

THE PATH OF WORK with ELDERLY PEOPLE embroiled in VIOLENCE



VIOLENCE



WHAT IS ELDER ABUSE?

Violence is defined as a one-time or repeated intentional act or inaction which violate the rights or personal interests of an elderly person, expose them to the risk of loss of life or health in particular, violate their dignity, bodily integrity, freedom, sexual included, cause damage to physical or mental health, as well as suffering and moral harm¹.

Elder abuse is a single or repeated act - or inaction - occurring within any relationship based upon trust that causes harm or distress to an elderly person.

Inequality of strength is the hallmark of violence. It is a relationship between people in which one party has an advantage over the other; the victim is weaker and the perpetrator stronger.

People often believe that elder abuse is mainly committed by care workers or privately paid carers. Unfortunately, the majority of reported elder abuse cases occur within family relationships.

Elder abuse is a health and social problem, and its prevention is a matter of human rights and social solidarity.

According to Rolf Hirsch, a German researcher, acts of violence function within three overlapping areas² :



PERSONAL VIOLENCE

(direct) manifests itself in physical injury and mental health impairment (e.g. use of elderspeak - discriminatory language for grandparents), sexual abuse, financial abuse, restriction of free will, sedation with medication, as well as passive and active neglect;



STRUCTURAL VIOLENCE

(indirect) rather covert and less specific than direct violence. Its actions tend to be slow and result from the harmful functioning of certain social structures or institutions that can harm people by preventing them from meeting their basic needs. If that is so, there is no way to directly blame anyone for the state of affairs;



CULTURAL VIOLENCE

(constant) refers to internal ideas of values and collective prejudices that reduce the effectiveness of counteracting violence by supporting structural and personal violence. Examples include: ageism (discrimination based on age), acceptance of violence, the duty of care that social belief imposes on women, as well as the requirement that people providing assistance share a 'sense of mission'.

The most common forms of violence include:



PHYSICAL VIOLENCE

(violation of physical integrity): a violent act that causes harm, physical pain or discomfort, e.g. hitting, pulling or pushing, restraining, pulling hair, strangling, leaving in a dangerous place, failing to provide necessary assistance, restraint or misuse of medication;



PSYCHOLOGICAL VIOLENCE

(violation of personal dignity): actions that cause mental pain, anguish or distress through verbal or non-verbal acts, including offensive language, intimidation, threats, blackmail, humiliation, ridicule, name-calling, shaming, judging, evaluating, reading personal correspondence, revealing secrets, disregard, ridicule of opinions, views, beliefs, religion, humiliation or isolation and limiting social contacts, making the elderly believe they have mental illness;



SEXUAL VIOLENCE

(violation of intimacy): physical contact without consent, e.g. unwanted touching or kissing, rape, making fun of sexual preferences;



FINANCIAL VIOLENCE

(property violation): using money or items without consent and to the detriment of an elderly person, e.g. stealing money or goods, refusing to provide an elderly person with money to support themselves, controlling expenses, selling common things without consent, forcing to pay debts, incurring debts and loans without consent, barring gainful employment, pressure in relation to wills and inheritances, and abuse of power of attorney;



INSTITUTIONAL VIOLENCE

any abuse (mental, physical, economic, sexual) occurring in offices, clinics, nursing homes and similar institutions, as well as omission in procedures;



NEGLECT / ABANDONMENT

(breach of the duty of care), i.e. a refusal or failure to fulfill obligations towards an elderly person by the people responsible for providing care, assistance and shelter, e.g. refusing to provide food, necessary medicines, neglecting care and hygiene activities when an elderly person is dirty and/or the apartment is much neglected, lack of rehabilitation procedures, failure to counteract pain, failure to comply with medical instructions, failure to provide daily help and care, failure to purchase prescribed medications, failure to purchase products needed to comply with the recommended diet, delaying a visit to the doctor, taking an elderly person to different doctors each time, hospitals.

Remember! NEGLIGENCE is also a form of VIOLENCE!

An 85-year-old woman is admitted to one of the county hospitals in her region. She has broken her hip. "I fell," she explained to the doctor who was treating her, who needed to know nothing more and should have wondered where the bruises on the woman's face and hands came from. So he didn't find out that his patient had fallen because her son-in-law had pushed her, and had already repeatedly attacked his mother-in-law. The doctor intervened solely as a medic. After a successful operation and her stay in the hospital, the old lady will return to her village, her home and her son-in-law, who (especially when drunk) will decide that everything is fine and will "accidentally push" her again.

*An intervention of the FOSa Federation's
Ombudsman for the Elderly*

HOW SERIOUS IS THE PROBLEM?

VIOLENCE AGAINST ELDERLY PEOPLE is a ubiquitous phenomenon in all countries of the European region. Estimates indicate that at least 4 million people over 60 years of age experience ill-treatment. The all-out scale of the problem is not fully known, but it has far-reaching consequences for the mental and physical well-being of millions of older people and, if left out of control, can lead to their premature death.

The Polish Academy of Sciences carried out a study in 2015, according to which 43 percent of surveyed Poles admitted that they were familiar with a case of violence against an elderly person. Over 30% of respondents in 2018 observed at least one form of violence against this group of people in their own families.

A WHO analysis based on data from 52 studies conducted in 28 countries, including 12 low- and middle-income countries, shows that as many as 16 percent of people over 60 experience some form of violence. They include most often psychological violence (11.6%), financial abuse (6.8%), neglect in care (4.2%), physical violence (2.6%) and sexual abuse (0.9%).

The PolSenior 2 study published in 2021 indicates that active violence is more often experienced by elderly women, people with a lower level of education, aged 65-69, living in rural areas and in the eastern and northern regions of Poland.

Most European countries, including Poland, have an aging population. According to the data of the Central Statistical Office, a steady increase in the number of the elderly is expected parallel to the expected decrease in the population by 4.3 million people by 2050. The share of seniors in urban residents will increase from 27.8% in 2020 to 42.4% in 2050, and the share of elderly people in the Polish rural population will increase from 22.3% to 37.8%.³

Currently, over 9 million people in Poland are over 60 years old. According to forecasts, by 2050 this number is expected to increase to nearly 14 million.

IF WE FAIL TO DO SOMETHING, VIOLENCE WILL BE USED AGAINST 2 MILLION 240 THOUSAND PEOPLE.

"If you don't listen, I'll send you to the old people's home" – this is the threat Marian learns from his daughter. The man, almost 90, has been living in a house he built himself for half a century. Now his daughter is the main tenant. She decides about everything and limits the senior's sovereignty: she forbids him to enter the part inhabited by young people, or accept his guests in the house. She controls her father's medications, recently also access to the refrigerator. All for his good. She doesn't call him "Dad" anymore. She uses his first name, or simply calls him "Dude!"

An intervention of the FOSa Federation's Ombudsman for the Elderly

WHEN DOES VIOLENCE OCCUR MORE FREQUENTLY?

There are lots of factors that can make the elderly more vulnerable to violence. The most significant are:

⚠️ SOCIAL ISOLATION - Older people may be more socially isolated than younger people, especially if they live alone or in a nursing home. This can make them more vulnerable to violence from caregivers or other people they trust.

⚠️ REDUCED CAPABILITY OF SELF-DEFENCE - elderly people may have limited ability to defend themselves due to physical and mental limitations, illnesses or disabilities.

⚠️ DEPENDENCE ON CARERS - elderly people often depend on other people, for example on their immediate family or employees of the institutions where they stay. This can make them more vulnerable to violence from these people.

⚠️ DIFFICULT FINANCIAL SITUATION – elderly people may be more vulnerable to financial violence due to their dependence on others or because of their low income, which can make them easy targets for fraudsters as well as family members and carers.

⚠️ AGE DISCRIMINATION – unfortunately, elderly people can be discriminated because of their age, which can lead to exposure to violence or neglect by younger people.

⚠️ PROBLEMS OF THE CARER – when their housemate experiences stress, mental diseases, personality disorder or abuses psychoactive substances, violence-based situations are more likely to occur.

All of these factors can make older people more vulnerable to violence, so it's important to pay attention and act to protect them against this risk.



What is the

CYCLE OF VIOLENCE?

The cycle of violence is a term used to describe the way abuse sometimes occurs in relationships. Most of us have witnessed or experienced some type of domestic violence.

Not all stages occur simultaneously. They do not happen the same way in every relationship, either. Every now and then they can arise in a matter of hours, while at other times it can take up to a year to complete the cycle.

The cycle of violence has 3 stages. They are: the tension-building phase, the acute violence phase and the honeymoon phase - they keep recurring over and over again.

During the **TENSION-BUILDING PHASE**, the abuser gets angry and the victim tries to de-escalate the irritating situation. Both parties experience a wide range of emotions during this period. The victim becomes very careful with every word they utter. They may feel humiliated, angry, hopeless, fearful or depressed.

In the **ACUTE VIOLENCE PHASE**, the tension begins to build rapidly, the abuser becomes more irritable, irrational, and dangerously violent. Psychological and/or physical acts of violence tend to prevail.

HONEYMOON PHASE is the stage in the cycle where the abuser appears to feel remorse for the physical, verbal or sexual abuse they have caused the victim. The perpetrator may apologize to the victim, burst into tears and promise that they will never do it again. In most situations, the victim believes the abuser. During the honeymoon phase, the abuser suddenly creates a safe space filled with love and security. This phase has a significant impact on the person experiencing violence because their need for acceptance and positive feelings is huge indeed. They often tend to re-excuse and idealize the perpetrator of violence. Occasionally, in this phase, the perpetrator may try to blame the victim, tell him or her that it was their behaviour that brought about the violence. The abuser may imply to the victim that the abuse has never happened or that they are making up the seriousness of the incident.

⚠️ WHY DO THE ELDERLY NOT SAY THEY EXPERIENCE VIOLENCE?

The secret of experiencing acts of violence is often kept by the elderly themselves because of:

- shame, as the perpetrators are often family members;
- the sense of obligation to protect the closest family members, children, grandchildren, a spouse, which makes them endure the suffering in silence;
- they blame themselves for the acts of violence - e.g. an elderly mother, a victim of violence, is convinced that it is because of bad upbringing that her son behaves this way towards her;
- the percentage of elderly people suffering from depression increases alarmingly with age (in the age group of 75-79 it is 32.6% in total, and in the age group of 85-89 it is as much as 43.2% of the elderly population in Poland) - depression abates the willpower to oppose the perpetrator of violence;
- bad treatment takes away the elderly's sense of dignity, value and self-determination;
- domestic violence takes a cyclical course - the perpetrator, apart from the time when he/she inflicts harm, has better days, when he/she treats the victim well, is caring and understanding, so the senior/family trusts that the perpetrator will change his behavior;
- the perpetrator deliberately embarrasses the victim, shows their helplessness;
- feels fear of retaliation from the person who causes harm;
- an elderly dependent person is often more afraid of rejection and loneliness than acts of violence ;
- no knowledge of people or aid institutions and the rights of seniors;
- low trust in entities which deal with counteracting violence.

Paweł S. worked three or so years in his life. After completing his studies, he found a job as a teacher in a rural school. It did not suit his ambitions, as well as any other job below the status of the intelligentsia he considered himself to be. So he took care of his mother. When it came to board and lodging, the poor woman could not refuse her son. But then (once the man turned forty) money became the subject of his interest. From the first request for a PLN 20 loan, to - under the pretext that the increasingly elderly mother would not be able to manage on her own - taking over the account that her pension was deposited with. He took advantage of his mother like this for decades... until her death.

An intervention of the FOSa Federation's Ombudsman for the Elderly

WHY DO THE ELDERLY NOT SAY THEY EXPERIENCE VIOLENCE?

THE SIGNS OF ELDER ABUSE MAY VARY FROM CASE TO CASE, AND SOME SENIORS MAY BE VICTIMS OF MORE THAN ONE TYPE OF VIOLENCE

People in the elderly's surroundings - family members, neighbours, health care and social welfare workers, do not always react to signs of violence against the elderly. Reasons for this behavior include:

- natural signs of aging, such as exposure to falls and body injuries;
- disbelief and disregard of people to whom the elderly report the problem;
- difficulty in verifying whether an elderly person is actually being prejudiced against, or whether he or she has, for example, productive symptoms occurring in mental illness or dementia;
- difficulty in verifying whether anxiety, depressed mood, neglect of hygiene, decreased appetite are a sign of violence against the elderly or symptoms of depression or dementia;
- reluctance to meddle in other people's affairs.

NEVER underestimate even the slightest signs of violence, even if there is some doubt that they are real. STAY ALERT WHEN:

-  you notice bruises and wounds that occur in places that are unlikely to be the result of falls (e.g. on the neck, shoulders, around the ribs);
-  an elderly person has a depressed mood;
-  an elderly person reacts with aggression when touched;
-  an elderly person does not want to talk about his/her family situation (he/she is afraid), but at the same time makes allusions about it (gives information indirectly);
-  an elderly person is dehydrated, malnourished or neglected in terms of hygiene;
-  an elderly person does not want to go back to the place where, as you suspect, violence is used against him/her (e.g. he/she is so pleased with the stay in the hospital that he/she does not want to go back home or a nursing home);
-  an elderly person's health problems are ignored or untreated;
-  an elderly person has unsanitary or unsafe living conditions (no heating, insects, smell of urine);
-  an elderly person is cut off from contact with other people;
-  an elderly person does not want to eat and drink, refuses to take medications (these may be signs of suicidal thoughts expressed indirectly).

HOW CAN ELDERLY VIOLENCE BE

COUNTERACTED?

Formally, there are two complementary systems in Poland whereby care for the elderly is provided: the health care system and the social assistance system, mostly by informal carers. In reality, the range of institutions (potential interveners) creates a much wider social ecosystem.²

The ecosystem of the elderly at risk of violence revolves around several institutions and environments. They include:

DOCTORS AND NURSES	DISTANT FAMILY, CARERS	FAMILY ALLOTMENT GARDENS
POLICE	COLLEAGUES FROM WORK	NONGOVERNMENTAL ORGANIZATIONS
STATE AUTHORITIES	NEIGHBOURS, RANDOM FRIENDS	PENSIONER'S ASSOCIATIONS
OFFICIALS	POSTMEN, TAXI DRIVERS	COUNCILS OF THE ELDERLY
SCHOOLS, LIBRARIES	SHOPS	UNIVERSITIES OF THE THIRD AGE
CHURCH	NURSING HOMES	VOLUNTEER FIRE BRIGADES

Institutions of the greatest impact on the elderly at risk of violence:

DOCTORS AND NURSES
CARERS, SHOPS

Institutions of the weakest impact on the elderly at risk of violence:

NONGOVERNMENTAL ORGANIZATIONS
OFFICIALS, COUNCILS OF THE ELDERLY

Institutions with great potential for solving problems of the elderly at risk of violence:

DOCTORS, NURSES, NEIGHBOURS,
UNIVERSITIES OF THE THIRD AGE
LIBRARIES
COUNCILS OF THE ELDERLY
SCHOOLS AND EDUCATIONAL INSTITUTIONS
FAMILY ALLOTMENT GARDENS

Institutions that don't use their potential or do not work well for the elderly at risk of violence:

STATE AUTHORITIES
(regulations don't keep up with social changes)
DOCTORS AND NURSES
SCHOOLS AND EDUCATIONAL INSTITUTIONS

HOW AND WHERE DO ELDERLY PEOPLE AT RISK OF VIOLENCE SIGNAL THEIR PROBLEMS?

- they call a helpline (*one conversation limited to 15 mins.*)
- they visit clinics (*which become social meeting places*)
- they talk to their peers
- they seek social contact
- they talk to random people
- they involve their families in their affairs
- they accost one another on park benches
- they visit corner shops
- they come to the police and aid institutions
- they go to churches
- they call 112
- they talk to neighbours and relatives
- they meet social workers

WHO CAN SUPPORT ELDERLY PEOPLE AT RISK OF VIOLENCE?

- cross-functional teams
- housing cooperatives
- schools
- NGOs
- senior clubs
- care services
- benefits in cash
- meeting livelihood needs
- community nurses/health visitors
- community police officers
- social welfare
- neighbours
- parish priests
- a village leader

"Doctor, I'm sorry, but I know my grandchildren" – this is how Aleksander reacted when, during his visit to a clinic, the doctor called him "Grandpa!" The doctor was a bit surprised, looked up but did not apologize. If someone is over 70, it's normal to be a grandparent. Apparently, there is nothing offensive in this term, but it is a simple way to hear the impersonal "let him/her undress, let him/her listen", or, for example, complaints that the senior came to the doctor without ... a guardian/carer. Institutions - health care, social care, offices - often push an elderly person solely to the role of a patient, ward and supplicant, ignoring their opinion, forgetting that everyone has their own name and surname.

An intervention of the FOSa Federation's Ombudsman for the Elderly

WHAT BENEFITS DO THE ELDERLY AT RISK OF VIOLENCE EXPECT?

- appreciation
- leaving home
- contact with another person
- sense of closeness
- sense of security
- building a relationship
- help with life matters
- solving problems
- understanding their situation

HOW DO INSTITUTIONS DEALING WITH ELDERLY PEOPLE AT RISK OF VIOLENCE SATISFY THEIR NEEDS AND HELP OVERCOME DAILY OBSTACLES?

- they listen promptly
- they inform poorly
- they implement social campaigns
- social workers provide social services
- workplaces hold meetings

WHAT OBSTACLES DO ELDERLY PEOPLE AT RISK OF VIOLENCE ENCOUNTER ON THEIR WAY TO FULFILLING THEIR EXPECTATIONS?

- LACK OF INSTITUTIONS' INVOLVEMENT
- LACK OF INFORMATION
- LACK OF UNDERSTANDING, INDIFFERENCE

- LACK OF TRUST
- SENSE OF SHAME, FEAR OF THE UNKNOWN
- NO ONE BEARS ELDERLY PEOPLE IN MIND

So let's be attentive to what is happening in our environment and courageous against violence.

If we don't feel confident in our actions, we can look for allies among friends or support institutions.



INSTITUTIONAL INTERVENTORS CAN PREVENT VIOLENCE BY MEANS OF:

- a close relationship between a family doctor/GP and a long-term patient;
- individual work with an elderly person and their family to stop the dysfunction, minimize the effects of violence, motivate to change the situation;
- providing an elderly person who experiences violence a safe place of residence and care (a place at help home, sheltered apartment, center for victims of violence);
- implementation of the planned process of social work with an elderly person;
- monitoring the circles at risk of violence through regular visits as part of the implementation of the Blue Card procedure;
- counteracting social isolation;
- expert guidance (legal, psychological and family counseling);
- immediate crisis intervention provided to an elderly person in a crisis situation. This form of assistance is often used by people experiencing violence from close co-residents. It includes providing psychological help and isolating the perpetrator from the victim.
- inclusion of the legal procedures of police, prosecutors and courts.

POTENTIAL INTERVENTORS FROM THE ELDERLY'S CLOSE ENVIRONMENT (E.G. NEIGHBORHOOD, FRIENDS, A POSTMAN, A LIBRARIAN, A NEWSAGENT'S, ACQUAINTANCES FROM CHURCH OR UNIVERSITIES OF THE THIRD AGE) CAN PREVENT VIOLENCE AGAINST ELDERLY PEOPLE VIA:

- a face-to-face conversation, an offer of help or going together for help;
- reacting here and now – to cut down on the violence;
- notifying competent authorities of your suspicions or a committed crime (if we have specific information about any harm that is happening to an elderly person, we want to prevent it, contribute to the detection and punishment of the perpetrator; we can submit an oral or written notification of a crime or a suspicion of a crime). The written notification may be sent by post, e-mail, fax or delivered in person to a police unit or the Public Prosecutor's Office. Oral notification will be accepted and recorded by a police officer in the form of a report and the reporting person will be questioned as a witness). An anonymous telephone call and an anonymous letter sent to the law enforcement authorities will initiate police action;
- notifying a social welfare center or a non-governmental organization which deals with the elderly's issues. You can notify in person or anonymously - by phone. It is important to react and break the cycle of violence.

**The closest environment of the elderly
has the greatest impact on their daily lives.**

WHAT ACTION SHOULD AN ELDERLY PERSON UNDERTAKE IN CASE OF HARM OR CRIME?

- notify a trusted person immediately in order to obtain necessary support and assistance;
 - discuss the situation with their doctor or health visitor;
 - contact a familiar aid institution (e.g. a social welfare centre, church, a local leader) closest to the place of residence of the elderly person, asking for help in a situation of harm;
 - immediately report the fact of harm to the nearest police unit by writing a notification of suspicion of crime or by phone, demanding an intervention of the police;
 - come to one of the District Centers or Local Crime Victim Support Points, which form a nationwide Crime Victim Support Network, co-financed by the Polish Justice Fund.
- avail oneself of the 24-hour Victim Help Line at the following tel. no.:
-  **48 222 309 900.**

**MOST IMPORTANT – ACT!
VIOLENCE IS A DISGRACE
TO THE PERPETRATOR,
NOT THE AGGRIEVED.**



- ¹ based on a report from a nationwide survey of the Polish Academy of Sciences, the Institute of Psychology, 'Domestic violence against the elderly and disabled (2009)' for the Ministry of Labour and Social Policy
- ² Hirsch, R. D., 2016. Gewalt gegen alte Menschen. Bundesgesundheitsblatt, 59, pp. 105–12.
- ³ 'The situation of the elderly in Poland in 2020' under the supervision of Ewa Kamińska Gawryluk, Central Statistical Office, Statistical Office in Białystok, Warsaw, Białystok 2021.
- ⁴ A report from the 'Violence against seniors' workshop - development of a support path for people at risk of violence, the FOSa Federation, Olsztyn 2022

Dear Senior!

DO YOU SUFFER VIOLENCE?



⚠️ Has anyone violated your corporality? Have you been struck, pushed, refused a meal, knowingly left without help, or hurt?
THAT'S PHYSICAL VIOLENCE!

⚠️ Has anyone violated your personal dignity? Have they used abusive language towards you, intimidated, threatened, blackmailed, ridiculed or shamed you?
THAT'S PSYCHOLOGICAL VIOLENCE!

⚠️ Has anyone taken your money? Have they taken your allowance and pension without your consent, sold your things, pressed you to bequeath and insistently demanded benefits, forced you to take out loans and left you with debts?
THAT'S ECONOMIC VIOLENCE!

⚠️ Has an institution, which is supposed to provide assistance, failed you? A hospital did not help you, you were yelled at by a staff member, your rights were not respected or your special needs related to old age or incapacity were not taken into account?
THAT'S INTITUTIONAL VIOLENCE!

⚠️ Has anyone touched you inappropriately? Have you been kissed against your will, touched, demanded intimacy?
THAT'S SEXUAL VIOLENCE!

**ASK FOR HELP! INFORM A TRUSTED PERSON
WHO WILL HELP YOU GET SUPPORT!
USE THE TELEPHONE NUMBERS BELOW:**



POLISH OMBUDSMAN

Infoline tel. no. **800 676 676**

PATIENTS' OMBUDSMAN

National Health Fund
tel. no. **800 190 590**

POLICE tel. no. **112**

OLSZTYN HELPLINE

tel. no. **89 19288 or 89 527 00 00**

NATIONWIDE TRUST PHONE

**OF THE MALI BRACIA
UBOGICH ASSOCIATION**
tel. no. **22 635 09 54**

BLUE LINE tel. no. 801 120 002

niebieskalinia@niebieskalinia.info

KIND WORDS

HELPLINE FOR SENIORS
tel. no. **12 333 70 88**

**MUNICIPAL CONSUMER OMBUDSMAN
IN OLSZTYN**

tel. no. **89 522 28 01**

DISTRICT CONSUMER OMBUDSMAN

(the district of Olsztyn)
tel. no. **89 523 28 90**

REGIONAL AID ZONE

The FOSa Federation
tel. no. **799 099 862**

**THE ELDERLY'S OMBUDSMAN
WARMIA-MASURIA PROVINCE**

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**DEPUTY OMBUDSMAN
THE ELBLĄG SUBREGION**

Urszula Wolna
ELBLĄG
tel. no. **601 694 717**
email: rzecznik.elblag@federacjafosa.pl

DEPUTY OMBUDSMAN

The **EiK SUBREGION:**
Krzysztof Marusiński
ORZYSZ

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email: k.marusinski@federacjafosa.pl

**PROSECUTOR'S OFFICE
FAMILY COURT
SOCIAL WELFARE CENTERS**



IF YOU SEE VIOLENCE AGAINST AN ELDERLY PERSON AND THE FOLLOWING SYMPTOMS...

Are you an elderly person's neighbour or their friend? Do you work in an institution or organization that supports the elderly?

REACT!

-  If you see your elderly friend suffers from: bedsores, wounds, obvious lack of personal hygiene and neglect of physical appearance, severe skin irritation, rashes, sore spots, significant unexplained and/or sudden weight loss, marked hunger or thirst, bruises, cuts, fractures, etc...
THIS ELDERLY PERSON IS A VICTIM OF PHYSICAL VIOLENCE!
-  If you notice these signs in an elderly person you know: significant depressed mood, depression, nervousness, agitation, impulsiveness, fearfulness, emotional lability, fear, alienation, anger or apathy; low self-esteem, low self-confidence, etc...
THIS ELDERLY PERSON IS A VICTIM OF MENTAL VIOLENCE!
-  If you can see these signs in an elderly person: changes in behavior; unexpected symptoms of pain, discomfort before touching, shame, or an elderly patient comes to the doctor's office with an STD...
THIS PERSON MAY HAVE BEEN SEXUALLY ABUSED!
-  If you can see that an elderly person you know has no money or has made sudden changes to their will, or took a bank loan or one that you know they can't afford, someone is trying to incapacitate a senior despite their good mental condition...
THIS ELDERLY PERSON CAN BE AT RISK OF ECONOMIC VIOLENCE!
-  If you can see that an elderly person complains about cheating, ignoring their problems, or they experience limited attention and time which they deserve, a large maladjustment of various activities and solutions to their specific needs, addressing them by name or a seemingly benevolent "let grandma/grandpa...", showing impatience and being insulted due to their disabilities (e.g. hearing impairment, amblyopia, slowness)...
THEY EXPERIENCE INSTITUTIONAL VIOLENCE!

**DON'T STAND ASIDE. REACT.
INFORM RELEVANT SERVICES, INDIVIDUALS AND INSTITUTIONS!
INDIFFERENCE AND OMISSION TO PROVIDE HELP ARE ALSO VIOLENCE!**



POLISH OMBUDSMAN

Infoline **tel. no. 800 676 676**

PATIENTS' OMBUDSMAN

NHF **tel. no. 800 190 590**

POLICE tel. no. 112

BLUE LINE tel. no. 801 120 002

niebieskalinia@niebieskalinia.info

MUNICIPAL CONSUMER OMBUDSMAN

IN OLSZTYN tel. no. 89 522 28 01

DISTRICT CONSUMER OMBUDSMAN

(the district of Olsztyn)

tel. no. 89 523 28 90

REGIONAL AID ZONE

The FOSa Federation

cell 799 099 862

THE ELDERLY'S OMBUDSMAN

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PROSECUTOR'S OFFICE

FAMILY COURT

SOCIAL WELFARE CENTERS



JESTEŚ OFIARĄ PRZEMOCY DOMOWEJ? POINFORMUJ O TYM, POKAZUJĄC GEST



**JEŻELI WIDZISZ TEN GEST
STARAJ SIĘ ZACHOWAĆ SPOKÓJ,
ZAPAMIĘTAĆ JAK NAJWIĘCEJ SZCZEGÓŁÓW,
NIEZWŁOCZNIE ZADZWOŃ NA POLICJĘ**



**NIE ZWLEKAJ, POMÓŻ !
PRZEMOC ŻYWI SIĘ BIERNOŚCIĄ**



Ministerstwo Rodziny
i Polityki Społecznej



DOFINANSOWANO ZE ŚRODKÓW BUDŻETU PAŃSTWA
w ramach programu WSPIERANIE JEDNOSTEK SAMORZĄDU TERYTORIALNEGO
W TWORZENIU SYSTEMU PRZECIWDZIAŁANIA PRZEMOCY
PROJEKT OSŁONOWY „Dobry kierunek – (s) przeciw przemocy”
realizowany przez Powiatowe Centrum Pomocy Rodzinie w Olsztynie
DOFINANSOWANIE 26 390,00 zł CAŁKOWITA WARTOŚĆ 37 700,00 zł

POWIATOWE CENTRUM POMOCY RODZINIE W OLSZTYNIE
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