law provisions some alteration to the article 40 of Code of Laws of Ukraine about labour and item 1 was anniented 1-1, which

gave the right to break off labour contract if a worker achieved retirement age (Болотіна, 2015).

The system of public authorities and management has been created in Ukraine, activity of which is directed to the realization of public social policy. For example, Ministry of Social Policy carries out organizational and methodological support of central and city executive authorities for social defense of different categories of population (children-orphans, invalids, people of senior age). Considerable attention is paid to creation of the unique registration-informative system of social defense and central data base on this issue. On the state level the monitoring of social support of vulnerable groups of people is being provided.

One of the important directions in prevention of violence against people of senior age is *the creation of necessary conditions for realization of their right to work in the state*. Realization of this difficult task in economic crisis, growth of unemployment among different economically active categories of people and especially among young people becomes a more complicated task because of many contradictions, resulted from a considerable mismatch between the proclaimed public policy, the scientifically grounded system of its legislative provision and real insufficient and often low level of realization of declared points in social defense of seniors.

Under the circumstances the new approaches to professional orientation and of this category of population are necessary. In September in 2011 the Cabinet of Ministers of Ukraine confirmed the Constitution of professional orientation. It is directed to a creative search and introduction of new content and innovative forms of professional orientation for not only children and young people but also elderly people. This aspect is extraordinarily important, but for absolute majority of seniors without labour the full life is impossible

On the basis of analysis of documentary and literary sources the Ukrainian researcher S. Kuz'menko (2015) came to the conclusion that the process of employment of elderly people "can be by itself the exemplary set of a few functional stages (blocks). To them the researcher refers:

- Professional orientation of this category of population, the amount of which in Ukraine grows with every year, that is defined by different factors (social, economic, political, demographic etc);
- Creation of necessary conditions for providing of elderly people which wish and can according to the state of their health continue their labour activity;

- Realization of social and labour rehabilitation of such persons, which needs realization of measures on national and regional levels;
- Providing professional training, re-training, in-plant training persons of retirement age, which need new professional skills;
- To provide obligatory registration of aged persons (after their retirement), to introduce the obligatory state statistical account of their employment;
- At national level to settle a question of systematic supervision of the state the health of workers of retirement age;
- Assistance for employment of aged persons and providing control after this process by the relative public authorities.

Thus, we can say that creation of the system of professional orientation of aged people in the state has its own specific features and needs scientific ground. First of all at the state level it is necessary to determine the list of professions for which studies and training of this category of population can be carried out. The development of method of diagnostics of professional capabilities and psycho-physiological possibilities of such persons to work in the different sectors of economy is very important.

A modern situation in Ukraine is marked by the process of formation of official state ideology with characteristic to it values, ideas about priorities of common to all mankind civilization values in public consciousness.

The social programs created in the country do not often have the financial support and effective mechanisms of realization. Therefore on the modern stage the actual question is to transform the state system of the social defense on the basis of market principles, encourage citizens, employers to spend money on social needs, limit state support only for those people who for the lack of work, or because of old years, many children or problems with health, do not have the opportunity to provide themselves independently.

Creation of worthy conditions of life of senior people is the important component of social support. In independent Ukraine on the modern stage of the development the basic priorities are:

- Social justice in society;
- Economic development of country;
- Social consent in the process of community development;
- Forming new social culture in society;
- Encouragement of productive labour activity of different categories of population, including people of senior age;

- Providing sufficient standard of life of every citizen, his (her) family and it will do impossible humiliation of elderly people;
- Forming the effective system of social defense; reformation of the pension system, rising its level, in order people that worked for 30–40 years are not in need in the end of their lives.

The mismatch between the requirements in realization of the social programs and the present financial possibilities is still one of the most difficult problems to solve in Ukraine. However the ideals of the social state are attractive for Ukraine. The government of the country is looking for optimal variants of social policy in accordance with its own historical experience, modern acquisitions and prospects of functioning of the system of social support and provision of citizens.

Realization of social policy in Ukraine

The practical mechanism of realization of social policy in Ukraine, as well as in many civilized countries of the world is social work.

Let us consider the main state establishments that provide the realization of social work in Ukraine.

Ministry of Social Policy, which has in vertical and horizontal submission different departments and organizations (network of centers of employment, regional and municipal organizations of social defense, territorial centers of services for pensioners and lonely disabled citizens and others).

Ministry of Health, which has in submission all establishments of health protection, medical educational establishments of different level of accreditation.

State committee on family issues, young people and sport, that includes Government social service for family, children and young people, regional, municipal and district centers of social services of family, children and young people together with the specialized centers in cities and regions.

Ministry of Education and Science, in submission of which through other state structures there are different comprehensive educational establishments, specialized boarding-schools, vocational schools, higher educational establishments of different levels of accreditation and others.

Ministry of Internal Affairs, under the auspice of which the specialized establishments for criminals and educational colonies function.

Department of Defense, that embraces all military structures and educational establishments of different levels of accreditations, which are

responsible for the preparation of soldiery officers, social teachers and psychologists.

Ministry of Emergent Situations, activity of which is directed to prevention and liquidation of consequences of influences of exogenous and endogenous threats and defense of population.

Undoubtedly, the activity of these state structures is closely connected. The main aim is to provide of worthy and safe terms of life of every person – young and old people.

Social work in Ukraine is being realized on different levels: state, regional, local, individual. Social work in Ukraine is characterized by concentration not only on social groups of clients but also on individuals that need the special, certain help. Such work is fulfilled at individual level.

Because of disability of the present system of social defense to provide in a sufficient extent services to the vulnerable groups of population in Ukraine in the last decade the volunteer motion spread. Volunteer activity is directed to the help of people in need without a material reward. Volunteers are engaged in social work both in non-state and in state organizations.

However, in Ukraine for realization of effective volunteer work, it is expedient to work out the mechanisms of encouraging, selection and training of potential volunteers.

At the beginning of a 21 century in Ukraine such basic types of social work became popular:

- Social service;
- Social accompaniment;
- Social prevention;
- Social rehabilitation.

Network institutions of social defense

Ukrainian social workers in the process of their professional activity, are concentrated on provision of certain help to the citizens of senior age, and carry out such basic social roles:

- mediator that assists the mutual understanding between the certain people of senior age and their surroundings; influences co-operation between organizations and institutes and in such a way influences the realization of social policy in relation to senior persons in cities and villages of different regions.
- lawyers. Defender of interests and legal rights of the elderly people; a social worker struggles for social justice for every member of society and especially elderly people to settle their problems: helps

elderly people to extend their competence and ability to solve their problems by their own.

- psychologist and tutor, worrying about the timely solution of problems that arise in the life of the seniors;
- conflictologist, helping to predict, to avoid, and in case of necessity, to settle the conflict situations of elderly people with family members, neighbours, workers.
- animator, as he often induces a man to the action, assists mutually beneficial co-operation between a person and society;
- expert in of social diagnosis and determination of methods of competent interference;
- a public man, supporting, developing and heading the social initiatives of citizens, directed to improve and making the surroundings healthier;
- organizer of individual and group social defense of different categories of people, among which are elderly people.

On increasing civic engagement among different population groups, particularly older citizens, suggests the creation and deployment of various public organizations in general and local levels.

44 national public associations conduct extensive work aimed at social protection of the elderly and their involvement in social and cultural life of the city, district, village.

Here are just two examples:

The first is *Ukrainian Charity Organization "About elderly people care in Ukraine"*.

The organization is a voluntary public association, which is based on the principles of self- and mutual help for elderly people through volunteering. The organization operates in 10 regions and covers 2,000 volunteers in 16 branches all over Ukraine.

In the offices of Ukrainian Charity Organization "About elderly people care in Ukraine" provides the following services:

- emotional and social support at home;
- telephone service "Nezabutka";
- formation and functioning groups of self- and mutual help;
- day centers for the elderly people;
- volunteers training;
- advisory services for the elderly people;
- advocacy and representation of elderly people;

- protection of the elderly people rights;
- leisure activities;
- teaching of elderly people new skills.

The second is *Ukrainian Association of Pensioners (UAP)*.

UAP is a voluntary public association, created to satisfy and protect social, economic, creative, ages, national, cultural, sporting and other interests of pensioners. UAP develop and implement programs aimed at real help for each member of the Association. Painful for most people problems of protecting personal rights, employment, improve quality and ensure availability of medical care, pensions care, housing and utilities care, especially for elderly people that have become priorities in Ukrainian society.

If you are 50 years old or more, you can become a UAP member paying some contributions in a year. Its provides discounts on medicines and medical services, industrial goods and food to household and cultural services, repairs services etc. A complimentary UAP publications (magazine "Our Generation" and the newspaper "50 plus", various catalogs), the right to enjoy all the benefits of medical UAP, the program "Fast legal aid" and many others. Also we add establishing the Veterans Community Buildings and Houses of Social Care.

War in the East of Ukraine led to a significant deterioration of the socio-economic situation, that is why the particularly important activities are Social Service Agencies, includes: Territorial Center of Social Services (provision of social services), Social Assistance at Home etc. There is an urgent problem of homeless social protection. It needs support from the State, for example: Social Care Institutions for Homeless, includes: Shelters, Reintegration Centre of Homeless, Registration Centre of Homeless, Social Hotels etc.

We emphasize that in Ukraine there has been established a very important and positive trend when the elderly people continue their actively and creative activities, they become initiators of various public associations, clubs, groups of amateur and technical creativity. In modern Ukraine the work on issues of adult education is being widely carried out. Such scientific and pedagogical activity encompasses all spheres of specialists' training to work with such groups of population.

Below the list of some scientific journals is given, in which researches in this direction are published.

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PHENOMENON OF VIOLENCE AGAINST OLDER PEOPLE AS A FACTOR OF THEIR LIFE QUALITY WORSENING

Abstract: The article considers the risk factors that provoke the phenomenon of violence against older people and provides their classification. The author proposes approaches to social pathology prevention, and regards the problems of research of wrongful conduct concerning gerontological group.

Key words: violence, older people, quality of life, physical violence, psychological violence, old age

Introduction

The process of aging society that recently acquired signs of a global, has led to the growing interest of researchers to various aspects of the functioning of the representatives of elderly demographic group. A substantial amount of researches concerns the following issues: improving the quality of life, prolonging active longevity, creating the conditions for the fullest possible disclosure of the potential of people during late adulthood. Such direction as solving different social problems of older people, particularly violence takes an important place in gerontological researches.

Although the phenomenon of violence has been long attracting the attention of scientists of various disciplines, but until recently the study

of this social pathology mainly concerned members of the other age groups (children and adults). Violence against older people as an object of scientific investigation took shape recently in the 80s of the last century. Today this phenomenon represents any action or inactivity that harms the older person or exposes to danger his/her health or welfare.

World Health Organization defines abuse of older people as "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" (WHO, 2002).

Thus, the feature of the phenomenon of violence against older people is that it can be not only actions but also inactivity, the results of which can be equivalent to unlawful activity.

Violence against older people is usually divided into the following types:
- physical violence means inflicting pain or causing injury, the use of physical force or restrictions on the freedom of movement using physical force or drugs;
- psychological or emotional abuse is the infliction of mental suffering;
- financial and material violence is an illegal or inappropriate exploitation or use of savings and property of older people;
- sexual abuse is sexual contact of any kind with the older person without his/her consent;
- lack of care is the refusal or inability to perform the duties concerning the care of the older person. This may be accompanied by (but not necessarily) a deliberate attempt to cause physical or emotional suffering to the older person.

Very often older people suffer from the combined impact of more than one type of violence.

Madrid Plan of Action on Ageing, adopted in 2002 called for the elimination of all forms of violence, abuse and neglect (MIPAA, 2005). However, since the situation has been only getting worse in all countries, regardless of the level of their development. For example, according to the Polish respondents, if in 2005 13% of the pollees stated that they knew people who were victims of domestic violence, and then in 2008 the number turned out to be of more than 16%. In addition to the above, this phenomenon is not only spreading but is also obtaining more brutal forms (Michalska and Jaszczak-Kuźmińska, 2010, p. 12).

Obviously, this is evidence that violence against the elderly as a social pathology evolves and spreads faster than our understanding of it arises,

and therefore suggested measures of dealing with it has not given the expected results. This calls the need for deeper and more profound studies of the social pathology.

Reliable data on the causes of the origin of this social disease are of a great need in order to develop effective strategies for violence prevention and intervention. There are certain theoretical generalizations concerning the causes of this phenomenon in scientific literature. As an example, we can cite some of them:

Situational theory identifies situational and structural factors as the causes of aggression. The most important ones include the factors associated with the deformation of the individuality of an older person and a personality of a care-taker.

Family development theory considers violence against the older people as the reproduction of behavior patterns that was formed in the process of upbringing in the family in early childhood.

Personality traits concept explains violence as pathopsychological personality disorders.

Social changes theory is based on the notion that the process of social interaction consists of a succession of rewards and punishments. Due to the fact that the older people are often helpless, they have less alternatives models of interaction that provoke aggression of a care-taker. Dependence increases with the vitality reducing of an older person.

Concepts of symbolic interaction models are based on the communicative approaches. The exchange of information involves the establishment of a single "pattern of decoding" of meanings, notions, roles. Violence is provoked by disagreement between humans' forms in past and present (Василенко, 2003).

Analysis of the literature showed that the risk factors that provoke the phenomenon of violence against older people can be divided into two groups: personal and social.

Table 1. *Risk factors of violence origin against the older people*

Risk factors of violence origin against the older people	
Personal	Social
Functional state of health (dependence on care): • physical disability • mental health disorder • depression • cognitive defects	Low income
Level of education, illiteracy	Absence of social support
Age	Problems with care-taker: • "burn out" • presence of mental disorders
Gender	Ignorance: • of students, future professionals who will work with the older people (social workers, psychologists) • of professionals who come into contact with the gerontological group (doctors, municipal and rescue services workers, bank employees) • older people

Among the personal factors that contribute to the phenomenon of violence the following ones can be distinguished: factors of health, education (literacy) and age. Speaking of health we mean both physical and mental order. For example, it is reported of a possible correlation between the level of violence against older people and state of their physical health both in families (Martins et al., 2015, pp. 174-195), and in establishments of institutional care (Eulitt et al., 2014, pp. 424-435). Another important provoking factor is the state of mental health (depression, cognitive disorders, mental disorders). Persons with such disabilities can become potential victims of physical and economic violence (James et al., 2014, pp. 107-122; Dong and Simon, 2013, pp. 97-125; Dong, 2015, pp. 196-232). A positive correlation with the frequency of violence occurrence against old people is also fixed concerning such indicator as age of the victim (Martinas et al., 2015, pp. 174-195). There is evidence that not only the frequency of violence depends on age, but sometimes even a kind of violence. For example, if physical violence prevailed in the age group of older women (60+), then psychological violence was often encountered in the older group (80+) (Neglect, Abuse and Violence Against Older Women, 2013). As for sex, women become victims of violence more often than men.

Among social risk factors, researchers often state those which can be defined as indicators of life quality. This involves level of the income, lack of social support and already mentioned level of education (Dong, 2015, pp. 196-232; James et al., 2014, pp. 107-122; Dong, 2013, pp. 97-125). Problems with a care-taker should be observed separately. They can be related both to the personality of a care-taker (e.g., mental disorders, tendency to aggression, constant fatigue and "burnout" as a consequence) (Roberto et al., 2013, pp. 230-241), and to the system of relations that have developed between the older person and his/her care-taker. Certain models of behavior being practiced by one of the sides can provoke a negative reaction and hostility in the other one that can be turned into the wrongdoing in future.

An important factor that can become both an indicator of the prevalence of the phenomenon of violence and a tool of dealing with it is the awareness of all the subjects of interactions in the existence of this type of abuse. For example, study of the awareness level of students of some specialties that in future may be relevant to the researched problem (social work, nursing, medical professions, criminal justice) showed the poor state of their knowledge in this area (Policastro and Payne, 2014, pp. 12-30). Owing to the educational programs for students it partly becomes able to correct the level of tolerance concerning the phenomenon of violence (Hayslip et al., 2015, pp. 233-253). The lack of targeted educational work results into the unwillingness of experts to identify the phenomenon of violence and makes it impossible to provide assistance to victims. This is evidenced by the results of a survey of doctors in Ireland (O'Brien, 2014, pp. 291-299).

Older people themselves need more information about various abuses that can be committed against them. This particularly applies to the residents of boarding houses, hospitals and other establishments of institutional care where the phenomenon of violence has widely spread. Several studies have shown that there is a quite significant percentage of people who do not know or have a rather limited understanding of the phenomenon of violence. For some of them violence is associated with the physical manifestation only and does not cover other violations of their rights (Charpentier and Soulières, 2013, pp. 339-354; Naughton, Drennan and Lafferty, 2014, pp. 300-318).

The prevalence of the phenomenon of violence. The study of the phenomenon of violence against the gerontological group faced several challenges that do not allow to form a relatively complete picture of social

pathology. The first is the fact that the problem began to be explored recently, thus nowadays there is not enough material for a full and complete analysis and formulation of the fundamental conclusions. Especially there is lack in broad-scale research on the level of national polls.

Another significant obstacle in getting objective information about the scope of the mentioned problem and the peculiarities of its manifestation is the reluctance of respondents to discuss it openly. Very often it concerns both abusers and victims. This "closeness" and taboo is particularly evident when comes to the study of the phenomenon of violence in the family. In the minds of some people firmly rooted opinion that the events of the family life should not be put beyond it, or become subject of a public discussion. For example, according to M. Halicka, 34% of the respondents concerning the phenomenon of domestic violence among Poles believe that nobody has the right to interfere in the private affairs of a family. Thus, the older person is, the more clearly a trend to disclose the fact of violence is manifested (Halicka, 2015). Obviously, this is due to the fact that older people value the family more than young. The latter is associated with their only spiritual, moral and material support.

According to the researches of the Institute of Psychology of Polish Academy of Sciences 11.8% of respondents admitted the isolation of older people in their families, while 13.2% confirmed economic violence (skimming money). Respondents become more frank if the survey does not concern their families. The number of informed about this phenomenon increases fourfold. In particular, 46.7% of respondents know about the cases of isolation of older people, 51.5% are aware of economic violence (skimming money), 48.5% of the pollees see the cases of psychological violence (Michalska and Jaszczak-Kuźmińska, 2010, p. 12). These data become clear indication that the phenomenon of violence is latent in its nature, and therefore its detection and research require the development of specific diagnostic tools.

Therefore, in our opinion, another problem is the lack of standard, reliable and valid tools that would be used in the study of the phenomenon of violence by various researchers and would make it possible to compare the results. Today the most common method of the investigation of this phenomenon is the survey (of potential victims or abusers), but for obvious reasons, this method cannot claim to provide complete and the high level of reliability of the results obtained with its help. An important role in identifying the cases of violence against older people may play

specialists who contact with this social group, but for this they must possess appropriate knowledge and skills which they often feel lack for.

Despite all these problems, today we can confidently say that the abuse of older people in its various manifestations is a global problem. Studies conducted around the world show that from 3% to 10% of older people experience abuse or neglect of their rights. This happens with both men and women belonging to all religious, cultural, ethnic groups and income levels. Anyway, these indicated numbers should be treated critically, as far as many cases of abuses are not being reported of. In addition, the results largely depend on the personality of the respondents (older people, social workers, doctors, law enforcement personnel). It is estimated that only 16% of all the cases of violence come to the attention of the relevant services.

The scope of certain type of violence and dominance depends on many factors that differ in various countries. Usually psychological and physical abuses become dominant types of violence against the population in this age group. However, recently it is recorded growth of financial abuse. On the one hand, it is associated with the development of information and communication technologies, particularly the Internet, where one can meet new people and financial speculators take advantage of this. On the other hand, the increasing number of older people living alone often uses these opportunities to get acquainted.

Thus, today the phenomenon of violence against older people is a complex social phenomenon, both in its structure and etiology. National characteristics of its manifestation in separate countries depend on many factors: the level of economic development, cultural and religious traditions, the current system of social protection, level of public awareness and many others. Generalization of the results of scientific research concerning the causes of this phenomenon allows to state that these may be dependence on care, age, education level, financial independence, gender (Neglect, Abuse and Violence Against Older Women, 2013).

Prevention and overcoming the phenomenon of violence against the older people should be integrated and be aimed at different population groups (Policastro and Payne, 2014, pp. 12-30). The important components of this activity should be improving the quality of life for the older people, educational activities concerning the problem to different target professional groups and older people themselves, the interaction among social workers, doctors and law enforcement agencies.

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ELDER ABUSE IN THE EU – CHALLENGES FOR POLAND

Abstract: The presented paper is a review of the existing research into elder abuse in the EU and in Poland, and of the measures, programmes, and projects that counteract the phenomenon. The final part of the paper includes suggestions of research directions and actions to be taken, addressed both at Polish scholars and professionals attending elderly citizens.

Key words: abuse, forms of support and assistance, the elderly

Introduction

Violence against the elderly was officially acknowledged as a social problem at the turn of the 21st century. The key event was the establishment of International Network for the Prevention of Elder Abuse (INPEA) in 1997, and the 2002 WHO report (indicating correlation between abuse and health, also considering the significance of elder abuse), as well as the proclamation of the World Elder Abuse Awareness Day (15th June, 2006). Those actions resulted in an increased number of publications on violence and neglect of the elderly, mainly in the U.S. and Canada. In Europe, interest in the subject arose later.

The presented paper is a review, an introduction to the issues connected with the scale of elder abuse. It also describes various forms of prevention and counteraction, systemic solutions that function in different EU countries. The aim of the article is to draw attention to the increasing phenomenon of abuse in Europe and in Poland, and to encourage researchers and professionals in the field to examine the phenomenon and to take steps to minimise its scale.

Abuse – terminology

The review of literature in gerontology reveals that elder abuse is considered from two main perspectives. It is either identified with abuse in the family, as in definitions by Johnson (1986), Hwalek and Sengstock (1986), or Freeman (2008), or it is analysed with respect to its forms (physical, psychological, sexual, material, financial; neglect, isolation, violation of rights) and effects (emotional or physical harm), as in definitions by Hickey, Douglas (1981).

In the perspective presented by WHO (WHO, 2004; Lachs and Pillemer 2004), elder abuse is defined as a single or repeated act, or lack of appropriate action, intentional or unintentional, from the carer or other persons, "occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person", (British Action on Abuse of Older Person, Toronto Declaration on Elder Abuse). According to Johnson, in understanding elder abuse, it is important to differentiate between the nature of the action (aggressive and invasive action against a senior or withdrawal from action, as in neglect or lack of care for the elderly) and the role of the offender (special acts of abuse, but also acts linked to the responsibility for securing care for the elderly person) (neglect, abandonment) (Johnson, 1986). Abuse, as B. Tobiasz-Adamczyk (2009) emphasizes, stems from many interrelated conditions, and is a result of the combination of many different factors. These factors may differ depending on the kind of abuse:

"At the individual level, it is the history of the person, their biographical data, and biological conditions that indicate whether the person may be a potential victim of abuse or a potential aggressor, the source of abuse. Individual factors are: 'being a victim of maltreatment', childhood violence experience, psychological disorders, personality problems, alcohol

problems, using psychoactive substances, abuse and aggression experience related to being a victim or covering for the aggressor.

Interpersonal relations (in the family, among friends, acquaintances, partners or peers) may also influence the risk of violence-related behaviour.

Risk factors connected with the place of living or belonging (school neighbourhood, workplace) include high unemployment rate, social mobility, population density, and presence of groups engaged in high-risk behaviours.

Social factors determine the perception of violence; whether it is forbidden or viewed as a symptom of courage; whether there are differences in social inequalities which condition accessibility of violence tools; whether social and cultural models of behaviour see violence as a means of solving problems and showing domination (e.g. parents over children, men over women)" (Tobiasz-Adamczyk, 2009, p. 17).

Thus in the context of psychological and social consequences, elder abuse can be analysed at four levels: individual, interpersonal (person to person), communal (inside the community), and general social level.

The phenomenon of elder abuse, although difficult to diagnose (belonging to the private sphere), becomes more and more important. It is confirmed by the conducted empirical research and the implemented prevention, support, and help programmes addressed at those experiencing abuse. The following paragraphs present a review of such studies and programmes.

Research into the phenomenon of elder abuse

Data concerning the frequency of various forms of elder abuse, collected from various countries, in diverse structural and cultural conditions (violence is and always has been contingent on cultural and socio-economic conditions, cf. women treatment in East Asia), unequivocally show that it is a universal phenomenon, though of different intensity. According to WHO, the numbers concerning elder abuse are diminished by ca. 80% (WHO 2008). WHO estimates that about 4-6% of the elderly have experienced some form of abuse at home (WHO 2011), and at least 4 million seniors experience maltreatment in any one year in WHO European Region (Regional Office for Europe, 2011).

The examination of available theoretical perspectives and empirical analyses concerning elder abuse reveals that the multitude of theories and

definitions hinders the unequivocal understanding of the problem. Most frequent difficulties in interpretation and comparison of research results stem from the diversity of adopted variables defined as risk factors. This prevents e.g. establishing the frequency and intensity of abuse, and the consequences it has. Automatically, this situation affects the possibility of generalization of research results and recognition of the scale of the problem.

Research concerning elder abuse in Europe was conducted in 2010 in seven EU countries: Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden. The surveys covered persons aged 60-84 (Soares et al., 2010). The results revealed that 19.4% of the elderly experience psychological abuse, 2.7% – physical abuse, 0.7% – sexual abuse, and 3.8% – financial abuse. Psychological elder abuse was much more frequent concerning the senior citizens of Sweden and Germany than seniors in other countries. Financial abuse was most frequent in Portugal and Spain. Similar research on elder abuse – this time conducted among women only (2880 women aged 60-97) – was conducted in 2010 in Portugal, Belgium, Finland, Austria, and Lithuania. The research showed that 28.1% of elderly women had experienced some kind of abuse or fell victim to any malpractice in the period of 12 months preceding the survey (Abuse of Older Persons, 2013, p. 9).

Results of research conducted by Serbian Red Cross in 2011 (aimed at comparing data on elder abuse noted by the police and the social care in the regions of Nis and Novi Sad) indicate that in 2011 in Novi Sad (340,000 inhabitants) 31 cases of domestic violence against persons aged 65 and more were noted (34 victims in total, according to the police data), while the Social Work Analytical Centre registered 44 families in which elder abuse occurred – 79 victims in total (Abuse of Older Persons, 2013, p. 3).

In the same year, surveys were conducted in Austria, Finland and Ireland. Austrian research (project: "Attack, violence and aggression directed at the elderly", which brought together 247 experts from Austrian counselling and advisory centres) revealed that as much as 26% of the seniors surveyed reported "frequent" or "very frequent" experiences of abuse in their immediate environment (family and neighbourhood), and 12% experienced abuse in homes, in institutions or public places. In France, elder abuse was investigated by analysing conversations recorded on the confidential helpline for the elderly. The research showed that in 2011, 3850 instances of maltreatment of a senior were reported, of which 75% concerned elderly citizens living in their own homes. Moreover, the results

indicated that 5% of persons aged 65 and more and 15% of persons aged 75 and more experienced abuse. Similarly, an increase in abusive behaviours towards the elderly was noted in Ireland (of the 468,000 persons aged 65 and more, around 10,000 experienced abuse). The conducted research showed that the number of elder abuse reports increased by 22% between 2008 (1887 reports) and 2011 (2302 reports). In Austria, most often the aggressors were the closest relatives (sons, daughters, or other family members) (Abuse of Older Persons 2013, pp. 4-5).

In Poland, elder abuse remains an issue that requires in-depth analysis and research that would help estimate the scale of the phenomenon across the nation. Despite the rising interest in the issues of elder abuse, there is still a shortage of national surveys focusing on this problem as the main research question. Usually, when the topic emerges in research, it is mainly as a by-plot to research conducted on children and women abuse. The lack of nation-wide studies makes it impossible to estimate the scale of the phenomenon. The research conducted so far has covered small samples, limited to particular cities or regions. These studies allow to draw conclusions about the scale of the problem in those cities or regions only. Such studies were conducted in several academic centres, e.g. in Bialystok in mid-1990s and in 2006-2010 (Halicka and Halicki, 2010), in Krakow in 2001-2003 and 2007-2009 (Tobiasz-Adamczyk 2003, 2009), in Poznań in 2002-2003 (Twardowska-Rajewska and Rajewska- de Mezer, 2005), in Lublin in 2004-2006 (Rudnicka-Drożak, 2006), in Bydgoszcz in 2002 (Sygit and Ossowski 2002); one larger study was conducted in seven communes in Poland, in years 1999-2001, and was supervised by Synak (2002).

Moreover, the Institute of Psychology of the Polish Academy of Sciences conducted a study on elder abuse in 2009. The results show that the most frequent form of abuse that the elderly experience is psychological and economic abuse (although there were cases of physical and sexual abuse, too). Among the forms of domestic violence that the elderly experience more often than other members of the family, the dominating ones are: isolation (11.6%), depriving of money (14.2%), mocking because of disability (13.2%); outside the family, the most frequent forms are: isolation (46.7%), defrauding their money (51.5%), mocking because of physical or cognitive disability (48.5%) (PAN, 2009, pp. 10-13). Most often, the aggressors are: the spouse (43%) and children, with sons being the aggressors more often than daughters (28.6% and 20%, respectively) or than grandchildren (PAN, 2009, pp.10-13).

The largest nation-wide research to date that analysed elder abuse was the PolSenior study, entitled ʺMedical, psychological, sociological and economic aspects of ageing in Polandʺ, realized in 2011 (Mossakowska, Więcek and Błędowski , 2012). The results confirmed that ʺthe phenomenon of abuse affected 5.9% of the surveyed persons aged over 65. The most frequent form of abuse was verbal offence, mocking, ridiculing and ignoring (5.4%). 2.1% of the respondents were threatened and blackmailed. 0.4% of the respondents experienced physical abuse like beating, kicking, or strangling; 1.1% experienced pushing and nudging. Passive abuse, i.e. neglect by the relatives, was signalled by around 14% of the respondents: 2.5% felt neglected often, and 11.8% - sometimes. It is noteworthy that among the victims of each form of abuse, there were more women than men (7.9% and 5.9%, respectively)ʺ (Mossakowska, Więcek and Błędowski, 2012, p. 497).

The above-described research reveals several urgent issues (except for the scale of the phenomenon, which is very difficult to diagnose), which call for deepened investigation and educational action. The latter should be directed especially at social workers and nurses, doctors, and other professionals working with the elderly. As indicated in the research by B. Tobiasz-Adamczyk, professionals working with seniors (Tobiasz-Adamczyk surveyed doctors, social care workers, hospital and district nurses, and personnel of nursing homes) vary significantly in their evaluation of elder abuse as a problem they encounter in their professional life (when the issue is viewed as a social problem, the percentage results are more similar for all the respondents, and much higher than the results based on professional experience). In the aspect of physical violence the numbers were least diverse. The psychological aspect was noticed mostly by doctors (30.4%), less so by nurses (ca. 8%) and social workers (16%). In the aspect of neglect, the problem was noticed by 45.6% of doctors and only 26.8% of social workers, 12.3% of district nurses, and 10.9 % of nursing homes employees. In the aspect of abandonment, the problem was noticed by 20% of hospital nurses, 15.8% of doctors, much less so by district nurses, employees of nursing homes and of social care centres. The financial/material abuse was noticed by 31.6% of doctors, 28.7% of social care centres workers, and 18.5-16.9% of nurses and nursing homes employees. Those visible differences in the evaluation of the scale of the problem result from a number of factors. One is lack of solid knowledge on the phenomenon and on the interventional measures that should be taken after diagnosing

abusive behaviours, lack of diagnostic tools, and lack of skills in using them. Those shortcomings determine the possibility of recognizing an abuse situation (low diagnosability) and the decisions to apply interventional strategies (e.g. a reaction to domestic abuse experienced in the place of living was a conversation with one of the relatives, usually the offender or a dependent relative) (cf. Tobiasz-Adamczyk, 2009).

Even though the data collected so far from the existing research is fragmentary, there is no doubt that elder abuse exists and its scale is growing. The abuse is often the result of overworking of the unqualified family carers and of the stress connected with providing care, but there are also other sources of abuse, e.g. financial ones (taking over control of the expenses, and of the funds themselves).

Based on the analysis of empirical material, it may be claimed that in Poland there is a need to examine the phenomenon of elder abuse, to determine its frequency, causes, and circumstances, and to establish who becomes the aggressor and who, when, and under what conditions, becomes the victim. By analysing the possible trajectories of violence, we can assume that their differentiation is dependent on the moment when the defined abusive behaviours occur, or we can trace the changes in the form of abuse, but also in the characteristics of the victims, or the changing actors – aggressors. It is an uneasy task, for a number of reasons: it is difficult to reach out to persons potentially threatened by abuse, and the tools used in screening research, to identify abuse cases, are not perfect.

Together with the problems of investigating the issue of elder abuse, we face the challenges connected with implementation of programmes that counteract the phenomenon and support and help the victims. It is worthwhile, therefore, to use the good practices elaborated by different EU countries, in order to implement our own actions and systemic solutions in Poland. The aim is to minimize or eliminate the phenomenon, and to contribute to the further development of those good practices, which may be then implemented by other countries struggling with the phenomenon of elder abuse.

Counteracting elder abuse – programmes and projects

Elder abuse is not only a subject of scientific research, but also the focus of actions taken within social and health-care policies. Apart from the studies on elder abuse, many EU countries realize various projects, actions,

and campaigns to raise seniors' awareness of the phenomenon, and to offer them some forms of support and help when abusive behaviours occur.

The actions undertaken in Portugal are especially commendable. Already in 2010, a confidential 24-hour helpline (LNES) was initiated, with professional social workers and psychologists waiting for the callers. In 2010 LNES was contacted by ca. 300 persons aged over 65. Among them, 55% experienced abuse, including domestic violence (and neglect). LNES personnel cooperate with researchers, supplying data for the project "Violence against Ageing" which "aims to estimate prevalence of violence against people aged 60 years and above" (Abuse of Older Persons, 2013, p. 15).

The projects that deserve a mention here are the ones realized in Switzerland, Sweden, and Germany (Abuse of Older Persons, 2013). In Switzerland, "The Network of Aggression Management in Health and Social Services" project is realized. It assumes four objectives: "(1) to achieve a common professional approach to aggression and violence in health and social services; (2) to provide theoretical and practical training on aggression management and de-escalation; (3) to promote a competent and professional treatment of persons in crisis situations and (4) to sensitize for prevention, de-escalation and follow-up interventions" (Abuse of Older Persons, 2013, p. 10). The project is realized by an association of certified coaches in psychiatry, medicine, care, psychology and social pedagogy, which supports its members in their professional development (Abuse of Older Persons, 2013, p. 10).

"Government's initiatives to achieve a safe environment for older persons by counteracting abuse of older persons" is the project realized in Sweden. An appropriately prepared legal system obliges the municipalities to prevent abuse, and in the case of its occurrence, it offers tools to investigate the problem and to support all persons involved. In 2009, the National Board of Health and Welfare designed general guidelines on working with women (including older women) and children – abuse victims. The guidelines recommend that municipalities prepare action plans as the basis for designing procedures and methods of support and help for the elderly. The guidelines also determine the obligations of various subjects and emphasize the significance of cooperation between all parties involved, e.g. social care, health care, women's shelters, victims' shelters, and the police. The project covered a training course on dealing with elder abuse in Stockholm county. The course, entitled "Dare to look, Dare to

question, Dare to act!", was addressed at 211 selected officials, local care-service organizations, private firms, non-profit organizations and others who work with elderly persons (Abuse of Older Persons, 2013, p. 12).

In Germany, on the initiative of Germany's Federal Ministry for Family Affairs, Senior Citizens, Women and Youth, and in cooperation of German Police Academy, a project on counteracting elder abuse was realized (November 2008 – February 2012). Within its framework, a modular action programme was designed, to optimize the safety of elderly persons and those in need of care. The programme consisted of four modules, focusing on: a) prevention of crimes against property, b) violence, c) prevention of and intervention in the case of abuse in elders' relationships, and d) prevention of and intervention in the case of abuse and neglect of elders in home care (Abuse of Older Persons, 2013, p. 16).

Ireland has implemented an exceptionally important solution, in response to an alarming situation revealed by the research on elder abuse. A system of Senior Case Workers was created, to deal with investigation of all reported allegations of elder abuse. When a case of abuse is reported, a Senior Case Worker initiates the process of evaluation, starting with an informal conversation with the person in question, then makes the risk estimation and helps to choose adequate preventive means. Intervention action is taken on the basis of three objectives: ensuring the safety of an elderly person, restoring their rights, dignity, and welfare, and constructing and reconstructing a system of support for the person. The Senior Case Workers act on the assumption that the elderly have the right to make their own decisions even if those decisions are not popular with others. Respecting the right to self-determination is viewed as an important element of elders protection (Abuse of Older Persons, 2013, p. 17).

Norway implements a programme addressed at citizens over 62, who suffer abuse or are at risk of abusive behaviours. Help is offered free of charge, and the person interested in receiving it may anonymously contact a specially established centre Vern for Eldre, either in person or through the helpline. The service is available for the relatives of an abuse victim, and for the professionals in contact with such persons. The goal of the centre is finding a solution to the situation in cooperation with the victim, offering support, and coordinating actions of the assistance services. Vern for Eldre also plays a role in propagating the knowledge and enhancing cooperation of specialized assistance services (Abuse of Older Persons, 2013, p. 18).

Also the Netherlands, in 2011–2014, implemented the programme "The Elderly in Safe Hands". Its aims were: to prevent and identify the risk of elder abuse; to plan measures to prevent elder abuse in professional settings; to ensure that cases or suspicions of elder abuse in professional settings will be reported; to reinforce support for the victims and improve the prosecution of the perpetrators. Within the project, an e-learning module "Elderly in Safe Hands" was prepared, which is a guidebook for volunteers. As a consequence of the project, a change in law came into force on the 1st of July, 2013: the new regulation makes it obligatory to report elder abuse in home care. An information campaign on elder abuse, run as a part of the project, lasted till the end of 2014 (Abuse of Older Persons, 2013, p. 19).

Also in Slovenia and the Czech Republic efficient initiatives for the counteracting of elder abuse were realized. The Slovenian Federation of Pensioners' Organisations launched the project "Elderly people improving the quality of their lives and the lives of their peers with voluntary work (Elderly for Elderly)". The project assumed creating a system, in which elderly volunteers would visit senior citizens in their neighbourhood. The volunteers participated in a training course which taught them to recognize the needs of seniors, to distribute important information, and to provide help. The project was addressed at those seniors who are out of touch with others and stay in their homes. The volunteers who obtained information of particular cases of elder abuse, reported it to the relevant social care centre, which then took appropriate measures. Since 2008, the volunteers reported 205 cases of abuse and violence against seniors in home care (Abuse of Older Persons, 2013, p. 8).

In the Czech Republic, a popular action was that undertaken by the NGO "Zivot 90". Funded by the Ministry of Labour and Social Affairs, it deals with abuse against elderly citizens. Among other actions, from June to October 2012 the organization ran a campaign to raise awareness of elder abuse, to improve the ability of ordinary members of the society to recognize various forms of abuse, and to "promote" the existing forms of support. The campaign consisted in spreading information through magazines, radio, billboards, banners placed on metro and bus stops, and 340 posters in cities all over the country. Information was also spread via social media like Facebook (Abuse of Older Persons, 2013, p. 7).

Promoting the good practices of elder abuse prevention and conducting research on the phenomenon was also supported by the

European Commission within the project EUROPEAN. Participants were organizations from Austria, the Czech Republic, Greece, Ireland, Italy, the Netherlands, Poland, Slovenia, and Slovakia. The aim of the project was to develop a framework for counteracting elder abuse in Europe. In June 2010, to help understand the phenomenon, a document was published, "Elder Abuse in Europe: Background and Position Paper". In the beginning of 2011, reports were published on particular social and cultural settings of elder abuse in the participant countries, supplemented with lists of good practices for abuse prevention. Furthermore, a database of good practices for elder abuse prevention was developed (available on-line); the database contains materials in nine languages (of the participant countries) and is to be distributed and popularized among national and international policymakers, experts, and the interested parties (Abuse of Older Persons, 2013, p. 9) .

Despite the fact that from 2006 (WHO) all theoretical and empirical approaches to abuse emphasize the increase in elder violence and abuse, in Poland the subject is not often raised. When it is, it usually by medical spheres, and it is marginalized by sociologists, pedagogues, social workers, psychologists, or the police and the jurists.

Moreover, there have been very few programmes, projects, or campaigns launched as prevention of elder abuse. One of those is the confidential helpline operated by the Polish Emergency Line for Domestic Violence "Blue Line". The organization also offers free of charge, 24-hour specialist assistance (psychological, legal, psychiatric, financial and material help). Once a year, the "Blue Line" organizes Crime Victims Week (www.niebieskalinia.pl). Additionally, in 2010 a conference was organized on Counteracting abuse of the elderly and persons with disabilities. In the same year, within the National Programme of Counteracting Domestic Violence, Ministry of Labour and Social Policy launched a social campaign "Do not hurt, and you won't hurt yourself" (with TV spots airing on state and private TV channels) and published a manual "*Domestic abuse of the elderly and the disabled. Guidelines for the first-line workers*".

It is worth mentioning that in 2007–2015, Ministry of the Interior has been implementing a programme "Safer together", within the governmental programme of limiting crime and antisocial behaviours. Within that programme, actions are taken to counteract elder abuse (http://razembezpieczniej.msw.gov.pl). Similar local and national actions

are taken within the governmental programme "Assumptions of the long-term senioral policy in Poland for the years 2014-2020".

Owing to the funds from the above-mentioned programmes, in 2014 e.g. Wrocław organized a campaign against violence, including elder abuse (http://www.kampaniaprzemoc.pl) and a "Support model", which aimed at establishing a group of Support Coordinators, who would work with abuse victims towards introducing a Programme of Change in their situation (www.modelwsparcia.cis.wroclaw.pl.).

From 2014, also the Pedagogical University of Krakow has participated in the actions for elder abuse prevention and counteracting, obtaining grant funds from EASSW for the project: "Unheard Voices: Developing the East Central European Network for the Prevention of Elder Abuse". Within the project, in cooperation with the Ministry of Labour and Social Policy, and under the patronage of the Pedagogical Sciences Committee of the Polish Academy of Sciences, in May 2015, a scientific conference was organized, during which the speakers presented the current situation in the research on elder abuse in Poland, and the actions implemented so far to counteract the phenomenon as well as the forms of help and support for the victims of abuse. The final effects of the project are: an advertising campaign (brochures, leaflets, ads in the local press, etc., presenting the rights of the elderly and indicating the institutions which offer help and support to abuse victims in south-east Poland), a functioning internet platform (www.senior.up.krakow.pl) and a Support Centre for Children, Youth and Seniors, operating at the Institute of Social Work of the Pedagogical University of Krakow.

It must also be mentioned that in May-June 2015, the "Project Seniors" Foundation (funded from governmental programmes) realized a local programme in Warsaw "Stop elder abuse". The programme included drama workshops for the elderly victims of abuse, open meetings with a psychologist and a police officer on the topic of abuse and safety, and an information campaign "Elder abuse – hidden suffering" (co-financed by the municipality of Warsaw and EEA funds, within the programme "Citizens for Democracy") (www.niebieskalinia.pl).

There are more institutions involved in similar actions (conferences, programmes, etc.). Among them are: Regional Centre for Social Policy in Krakow; Malopolska Police Headquarters (the conference "Seniors involved in abuse – victims or offenders?") (Experts on abuse 2015), or

the Communication Without Barriers Foundation (the programme "STOP Women Abuse, STOP Elder Abuse") (www.fpbb.pl).

And yet, despite the above, the problem of elder abuse remains unsolved. To minimize the phenomenon, it is not enough to conduct research and realise programmes: the society must be made aware of and sensitive to the problem. But first and foremost, the social workers must be activated and equipped with proper diagnostic tools, because they are able to recognize the problem most promptly, and to offer specialist help and support.

Conclusions:

Drawing on the experience of Poland and other EU countries, taking into consideration the existing knowledge, research results, and diagnostic, preventive, prophylactic and interventional actions, we conclude that Poland needs to concentrate on several "burning" issues. First of all:

1. Research on abuse must be conducted, by interdisciplinary research teams.
2. Emphasis must be placed on educating social services workers about elder abuse, and on training them diagnose the problem and to implement interventional procedures
3. Educational, prophylactic, and therapeutic actions must be addressed at seniors-abuse victims.
4. Programmes must be developed to support the family in difficult situations linked to social care costs.
5. It is necessary to establish or assign units that will have animating and integrative functions, in addition to the system of support for the elderly victims of abuse.
6. It is necessary to develop regulations and strategies of creation and functioning of support groups for seniors in their local communities.
7. Networks of collaborators must be created for the systemic support for seniors.
8. A support system for elderly abuse victims must be created, based on close cooperation of the existing local institutions and organizations whose sphere of activity also includes the problems of seniors, families, and abuse victims.

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ELDER ABUSE IN SPAIN: DIAGNOSIS AND INTERVENTION

Abstract: Elder abuse exists more often in countries economically well developed even though this problem has recently been included among the most relevant social, political and professional concern. In the last few years, research in most European countries has focused on the incidence of elder abuse within the family; this research presents a picture of the scope of this problem. In the case of Spain, one out of every hundred older adults has been a victim of violence within the family and this means that throughout Spain, about 60,000 older adults are abused every year (Marmolejo, 2008). In order to reach conclusions about early diagnosis, prevention and integral intervention of this problem, the aim of this proposal is to determine the current situation of elder abuse in Spain based on the latest research (SanMartín, 2001; Bazo, 2001; Marmolejo, 2008; Mora and García, 2014). The main results show that about 0.8% of older adults in Spain have been victims of abuse within the family, a high prevalence of female victims suffer from male abusers and the increasing abuse in higher levels of dependency. In addition, physical and financial abuse is the most common type of abuse.

Key words: elderly, abuse, Spain, diagnosis, family

Introduction

Currently Spain, as in other European countries, is witnessing a massive aging population as a result of falling birth rates and increased life expectancy (currently 82.8 years). Indeed, as of January 1, 2014 there were

8,442,427 people in Spain over 65 years of age; this accounts for 18.1% of the total population according to data from the National Statistics Institute (2014). This demographic data is closely related to the emergence of new needs and associated with the group of older people, including those who are related to social evil phenomena: the situations of abuse towards this group. Thus, the main objective of this paper is to explore the problem of elder abuse in Spain, in order to make it visible, promote reflection about and facilitate the adoption of strategies of prevention, investigation and intervention.

The abuse of older people is not a recent problem in Spanish society; however, it has started to become visible in the last two decades due in part to studies on the subject and the consequent inclusion of this issue on the Spanish political agenda. Although, before starting the description of the current situation in Spain, it is necessary to define what is meant by abuse in the Spanish society, and specify the areas in which it is carried out. We can categorise it as behaviour that can reveal an act of commission (abuse) or omissions (negligence) that affects most in a physical way (Valentino and Cash, 1986, in: Rueda, 2008). The definition of abuse of older people was raised at the First Consensus Conference held in Spain in 1995, such as: "Any act or omission that causes harm, intentional or not, performed on people 65 and older, it occurs in the family, community or institutional setting, which violates or endangers the physical and mental integrity and the principle of autonomy or other fundamental rights of individuals, perceived subjectively or objectively verifiable" (Kessel et al., 1996).

For its part, the American Medical Association (1994), which defines the abuse of older people as "any act or omission that causes damage in the elderly or fear of their health or well-being", distinguishes the following types of elder abuse, coinciding with the vision provided by others (Bazo, 2004; Brown, Kingston and Wilson, 1999):

- Physical abuse: is defined as the use of physical force or assault with bodily integrity damage with intent to cause pain, injury or both.
- Sexual abuse: refers to performing sexual acts without consent of the individual, through the use of force, threats or use of a greater suffering cognitive impairment.
- Psychological: encompasses anxiety, emotional pain or stress caused by insults and verbal abuse, threats, intimidation, humiliation, infantilisation, offensive silences and/or threats of abandonment or institutionalisation.

- Social abuse or violation of rights: includes actions involving an affectation to personal liberty, for example, denial in decision-making, social isolation from friends or relatives.
- Financial abuse: refers to the misappropriation of money from a senior, misuse or use of money and goods or blocking.

For these concepts to be recognised as abuse, they should occur in the context of an interpersonal relationship where an expectation of trust, care, living or dependence exists, the abuser may be a family member, institutional staff (health sector or social services), a hired caregiver, a neighbour or a friend (Marmolejo, 2008, p. 14). The abuse also may be associated, in some cases, with certain functional, physical or psychological dependence (Oh, Kim, Martins and Kim, 2006). Likewise, and based on the assertions by Mora and García (2014) and Abellán and Ayala (2012), it is noteworthy that the family is the largest provider of care for older adults in Spain and in most countries in Europe, which makes families the most likely culprits of abuse for older adults. Concretely, in Spain there is a long tradition regarding care of older adults within the home; daughters and daughters-in-law are usually in charge of procuring the required attention as a moral and social obligation. It is also noteworthy that this family situation is currently being affected by the standards of the post-modern families in which both women and men work outside the home and thus, it can pose difficulties in taking care of a person in a situation of dependency, in which case apply to a nursery seems to be the most common solution. However, as long as the family remains the largest prosecutor of care for older adults and is established as the main area where abuse is happening, it is necessary to continue investigating both its causes and solutions. Therefore, for the display of information in this article, we focus on the abuse that occurs within the family.

Elder abuse in Spain

Once the concept of what is meant in by abuse of older people in Spain and some features of the system of care towards them has been contextualised, we will proceed to approach the current situation by resorting to various studies recently carried out and thus, we will make a diagnosis on which proposed alternatives are best for an intervention strategy. The tradition in Spain regarding research on elder abuse is marked by the existence of

numerous studies conducted locally. While a pioneering study nationally (Marmolejo, 2008) yielded new data on the incidence of elder abuse in Spain and serves as a reference for the issue at national and European level.

Barcelona (Sanmartín et al., 2001). In this study, the authors sampled 219 people over 65 living in their homes and used a questionnaire to assess various issues including their socio-demographic profile (based on the Survey Group Labor of Canada) and identifying different types of abuse (based on the definitions from the Medical Association of America). The answers positively assessed indicators of possible abuse were considered. Thus, the results showed a prevalence of suspected abuse of 11.9%, especially psychological.

Basque Country, Andalusia and the Canary Islands (Bazo, 2001). In this second study, home health workers, who usually attended to 2,351 people over 65 in five municipalities in three Spanish communities, were interviewed. A questionnaire including information about what is considered abuse and neglect of older persons was administered. The results obtained in this investigation yielded at least 111 cases, this puts the prevalence of neglect and mistreatment in the home to the elderly at 4.7%. Although in this case, the percentage of cases of abuse is greater given the existence of abandonment or neglect of treatment (physical and/or psychological) and ill-treatment of themselves. In addition, 81% of the victims were women and the authors were daughters/sons (55%) and spouses (12%).

Malaga (Mora and García, 2014). In this case, as a last example of studies conducted locally, research on 259 cases detected by the Sanitary District of Malaga during the period 2001-2010 was conducted. The results show characteristics of mistreatment and abuse of older residents in their homes that coincide with other studies. Specifically, the study highlights the profile of victims, usually women, aged approximately 73, assaulted by a man of his family context (Acierno et al, 2010; Bazo, 2001; Mora and García, 2014; Lang and Enzenhofer, 2013).

Spain (Marmolejo, 2008). As mentioned above, the study conducted by the author was established as a pilot nationwide and yielded extensive data that until now had been obtained only locally. In this case, the sample

comprised two groups of people, for the older adults and the caregivers. One of the most surprising results was associated with the ability of caregivers to more openly recognise the existence of situations of abuse in the family, exercised even by themselves. The main results obtained in this study (Marmolejo, 2008) are as follows:

One in every hundred people over 65 years was abused within a family setting in Spain in 2005; it follows that in the whole of Spain about 60,000 older people are abused each year. This percentage doubles in the case of dependent elderly and quadruples for older adults with high dependency. Psychological abuse has the highest prevalence.

Five in every hundred caregivers has abused the older adult in a position of dependence at least once in 2005. According to caregivers, the prevalence of elder abuse is much higher and presumed to reach 4.5%.

Victims usually live alone with their abusers who are often the only caregivers; it occurs in 21.1% of cases.

There are a number of risk factors for victims; this is consistent with much of the literature cited in this article, such as gender, social isolation and includes the existence of a situation of dependence in such a setting (Marmolejo, 2009).

In the case of victims in situations of dependence, the prevalence is around 1.5% against 0.8% of the general population, thus making dependency of the older person a risk factor for situations of abuse or neglect.

Conclusions

As we have detailed the current situation in Spain on elder abuse, it is necessary to consider certain questions relating to this problem.

First, the need to continue investigating the matter and deepening the diagnosis is considered, since despite being increasingly visible in Spanish society, there are a lot of cases that remain invisible and need to be detected through effective mechanisms. Although, as has been explored throughout this article, there is information on the specific features of the problem of abuse of older adults, we can determine that we are facing an unfinished diagnosis that needs to be completed with cases of abuse that have not yet been detected and analysed.

Second, it is appropriate to continue advancing on the study and establishment of comprehensive preventive strategies and interventions

in situations of abuse. This becomes an essential challenge that definitely requires compliance with the following principles: a) the need for specific training for professionals working with older people (health, social services and home care services), and b) implementing quality protocols in coordination with these professionals to detect and treat abuse at the right time (Mora and Garcia, 2014).

Third and finally, the publication of the information concerning the abuse of older people is a prerequisite to makethe problem socially visible. Thus publishing information about elder abuse would favour those cases that are still hidden, they could be reported and treated, and likewise, could be prevented, detected and properly treated.

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