

MIND THE GAP!

**IMPROVING
INTERVENTION IN
INTIMATE PARTNER VIOLENCE
AGAINST OLDER WOMEN**

A close-up, profile view of a woman's face, looking to the right. The image is monochromatic, with an orange tint. A white outline of a puzzle piece is superimposed over the woman's face, with the piece fitting into the shape of her head and neck. The background is a solid orange color.

It's never too late...

Manual for the Police and Social Service

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1. Introduction



We all want to enjoy good health, love and respect from our loved ones through long years, till the end of our lives. Some of us achieve this goal, while for others ageing is a difficult period in life. Not only are the elderly physically and mentally less able, they are also sometimes threatened by aggression from those closest to them. The situation of elderly women is particularly difficult. Occupying a weaker position in the family and not knowing how to react, they are often passive in the face of aggression. Often financially and emotionally dependent on others, they do not have the courage to resist, are ashamed of their situation and do not know their rights. They are often afraid to ask for help and do not know where to look or who to ask for it.

Noticing these situations in a family is often difficult for outsiders. Particularly because victims often defend the perpetrators and justify their actions, explaining their behavior with exceptional circumstances. This is one of the reasons why obtaining reliable information about violence used against the elderly, including women, as well as identifying the scale and etiology of the problem, is particularly important in taking steps with the aim of helping the victims. There is a great role for law enforcement (mainly police) officers, doctors, or social workers to play as those who are first to find out. It is vital for them to know both the biological and social aspects of human ageing and be able to make use of this knowledge in contacts with victims of violence who seek help.

Based on the results of the IPVoW and Mind the Gap projects realized in 2009-2013 as part of the DAPHNE III international program we have prepared a handbook, which should be helpful in perfecting interventions in situations of violence against the elderly, especially elderly women. This handbook is directed first of all to the

employees of law enforcement agencies, social aid institutions and public health care institutions.

The aim of this text is to acquaint the reader with selected key problems of old age and the elderly in the context of help and interventions. We present here selected biological factors, which make it more difficult for an elderly person to function in everyday life. By presenting knowledge on the particular character of old age we hoped to increase the sensitivity of the intervening persons, especially police officers and social service workers, to various weaknesses of the victims. We indicate the need to show a great deal of patience and understanding in contacts with them.

This handbook also stresses the complexity of the problem of violence against the elderly. Therefore, we tried to show the various types of aggressive behaviors and their reasons, as well as their negative consequences for the victims.

Another aim of this text is to draw attention to the attitudes of victims and perpetrators in situations of violence, because they cause problems for intervening officers and representatives of other services, who must determine the roles of the parties concerned and understand the complexity of the situation and the relations between those involved. The intervening persons must be able to objectively assess the situation they encounter, taking into account and respecting the dignity, health and age of the victims.

We also draw attention to the fact that any help given to the victims of violence must be based on the law, especially the laws concerning the prevention of domestic violence. We stressed that the task of the officers and representatives of other services is, in particular, to provide information which can improve the situation of the victims, as well as concerning actions to be taken against the perpetrator, including those leading to punishing him. At the same time we indicate that it is important to perceive the problem not only in its legal, but also its human aspect.

The authors of the text hope that providing the officers and representatives of other services with a handbook, will be a help not only in identifying the problems of old age, but also during interventions. We strongly believe that understanding the complexity of the situation of the victims and perpetrators of violence against the elderly, will help perfect the skills of those intervening in situations of violence.

Completing the project resulting, alongside other effects, in the creation of this handbook, would not have been possible without the cooperation of many friendly people, representing important institutions in our city (Białystok). We would like to use this opportunity to extend our sincere thanks to: the Directors of the City Family Aid Centre in Białystok and the Voivodship Police Command in Białystok for a long and beneficial cooperation in the area of preventing violence against the elderly. Our thanks also goes to the Head of the Prevention Division of the Voivodship Police Command in Białystok, who agreed to let us use some of the information prepared by the Prevention Department of the Voivodship Police Command in Białystok for their study "How to organize work in Interdisciplinary Teams and Workgroups – a comment to the 'Blue Card' procedure." We would also like to extend our thanks to Tomasz Kałużny the President of the District Court in Białystok for allowing us to conduct our research, the results of which he applied with us in training session. Last, but not least, we would like to thank all the partners in our project, for their exceptional involvement.

More information on the Mind the Gap project and its full, international results can be found on its website: www.ipvow.org

Prof. dr hab. Małgorzata Halicka
Project Coordinator for Poland

2. The Influence of Selected Factors on Human Ageing



The ageing process is heterogeneous and conditioned by multiple factors. S. Steuden¹ claims that among the most important are socio-demographic and psychosocial factors, health and lifestyle. It is natural for the analysis of individual predictors (e.g. psychological and physical activity, eating habits, addictions, life satisfaction, the way one functions personally and socially, one's attitude towards ageing, independence, the ability to cope with problems that come with age, perceived support from others, education, marital status, etc.) in these categories to be highly significant in the cooperation with an elderly victim of violence. However, recognizing and systematizing them requires specialized knowledge and competence.

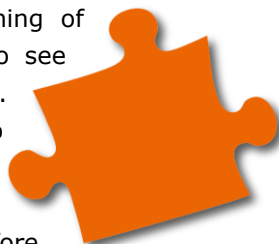
During the initial intervention in a case of an elderly victim of violence it is important for the intervening person (e.g. police officer, doctor, social worker) to have a general knowledge of the specific character of old age. This should improve the quality of their diagnosis of the situation, as well as the victim and the perpetrator. One should take into account that with age sensitivity to stimuli decreases. This means these stimuli have to be stronger or more energetic to be internalized and elicit a reaction². The weakening of sight and hearing are the most detrimental to the functioning of an elderly person.

¹ S. Steuden, *Psychologia starzenia się i starości*, Warszawa 2011, p. 42.

² J. Rembowski, *Psychologiczne problemy starzenia się człowieka*, Warszawa 1984, p. 46; J. Halicki, *Obrazy starości rysowane przeżyciami seniorów*, Wydawnictwo UwB, Białystok 2010

2.1 Eyesight

Many elderly suffer from a weakening of vision, which makes it difficult for them to see items in poor light (e.g. at dusk) or far off. Furthermore, it takes them more time to process visual input, which means that they have to see objects longer, to identify them in detail ³. One should therefore remember, during an intervention, in conversation with the victim, completing (signing) forms and documents, to provide sufficiently large fonts and strong light. Problems in written communication may stem not from poor literacy, but problems with eyesight. Furthermore, many elderly have problems with eye accommodation (i.e. the ability of the eye to adjust quickly to looking at objects at various distances). This leads to old age visual impairment, characteristic of far-sightedness.



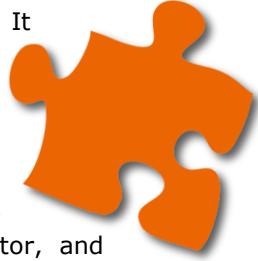
Eyesight is undoubtedly significant for the control of one's surroundings and interpersonal contacts. One of the most noticeable features of people in danger of its loss or deficiency is increased anxiety and fear of the loss of independence⁴. This may be another factor contributing to the victims discomfort during an intervention. In consequence this may lead to loss of concentration, impatience and unwillingness to cooperate with the very people who are trying to help the elderly.

2.2 Hearing

³ I. Stuart-Hamilton, *Psychologia starzenia się*, Poznań 2006, p.28

⁴ D. Spinelli, E. Faroni, G. Castellini, *The Personality of the Glaucomatous Patient. Preliminary Results. Acta Ophthalmologica Scandinavica*, 1998, p. 53-54.

Many elderly suffer from hearing impairment (men usually more than women). This includes a number of disorders leading to problems with hearing high tones or perceiving them as louder than they really are (which may cause pain). Often they also have difficulties in distinguishing individual words, which makes it difficult for them to understand speech⁵. Hearing is further hindered by tinnitus, which blocks and distorts other sounds. It is therefore important for the intervening person to adjust their speech. It is frequent during interventions for the elderly to listen attentively, to ask additional questions (which is not necessarily a sign of mental impairment), turn their “better” ear towards their interlocutor, and speak very loudly.



One should remember that the loss of hearing may lead to the feeling of being misunderstood and lonely, to isolation from others, growing mistrust, suspicion, embarrassment. These are important elements which need to be properly interpreted by the intervening person. It is therefore important to sustain the conversation, speak loudly, take more time to convey the message and be patient. This requires the professional to be particularly delicate, because the elderly may feel that they are shouted at, disregarded and disrespected.

2.3 Pain perception

Many elderly have decreased pain perception, which means that they may not feel some low intensity pain stimuli. This is connected with a decrease in the number of pain receptors, as well as emotional state and expecting one’s body to malfunction

⁵ S. Steuden, Psychologia...op. cit., p. 45.

occasionally⁶. Some pain stimuli may be treated by the elderly as natural for their age⁷. This is also possibly due to their greater patience, as well as unwillingness to complain if they experience physical injury or abuse⁸, which should be taken into account during interventions.

2.4 Reaction time

In general it has to be stated that physiological ageing is characterized by no essential deviations from the norm of such psychological functions as: memory range, breadth of knowledge, vocabulary, practical judgment, coping with difficulties, logical thinking, performing complex activities of daily living (household management, independent functioning, mobility, orientation in space and time)⁹. However, they have a decreased ability to process new information, concentrate, remember and learn new things. They also need more time to perform tasks and solve problems and have decreased hand-eye coordination and operative memory.¹⁰

The main cause here is the slowing down, which is a result of the weakening of the senses, which in turn is the result of the ageing of the nervous system¹¹. Wojciech Pędich claims that the attitude of social workers towards the elderly is usually characterized by insufficient knowledge of gerontology, instrumental treatment of working with the elderly, low emotional attachment to their work and poor motivation¹². This may be the result of the lack of basic knowledge of the characteristics of the elderly, which would explain their behavior during interventions.

⁶ Ibidem, s. 48

⁷ I. Stuart-Hamilton, *Psychologia...*op. cit.

⁸ S. Steuden, *Psychologia...*op. cit., p. 48.

⁹ Ibidem, p. 49.

¹⁰ P. B. Baltes, U. Lindenberger, Emergence of a powerful connection between sensory and cognitive functions across the adult life span. A new window on the study of cognitive aging? *Psychology and Aging*, 1997/12, p. 12-21; I. Stuart-Hamilton, *Psychologia starzenia się*, Poznań 2006.

¹¹ J. Rembowski, *Psychologiczne...*op. cit., p. 53.

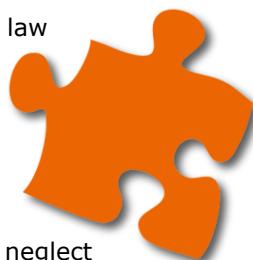
¹² W. Pędich, *Ludzie starzy*, Warszawa 1996.

In contacts with the elderly victims of violence, in order to attain the most cooperation, one should include all the problems caused by the natural ageing process, while the demanding attitude shown by many people, cannot be an obstacle to objective assessment of the need for and possibility of help.

3. A Multi-aspect Analysis of Violence against the Elderly

3.1 Legal aspects of violence against the elderly

It should be noted that Polish penal law contains no regulations pertaining to the elderly in particular. Therefore, the key document, which defines violence itself (also in relation to the elderly), is the act on preventing violence of 29th July 2005¹³. Point 2 in article 2 of the act defines violence as “single or recurring deliberate act or neglect which violates the rights of people listed in point 1 (i.e. a loved one, or other person cohabiting or sharing a household), in particular exposing the these people to the risk of losing their life, health, violating their dignity, physical inviolability, freedom, sexual abuse, causing harm to their physical or mental health, as well as causing suffering and moral harm in the victims of violence”. Therefore, this



¹³ Ustawa o przeciwdziałaniu przemocy w rodzinie z dnia 29.07. 2005r., Dz. U. Nr 180, poz.1493 (ze zm.).

refers to intentional acts. The also establishes that violence "violates basic human rights, including the right to life, health and respect for personal dignity".

The problem of violence (including that against the elderly) is also addressed by article 207 of the penal code of 1997¹⁴. It institutes sanctions for physical and psychological abuse of a loved one, or a person permanently or temporarily dependent on the perpetrator, or a minor, or a person who is helpless due to their mental or physical state. The perpetrator may face a penalty of 3 months to 5 years imprisonment (art. 207 §1 of the penal code). If the behavior is connected with particular cruelty, the perpetrator may face up to 10 years in prison (art. 207 §2 of the penal code). If, as a result of the abuse, the victim attempts suicide, the perpetrator may face imprisonment for 2 to 12 years (art. 207 §3 of the penal code).

This law protects¹⁵:

- the people closest to the perpetrator, i.e. spouse, ancestor, descendant, sibling, someone in affinity of the same line or degree, an adopted child and their spouse, as well as a cohabiting person (art. 115 §11 of the penal code). Thus, the law protects not only spouses, but also people living in concubinage.
- people in a permanent or temporary state of dependency on the perpetrator – people dependent on the perpetrator due to their material situation or health problems. These may often be elderly people.
- minors – people under 18 years of age
- the helpless – people who are incapable of making decisions about their life because of age, sickness or disability.

Article 207 §1 of the penal code relates to both physical abuse (e.g. hitting, pulling hair, kicking, burning with cigarettes) and psychological abuse (degrading, name-calling, threatening, verbal

¹⁴ Ustawa – kodeks karny z dnia 06.06.1997r., Dz. U. Nr 88, poz. 553 (ze zm.).

¹⁵ A. Marek, Kodeks karny. Komentarz, Warszawa 2007, p. 402.

abuse)¹⁶. One should also remember that abuse consists of a series of acts extended over a period of time. They include, in particular, crimes against health (causing a serious injury – art. 156 of the penal code, battery – art. 158, causing a risk of death or injury – art. 160), freedom (false imprisonment – art. 189, threats – art. 190, forcing a person to behave in some way – art. 191, sexual abuse of a helpless or mentally disabled person – art. 198, abusing a dependency relationship for sexual purposes – art. 199, abandoning a helpless person – art. 210), dignity (verbal abuse – art. 216, violation of bodily integrity – art. 217), property (theft – art. 278, robbery – art. 280, aggravated theft – art. 281, extortion – art. 282, fraud – art. 286)¹⁷. This list of crimes which amount to violence shows that abuse is composed of a number of various acts against significant human rights.

Article 207 §2 of the penal code is concerned with particular cruelty, which is first of all brutal, drastic causing of pain to the victim. Assessment of what is particularly cruel depends on “the individual physical and psychological characteristics of a given person”¹⁸, especially the elderly and defenseless women.

The penal code also takes it into account if the victim attempted suicide as a result of the abuse. Whether the attempt was successful does not influence the responsibility of the perpetrator. What is important is that there was a direct connection with the abuse.



One should stress that the penalties predicted in law are quite severe. In reality however, it is important for the victim to notify the

¹⁶ M. Mozgawa [in:] M. Mozgawa (ed.), Kodeks karny. Komentarz, Warszawa 2012, p. 435.

¹⁷ More on these crimes in relation to the elderly; K. Laskowska, Prawna ochrona ludzi starych - wybrane aspekty [in:] M. Halicka, J. Halicki, A. Sidorczuk (ed.), Człowiek dorosły i starszy w sytuacji przemocy, Białystok 2009, p. 51-55.

¹⁸ Z. Siwik [in:] M. Filar (ed.), Kodeks karny. Komentarz, Warszawa 2012, p. 1042.

police, give a statement and provide evidence, including medical exams and witnesses.

3.2 The gerontological aspect of violence against the elderly

As it was already mentioned old age has its specific character, which is often poorly understood by younger people. Therefore, violence against the elderly is different from violence among younger people. First of all, it should be noted that its main symptoms are abuse and neglect. The two main aspects of mistreatment of the elderly are:

- Deliberate, purposeful actions which not only cause harm, but also those which expose to the risk of harm. It is also very important that these actions are taken against defenseless elderly (particularly women) by people whom the elderly trust.
- Neglect by the carers (e.g. husband) and failing to fulfill the basic needs of the elderly.¹⁹

It should also be remembered that "mistreatment" is not self-neglect or failing to meet one's own needs by the elderly.

It should be stressed that the term "abuse" has a very broad meaning in relation to the elderly. It refers mainly to doing harm or causing a risk of harm to the elderly by the people they trust.

However, this does not refer only to physical violence. It may as well be verbal, emotional, psychological, economic, or sexual abuse, as well as the very common practice of driving the victim away from home. In most cases these are intentional acts, but



¹⁹ M.Halicka, J.Halicki, Przemoc wobec ludzi starych jako przedmiot badań [in]: M.Halicka, J.Halicki (ed.), Przemoc wobec ludzi starych. Na przykładzie badań środowiskowych w województwie podlaskim, Białystok 2010, Wyd. Temida 2, s. 19-44.; Oblicza przemocy wobec starszych kobiet – raport z badań, „Praca socjalna”, 5/2012.

may also be unintentional, for example when the perpetrator does not have the ability to care for an elderly person without causing her harm.

Neglect, on the other hand, focuses on the carer (a husband caring for his sick wife), who does not provide appropriate protection to the helpless elderly, or fail to provide help or basic provisions such as food, medical care and other basic needs.

3.2 Violence against elderly women in the eyes of social services workers

It is worth noting how violence against elderly women is understood by social services workers, who have taken part in the research on intimate partner violence against elderly women. First of all, they noticed that in their opinions violence is an intentional act or lack thereof which leads to the infringement of a person's dignity through the causing of harm to their physical and mental health. Another key factor is the disproportion of strength between the perpetrator and the victim. The former acts to gain an advantage over the latter in order to reach a certain goal. Social services workers also stressed that the issue of aggression against elderly women is a problem the society is not aware of, which may influence its duration and dynamics. They also stressed that violence against elderly women is mostly associated with abuse from an intimate partner or children and remaining hidden for a very long time. It is also associated with the victims' passivity, which is caused mainly by cultural factors connected the position of elderly women in the family and society.

3.3 Violence in the eyes of elderly female victims

At this point the most important issue is not to understand how elderly female victims of violence define the term itself. What is important is to draw attention to the very problem of abuse and

neglect they suffer. Is there any specificity to violence in old age? Firstly, one should stress that it is rare for intimate partner violence against a woman to start in old age. Usually the situation lasts for years and the women suffer in silence. It should also be noted that usually the violence develops. Victims indicate that the situation deteriorates with age: violence may increase with age, even drastically. The most frequent reason is that the perpetrator quits his job to retire. Too much free time, with nothing to do with it, may be a cause of stress for men, which in turn leads to conflicts and violence. It is also clear that violence is closely correlated with alcohol abuse, which applies to the elderly as well. Other basic reasons for violence, indicated by elderly women, are jealousy and mistakes in the perpetrators primary or secondary socialization. Therefore, in order to fully understand the attitude of the perpetrator and the reasons for his behavior, one should note the history of violence or alcohol abuse in his family.

3.4 Forms of violence used against elderly women

As it was already mentioned, violence against elderly women has a varied character, takes various forms and manifests itself in many ways. The analysis of court files concerning violence against elderly women indicates that the most frequent forms and symptoms of intimate partner violence against them are:

- **physical violence** - hitting, kicking, pushing, pulling, pulling hair, slapping in the face, strangling, twisting arms, pushing against a wall, throwing items at the victim, sitting on the victims head, spitting. Although the perpetrators do not use firearms, in many cases they use other dangerous objects to attack the victim. The most typical "tools" are: knife, axe, jar, walking stick or crutch. Less frequently there were situations where the perpetrator threatened or hurt the victim with: a flower pot, baseball bat, belt, hammer, candlestick, dog leash or screwdriver.

- **psychological violence** - (emotional, verbal): name calling, blaming, intimidation, threatening with violence, wounding and death, isolating, verbal aggression, threatening with explosions, leaving excrements in the house

- **economic abuse** - taking money from the elderly, receiving her pension in her name and withholding it from her, selling or destroying her belongings, theft, extortion (usually the aim is to get money for alcohol)

- **sexual abuse** - forcing into intercourse, forcing the victim to see nudity (the perpetrator walks around the house naked)

- **overbearing control** - stalking, controlling the victims expenses, controlling the victims daily activities, where she goes, who she talks to, etc.

- **deliberate neglect** - failing to provide food, shelter, clothes, medical care, personal care, social contacts

- **turning the victim out of home and forcing her to spend the night elsewhere** - with neighbors, friends, family, or the staircase

As it can be seen, violence against elderly women may take various forms, whether of abuse or neglect. However, it should be stressed that these examples are not the only possible forms of violence against elderly women. These are only the most common ones in the 70 cases we analyzed. They provide a general overview of the situation with a wide spectrum of possible forms of intimate partner violence against elderly women.



4. Strategies employed by perpetrators and victims

Analysis of the court files indicates that there are cases where both the perpetrator and victim change their behaviour in the presence of police officers. This may also happen later: during questioning or even court sessions. Therefore, the intervening officers should be aware of the strategies most commonly used by the perpetrators and their victims.

4.1 Strategies employed by the perpetrators

- 1)** The perpetrator is aggressive and abusive towards the victim when there are no witnesses to his behaviour – if there are other people around he restrains his aggression and violence.
- 2)** When the police arrives the perpetrator pretends to be asleep, is sick, or undresses and sits in the bathtub
- 3)** The perpetrator blames his behaviour on his wife or another family member. He claims that his wife abuses or hits him and that this provokes him to aggressive behaviours.
- 4)** The perpetrators behave properly when monitored, but when the period of probation ends they immediately return to their bad behaviours.
- 5)** The man records various situations, his wife shouting, provoked to argue and plays the recordings back to her (psychological abuse, blackmail)
- 6)** The perpetrator beats his victim in a way which leaves no visible traces.

- 7) The perpetrator takes the telephone away from the victim, so that she cannot call for help or to the police.
- 8) Threats – the perpetrator threatens to burn the house, farm buildings, as well as threatening other members of the household with death or his own suicide.
- 9) The psychiatric opinion suggests that the perpetrator suffers from alcohol induced delusions. Alcoholism leads to the appearance of delusions.
- 8) The perpetrator behaves as if nothing had happened, as if he had not been aggressive.

4.2 Strategies employed by the victims

- 1) The woman does nothing about her situation, because she keeps hoping for an improvement in her husband's behaviour.
- 2) The woman reports her situation to a police officer on impulse, but later withdraws her accusations against her husband.
- 3) The woman agrees to mediation, because she wants a peaceful solution.
- 4) The woman refuses to let her drunk husband in, but if he is too loud, she opens the door to avoid unpleasant consequences (comments from the neighbours)
- 5) The woman wants to help her husband – she has him sent to rehab, because she believes alcohol is to blame for everything.
- 6) The woman asks the police to talk to her husband, believing that their authority will cause him to change his behaviour.
- 7) The woman finds peace and solace in prayer and this gives her strength to overcome the hardships of domestic violence.

- 8) The woman is supported by her children and complains to them.
- 9) The woman escapes from home when her husband comes home drunk, and comes back quietly once he's asleep.
- 10) The woman consults a psychologist who helps her cope with the situation.
- 11) The woman tries to justify her husband's behaviour, looking for reasons causing his aggression.
- 12) The woman wants to intimidate the perpetrator, because she only wants peace.
- 13) The woman does nothing, because she is ashamed of letting the neighbours know about her situation.

5. Dealing with victims of violence in view of the current legal regulations (Polish law)

As it was already presented in previous parts of the handbook, working with the elderly victims of domestic violence – has its particular character and requires a particular level of involvement from the social services. It is necessary for them to be aware of the various laws and legal acts, which would allow them to suggest appropriate help to the victims. The starting point for the following information is the **Act on the Changing of the Act on Countering Domestic Violence and Some Other Acts of 10th June 2010**²⁰.

Article 3 of the act provides that "A person suffering from domestic violence is provided help free of any charge, particularly in the form of:

- a) Medical, psychological, legal, social, job and family advice

²⁰ Ustawa z dnia 10 czerwca 2010 roku o zmianie ustawy o przeciwdziałaniu przemocy w rodzinie oraz niektórych innych, Dz. U. Nr 125, poz. 842.

COMMENT

- It is important to explain to the victim, who is an elderly person, that the help offered to her is **free of charge**
 - One of the attachments to this handbook is the **Registry of Special Advisory Units** created by the office of the Podlasie Voivode current as of 30.04.2012, which may be used as a source of information about the institutions providing particular types of help in various parts of the region
- b) Crisis intervention and support (**described below**)
- c) Protection from further harm by preventing the offenders from using the same flat or house as their family and restraining orders

COMMENT

- At this point it is important to remember **article 11a of the Act on the Changing of the Act on Countering Domestic Violence and Some Other Acts of 10th June 2010**, which reads in par. 1 "if a member of the family living in the same flat or house makes cohabitation particularly difficult by his violent behavior, the victim of violence has the right to demand that **the court order that person to leave the house or flat**" – the intervening person, or the person working with an elderly victim of domestic violence, should pay particular attention to inform the victim of the possibility of solving the problem of having to live with the perpetrator ***in court***.
- The elderly should also be clearly informed that a court can evict the offender only after a court case, which should take place **within one month from filing the suit**. And, more

importantly: **the order of the court becomes enforceable at the moment of announcement**, but may be changed or annulled if circumstances change (par. 2). It seems that the issue of time is very important for the elderly, so elderly women should be informed that the perpetrator can be evicted immediately, within a month of filing suit.

- The attachments section of this handbook contains a **Registry of Institutions Providing Shelter** created by the office of the Podlasie Voivode current as of 30.04.2012, which can be used as an information source about institutions in the region, which can provide temporary shelter for the evicted perpetrator.
- d) Providing the victim a safe haven in a specialized institution for victims of domestic violence

COMMENT

- **It is worth making the effort** of convincing the elderly woman to temporarily separate from the perpetrator and stay at a hostel provided by the Crisis Intervention Centre in her locality
- One should also remember that there are **Specialized Support Centers for Victims of Domestic Violence** in our region (more precisely they are attached to the District Family Help Centers in **Kolno and Suwałki**). Anyone in need may turn to these institutions, regardless of where they live (comment: the Crisis Intervention Centre only accepts applicants from a given locality). Any victim of



violence may find shelter in these institutions.

- e) Medical examination with the purpose of ascertaining the reasons and types of bodily harm and providing an appropriate medical report.

COMMENT

- The elderly women should be made aware that, according to the *Government Directive of 14th September 2011*, a **health service representative can provide a person**, who may be a victim of domestic violence, with a **medical report**, describing the causes and types of bodily harm resulting from domestic violence, **free of charge** (which is important for many victims), as part of the Blue Card procedure. **Any doctor** may create such a report, using a special form (see attachment)
- Research indicates that elderly often confide in the doctor, telling them about their domestic problems, so it is worth encouraging the victim to obtain this medical report

- f) Help in finding accommodation for a victim of domestic violence, who had no legal right to the house or flat shared with the perpetrator.

COMMENT

- The Crisis Intervention Centre is the first institution to provide help in this situation

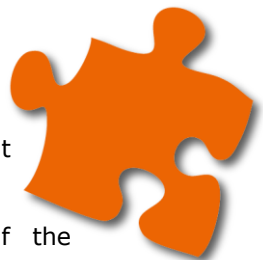
Crisis intervention and support – “BLUE CARD” procedure

- a) Article 9d of the **Act on the Changing of the Act on Countering Domestic Violence and Some Other Acts of 10th June 2010** states that: “making community

interventions in families suffering from domestic violence is based on the "BLUE CARDS" procedure and **does not require the consent of the victim**"; par. 2 "the procedure encompasses all the tasks performed by the representatives of social services, borough commissions for solving alcohol problems, police, education and health services who have a reasonable suspicion that there is violence in the family"

COMMENT

- Because the victim does not have to consent to the procedure, **it makes no sense to obtain any declaration of will** (e.g. that there is no violence, that this was a solitary event, that they do not consent to the procedure) **from the suspected victims of domestic violence**, because various services or institutions are obliged to take appropriate steps. Taking such a declaration from the victim may prevent her from seeking or accepting help.
 - **The procedure starts** – when there is a suspicion of violence, even if it is not supported by evidence or circumstances
 - **Conducting the procedure** – requires the suspicion to be justified (made more probable)
- b) The Government Directive of 13 September 2011 on the „Blue Cards“ procedure and forms states in **par. 1 passage 3** that: "if it is impossible to complete the "Blue Cards – A" form because the health situation of the



person, who is suspected of being the victim of violence, or because they are not present, or there is danger to their health or life, the “Blue Card – A” form should be completed as soon as contact is made or after

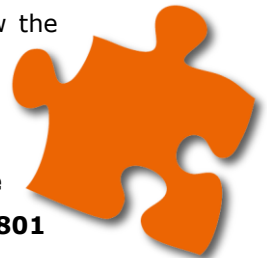
COMMENT

- It should be the rule that the form is completed by a representative of an institution who, working with the family in some way, was the first to have the suspicion that violence was being used against its members
- The completed Blue Card – A form is handed over to the chairman of the Interdisciplinary Team
- The person completing the form should remember to cross out empty rubrics or make a not “information not found”
- Because the form does not contain a rubric containing the victims’ **age**, considering the importance of this information, **one should put it down next to their names.**
- The form should be completed in the absence of the suspected victims of violence also **when they refuse to take part in completing it**
- The interview with the suspected victims should be **conducted in conditions allowing them to speak freely** and with respect to their dignity and safety
- It should also be remembered that the elderly can have particular problems with expressing their thoughts and feelings, so such **an interview requires more time**

- It is also good if this interview is conducted (if possible) by **a female police officer**; interviews with victims of violence indicate that this makes them feel more comfortable and allows the police officer to obtain more (or more detailed) information about the situation of violence
- c) **Par. 6.1** of the directive states that: „after the „Blue Card – A” form is completed, the suspected victim of domestic violence should be given the **“Blue Card – B”** form

COMMENT

- **Handing the form should not be a substitute for providing information.** The form concentrates on legal information, but does not contain information on the “Blue Card” procedure itself. Where the form enumerates the categories of victims of domestic violence it makes no mention of such categories as parents, grandparents, relatives. **Remembering that the victim is an elderly person**, one should not only hand them the form, but also clearly explain what violence is, what forms it can take, how the Blue Card procedure is conducted, what are the rights of the victim etc.
- The victim should also be informed about **the intervention and information hotline: 0 801 12 002** and the range of help they may obtain from a phone call; for a victim of violence indirect contact over the phone may be a more comfortable way of revealing the problem (more: The agreement concerning the functioning of an intervention and information hotline for the victims of



domestic violence from people who have been sentenced in the past for crimes of violence or unlawful threat against a family member functions as part of the Polish National Emergency for Victims of Domestic Violence "Blue Line", of 29th November 2010)

- d) The Government Directive of 13 September 2011 indicates that completing the "Blue Card – A" form opens the Blue Card procedure and the completed form should be handed over to the chairman of the Interdisciplinary Team without delay, **no later than 7 days from the opening of the procedure**

COMMENT

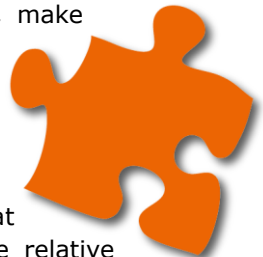
- **After completing the form and handing it over to the chairman of the Interdisciplinary Team**, the next step for the representative of a given institution is to **perform** (not waiting for the actions of the chairman/team) **the tasks** set out for this institution in the Government Directive (see table 1) and other **steps necessary in the circumstances of the case**
- Analysis of table 1 indicates that **only 4** (i.e. nr 2, 5, 6, 14) **of the 15 tasks** assigned to the representatives of all institutions **require specialized knowledge or powers**. Therefore, the list of tasks assigned to individual institutions in the *Directive* should be seen as tasks which are of particular interest to these institutions. However, **this does not mean that these institutions should not take up other tasks as well**, especially immediate tasks aiming to **ensure the safety of the victim**

e) Meetings of the Interdisciplinary Team

Article 9a-9c of the **Act on the Changing of the Act on Countering Domestic Violence and Some Other Acts of 10th June 2010** sets out the rules for the creation and functioning of the Interdisciplinary Team and Workgroups.

It is worth noting some of the aspects of work in the team or workgroups:

- I. During the first meeting (after the opening of the “Blue Card” procedure) of a Workgroup its members sign confidentiality statements, concerning the information they receive during the performance of their tasks, discuss the situation of a given family, make decisions concerning the necessary tasks and divide responsibilities, in particular:
 - They decide what the problem is, what other problems there are, what is the relative importance of these problems (which can be solved quickly, which would require time and expense)
 - Establish who is affected by the problem
 - Establish who knows about the problem
 - Decide on the timeline for the completion of tasks
 - Discuss earlier actions and their effectiveness
 - Discuss the possible variations in the completion of the tasks (e.g. *if this fails, than...*)



II. It seems reasonable that **the suspected victim should be invited to the initial meeting**. The following points need to be considered:

- Who in particular will extend the invitation – the form of the invitation was not set, which makes it reasonable to invite the victim personally or by phone if possible, while the perpetrator should be summoned in writing.
- Who should take part in the meeting with the victim?
- What should be the order of the meeting (e.g. 1 – discussing the situation among the members of the group; 2 – meeting with the victim, completing the Blue Card – C form; 3 – discussing possible forms of help; 4 – developing an individual help plan together with the victim)

III. The starting point for the Workgroup is the assumption that *there is no official hierarchy between the members of the Team and the Workgroup*. Every member of the Interdisciplinary Team and the Workgroup acts in accordance with the law and is subject to the regulations of their institution (including their superiors). The Team is a supervisory and advisory body for the Workgroups as a whole, but not to their members.

IV. It is important for the workload of various members of a Workgroup to be equal.

Other institutions which can help in counteracting domestic violence

- a) Article 12d par. 1 of the **Act on the Changing of the Act on Countering Domestic Violence and Some Other Acts of 10th June 2010** states that: “if the

probation officer files for the carrying out of a suspended prison sentence or the cancelling of parole in relation to a person sentenced for a crime of violence or unlawful threat against a family member, who broke the law by being violent or threatening a family member, the appropriate court has the perpetrator held and brought to session where the matter is decided”.



Par. 3 states that: “a court decision to carry out the sentence or to cancel parole is carried out immediately”

COMMENT

- Representatives of services involved in the „Blue Card“ procedure should remember that a **probation officer**, who notices a lack of improvement in his ward’s behavior, **can ask a court to carry out the suspended sentence or cancel parole**, which is decided by court in an accelerated session.
- **The court** can place a restraining order (forbidding the subject to be in certain places or communities, to contact or approach certain people) on the perpetrator of a violent crime (including violence against a loved one), as well as forbid them to leave their place of residence without

consulting the court or evict them from the victim's place of residence; this may be accompanied by an order to appear at set times at a police station or other appropriate institution. This may be done **at the probation officer's request.**

- One should also remember about the Procedure of cooperation between the probation and police officers in the case of people, who were sentenced for crimes of violence or unlawful threat. **Police and probation officers exchange information on their wards.** Invoking this document may help solve a problem concerning the perpetrator of violence faster and more effectively.

b) It is also worth commenting on the **role of faith and the authority of the church**, especially among the elderly. Efforts should be made to involve members of the clergy in cooperation (for example in the Workgroups or the Interdisciplinary Team). It is very likely that they would be able to effectively influence elderly victims of violence.

- Not everybody knows that **the Catholic Church accepts separation** in marriage. According to Canon Law "separation takes place when the couple decides to no longer live together, even though their marriage is still valid" (W. Góralski, Kościelne Prawo małżeńskie, Warszawa 2006, p. 276). The Code states that the division may be permanent (the couple are in no way obliged to come together again) or *temporary* (e.g. if the reason for separation ceases to be).

The possible reasons for separation are:

- Infidelity;
 - A serious danger caused by the partner to one's body or soul;
 - A serious danger caused by the partner to the children
 - Other reasons caused by the partner which make it too difficult to live together (see. kann. 1152 i 1153 KPK).
- Looking at these reasons one has to admit that people suffering violence from their partner in marriage have the right to start the procedure which eventually leads to a **separation decree** granted by the appropriate ordinary. The whole procedure is handled by a Metropolitan Court, which operates in every diocese (see. kan. 1692 KPK).
 - It is a good idea to tell the Catholic **victims of intimate partner violence** about the institutions of separation sanctioned by the church and the possibility of stopping their harmful situation without losing the rights of sacramental life.



6. Conclusion

Our research exposed the complexity of the problem of violence against the elderly. It showed that officers and social service workers in particular should be constantly educated for the purpose of working with this group of victims. They need to understand that the harm done to elderly victims in conjunction with problems caused by their advanced age puts them in a particularly difficult situation.

We should remember that an elderly person experiencing violence may not admit to it for a number of reasons. However, it may also happen that an elderly person who is not a victim of violence may complain of persecution (in order to draw attention to themselves, in result of old-age dementia, etc.) Therefore it is so important to possess a thorough knowledge of the elderly, combined with close observation, a broadened interview, as well as getting to know the life situation and environment of the person in question. When working with the elderly one should be aware of what is required of representatives of appropriate services. These include: constant education, patience, understanding, compassion, the ability to listen, impartiality, providing a sense of security. One should also remember about the need to listen to both sides of the conflict, which is necessary for a rational analysis of the situation of the perpetrator and victim. It allows for an impartial assessment of their behaviors, taking into account human suffering.

It should be noticed that current legal regulations provide and increasing range of means of influencing the perpetrator and leading to an improvement of the victim's situation. Therefore, every effort should be made to give elderly victims a strong belief that law and its officers defend the victims. For that purpose it is necessary to skillfully inform the victims about their rights, possibilities and methods of seeking justice and retribution, which include treatment,

isolation and punishment of the perpetrator. The victim should believe that the law takes into account the human aspect of experiencing violence.

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8. Appendix

The following websites may be treated as complementary to the advice contained in this **Handbook**. They contain additional information, which may help improve interventions in cases of violence – especially that against elderly women.

- **List of institutions providing shelter under the supervision of the Podlasie Voivode:**
http://bip.bialystok.uw.gov.pl/Show_Item.aspx?ID=23414
 [date of access: 11.02.2013 r.]
- **Registry of specialized advisory institutions under the supervision of the Podlasie Voivode:**

http://bip.bialystok.uw.gov.pl/Show_Item.aspx?ID=23415

[date of access: 11.02.2013 r.]

- **Government Directive of 13th September 2011 on the “Blue Card” procedure and the “Blue Card” forms:** <http://www.lex.pl/du-akt/-/akt/dz-u-11-209-1245> [date of access: 11.02.2013 r.]
- **Act of 10th June 2010 on the Changing of the Act on the Prevention of Domestic Violence:** <http://www.lex.pl/du-akt/-/akt/dz-u-10-125-842> [date of access: 11.02.2013 r.]
- **National Emergency Helpline for Victims of Domestic Violence “Blue Line”:** www.niebieskalinia.pl [date of access: 11.02.2013 r.]

	TASK	RESPONSIBLE INSTITUTIONS				
		POLICE	SOCIAL AID	BCSAP	EDUCATIONAL SECTOR	HEALTH AID
1	Providing necessary help	X				
2	Providing first aid	X				
3	Providing immediate access to medical treatment, if the health situation of the suspected victim of domestic violence requires it.	X	X	X	X	
4	Providing the suspected victim with shelter in a specialised protection institution if necessary		X			
5	Taking, if needed, any other steps in order to protect the life, health and property of the suspected victims, including the restraining or detention of the suspected perpetrator of domestic violence.	X				
6	Conducting any tasks necessary for the preservation of evidence at the place of the event for future investigation and trial.	X				
7	Providing information concerning the possibilities of finding help (in particular psychological, legal, social, pedagogical) and support (including institutions providing specialised help for victims of domestic violence)		X	X	X	X
8	Providing information concerning the forms of help available for child victims of domestic violence and institutions providing it.		X		X	

9	Providing information about possible further steps, which can help improve the situation		X	X	X	
10	Informing the victim about the possibility of receiving a medical certificate, stating the source and type of bodily damage resulting from violence, free of charge					X
11	Recognizing the situation and needs of the suspected victims of violence		X	X	X	
12	Conducting interviews with the suspected perpetrators of domestic violence about the consequences of they may face.		X	X	X	
13	Informing the suspected perpetrators of domestic violence about the possibilities of going into therapy and taking part in corrective-educational programmes for perpetrators of domestic violence		X	X	X	
14	If possible – talking to the suspected perpetrators of domestic violence, in particular about the legal consequences of their actions and calling upon them to respect the law and social order	X				
15	Taking steps to prevent domestic violence, in particular making regular visits to check up on the safety of the suspected victim of violence, as is dictated by the interdisciplinary team or workgroup.	X				

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Information: www.ipvow.org

