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SAFE



A SAFER LIFE FOR OLDER WOMEN

EXERCISES FOR THE TRAINING MANUAL FOR PROFESSIONALS

ANNEX 1

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Exercises for Module 1 - Perspectives to violence against older women

Module 1, Exercise 1 - Awareness-raising about thoughts, attitudes and beliefs of older women

Method of the exercise

Group work

Learning Objectives

- to become aware of ageism and gender discrimination in the society
- to challenge one's own attitudes and beliefs of older women
- to understand the gendered nature of violence against older women

Materials required

Whiteboard or something else the trainer can make notes to

Pens

Copies of exercise form

Time frame: 30 minutes

Preparation for the exercise

Set up the whiteboard or a large piece of paper on the wall and write down the three headlines:

Good things about getting older as a woman	The challenges of getting older as a woman	Ways to overcome issues of attitudes and beliefs of older women

Description of the exercise/instructions

1. Organize the participants as groups of 4-5 members.
2. Ask them to agree in the group who will be taking notes and who will present the results to the whole audience.
3. Ask the participants to come up with good things about getting older as a woman. Make notes of the ideas and thought they come up with.
4. Ask the participants to come up with the challenges of getting older as a woman. Make notes of the ideas and thought they come up with.

5. Ask the participants to think whether the things they have come up with are ideas based on their own/their relatives' experience, or attitudes, beliefs or stereotypes they have learned from the wider society.
6. Ask the participants for practical ideas to overcome negative attitudes and beliefs of older women. What could be done at societal, family and individual levels?

Discussion questions

- Was it difficult to come up with positive things about getting older as a woman?
- How about negative things?
- Is it easy to identify whether an idea or a belief is based on one's own experiences or has been learned from the society/is cultural?
- What does it take to overcome these beliefs and attitudes at individual/family/societal levels?

Notes to the trainer

People may hold strong beliefs about getting older. To avoid conflict and feelings getting hurt, ground rules are needed: remind the participants to respect the views of other people.

Source/Reference

UMKC's Consortium for Aging in Community¹

Module 1, exercise 2 - Quiz on ageing and older people

Method of the exercise

Individual reflection or group work or continuum

Learning objectives

- to increase participants' knowledge of ageing and older persons
- to raise self-awareness about attitudes and beliefs of ageing and older persons
- to become aware of stereotypes and simplifications one holds and to reflect on them critically.

Time frame: 1 hour (depending on how many statements the trainer uses)

Materials required

- If the trainer uses a continuum: Posters that read 'True' and 'False' in large font
- A list of statements on a flip chart or as PowerPoint slides; for individual or group work you need copies of statements to distribute to participants
- Note: change statement 11 in line with your country's statistics!

Preparation of the exercise

¹ Breytspraak, L. & Badura, L. (2015). Facts on Aging Quiz (revised; based on Palmore (1977; 1981)). Retrieved from <https://aging.umkc.edu/quiz/>

If the trainer uses the continuum, the training room has to be cleared of chairs and tables. The posters “True” and “False” should be set to the walls on opposite sides of the room.

Description of the exercise/instructions

1. Put the posters up on both ends of a large room. Give plenty of space for group members to move.
2. Introduce the exercise by saying that you are going to read and show statements. Invite people to take sides according to their opinion on the content of the statements.
3. Tell them that these are statements that tend to produce strong feelings and the aim is to consider their own views and to listen to the views of others. The purpose of the activity is not to reach agreement.
4. Read a statement and ask people to move either to “True” or “False” end of the continuum.
5. When everyone has taken her/his side on the continuum, ask if anyone would like to explain their choice.
6. After a short time, ask if anyone wants to change positions after what they have heard.
7. When you have finished, you might want to ask the participants how they felt and give room to resolve any outstanding issues. If any statement is so controversial that people want to continue talking about it, take note. You may be able to come back to it later on in the session.

Discussion questions:

- How did you feel during the exercise?
- Was it difficult to make a choice? Why?
- Which statements were easy to agree as “True” or “False”?
- Why was it so difficult to find agreement on some statements?
- Are there issues that the participants would like to spend more time discussing?

Notes to the trainer

Find and use background information about your own country to provide final answers to the statements.

	Statement	True	False
1	The majority of older adults will develop dementia at old age		
2	Most older adults have difficulty adapting to change; they are set in their ways		
3	Declines in all five senses normally occur at old age		
4	Older adults are incapable of learning new information; you can't teach an old dog new tricks		
5	Physical strength tends to decline at old age		
6	Intelligence declines with old age		
7	The vast majority of older adults will at some point end up in a nursing home		
8	Generally speaking, most older adults tend to be pretty much alike		

9	The majority of older adults suffer from loneliness		
10	Old age can often be characterized as a second childhood		
11	Over 20% of the population of our country is over the age of 65		
12	Retirement is detrimental to an individual's health – retiring kills older people		
13	Pain is a natural part of the ageing process		
14	Rarely does someone over the age of 65 produce a great work of art, science, or scholarship		
15	With age comes wisdom		
16	Most of older adults have no desire or capacity for sexual relations		
17	Chronological age is the most important determinant of age		
18	Attitude to ageing has little or no influence on health		
19	Older adults are a drain on the economy, including the health care system		
20	Ageism means having negative attitudes and discriminating people because of their age		
21	I can be ageist and not know it		
22	We can combat ageism		

Example answers

1. The majority of older adults will develop dementia at old age

Answer: False - Contrary to a popular stereotype, dementia is not inevitable or a normal part of ageing.

2. Most older adults have difficulty adapting to change; they are set in their ways

Answer: False - Older adults are no more rigid than younger adults. This tends to be a relatively stable personality characteristic. Thus, individuals who are rigid and have difficulty adapting to change in young adulthood will probably have these same difficulties when they become older.

3. Declines in all five senses normally occur at old age

Answer: Mostly True - For the most part, all five senses decline at old age. There are numerous changes that occur with vision that are highly correlated with age. However, the dramatic declines that are recorded to occur in the auditory system may be more related to the cumulative effects of noise than to age. Most individuals living in low-noise cultures (e.g. nomadic cultures, simple agrarian cultures) do not exhibit a loss of hearing with age.

4. Older adults are incapable of learning new information; you can't teach an old dog new tricks

Answer: **False** - Older adults are capable of learning new information (as demonstrated by the number of older adults who are highly computer literate). There is some research that states that older adults may take a little longer to learn new information and may use different learning strategies. Research on memory is highly contradictory in this topic. Research has, however, clearly demonstrated that the memory performance of healthy older adults can be improved with training. With increased stress, memory abilities show a dramatic, but temporary, decline in people of all ages.

5. Physical strength tends to decline at old age

Answer: **True** - Physical strength does tend to decline with age. Of course, exercise can counteract and limit the amount of loss. Thus, someone who is 65 and exercises regularly may be in better shape and has more physical strength than a 40-year-old couch potato.

6. Intelligence declines with old age

Answer: **Mostly False** - Most older adults do not experience any decline in intellectual abilities with age. In fact, some forms of intelligence have been hypothesized to increase with age. However, some older adults do exhibit decline. There are several factors which may account for this decline. Firstly, some diseases may lead to intellectual declines (e.g. cardiovascular diseases). Secondly, individuals who live in deprived environments demonstrate a loss of intellectual abilities. Of course, problems such as impoverished environments impact the intellectual performance of children as well.

7. The vast majority of older adults will at some point end up in a nursing home

Answer: **False** - Contrary to the common myth, most older adults do not live in long-term care facilities. For instance, only 8,5 per cent of people over 75 years in Finland live in a long-term care facility and 18,2 per cent of people 85 or older.²

8. Generally speaking, most older adults tend to be pretty much alike

Answer: **False** - In fact, the older adult population is the most diverse and heterogeneous age group. Development consists of an interaction of the individual (with all of their genetic and biological make-up) and the context within which they live. The older an individual gets, the greater the impact of the context. In other words, your life experience serves to change you in unique ways; you experience different people and life events, you make choices, and you learn. As all of this is different for everyone, each of these life experiences serves to increase people's diversity across the life-span. The only time older adults will demonstrate homogeneity is in response to disease.

9. The majority of older adults feel they are lonely

Answer: **False** - According the researches in different countries and cultures 4 – 36 % of older people feel continuous loneliness. Loneliness is one of the greatest fears that people associate with old age. Often, this fear of loneliness is based on the thought of losing a spouse and subsequent isolation. This fear is not based on reality for most of older individuals. The majority of men remarry

² Terveyden ja hyvinvoinnin laitos (2018). Kotihoito ja sosiaalihuollon laitos- ja asumispalvelut 2017. Tilastoraportti 41/2018. Available at: <http://www.julkari.fi/handle/10024/137296>

after the loss of a spouse. Women, however, are more likely to become involved in new social relationships and friendships with other widows.³

10. Old age can often be characterized as a second childhood

Answer: **False** - The life span is unidirectional. Older adults are adults and should be treated as such even if the person is incapacitated by illness. Additionally, myth asserts the reversal of roles between parent and child. Thus, the adult child caring for the non-well parent may say they have taken on the role of the parent and the older person has become the child. However, caring for a non-well parent is **not** the equivalent to role reversal. In fact, true role reversal is viewed as dysfunctional.

11. Over 20% of the population of our country is over the age of 65

Answer: **True (check your country's statistics)** - The percent of older adults over 65 for instance in Finland has risen from 15 percent in 2000 to approximately 21,4 percent in 2017 and is expected to reach 27 percent by the year 2040.⁴

12. Retirement is detrimental to an individual's health – retiring kills older people

Answer: **False** - Retirement does not kill people. For the vast majority of older adults, retirement is a positive experience. There is high retirement satisfaction particularly for those who planned for their retirement. Those who tend to die following retirement usually retired because they were not well in the first place.

13. Pain is a natural part of the ageing process

Answer: **False** - Pain is not a natural part of the ageing process. Rather it is a sign of injury or illness. As such, pain should not be ignored. Unfortunately, too often people will attribute pain to ageing and wait too long to seek medical help with negative outcomes.

14. Rarely does someone over the age of 65 produce a great work of art, science, or scholarship

Answer: **False** - The sixties (age not decade) are very productive years for historians, botanists, inventors, philosophers, and writers. Whether it is Goethe finishing Faust at 82, Michelangelo finishing the dome of St. Peter's or Cervantes writing Don Quixote in old age, the evidence for great works after 65 is clearly apparent.

15. With age comes wisdom

Answer: **Mostly False** - Wisdom is a very multi-dimensional concept and difficult to define. Relation between age and wisdom is still unclear. It is possible that wisdom is manifested differently at different ages. Individuals possessing wisdom exercise insight, judgement, self-knowledge, and the ability to effectively manage their lives. Using this definition, the research has not found that older adults perform any better than younger adults. In other words, there are individuals both young and old who possess wisdom. Wisdom at old age is mainly based on life experience.⁵

³ A. Kuikka (2015). Kuinka paljon Suomessa on yksinäisiä vanhuksia? Available at:

https://www.valli.fi/fileadmin/user_upload/Etsivae_mieli/Kuinka_paljon_Suomessa_on_yksinaeisiae_vanhuksia.PDF

⁴ Tilastokeskus (2018). Väestö. Väestörakenne 31.12. Available at:

https://www.tilastokeskus.fi/tup/suoluk/suoluk_vaesto.html#v%C3%A4est%C3%B6nik%C3%A4rakenne31.12

⁵ Adapted from L. Woolf (n.d.) Aging Quiz. Webster University. Available at:

<http://faculty.webster.edu/woolfilm/myth.html>

16. Most older adults have no desire or capacity for sexual relations.

Answer: **False** - Contrary to myth and stereotype, sexuality continues to be an important aspect of an older adult's life. People continue to be sexual beings and enjoy sexual relationships through late adulthood. For the minority of older adults who experience physical problems that may limit their sexual expression, treatments are available. It is also important to remember that sexuality is not just a biological function. Sexuality includes the expression of feelings and self in a variety of ways in an intimate relationship and encompasses many aspects of one's gender.⁶

17. Chronological age is the most important determinant of age

Answer: **False** - Individuals age in different ways and the least important of those is chronological age. Chronological age is simply the number of years since one's birth. More important is functional age: how well one is able to function in their social environment. Three factors that make up functional age are psychological age, social age, and physiological/biological age.

18. Attitude to ageing has little or no influence on health

Answer: **False** - Having negative attitudes about getting older can have a serious impact on health and life expectancy. Researchers found that older adults who had negative attitudes about getting older lived on average 7.5 years shorter than those who didn't.⁷

19. Older adults are a drain on the economy, including the health care system

Answer: **False** - Older people make significant contribution to our societies, many of which go unrecognised. For example, across the world older adults provide childcare, strengthen communities, and provide economic support to their children and grandchildren. A study in the United Kingdom showed that contributions by older people, through taxation, spending, and other activities was worth over US\$ 50 billion more than the money spent on older people through pensions, welfare, and health combined.⁸

20. Ageism means having negative attitudes and discriminating people because of their age

Answer: **True** - Ageism is negative stereotyping, prejudice, or discrimination against people based on their age. It can affect anybody, but it is more likely to affect older adults. Ageism can seriously influence policies and services which in turn have a negative impact upon older people. Understanding this and combatting ageism is a first step to making the world more age-friendly.

21. I can be ageist and not know it

Answer: **True** - Most of the time we are not aware of our negative attitudes about older people and getting older. However, a global survey of 57 countries found that 60% of people felt that older adults were not respected.⁹ Negative attitudes are everywhere. The media often stereotypes older people as loveable but forgetful. We also often tell people that they look younger than their age, which is meant as a compliment – but implies that we think that getting older is bad in itself.

⁶ WHO (2019). Ageing Attitudes Quiz. World Health Organization. Available at: <http://www.who.int/ageing/features/attitudes-quiz/en/>

⁷ B. Levy et al. (2002). Longevity increased by positive self-perceptions of aging. *Journal of Personality and Social Psychology* 2002 83(2):261-270.)

⁸ J. Cook (2011). The socio-economic contribution of older people in the UK. *Working with Older People*, 2011 15(4):141-146.

⁹ R. Inglehart et al. (eds.). (2014). *World Values Survey: Round Six - Country-Pooled Datafile Version*: www.worldvaluessurvey.org/WVSDocumentationWV6.jsp. Madrid: JD Systems Institute.

22. We can combat ageism

Answer: **True** - We can all change our attitudes for the better and it is as simple as **ABC**.

Awareness: the critical starting point is to acknowledge our own attitudes and prejudices about ageing and older people. **Behaviours:** watch for ageist behaviours in and around us, challenge them.

Connections: connect with people of all ages. An equitable society for all ages requires intergenerational collaboration.

Module 1, exercise 3 - Expectations for women and men in society

Method of the exercise

Brainstorming and group work

Learning objectives

- help participants to understand the different expectations and demands on women and men in the society
- explore concepts of gender and gender roles

Time frame: 30-45 min

Materials required

Three sheets of flip chart paper

Masking tape

A marker for each participant

Preparation of the exercise

Hang three flipchart papers on the wall. Choose three of the following settings in which women and men face expectations: society, family and relationship

Divide each flip chart into two columns; one column should have the title men and the other women:

Society		Family		Relationship	
Women	Men	Women	Men	Women	Men

Description of the exercise/instructions

Tell participants they should take a few minutes to think about what they believe is expected or demanded from women and men in the different settings identified on the posters on the wall. For

this they can walk around or sit down to think, but they should do this part of the activity individually. Once they have ideas, they should write these down on the relevant piece of flip chart paper. Once the brainstorming phase has been completed, divide the participants into three sub-groups. Each group should select one of the flip charts, discuss its contents and report the results of their discussion briefly to the whole group.

Initiate the discussion by reviewing the results of the group work. Ask participants for their initial reactions to the results, how they felt about them, if anything surprised them, and if so, why. Continue the discussion using the guided questions below.

Discussion questions

What differences can you identify between the expectations and demands set for women and men?

What would you like to change?

How do you think it can be changed?

Where do these expectations come from?

Is it possible for men and women to fulfil these expectations?

Who promotes these expectations?

What are the effects of these expectations on older people?

Notes to the trainer

While this is a classic brainstorming and discussion activity, its theme can be quite controversial. Expectations for different genders are also a matter of perception. As a result, this exercise can cause disagreement, as what for some participants may be perfectly reasonable expectations, for others they may be overly demanding. The perception of expectations for different genders can also be linked to issues of values and socialisation. You may also discuss these aspects.

Source/Reference

Developed for the SAFE curriculum.

Module 1: Exercise 4 - Myths and facts about violence against older women

Method of the exercise

Individual or group work or continuum or debate

Learning objectives

- to increase participants' knowledge on violence against older women
- to raise self-awareness about attitudes and beliefs of violence against older women

Time frame: 30 minutes (depending on the method and the number of statements the trainer uses)

Materials required

If the exercise is done as individual or group work:

- One copy of the statements (below) and a pen for each participant

If the trainer uses the continuum method:

- Posters that read 'True' and 'False' in large font

- A list of statements on flip chart or as PowerPoint slides

Preparation of the exercise

If the trainer uses the continuum method:

- The training room has to be cleared of chairs and tables so that participants can move in the space between the posters “True” and “False” located on opposite sides of the room.
- Posters that read ‘True’ and ‘False’ in large font
- A list of statements on flip chart or as PowerPoint slides

Description of the exercise/instructions

- This exercise can be used in the beginning of the training for raising interest on the topic
- If the exercise is used as individual work distribute for each participant one copy of statements and give them 5-10 minutes to complete the form. You can go through the statements together as a group.
- If the exercise is used as a group work divide the audience into 3-4 persons’ groups. Ask each group to find an answer to each statement through discussion. The groups may need about 2-4 minutes for each statement. Ask someone from each group to share their answers.
- You may not need to discuss all statements but can choose the statements that match the contents of your training session.

Variation: Debate

Debate is a discussion on a particular matter in which opposing arguments are put forward. Debate encourages participants to step away from their own beliefs and teaches them to explore things from different point of view.

- Choose few or some core statements that are in line with the training session.
- Divide the participants into two groups.
- One half of the participants takes the “true” stance and the other one the “false” stance. The participants should move so that they face each other. The participants must defend their opinion. Debating teaches the participants to analyze and defend one’s stance. The idea is not to win or show superiority of one's stance over the other. Debating should respect the variety of perspectives that exist on the same subject.

The statements

		True	False
1	Domestic violence happens to older men and women equally		
2	Domestic violence decreases or ends when a couple ages		
3	Caregivers who abuse do so because they are stressed		
4	Dependence on care due to ageing and illness is the cause of violence		
5	Domestic violence, especially intimate partner violence, is rare in older women		
6	The majority of perpetrators of elder abuse are adult children		

7	It is very difficult to help older victims of abuse because they do not want any changes		
8	Older perpetrators of violence cannot be held responsible for violence like younger perpetrators can		
9	Older women do not want talk about violence they have experienced		
10	Sexual abuse of older women is rare		
11	Older women and men experience ageism and sexism equally		
12	Women who are older do not experience the same types of violence as younger women, and are not sexually abused because of their age and “asexuality”		
13	Older women who are victims of domestic violence are reluctant to leave their husbands because they have gotten used to the abuse		
14	Older women can leave their abuser if they want		

Source/reference

Adapted from: Center for Research & Education on Violence Against Women & Children (2016)¹⁰ and Knapen (2018)¹¹

Module 1, exercise 5 - Where do you stand on human rights?

Method of the exercise

Continuum

Learning Objectives

- to stimulate discussion about views and feelings people have about rights
- to raise participant's self-awareness about human rights
- to challenge participants' views and opinions on human rights of older persons

Materials required

- Posters that read 'Agree' and 'Disagree' in large font
- A list of human rights statements on flip chart or as PowerPoint slides

¹⁰ Center for Research & Education on Violence Against Women & Children (2016). Learning Network, October 2016, Issue 18. Ontario, Canada. Available at:

http://www.vawlearningnetwork.ca/sites/vawlearningnetwork.ca/files/Newsletter_Issue_18_Online.pdf

¹¹ R. Knapen (2018). 20 interactive teaching activities for in the interactive classroom. A blog post Jun 13, 2018.

Available at:

<https://www.bookwidgets.com/blog/2018/06/20-interactive-teaching-activities-for-in-the-interactive-classroom>

Time frame: approximately 1 hour

Preparation for the exercise

Put the posters 'Agree' and 'Disagree' up on both ends of a large room. Give plenty of space for group members to move around.

Description of the exercise/Instructions

1. Introduce the exercise by saying that you are going to read and show statements (list below) and invite people to take sides according to how strongly they agree or disagree with the statements.
2. Tell them that these are statements that tend to produce strong feelings and the aim is to consider their own views and to listen to the views of others. It is not the purpose of the activity to reach agreement.
3. Read a statement and ask people to stand along the continuum, closer to 'Agree' or 'Disagree,' depending on how strongly they agree or disagree.
4. When everyone is positioned along the continuum, ask if anyone would like to explain why they are standing where they are.
5. After a short time, ask if anyone wants to change positions after what they have heard.
6. When you have finished, you may want to ask participants how they felt and give room to resolve any outstanding issues. If any statement is controversial enough for people to want to continue talking about it, take note and you may be able to come back to it later on in your training session.

Human rights statements (feel free also to use your own statements)

- Human rights are rights in theory because they do not come true in real life.
- It is not necessary for older people to hear about their human rights because it is the responsibility of the government to make them real.
- Older men have more rights than older women.
- Human rights of older persons are well enforced in (your country).
- Older people do not understand their human rights.
- Human rights cannot be realized because of growing amount of older people.
- People cannot enjoy their human rights unless they have enough to eat.
- I don't need to promote human rights of older people. That is the job of the government.
- Older women experience ageism more than older men.
- Older people's rights are well covered by existing international human rights instruments.

Discussion questions

- How did you feel during the exercise?
- Was it difficult to choose? Why?
- Which statements were easy to agree on? Difficult?
- Why was it so difficult to find agreement on some statements?
- Are there issues that the participants would like to spend more time exchanging ideas about?

Notes to the trainer

People already have strong views about human rights. This is why ground rules are needed; respect the opinions of each other, no hostile expressions are allowed. Some views are backed up with

better evidence than other views. Ask group members to reflect on how reliable their evidence is for the views they have expressed. There are areas in human rights in which views may differ, even with reliable evidence.

Source/Reference

Brander et al. (2016)¹² and Northern Ireland Human Rights Commission (2008)¹³

Module 1, exercise 6 - Theories of violence against older persons

Method of the exercise

Group work based a case study

Learning objectives

- to improve the understanding of the presented theories of abuse
- to train participants to analyse cases from theoretical perspectives
- to train participants into making theory-informed decisions in specific cases
- to show participants how different theories may result in different approaches to each case
- to show participants how different theories can guide different prevention strategies

Time frame: 30 – 40 minutes

Materials required:

- Copies of case study Mrs. Ana
- At least two different theories of violence against older persons

Preparation of the exercise

Train the participants on different theories of violence against older persons. This activity may be used with any of the following theories and with the case study of Mrs. Ana: Social exchange theory, Social learning theory, Caregiver stress theory, Social ecology theory, Power and control theory (Feminist theory) and Generational Intelligence Framework.

At least two theories should be used to explore different solutions.

Description of the exercise/instructions

1. Organize participants into small groups and give 1 theory for each group.
2. Ask each group to answer the following questions, according to the theory provided (allow some time for this step):
 - a. How can this case be explained from your theory's perspective?
 - b. What details need further assessment from your theoretical perspective?
 - c. What insights/solutions does the theory give into addressing this case?
 - d. What ideas does this theory give that inspire you for prevention? (name one)
3. Ask each group to present their answers to the whole group.
4. Lay emphasis on the differences between theories and allow some time for discussion.

¹² P. Brander et al. (2004). Education Pack "all different - all equal". Updated and reprinted in 2016 © Council of Europe, 1995-2016. Available at: <https://rm.coe.int/1680700aac>

¹³ Northern Ireland Human Rights Commission (2008). Inspiring practice. Resources, tools and activities for human rights education. October 2008. Available at: http://www.nihrc.org/uploads/publications/Inspiring_Practices.pdf

Case study of Mrs. Ana

Mrs. Ana is an 86-year-old widow living alone on a rural and isolated area. After a broken hip from a fall on her backyard, she was left with some motor impairments, mainly limiting her functionality to some walking, bathing, standing-up and laying-down. When walking, she moved slowly and needed a walker. Despite her physical limitations, her cognition showed no signs of impairment.

Mrs. Ana has two daughters, one who lives abroad, and another, Teresa, who lived just a few kilometers away. They were in contact frequently (once a week), and usually Mrs. Ana shared the vegetables from her backyard with her daughter. When she was released from the hospital, her daughter Teresa invited her mother to move in with her and her family so that Teresa would be able to help her with her daily activities. Ana's relationship with her daughter, son-in-law and 2 grandchildren had always been good, so she accepted. To help her pay her medical bills, Mrs. Ana gave her daughter access to her bank accounts.

During the next few weeks, the relationship between Ana and Teresa began to go sour. There was between them and Teresa declared several times that assisting her mother was heavy work. Teresa's insults and shouts when her mother was around became more frequent. In addition, when inspecting her bank letters, Ana noticed frequent and unauthorized withdraws. When confronting her daughter, Teresa became very upset and started a verbally abusive discussion, refusing to return Ana's bank cards. Teresa claimed that Ana is very expensive to host and difficult to help, and since she is living with Teresa, she no longer has a need for her own money.

After this discussion, Teresa's behaviour changed dramatically: she refused to talk to, look at or touch her mother. Care related tasks were now carried out by the son-in-law and the grandchildren but with some limitations. The son-in-law's job requires him to travel frequently and for many days in a row and the grandchildren had school related activities to do. Every time Teresa saw her husband or sons helping her mother she freaked out and started arguing with them. In addition, Ana started to notice that several months had passed since she received her last bank letter and began to suspect that her daughter is hiding them.

During one of her son-in-law's trips abroad, and feeling the need of assistance in her daily life, Ana confronted her daughter, asking her the access to her bank accounts so that she could hire a home care service. This suggestion did not go well with Teresa who said that she does not consent with the hiring of a home care service in her household. After the discussion she threw Mrs. Ana out of her house, locking the door after her.

When thrown out of her daughter's house, Mrs. Ana went to the closest neighbor and asked if they could call her a taxi. She asked the taxi driver to take her to the closest residential home for the elderly. There the home's director agreed to meet her immediately, without an appointment. After explaining the situation, the director calmed her down and assured her that she would be helped in any way she needed, starting by giving her a room to stay on that same night. In relation to her financial situation, an employee of the residential home went with Ana to her bank to modify the account access permissions. Since then, Mrs. Ana has remained in the residential home and very grateful for all the help she has received there. Currently, she is happy with her living arrangement and support she is given. She finally feels safe.

Notes to the trainer

It is important to show the participants how different theories explaining what happened in Mrs. Ana's daughter's house can lead to different case solutions in practice.

Source/Reference

American Psychological Association (2012)¹⁴

Module 1, exercise 7 - Violence against younger and older women

Method of the exercise

Group work based on case studies

Learning objectives

- to understand the different situation of younger and older women victims of domestic violence
- to explore challenges of younger and older women victims of domestic violence face
- to explore different possible solutions in the situations of younger and older women victims of domestic violence

Materials required

- Two different colours of post it, one colour for each case
- Copies of the case studies

Time frame: 20 min + 20 min for discussion

Preparation for the exercise

The facilitator prints and distributes the case studies.

Description of the exercise/Instructions

1. Ask the participants to write down on two post it notes (one colour for each story) a short summary about their main observations regarding the two case studies. You may guide the participants e.g. with the following questions:

- What worries you most about the case as a professional?
- What would help the situation: what should be done and by whom?

2. Ask the participants to place the notes on the wall or in a flip chart so that notes of each colour are grouped together.

3. Ask the participants to make observations about the contents of the post it notes by asking the following questions:

- Are there similarities between the thoughts the two case studies produced?
- Are there differences between the thoughts the two case studies produced? If yes, why?
- Are any of the differences due to the age of the victim/perpetrator? On what basis?
- From a professional's point of view, are there differences in the cases in terms of urgency for help? If yes, why?

¹⁴ American Psychological Association (2012). Elder Abuse & Neglect: In Search of Solutions. Washington, DC: APA.

Case study 1 – Anna, 36 years old

The first few years of our marriage were good. It was our mutual dream of having a big family and we welcomed our three children soon one after another. I guess the years with small children under school-age are hectic in all families and although we suffered from the constant lack of sleep, we could manage the situation with the help from family and friends.

After my husband got a better job offer, we moved to a smaller city further away from my family and friends. We got a mortgage and a big, nice house but my husband had to work longer hours and had troubles relaxing after the long days at work. My husband became irritable, short-tempered and often hurt me with his words. He seemed to be going through a burnout or a depression but refused to seek help or talk to his manager. He became very controlling about money and expressed jealousy for no reason. He was constantly watching me, listening to my phone calls and interrogating me with detailed questions. He told me that my friends hated me and that I was a burden both to him and to my own family who had helped us a lot with the kids.

I slowly started believing him and cut all contact to the outside world. It was easier that way to avoid conflicts. I felt like walking on thin ice in the house, trying to keep the kids quiet and everything on its place to avoid my husband's rage. I felt so ashamed about the situation and felt like I was responsible for my husband's misery. Why did I push him to work so much and for us to have the third child? If I had settled for less maybe he would still be the man I fell in love with.

In the darkest moments, especially the times he was physically abusive with pushing and slapping me, I thought I must leave. But he was my everything. Where could I have gone with no money, no job and with the three children? I wanted to keep this marriage intact and make everything work, at least for the children. He was never violent towards the kids so I felt I had no right to take their father away from them.

Case study 2 – Elsa, 70 years old

The first few years after our retirement were great. It had been our mutual dream throughout the hectic decades spent working that one day, upon retirement, we would finally buy a new big home for retirement, travel and enjoy life.

We found a nice house with a garden in a small city. It was a bit far away from where our children and friends lived but the space and peace we got for the price paid seemed like a great deal. We took advantage the new free time we had and were busy with our hobbies and travels.

However, a few years later my husband became very irritable, short-tempered and often hurt me with his words. It was a gradual change but noticeable in the every-day life we had. He started becoming very controlling about money and expressed jealousy for no reason. He was constantly watching me, listening to my phone calls and interrogating me with questions. He told me that my friends hated me and that as an ageing woman I was a burden to my own kids.

His memory started failing in every-day situations but he got just angrier if I mentioned about it. I felt like walking on thin ice in the house, trying to make things easier for my husband. It was easier to cut out contacts to the outside world to avoid conflicts due to his jealousy. I did not have the heart to bother our children with the situation since they had hands full with their children. I felt so disappointed with how our long-awaited retirement years turned out to be and ashamed for both my husband's behaviour and mine – maybe if I hadn't pushed him to work so much in the past decades

to get a good pension, he would still be himself. I felt I had failed not just my husband but our children and grandchildren whose father and grandpa was in question.

In the darkest moments, especially the times he was physically abusive, I thought I must leave. But he was my everything. I had promised to stay on his side until death do us apart, through good times and bad times. I did not want to be left alone at this age and felt responsible for taking care of my husband. But since he violently refused all help, I could only endure the situation and try not to make him angry. I felt so helpless and alone but tried to do my best to not raise anyone's concern to respect my husband and his will.

Discussion questions

- Do you see age as a factor when we evaluate the needs of our clients and urgency of cases? How about gender?
- Was it easier to empathise more with either of the cases? Why?
- Do you think your current age affects your feelings towards these two case studies? If you were younger or older do you think that you would have made different observations?

Notes to the trainer

Set ground rules for the discussion: respect each other's viewpoints. People may hold stereotypical beliefs that they are unaware of. It is important to observe such views critically but respectfully. Please also consider that the participants may have had similar experiences than what the case studies depict. Hence all kind of victim-shaming in discussing the cases should be avoided.

Source/Reference

Developed for the SAFE curriculum

Exercises for Module 2 - Working with an older survivor

Module 2, exercise 8 - Post-Traumatic Stress Disorder (PTSD) and interaction between victim and professional

Method of the exercise

Group work based on a case study

Learning Objectives

- to help the participants to understand how Post Traumatic Stress Disorder (PTSD) can influence the interaction between a victim and a professional
- to become aware of one's own misinterpretations as a professional based on how the victim talks and behaves

Time frame: 30 minutes

Materials required

Questions for reflection on paper or on a PowerPoint

Preparation for the exercise

Divide the participants into groups of 4-5 persons

Description of the exercise/Instructions

Before the exercise, have the training session on Post-traumatic Stress Disorder (PTSD) caused by long-term violence and how PTSD influences the victim's emotions and behavior.

Distribute the questions on paper to the participants or share the questions on a PowerPoint slide. After the discussion, ask the participants to share their answers with the whole group.

Case study of Lisa

72-year-old Lisa was sent from a shelter to the health centre to see a doctor. She had run away from home two days before because her husband had beaten her badly. Lisa told that a worker in the shelter wants her to get a medical statement on the bruises and wounds. Lisa had been in a shelter also before due to a similar situation. The doctor listened to Lisa's story. Lisa is quiet and seemed to be embarrassed of the situation. The doctor examined and measured carefully all injuries and noticed that Lisa had also older injuries in her body. The doctor wrote all observations down onto the medical record. After that the doctor sent her to the nurse for photographing of injuries.

After photographing the nurse said Lisa should report the assaults to the police. The nurse reminded Lisa about the earlier events. This time was worse but Lisa was not ready to report to the police. Last time she did it it just worsened the relationship with her husband. Also the police was hesitant if it will help at this stage of age. Lisa and her husband had been married for over 50 years and things had been settled always before, even after physical violence. She had discussed with her husband several times on the phone. The husband had promised he will never use violence again. He said family is important to him and he needs Lisa because his health is not good anymore. Lisa felt pity and compassion towards her husband after such a long marriage. "Perhaps violence will stop when my husband's

health situation gets worse” Lisa said and decided to go back home. The nurse felt disappointed about Lisa’s decision and tried to change her mind with no effect. She made the conclusion that Lisa is just too passive and helpless to change the situation.

Discussion questions

- If you were the nurse speaking with Lisa, how would you react to her decision and assumption that violence might stop?
- Do you think Lisa has PTSD symptoms, if yes, what kind?
- Reflect in a group how psychological trauma caused by violence can affect the interaction between a professional and an older woman.
- How can psychological trauma influence the attitudes and behaviour of the victim towards the professional?
- What kind of misinterpretations can the professional make about the victim based on how the victim talks, behaves and appears?

Notes to the trainer

Encourage discussion and collaboration among the participants within each group. Everyone should learn from each other’s input and experiences.

Ask the participants to think about and share with the whole group the most important issues they learned through the discussion.

Source/Reference

Developed for the SAFE curriculum

Module 2, exercise 9 - Analysis of a family caregiving situation

Method of the exercise

SWOT analysis of a case study, group work

Learning Objectives

- to learn to recognize risks and threats related to violence in older women's life
- to learn how to work with abused older women based on an empowering approach (recognising and encouraging the older woman's strengths)
- to increase professional capacity to work with older women victims and survivors of violence

Materials required

- PowerPoint presentation and/or printed case studies, questions and SWOT framework
- Paper and pens

Time frame: 45 minutes for the exercise + 15 min for discussion

Preparation of the exercise

Prepare a PowerPoint slide with Selma's story as well as the SWOT analysis framework (both materials below) to be shown to the participants. Have paper on the wall/a whiteboard ready to record the ideas the participants present. You may also print the case study, the questions and the SWOT analysis framework in case you wish to divide the participants into smaller groups. Each group should have all the required materials. Provide the groups with pens and paper to record their answers.

Description of the exercise/Instructions

SWOT analysis is a strategic analysis technique used to help a person or an organization to identify strengths, weaknesses, opportunities and threats related to a desirable outcome. SWOT analysis is often used at the start of or as part of a strategic planning process:

- **Strengths:** Internal capacities and resources that support a successful outcome in Selma's situation
- **Weaknesses:** Internal factors and barriers that work against a successful outcome in Selma's situation
- **Opportunities:** External factors that would support a successful outcome in Selma's situation
- **Threats:** External factors and barriers that could jeopardize a successful outcome in Selma's situation



The idea of this exercise is to discuss the provided case study (below) in the group or small groups by using SWOT analysis. Discuss in the group guided by the following questions:

- What is the desirable outcome in Selma's situation?
- What are the internal capacities and resources in Selma's situation that support the successful outcome?
- What are the internal factors and barriers that jeopardize the successful outcome?
- What are the external factors that would support the successful outcome in Selma's situation?
- What are the external factors and barriers that could jeopardize the successful outcome?
- What alternatives are available in this case?
- What would you recommend — and why?

Case study

Selma is a 60-year-old woman who is her husband's caregiver. Her husband is 63 years old, paralyzed and has a speech disorder (aphasia). He is tall and taking care of him is physically hard. Selma is also taking care of her own parents and sometimes she tries to help her grandchildren. Her daughter lives nearby but she is busy with her work and family.

The worst problem Selma has is the behaviour of her husband: he is constantly sexually harassing her. He always grabs his wife roughly when she helps him in bathing or feeding and tries to squeeze her breasts or puts his wife's hand on his genitals. Selma is anxious and feels ashamed. Thus she never talks about her husband's behaviour to anybody.

Selma feels that she is not able to take care of her husband anymore. She talks with a family doctor about her burden and wants to get her husband to a nursing home. The doctor informs her that there are not enough medical reasons for that and refers her to a social worker. Discussing with the family doctor and social worker Selma feels that she is not being taken seriously. She feels that they criticize her reluctance to take care of her husband at home. She doesn't dare to tell about the sexual harassment she experiences. She thinks that the professionals would stigmatize her as a liar.

Discussion questions

- How did you find the exercise: easy/difficult, why?
- Do you see SWOT analysis as a useful tool professionally when assessing a client's case? Why/why not?
- Are you aware of any additional tools that may help to assess a client's situation? Please share.

Notes to the trainer

SWOT is an acronym that stands for Strengths, Weaknesses, Opportunities and Threats. A SWOT analysis is a tool or technique that can be used in business, design or personal settings to evaluate a project or company and to create constructive goals and strategies.

Source/Reference

Gürel and Tat (2017)¹⁵

Case study was created for the SAFE curriculum.

Module 2, exercise 10 - Risk assessment

Method of the exercise

Group work

Learning objectives

- to learn to recognize risk factors of continuation of violence
- to be able to do risk assessment
- to identify the best practices of prevention of further violence

Time frame: 30 – 40 minutes

Materials required

Copies of the case study and questions for reflection

Preparation of the exercise

Before the exercise have a session on risk factors of continuation of violence.

Description of exercise/instructions

Divide the participants in groups of 4-5 members.

Distribute the case study form to the participants.

Ask them to discuss and reflect the following questions in their groups:

1. **Do you think the husband will continue using violence against his wife?**
 - A. No, given the evidence based on the case study.
 - B. Yes, given the evidence based on the case study.

¹⁵ E. Gürel & M. Tat (2017). SWOT analysis: A Theoretical review. The Journal of International Social Research. Volume 10, Issue 51. Doi Number: <http://dx.doi.org/10.17719/jisr.2017.1832>.

The group should come to agreement about continuation of violence and find arguments to support their assessment.

2. Thinking of best practices of each professionals involved in the family situation (or not involved), how should they organize the help for the family?

The medical doctor

The police

Some other professional, who?

Participants are asked by the trainer to write the results of their group work on a flip-chart paper sheet and to present them to the whole group.

Discussion questions

- How did you achieve an agreement about the continuation of violence, was it difficult?
- Did the age of the husband influence your assessment of the risk of continuation?

Case study: Older couple in emergency room

The police was alarmed for a home visit by a neighbour who heard a couple's noisy argument. The police calmed the situation down but noticed a cut on the eyebrow of the wife. The police took the 68-year-old wife to the emergency room. The 70-year-old husband wanted to be along to be sure her wife would get good care and return to home soon.

In the emergency room the wife told the doctor that during the argument she lost her balance and hit her eyebrow to the corner of the kitchen table. The husband explained that her wife has suffered balance problems for a long time. He also told that his wife has problems with her memory.

During the medical examination a doctor noticed the wife's swollen wrist. The husband explained that she had fallen on her wrist. During the examination the wife was quiet and let her husband do the talking. She seemed tired and exhausted. She asked for sleeping pills because she had had sleeping problems for a while. After the medical examination the couple wanted to immediately return home because they had to walk their dog.

Notes to the trainer

It is important to discuss the age factor: is an older perpetrator less dangerous than a younger one?

Source/Reference

Developed for the SAFE curriculum

Module 2, exercise 11 - Psychological First Aid (PFA)

Method of exercise

Role play

Learning objectives

- to assess the psycho-physiological impact of trauma

- to explore Psychological First Aid interventions used at the reception of an emergency room

Time frame: approximately 30 minutes

Materials required

- 2 volunteers; one is playing the 87-year-old woman's role and the other one is playing the role of a nurse
- role cards for the older woman and the nurse
- 2 chairs
- paper and pens for the audience

Preparation of the exercise

Prepare the stage for the role play with two chairs. Take care that the audience can see and hear the actors.

Description of the exercise/instructions

Tell the audience the scenario and ask volunteers for the roles of an older woman and a nurse. You can have the scenario described on a paper form or as PowerPoint slides.

Give the actors the role cards and let them read them through.

Ask the actors to speak in a loud voice.

The audience will be the observers. Ask the audience to write down their observations and questions that come up from the interaction between the patient and the nurse, such as:

- how the nurse responds to the explanation of the injury
- how the nurse responds to the explanation of the older woman being in a hurry
- challenges the nurse faces in his/her role
- what main aspects of PFA the audience can recognize (safety, dignity and rights)

Important: emphasize the rules of the role play: safety, respect and confidentiality. Actors will not be assessed in terms of how well they play their roles.

Discussion questions

- **with the nurse:**
 - how did you feel while interviewing of the older woman?
 - how would you have liked to respond to her explanations?
 - what was difficult/easy? Challenges you faced?
- **with the older woman:**
 - how did you feel by the response of the nurse?
 - what was helpful and not so helpful in her/his response?
- **with the audience:**
 - what main points of PFA did the audience recognize?
 - challenges the nurse faced in his/her role

Notes to the trainer

It is important to tell the rules of the role play before the scenario is played out. Avoid any criticism by the audience, e.g. how the nurse responded/should have responded. All feedback and has to be respectful and constructive.

Scenario

An 87-year-old woman with a bleeding cut in the corner of her eye arrives to the emergency room. She comes alone saying that she should see a doctor soon because she left her elderly husband alone at home. The woman tells that she is the carer of her husband who has dementia symptoms and he become nervous and paranoid if she is away too long. She explains that paranoid thoughts make her husband aggressive. Therefore her husband cannot be left alone for many hours.

A nurse interviews the older woman prior to the consultation of a doctor. A nurse enquires how she got the bleeding wound. The woman tells that she lost her balance and fell, hitting her head on the corner of the table. She explains having had problems with her balance already for a long time. The nurse, however, pays attention to her appearance: the older woman seems exhausted and agitated and sighs often. The older woman tells that she needs the doctor to prescribe her sleeping pills for her insomnia. She wants to return home quickly.

Role cards:

Role card of an older woman: she arrives to the emergency room, she has a bleeding cut in the corner of her eye, she is quiet and scared and uses only few words to describe what happened; wants to leave home soon. First she encounters a nurse and sits down asking to see a doctor as soon as possible. She tells that she is the carer of her husband who has dementia symptoms and can become nervous and paranoid if she is away for too long.

Role card of a nurse: nurse records the older woman's personal details and assesses through discussion her situation and needs for care before the patient sees the doctor. The nurse understands the patient has experienced something frightening. She wants to use main points of PFA: safety, dignity and rights:

Safety:

- providing physical care and safety and effectively organized help
- assessing basic practical needs

Dignity:

- showing understanding for shock reactions which may cause e.g. shame, guilt
- active listening; opportunity to talk without pressuring her to talk
- no talking about deep feelings emerged by the traumatic event or details of traumatic experience

Rights:

- assuring her that she has right to have help as a family caregiver
- evaluating risk of and protecting from further harm

Source/Reference

Scenario and role play were developed for the SAFE curriculum.

Module 2, exercise 12 - Safe discussion when abuse is suspected

Method of the exercise

Role play

Learning objectives

- to be able to create safe environment for discussion about violence
- to learn how to establish a trusting relationship with clients

Time frame: 40 minutes

Materials required

- 3 volunteers; one is playing the 79-year-old Hilda's role, the other one is playing the role of the son and the third the role of the social worker
- scenario described on a paper form or as PowerPoint slides
- 3 chairs
- paper and pens for the audience

Preparation of the exercise

Prepare the stage for the role play with three chairs and a table. Take care that the audience can see and hear the actors.

Description of the exercise/instructions

Tell the audience the scenario and ask volunteers for the three roles. You can have the scenario described on a paper form or on PowerPoint slides.

Give the written scenario to the actors and let them read it through.

Ask the actors to speak in a loud voice.

The audience will be the observers. Ask the audience to write down their observations and questions which come up from the interaction between Hilda, the son and the social worker, such as:

- how the social worker responds to the son's request
- how the social worker tries to solve the situation and create a safe environment for discussion
- challenges the social worker faces in his/her role
- what main aspects of safe discussion the audience can recognize (see Principles of safe discussion)

Important: emphasize the rules of the role play: safety, respect and confidentiality. Actors will not be assessed based on how well they play their roles. The meaning of the exercise is to discuss the possibilities to create a safe discussion environment.

Discussion questions

- How would you have solved the situation so that Hilda is given a safe space to speak? How to respond to Hilda's son? Should the social worker try to win the son's trust? If yes, how?
- How would you have started the discussion with Hilda?
- Did the situation go according to the principles of safe discussion?
- What kind of challenges did the situation include for
 - o Hilda?
 - o the social worker?
 - o the son?

Notes to the trainer

It is important to tell the rules of the role play before the scenario is played out. Avoid possible criticism by the audience, e.g. how the social worker responded/should have responded. All feedback has to be respectful and constructive.

Scenario

A social worker comes to a home visit to assess a 79-year-old Hilda's care needs. The social worker has received a request to do so from Hilda's daughter who thought Hilda's safety is endangered. It turns out that Hilda's adult son also lives with Hilda. The son has had to move to Hilda's place years ago after his divorce. The son has no permanent job, hence he always lacks money and demands his mother to pay his expenses. The situation makes the son nervous, and he often turns verbally abusive if Hilda does not give him money.

When the social worker arrives, Hilda and her son are sitting around the kitchen table. The son seems tense and Hilda anxious. The social worker explains the reason for the visit. The son gets angry and demands to know who told the social worker that Hilda needs a care assessment – according to him, Hilda is fully able to take care of her own needs and does not need any external help. The social worker explains that she needs to do the assessment in any case, as it is her duty, and asks the son to exit the room to give them privacy. The son turns to his mother and tells that he wants to be part of the assessment. Hilda nods as a sign of acceptance while looking distressed.

Continue the role play in a way that follows the principles of a safe discussion.

Principles of safe discussion, when abuse is suspected:

- Speak to the client and the caregiver/relative separately
- Create a safe environment for discussion
- Establish a trusting relationship of mutual respect
- Use soft and non-judgemental words to help the person ease up

Source/Reference

Scenario and role play were developed for the SAFE curriculum.

Module 3, exercise 13 - Stakeholders mapping

Method of the exercise

Group work

Learning objectives

- to map stakeholders potentially involved in the multi-agency collaboration
- to have a clear view of the roles and activities performed by other organizations participating in the training

Time frame: up to 60 minutes

Materials required

- pink – white – blue and green post-its

- a whiteboard or a big sheet of paper
- markers (pens may make it difficult to read).

Preparation of the exercise

1. The facilitator explains that the goal of this exercise is to identify what each organization represented in the group can contribute to the goal of supporting older women victims of domestic violence at local level.
2. On a large sheet of paper or a whiteboard s/he creates the following table:

<p>PREVENTION - ACKNOWLEDGMENT</p> <p><i>Identifying risk factors, signs and red flags of violence</i></p>	<p>INTERVENTION</p> <p><i>Putting in place a safety-plan</i></p>	<p>VICTIM-SUPPORT</p> <p><i>Working with an older survivor (trauma – PFA)</i></p>

3. Each participant is provided 3 post-its of different colors (pink – blue – green) and are asked to write down the name of their organization / service if they think they can contribute to one of the above-mentioned goal. For example, if the organization “ABC” provides services that can support interventions the representative will write “ABC” on the blue post-it and then stick it on the middle-column drawn.

Note: the same organization can contribute to more than one goal. In this case they will fill in more post-its of different colors.

Description of the exercise/instructions

Divide participants into 3 groups, based on the color of their post-its (so, if an organization wrote a pink post it, it will participate in group #1).

Note: in case an organization belongs to more than one category but it is represented by one participant only, he/she can choose which group to participate.

Ask each small group to:

- Describe in detail the contribution that each organization thinks it can provide:
 - ▶ What kind of service they provide / role they play?
 - ▶ What are their skills?
 - ▶ What kind of clients they are likely to meet (for example: older women in home care, in the community, in residential care....)?
- Discuss in the small group if they think they can cover the whole service process or if there are any skills / organizations missing. For example:
 - ▶ Is this group able to cover all settings (home-community-residential care)?
 - ▶ Does this group have the skills to provide support for all possible types of abuse?

- Whenever they find a gap, they should discuss and write it down on a **white post-it**, detailing what kind of other organizations / professional profiles they should involve in order to cover the whole process.
- Ask them to be as concrete as possible (for example, if they all work in the same geographical area, they could name exactly what kind of organizations they think they could involve)
- Ask each group to stick the white post it on the whiteboard and to summarize the results of the discussion to the rest of the participants.
- Encourage other participants to comment and to suggest anything that might be missing.

Discussion questions

- At the end of this process, you will have mapped the stakeholders and identified who could / should be involved in order to improve the network
- Did they find missing services for abused older persons in their local area?
- What could be done to fill the identified gaps?

Source/Reference

Developed for the SAFE curriculum.

Module 3, exercise 14 - Getting to know other organizations and building a directory of useful contacts

Method of the exercise

Activity with the whole group of participants/pair work

Learning objectives

- to develop a directory of useful contacts as a result of the training

Time frame: up to 40 minutes

Materials required

- pens
- pink, blue and green sheets of paper

Preparation of the exercise

- print sheets with the titles and text according to the following example:

**PREVENTION -
ACKNOWLEDGMENT**
*Identifying risk
factors, signs, red
flags of violence*

INTERVENTION
*Putting in place a
safety-plan*

VICTIM-SUPPORT
*Working with an
older survivor
(trauma – PFA)*

Description of the exercise/instructions

Provide each member of the group the form to describe their organization / service based on the type of service they provide (pink / identification – blue / intervention – green / working with victims).

Allow them 5-10 minutes to fill it out. Ask participants to be very practical in describing what they do.

Stick all the completed forms on the wall and allow 10 minutes for the group to have a look at them.

Ask each participant to choose one service / organization that they would consider to work with and allow them 10 minutes to pair with the chosen organization and to introduce themselves.

Discussion questions

- Have you learnt about new services you were not aware of?
- Is there anything which is not clear to you / that you want more information about?

Notes to the trainer

At the end of the exercise you can collect the forms and either make paper or electrical copies out of them. The copies can be distributed to the participants so that they will have a list of contacts at hand to get in touch with whenever needed.

Source/Reference

Developed for the SAFE curriculum.

Exercises for Module 3 - Practical procedures

Module 3, exercise 15 - Safety planning – Saara’s story

Method of the exercise

Role play in small groups based on a case study

Learning Objectives

- to learn how to identify risk factors and assess the risk for recidivism
- to gain an understanding on what safeguarding means and how to do safety planning

Time frame: 40 minutes for the exercise + 20 min for discussion

Materials required

PowerPoint slide with Saara’s story or
Saara’s story printed on a form
Form of Saara’s interview questions and safety plan
Pens

Preparation of the exercise

Prepare a PowerPoint slide with Saara’s story to be shown to the participants.
You may also print the case study, the questions related to risk assessment, and the safety plan, in case you wish to divide the participants into smaller groups.
Each group should have all the required materials.

Description of the exercise/instructions

Provide the groups with pens and safety plan form to record their answers (**without answer/solution**).

Read/show the case study (Saara’s story below) to the participants. Depending on the size of the whole group, smaller groups may be needed to work on the case study.

Ask the participants to **interview Saara and develop a safety plan with her** for her situation. Each group should select a person to play Saara and a person to play the professional interviewing Saara who is helping her to draft the safety plan.

The answers to the questions in the safety planning form are pondered together with Saara and filled out in the form.

Go all the questions through with the participants asking first their opinion on the matter.

Saara’s interview and the safety plan

Saara is given a safety planning form, which includes detailed questions regarding her home situation. The answers to these questions are pondered together with Saara and filled out in the form:

Question	Answer/Solution
What kind of situations is the occurred violence or the threat of it related to?	(The substance abuse of my son and his lack of money caused by it).

What kind of violence or abuse has the perpetrator used before?	(My son has hit me with a fist to different parts of my body. He has also pushed me over).
Does the perpetrator have a criminal record or a background?	(My son has been fined for a battery of his ex-wife. He has been given a restraining order to not contact his former family members).
Has he expressed threats to kill or threatened to hurt himself?	(My son has several times threatened to kill or batter me disabled if I don't give him money).
Has the violence or threatening been targeted at other people?	(My son has kicked my cat and verbally abused and threatened my neighbors).
What else are you afraid is going to happen?	(I am afraid that my son is going to burn the house down because he might fall asleep with a cigarette in his hand).
Are you currently feeling safe?	(I am not. I am constantly scared that something bad is going to happen to me).
If it is not safe for you to be home, who could you tell about your situation and escape to?	(A lady next door knows about my situation. She has often asked me to come to her place if I am unsafe. Agree a signal (a safety word, call, knock on the wall etc.) with a neighbor or another trustworthy person to use to let them know you need help. Keep actively contact with your friends, relatives and acquaintances.
What kind of situations or signs in the perpetrator's behavior have preceded violence?	(My son starts complaining about his lack of money and demands me to give him some. If I don't have money to give, he gets frustrated and hits me).
What route could you take in your house/apartment if you needed to escape quickly? In situations where you cannot exit the apartment/house, what is the safest room of the house. Can you lock the door? Is there a window in the room that can be used to call help? Is there a neighbor behind the wall that could hear you?	(I can lock the door of the toilet. I will always keep my phone in my pocket. I will try to escape to the corridor of my house and when I get there, I will call for help). (Leave the house before the situation turns threatening. Have a quick exit in mind for future situations).

<p>When you cannot escape and avoid violence, have you planned the ways you could protect yourself?</p>	<p>(In a physically violent situation, I can cover my head and stomach area with hands, pillows, clothes or crouching). (Call help immediately when situations escalate and turn threatening. Save the emergency number 112 as a quick access number in your phone). (Always visit the doctor for any injury, no matter how small. Ask and save all medical case summaries. Keep them in a safe place). (Write down all threats and acts of abuse with a date and a time. Save all text messages and emails you have gotten from the perpetrator and record the phone calls).</p>
<p>Have you thought of ways you can protect yourself in the future, especially for quick escape from home?</p> <p>Collect all your important documents and other things together and pack them in a bag that you can grab with you if needing to leave the house quickly. Important things to pack include:</p> <ul style="list-style-type: none"> ➤ A copy of your ID ➤ Money ➤ Medications needed for a few days and the related prescriptions ➤ Necessary toiletries ➤ Copies of your keys ➤ Important documents and phone numbers ➤ This safety plan 	<p>(I can go to the neighbour's house)</p>

Saara's story

The social workers made a visit to 81-year-old Saara to make a preliminary investigation of her situation. A neighbour had called the police because Saara's son had battered her by hitting her with a fist to different parts of the body. The police report was made accordingly. In the meeting it was found out that Saara's 46-year-old substance abusing son lived in Saara's place without an official permission. The son had abused Saara physically and financially, stealing her money. When he starts to complain lack of money Saara knows what might happen if she doesn't have money to give him. The son had also abused his ex-wife and had a conviction for that. He has been also given a restraining order to not contact his former family members. He had verbally abused and threatened the neighbours.

Saara told that the son also had mental health issues. Saara's home looked all tidy and clean.

For her age, Saara was in good condition and took care of her home independently. Saara's son had moved to her place five years earlier after becoming homeless due to a divorce. Physical and economic abuse had started though already before the divorce. Saara also had two daughters who – after being bored with dealing with the tricky situation – weren't in contact with their mother anymore.

Although Saara was an open and lively person, it became obvious that she was fearful and ashamed about her situation - "one of us will end up in jail and one of us in a coffin", was her summary of the situation. A new meeting was agreed for the following week for the purposes of making a safety plan for Saara. The meeting was agreed to be held in a service center. The social worker of Saara's son's was also invited to the joint meeting.

When Saara's son heard about the home visit, he had threatened to kill his mother in case another professional disturbs their home ever again. Saara told she had slept very badly recently because she had noticed that the son sleeps with a knife next to his pillow.

Discussion questions/evaluation

- Does the case study provide us all the required information to do the risk assessment? If not, what would you do as a professional of your field to get the required information?
- How did the professional do in assisting Saara with developing the safety plan? Was it easy or difficult to find answers to the questions of the safety plan?

Notes to the trainer

In case there are smaller groups, roles can be switched among the group participants so that several people get to try working on the safety plan.

Source/Reference

Developed for the SAFE curriculum.

Module 4: Exercise 16 - Protection from professional burnout

Method of the exercise

World Café

Learning Objectives

- to explore and identify protective factors for professionals in working with cases of violence / abuse of older women

Timeframe: 1,5 hours

Materials required

- flipchart paper sheets, one per each group
- paper
- pens

Preparation of the exercise

Participants will be divided into 3 small groups, each group at a separate table. On each table there will be a flipchart sheet of paper that will be used by the participants to write down the ideas they discuss in the groups.

Description of the exercise/instructions

Each table has a different topic of discussion. The groups move from one table to another and each writes their ideas on the flipchart sheet of paper on each table, until all groups have discussed all subjects. Then, the written ideas are all presented in front of all the participants and discussed as a group.

Discussion questions/evaluation (topics of discussion)

- What would be organizational protective factors and strategies for professionals working with violence/abuse of older women?
- What would be individual self-care protective factors and strategies for professionals working with violence/abuse of older women?
- What would be societal protective factors and strategies for professionals working with violence/abuse of older women?

Notes for the trainer

Encourage all participants to provide practical examples, at least two per group, allowing for multiple aspects of the topic to be discussed.

Source/Reference

Developed for the SAFE curriculum.

Module 4, exercise 17 - Duties and obligations of professionals

Method of the exercise

Group work based on a case study

Learning Objectives

- to explore the duties and obligations of professionals as well as ways to protect themselves against burnout

Timeframe: 2 hours

Materials required

- Flipchart paper sheets, one for each group
- Pens
- Printed case studies for participants

Preparation for the exercise

The participants will be divided into small groups of 4-6 participants and each group will be seated around a table.

Description of the exercise/instructions

Each group will be given the case study. The participants will then discuss the case and answer the questions written on the paper. The results of their discussion will be written down on the flipchart paper sheet placed on each table.

Once the discussion is finished, one individual from each group is invited to share the insights or other results of their group discussion with the entire group. These results will be written on the flipchart during the discussions.

Case study: in the face of mistreatment

Peter: How do you feel this morning, Mrs. Jones?

Mrs. Jones: I'm fine, thank you

Peter: Did you sleep well?

Mrs. Jones: Yes, I did. I am very glad to see you, Peter.

Peter: Yes, me too. What did you want to tell me?

Mrs. Jones: I wet my bed.

Peter: It's nothing serious; I'll take care of it. I'll help get you clean, then, ...

Mrs. Jones: I also wet the bed yesterday.

Peter: Yes...

Mrs. Jones: But it was bad...

Peter: What do you mean by bad? Who said it was bad?

Mrs. Jones: Mary. She said that she had to do extra work because of that.

Peter: What do you mean? Did she tell you that? She should not be doing that. What else happened?

Mrs. Jones: After that, she helped me with bathing, changed the sheets, cleaned the bed and told me that I was wasting her time.

Peter: Was she angry with you?

Mrs. Jones: Not really, but she is not very gentle either.

Peter: Listen, I'll take care of it

Mrs. Jones: I do not want to cause problems

Peter: We must think of you first, madam. As for the rest, we will see, you must not worry. We will bathe you and then we will talk about this, OK?

Mrs. Jones: OK

Peter: Mary...

Mary: Hi, how are you?

Peter: Fine, you? I wanted to talk to you about Mrs. Jones. She told me about the wetting of the bed story...

Mary: What story?

Peter: That she wet the bed and that you scolded her, that's all she told me.

Mary: Oh, yes ...she told you this, nothing...

Peter: Mary, stop.

Mary: But this happens every morning...every morning she wets her bed!

Peter: Yes, because she can't help herself...

Mary: She can still make an effort...maybe... I'm trying to talk to her and she, ... no, no, I can't, I can't do that... I'm getting tired of this woman, do you understand? I've been working with

her for three years now and you're coming to tell me I scolded her. I did not, but when I try to move her, she immediately starts ...oh, oh, oh

Peter: Because you treat her as an object.

Mary: I do not treat her as an object

Peter: No, you don't care.

Mary: No, it is not true that I don't care. Go to management and ask them how I work. I know how I'm working and I know that I'm working very well.

Discussion questions/evaluation

- How would you characterize the behaviour of both caregivers?
- What are the obligations and duties of the caregiver Peter and caregiver Mary?
- Is their behaviour and actions in line with the obligations and duties?
- What are some of the potential reasons for the actions that are not in line with the obligations and duties?
- What could the caregivers do themselves to improve the situation?
- If you were their manager, what would you do in this situation?

Notes to the trainer

Encourage the discussion of similar situations or other examples as well as examples of good practices.

Source/Reference

Developed for the SAFE curriculum/ case study adapted from Erasmus+ S.T.Age project

Module 4, exercise 18 - Professional duties when violence is disclosed

Method of the exercise

Group work based on case study

Learning objectives

- to learn how to initiate discussion on suspected abuse
- learn how to follow professional duties in a sensitive issue

Time frame: 30-40 minutes

Materials required

- the case study on a PowerPoint slide or on paper
- pens

Preparation of the exercise

Organise the room for small groups: tables with 4-6 chairs each.

Description of the exercise/instructions

Divide the participants into groups of 4-6 members.

Distribute the case study or show the PowerPoint slide

Ask participants to read the case study and discuss the case according to the discussion questions (below).

After the small group discussion, ask participants to share their answers with the whole group.

Discussion questions

- What is the issue/problem?
- What is the context of the problem?
- What is the goal of the problem-solving in the situation?
- What are your professional duties when violence is disclosed to you?
- What alternatives are available in the case?
- What would you recommend — and why?

Notes to the trainer

The meaning of the exercise is to find ways to fulfil professional duties but not to distress the older person.

Case study

A home care worker arrives in the house of a 75-year-old lady who lives alone. She rings the doorbell and the door is opened by a man the home care worker does not know. The home care worker can smell alcohol when the man enters the corridor. The worker finds the older lady confused but she pulls herself together quickly. She explains her son visits her every now and then especially if he has problems in his life. The home care worker tries to gently ask more about the visits and their relationship but the older lady doesn't reply. The older lady keeps telling that everything is fine, however, the worker finds the fridge empty with nothing to eat. The home care worker asks if she could get some food from the shop for the lady but she forbids and says she is short of money right now. Eventually she admits that her son visits her often and demands money by threatening to leave her alone and not letting her see her grandchildren. She is a widow and he is her only child. He is unemployed and needs support to support his family. The old lady doesn't want anybody to interfere in the situation and demands that the home care worker keeps everything confidential because she doesn't want to lose her only family member.

Source/Reference

Developed for the SAFE curriculum

Module 4, exercise 19 - Trust-building for multi-agency cooperation

Method of exercise

Role play based on a case study

Learning objectives

- to learn to develop multi-professional and multi-agency cooperation between the professionals
- to learn to draft a joint care plan for the family

Time frame: at least one hour

Materials required

Table and chairs for four persons
Printed case studies
Role cards for actors
Paper and pens

Preparation of the exercise

Prepare the stage for the role play with four chairs. Take care that the audience can see and hear the actors.

Description of the exercise/instructions

Tell the audience the case study (below) and ask volunteers for the roles of the home care worker, the social worker, the GP from the health centre and the nurse from the mental health services.

Give the actors the role cards and let them read them through.

Ask the actors speak in a loud voice.

The audience will be the observers. Ask the audience to write down their observations and questions that come up from the interaction between different professionals.

Discussion questions

- How well did the professionals listen to each other?
- How did they try to reach some mutual understanding of the family situation?
- How did they manage the process of building trust?
- What were the challenges the professionals faced in the meeting? Based on e.g.
 - the home care worker and the social worker have met all the family members and have seen them interacting
 - the nurse from the mental health services has heard the son only
 - the GP only knows the medical situation of the husband

Notes to the trainer

The meaning of the exercise is to learn how to build trust and cooperation between different professionals. **Important:** the exercise is meant to show that building cooperation is a challenge but any feedback in an unconstructive form should be avoided.

Case study

An older lady lives with her adult son and her husband who has Alzheimer disease. The husband has been behaving violently earlier in the marriage but since falling ill he is mostly restless and in need of constant care. The adult son has mental health issues. He is suffering from hallucinations and is violent towards his mother. The older couple receive home care and from time to time also a social worker pays visits to them to assess the situation. The son receives help from the mental health services and the husband's condition and medication is checked occasionally by a GP in the nearby health centre. The nurse from the mental health services knows well the situation of the son and the home care worker is aware of the whole picture of the situation. The home care worker asks to have a meeting for reaching a holistic care plan for the family.

Care meeting; participants include: home care worker, social worker, GP from a health centre and a nurse from the mental health services.

The aim of the meeting is to discuss the situation of the family and develop a joint care plan. Of all the professionals present, only the home care worker and the social worker have met each other before. The nurse from the mental health services has only met the adult son from all the family members, and the GP treats only the husband with Alzheimer's. The husband's wife has been present during the health centre visits but has remained silent. The GP has not had any conversations with the wife.

The professionals introduce themselves. Each shares their own understanding of the situation of the family and what kind of aims the care/treatment they provide for a member of the family has. The home care worker and the social worker share a more comprehensive view of the family's situation since they have met all the family members and seen them interacting.

The task is to develop multi-professional and multi-agency cooperation between the professionals and to draft a joint care plan for the family.

Source/Reference

Developed for the SAFE curriculum.

Exercises for Module 5 - Conducting Training with Social and Health Care Professionals

Module 5, exercise 20 - Mentoring

Method of the exercise

Role play in small groups

Learning objectives

- to learn how to listen and support each other as colleagues
- to be honest without being judgmental
- to learn how to support one's co-workers' professional growth

Time frame: 40 minutes

Materials required

Two volunteers as actors in each small group

Case study forms

Pens

Preparation of the exercise

Organize the room with tables and three or four chairs each.

Print the case study forms for the participants

Description of the exercise/instructions

Describe the case (below) to the participants.

Ask them to form small groups of 3-4 members and choose the roles of the mentor and mentee in the group. The remaining members of the group are observers.

Distribute the case study forms to all of the participants

Discussion questions

How well the aims of mentoring were reached by the mentor?

How did the mentor help the professional development of the nurse?

How did the mentor feel during the discussion?

How did the nurse feel during the discussion as the mentee?

Notes to the trainer

You can choose to use the role play with just two volunteers and give the remaining participants the role of observers.

Good mentoring

- is reliable, honest, trustworthy and confidential;
- the mentor is capable of active listening - not interrupting the mentee;

- the mentor manages to pick up important cues from what is said and is able to reflect back and check understanding in order to minimize assumptions;
- the mentor manages to pass on her/his knowledge and expertise clearly and in an encouraging and helpful way.

Case study

A 72-year-old Lisa comes to the health centre from a shelter. She had run away from home two days earlier when her husband had beaten her badly. Lisa wants a medical statement on the bruises and wounds, just in case. Lisa had been in a shelter twice before in similar situations. The doctor listens to Lisa's story. The doctor examines and measures carefully all injuries and notices that Lisa has also older injuries in her body. The doctor writes all observations down to the medical records. After that the doctor sends her to the nurse for photography of injuries.

After photographing Lisa's injuries, the nurse says Lisa should report the assaults to the police. The nurse reminds Lisa about the earlier events. This time was worse than them, however, Lisa is not ready to file a report to the police. Last time she did it it just worsened the relationship with her husband. Also, the police had been hesitant whether it helps or not. Lisa wants first to see if her husband really changes his behaviour this time. She hopes so because they have been married for almost 50 years. Lisa says she decided in the shelter that this was the last time it happened and she also told that to her husband. She had discussed with the husband several times on phone. The husband had promised he will never use violence again because family is so important to him and he needs Lisa. He also promised to ask help from the local family guidance center and hoped Lisa could come with him. He told that their adult children were worried about the family.

The nurse feels bad about Lisa's decision and tries to reason Lisa out of her decision with no result. She asks Lisa how dangerous her husband is in her opinion. Lisa doesn't want to think about that now. Finally, the nurse comes to the conclusion that because the husband is already 75 years old there is no big danger for Lisa.

The nurse feels that she needs some advice from a colleague who is more experienced with cases like Lisa. When they meet, the nurse describes the situation and wants to know if she did the right thing and what her colleague would have done in her situation.

The colleague listens to the nurse's story. S/he wants to help the nurse in a way that facilitates the nurse's personal and professional development. The colleague, acting as a mentor to the nurse, tries to apply good mentoring principles in the following discussion.

Source/Reference

Developed for the SAFE curriculum

