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ANALYSIS OF THE CURRENT SITUATION WITH RESPECT TO VIOLENCE IN SOCIAL SERVICES

Czech Republic

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Content

- Introduction..... 3
- 1. Violence from the viewpoint of national strategic documents..... 4
 - 1.1. 2019–2025 Strategy to Prepare for Population Ageing 4
 - 1.2. 2019–2025 Strategy to Prepare for Population Ageing 4
 - 1.3. 2015–2018 Action Plan for the Prevention of Domestic and Gender-Based Violence 4
- 2. Surveys conducted in the Czech Republic..... 4
- 3. Accredited courses currently offered in the Czech Republic 6
- 4. Conclusions and recommendations 8
 - 4.1. Recommendations on the preparation of an educational program 9
- List of tables 10

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Introduction

This Analysis of the Current Situation with Respect to Violence in Social Services aims to evaluate the incidence of violence against the elderly in social services through enquiries, studies and surveys which were conducted separately or as part of various projects implemented in the Czech Republic in recent decades. The analysis further addresses the question of how the monitored issues are reflected in educational programs for professionals and how they are dealt with at the national level in strategic documents which define state policy.

The analysis is based on the concept of elder abuse, which is defined as destructive behavior towards the elderly taking place in the context of a close relationship which may be either professional or personal and in which the elderly are in a dependent and vulnerable position. The frequently used classification distinguishes between a more general level of abuse and neglect, and specific levels in the area of the mental and physical condition, social relationships, sexuality and finances. Issues of elder abuse are closely related to the respect for and protection of human rights in social services and to the assurance and evaluation of quality. Elder abuse also has civil and criminal law aspects. At the level of neglect, acts of violence can be covert and amorphous and, in some specific cases, they may not be fully intentional on the part of the aggressor.

However, our analysis addresses in particular explicit forms of verbal and physical violence, i.e. actions which are not accidental and cause injustice, damage, injury, pain or fear on the part of the elderly who are clients of social services.

The WHO's survey of 2018 showed that 15.7% (one in six) of elderly citizens had experienced some form of abuse in institutions (such as homes for the elderly and long-term care facilities) and even two in three staff members (64.2%) reported that they had committed abuse in the past year.

Both domestic and foreign surveys also show that violence against the elderly in social services is a more complex concept and it cannot be restricted only to the relationship between the client as a victim and the staff member as an aggressor. Surveys show that violence by clients against staff members, violence among the clients themselves, violence by family members against staff members and violence among the staff members themselves also exist in this environment. When looking at these conflicts from the contextual point of view, we can see that it is not always about a unilateral act of the aggressor. All these cases profoundly affect the environment of social services and, therefore, we address them in our analysis.

1. Violence from the viewpoint of national strategic documents

In the Czech Republic, the issues of violence in social services fall within the competence of several government authorities which may, in theory, formulate or co-formulate the policy in this area. In recent years, the Government of the Czech Republic issued several strategic documents which should define and coordinate the tasks of government and public authorities in this area.

1.1. 2019–2025 Strategy to Prepare for Population Ageing

The strategy was developed by the Ministry of Labor and Social Affairs. The analytical part of the strategy refers to violence against the elderly in an environment trusted by the elderly, which increases their vulnerability. Elder abuse is not easy to detect. The strategy sees a risk of abuse in particular in the old person's domestic environment and it does not address violence in social services. Tasks defined in the implementation part of the strategy are aimed towards ensuring safe life of the elderly and combating violence.

1.2. 2019–2025 Strategy to Prepare for Population Ageing

The strategy was developed by the Ministry of Labor and Social Affairs. It does not explicitly address the risk of violence in social services; it only refers to the right of users to be treated with dignity and to requirements for improvement of quality inspections. The goal to educate social service staff in human-rights aspects of their work is indirectly linked to the issues monitored by us. The strategy also proposes repressive measures – introduction of new administrative offences in the protection of human rights and freedoms and in the provision of social services.

1.3. 2015–2018 Action Plan for the Prevention of Domestic and Gender-Based Violence

The plan was developed by the Office of the Government of the Czech Republic. It is the second separate strategic document of the Government of the Czech Republic relating to the prevention of domestic violence, which also covers gender-based violence. The document addresses the target group of the elderly as victims of domestic violence only indirectly, in the section about tasks requiring that regional availability of emergency residential care services is ensured for the elderly. The document does not address violence in connection with social services.

2. Surveys conducted in the Czech Republic

Collection of data on violence in social services and healthcare is insufficient in the Czech Republic. But the incidence and character of violence is the subject of several surveys, the first ones dated 2004.

Individual surveys (listed in Table 1) differ in terms of their scope, methods applied and focus on target groups; at the same time, they are one-off studies and they do not allow formation of time series (it is

impossible to discern a trend). Three of them are older, dating back to the period from 2004 to 2007, two of them were prepared in the period from 2012 to 2014 but they are still not completely up-to-date. Nevertheless, studies examining violence against the elderly identify a high level of exposure to mutual violence among clients, which triggers the need for improvement of their protection by social services. The incidence of verbal violence by the staff is relatively high even though it probably does not exceed the frequency by international comparison. In view of the fact that according to the surveys, 20% of the respondents encountered some of form of violence, it is clear that violence against the elderly in social care facilities is a problem which requires system solutions in the internal rules of the services and in staff education.

Table 1: Surveys conducted in the Czech Republic

Project title	Year	Focus	Target group
Violence at work in healthcare and social services in the Czech Republic	2004	Verification of the incidence of violence and its forms in healthcare and social services	staff members
Domestic violence and the elderly	2005	It addressed violence in domestic environment (physical, psychological, material, financial, sexual) and in social service facilities (homes for the elderly)	the elderly
Life in homes for the elderly	2007	A survey focused on mistreatment, abuse and neglect	the elderly
Prevention of violence and handling crisis situations at work	2013	Verification of the incidence of violence in healthcare and social services	staff members
Prevention of violence by third parties (clients, patients, family members etc.) in social and healthcare facilities	2014	Prevention of violence by third parties at workplaces of healthcare and social services	staff members

The surveys revealed that social service staff members are also at risk of some kind of attack, in particular by clients, but the risk of attack by family members or other persons is not negligible either. The fact that violence is a serious problem in this sector is evidenced by findings from one of the surveys according to which more than 50% of staff members are concerned about violence.

Another important finding is that a large proportion of staff members consider specialized staff training to be an effective measure against violence. Support for the staff working in facilities for clients with dementia is required also by the ombudsman, as follows from the summary document Protection of the Rights of Institutionalized Elderly Citizens with Emphasis on Persons with Dementia. The document states: *“Staff members who worked with aggressive clients were not provided with sufficient support*

(they were not trained in self-defense, had no alarm system available to them etc.). Where staff members fear their clients and do not know how to work with them or are not provided with other required support by the employer, it is only logical that they do not work with their clients as they are supposed to and fail to satisfy their clients' needs. Hence it is necessary for the service provider to provide maximum support to its employees..."

3. Accredited courses currently offered in the Czech Republic

They are courses focused on the target group, i.e. employees of the elderly care centers, as currently offered on the information website of the Accreditation Committee of the Ministry of Labor and Social Affairs.

All these courses (listed in Table 2) are focused on situations of violent behavior of clients or their family members. None of the available courses covers prevention, recognition or handling of violence against clients on the part of staff members.

Table 2: Accredited course currently offered in the Czech Republic

Name	Field	Contents	Scope (hours)
Conflict handling on the basis of nonviolent communication	Prevention, handling of crisis situations	Nonviolent communication in particularly difficult conflict situations	8
Handling difficult communication with social service clients and their families	Prevention, handling of aggressive behavior	Recognition of communication triggers of crisis and conflict situations, training of communication skills, working with negative emotions and empathy	8
Fundamental principles of communication with aggressive clients	Prevention, handling of aggressive behavior	Fundamental principles of communication with aggressive clients, both in theory and in practice; practice in appropriate reactions to aggressive behavior	8
Types of dementia, understanding its manifestations, impact of pain, possible solutions. Links between state of health and behavior	Prevention and handling of aggressive behavior	Recognizing and understanding unusual behavior as a manifestation of dementia, including aggression and auto-aggression; possibilities of handling such behavior	8
Personal safety and self-defense in helping professions	Prevention and physical handling	Early preventive measures in an effective close physical contact and practice in prompt de-escalation of aggressive	6

	of aggressive behavior	behavior of weaker and physically handicapped persons	
Aggression handling and self-defense	Prevention and handling of physical aggression	Basic procedure in aggression handling; practice in defense against verbal aggression; handling physical aggression; aggression prevention plan	16
Basics of safe self-defense for helping professions	Prevention and handling of verbal and physical aggression, legal context	Reducing the risk of conflicts; basics of safe handling of difficult situations; possible resolution strategies; knowledge of related legal issues	16
Appropriate self-defense in the provision of social services	Prevention and handling of physical aggression	Practice in strategies leading to de-escalation of tension; practical self-defense skills in case of a physical attack	16
Reasonable self-defense in the conditions of social services	Prevention and handling of physical aggression, legal context	Knowledge of legislation, possibilities of preventing violent behavior, reasonable self-defense procedures	8
Basics of the work with aggressive clients	Prevention and physical handling of aggressive behavior	Work with clients with aggressive tendencies – introduction to the issue; aggression and its forms; factors affecting aggression / triggers; aggressive behavior; movement-restriction measures; examples from practice and feedback	8
Anger in the work with clients or Handling the aggression of clients and one's own aggression	Prevention and physical handling of aggressive behavior	Role of anger and rage in our lives, stages of aggressive behavior; effective communication at individual stages of aggressive behavior; working with one's own emotions, self-care; practical experience, model situations based on participants' questions	8

In the light of the foregoing findings, the offer of educational programs focused on handling violence in social services is relatively limited and one-sided. Although the issues of staff members' ethical behavior towards clients, respect for and protection of human rights are included in the contents of

each mandatory qualification course for staff members, there are not many programs specifically focused on prevention, recognition and handling of violence and in most cases, they focus on violence against staff members.

All assessed accredited courses suffer from a kind of fragmentation; they focus either on communication techniques or on self-defense techniques. On the whole, we can say that the courses offered do not provide a more complex perspective which would clarify the context of the situation. The courses also lack focus on a specific target group, managerial dimensions such as introduction of a clear policy of the organization which would provide clear rules in this area to staff members, e.g. zero tolerance of violence, and inform them about procedures for reporting and discussing events involving violence.

4. Conclusions and recommendations

Violence in social services is a serious problem which poses a threat to the quality of clients' lives as well as to the decent working environment of staff members. The problem is inadequately reflected in national strategic documents.

The seriousness of this issue is documented not only by the results of the studies. Clients feel most often threatened by other clients. Another problem is the verbal violence by staff members and in some cases even by family members. On the other hand, staff members are often exposed to verbal attacks; almost one in three of them talks about having experienced a physical attack. In most cases, the attacker is a client or his/her family member.

Many staff members don't know what to do in these situations, they are not adequately prepared for them and feel lack of support from employers. This lack of preparation can be caused by several factors. They include, on the one hand, insufficient professional knowledge of the target group of clients (e.g. clients with dementia), but also a lack of deeper understanding of the contextual aspect of conflicts, identification of risks and insufficient capacity to handle such threatening situations at the communication level and, where necessary, at the physical level. Sufficient education and training in these issues seem to be one of the most effective preventive measures

The current offer of staff education is relatively limited and one-sided; most programs are focused on violence by clients or their family members. The courses often cover only some aspects of violence and they are too short to embrace the complexity of these issues. They often lack a contextual perspective of conflict emergence and development.

4.1. Recommendations on the preparation of an educational program

1. It should provide a comprehensive insight into the issues of violence in social services for the elderly. It should help its participants to understand that regardless of their subjective feelings, many of these events emerge and develop contextually and situationally, that many situations where the attacker is a client with dementia are influenced by the client's medical condition, that it is possible to understand the client's behavior and to prevent the conflict from escalating and calm the client by non-violent means.
2. It should equip its participants with communication skills for conflict prevention and handling and with skills for physical self-defense and, where necessary, for physically calming the client.
3. The program should address prevention, recognition or ways of averting violence among clients.
4. Participants should know the consequences of violent behavior in terms of criminal and labor law.
5. The program should include a part designated for service management which should equip the participants with the knowledge of how to identify weaknesses in provision of social services that may lead to violations of human rights, how to identify and eliminate risky behavior of staff members towards users and how to set clear rules for handling violent situations, and for measures which must follow any occurrence of violence.

Outputs regarding further contents from the focus group with social service providers:

6. To equip participants from field services with the knowledge of how to respond to domestic violence which they may encounter during their visits in clients' households, and with the knowledge of their legal obligations.
7. The managerial part of the program should provide knowledge of the methods of early recognition of risky patterns of behavior of job applicants.
8. To emphasize the role of burnout prevention and supervision support for employees.
9. To inform about the positive role which is played in the prevention of violent conflicts by preparation for meeting the client, choice of correct timing and other situational aspects.

List of tables

Table 1: Surveys conducted in the Czech Republic	5
Table 2: Accredited course currently offered in the Czech Republic	6