



Breaking the Taboo II – Developing and testing
tools to train the trainer

Breaking the Taboo II

Overview of existing train-the trainer-courses dealing with
violence and abuse against older women in the field of
community-based health and social services in Slovenia

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1 Summary of results

Following the instructions we have detected four forms of education. Three of them also presented later in this document are corresponding to the expectations of the project, the fourth one is very new, has started on the 14th of June 2010 in the National Senate – a part of Slovenian parliament and is introducing the process of designation of guardianship for elderly. We believe that this new legal form of protection of elderly will be a big support for the prevention of elderly abuse for both genders.

2 Summary of results in national language

Na osnovi navodil smo odkrili v Sloveniji štiri oblike izobraževanja. Tri od njih, ki jih predstavljamo v nadaljevanju tega dokumenta odgovarjajo pričakovanjem projekta; četrto izobraževanje je novo, pravzaprav je pričelo 14. Junija 2010 v Državnem svetu – delu slovenskega parlamenta in pričinja proces imenovanja varuha starejših. Verjamemo, da bo ta nova legalna uradna oblika varovanja starejših velika opora preprečevanju nasilja nad starejšimi obeh spolov.

3 Introduction

Elderly abuse is in Slovenia recognized problem in general, it is stated that it is a growing problem and that especially the forms of financial abuse are growing because of the unemployment of younger generations. Also the longer life of people is causing that nowadays not the children but the grandchildren are inheriting properties of grandparents. A typical situation which is leading to elderly abuse is the shortage or the prise of housing for young families and elderly do not wish to leave their homes. Women are especially exposed also toward the partner abuse because many of them do not have their own pensions, because they have been not employed during their active life, they are also less informed and do not have contacts to local political or social institutions.

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4 Methods

(0,5-1 pages)

Outlining which strategies and methods were used to collect courses, selection criteria of found concepts, criteria of analysis (categories, etc.)

The very first collection of information was provided on the literature research base, computer information but most important were the personal contacts to institutions and people who are by their professional obligation or by voluntary work connected with the care for elderly people. The construction the Advisory board of the project was based on that first information and therefore are the members coming from institutions and associations as also from the highest stakeholders dealing with the abuse of elderly people on different levels. Very important was also literature analysis and the study of some research focused on the abuse of elderly people and its prevention. We have also analysed the basic reasons for abuse of elderly people. Majority of literature and research were including both genders but the results are shown separately.

5 Description of community-based health and social services

Community based health services consist everywhere by family doctor and community nurse. As the community nurses have a very rich family chart they are caring for all inhabitants in their region and are documenting all data about their economic and social situation. Community nurses are using for their work also all the humanitarian organizations in the local community as also the representative of health and social policy. Social centres are working in local communities and have their central points in each region. In our situation we cannot exclude police forces because frequently they are offering necessary support to health and social workers and vice versa. On the basis of health legislation community nurses have to visit also because of the preventing reasons all elderly people in their district twice per year. Social services have special sections and specialized social workers for the

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official guardianship of elderly people who are not anymore capable of acting independently but are not yet in the situation when they should be moved into the institutional care.

Local policy in each community have a special body dealing with health and social life of the community and they are also co responsible for the social and health well being of elderly people and are contacting their family carers and are supporting them to avoid burn out syndrome and prevent possible conflict situations.

Again not fully professional but still responsible for health and social welfare are the organizations of retired people, who are establishing continuous contacts with all elderly people and are contributing very strongly to social inclusion of elderly people.

Community Nursing Care – health promotion model

The model has been in existence since 1962 and is still running. It is implemented in all local communities in the frame of primary health care services. All older people 65+ are visited by the community nurse working in the respective local community, and individual plans for care are prepared for each of them.

Community nurses have to support successful ageing of older people in order to better adapt to functioning in a changing world. Community nurses understand that the value system of each older person is rooted in the interrelationships among one's beliefs, life experiences and personality.

Discussions with the older people address the positive effects of self care, dressing and grooming on the image of self and the perception of wellness.

Health assessment is based on parameters that reflect the life style of the older people: health beliefs and health behaviour.

The model supports healthy behaviour; support of the organisation of healthy and safe surroundings; general prevention measures and education for self-help.

Because community nursing is a part of the national health system, it is continuously evaluated by the Health Insurance Institute and by local health authorities on the basis of national standards for community nursing. The National Institute for Health Protection annually analyses and evaluates the work of community nursing services (<http://www.ivz.si/index.php?akcija=novica&n=1222>).

Community nurses are responsible for the holistic nursing care - that means that they support the physical, mental and social health throughout the life of the whole population. It is very important that they also deal with the surroundings in which older people are living (family, neighbourhood).

The duration of the model, which is still in use and growing, is the proof of its value.

Older people are partners in the planning and implementation of nursing services in which they are a subject of care.

Every care plan dealing with a person's health promotion is individualised and respects different aspects of life. Therefore, these working plans include diverse activities.

The programme is geographically and 'socially' available to all older people aged 65+.

Older people receive necessary information and support in the decision making processes which influence their lives - therefore they can take an active part in these processes.

WHO/EURO has proven that the model can be transferred to different countries depending on the health legislation in each country.

Once a year all older people take part in a survey and are asked to fill in questionnaires on an anonymous basis.

Local authorities/municipalities are continually requesting the growth of community nursing services. Furthermore, the official opinion of family medicine is that community nursing is the most important network for supporting older people's health.

With the growth of other non-governmental organisations in the local communities and because of the demand for the multi-sectoral cooperation, community nursing has the co-ordinating role in the care of individuals and families in local communities.



Older people when reaching 65+ are visited by community nurse

5.1 Actors in the field of community-based health and social services

In local community are working formal representatives of health and social services and volunteer organizations. The specific responsibility for elderly are having community nurses with all nursing team members and it is proven that the most valuable information receive those nursing team members who are spending more time with elderly and met them also without presence of other family members. Besides the community nurse these are auxiliary nurses, people responsible for the meals on the wheals and housekeepers replacing the absent family members.

In each local community are operating centres for social work which are receiving also national authorisation for the support to individuals, families and specific population groups which need help. Their field of work are:

- Health of children and families
- Protection of adults
- Social support to people who have financial problems
- They are coordinators for abuse prevention, social preventive

Since 2009 social centres have been designated as responsible for crisis centres which are dealing with all forms of abuse within families.

Because of their clearly defined responsibilities when dealing with all forms of abuse social centres executed longitudinal research study on abuse against elderly. The last survey is showing following results:

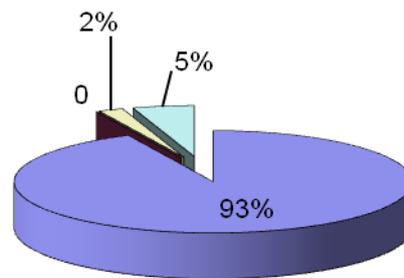
Involved were: 42 Centres for social work, from those:

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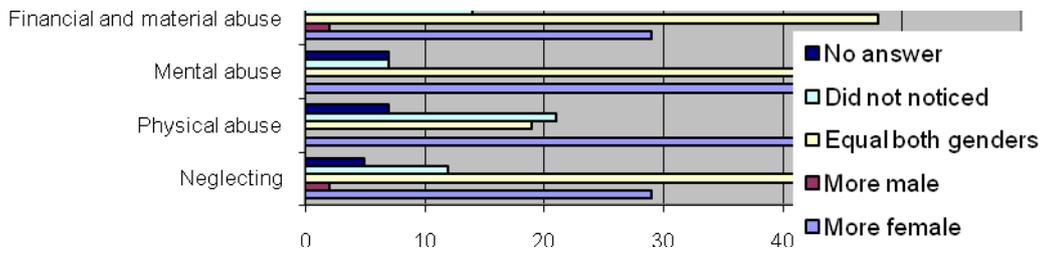
- 2 are covering the area which includes population till 1.000 elderly
 - 14 are covering the area which includes population between 1.000 and 5.000 elderly
 - 16 are covering the area which includes population between 5.000 and 10.000 elderly
 - 5 are covering the area which includes population over 10.000 elderly
-
- 29 of them are located in rural areas
 - 12 are covering mostly urban areas
 - 1 local community did not described the structure of the population

Are you observing elderly abuse in your community?

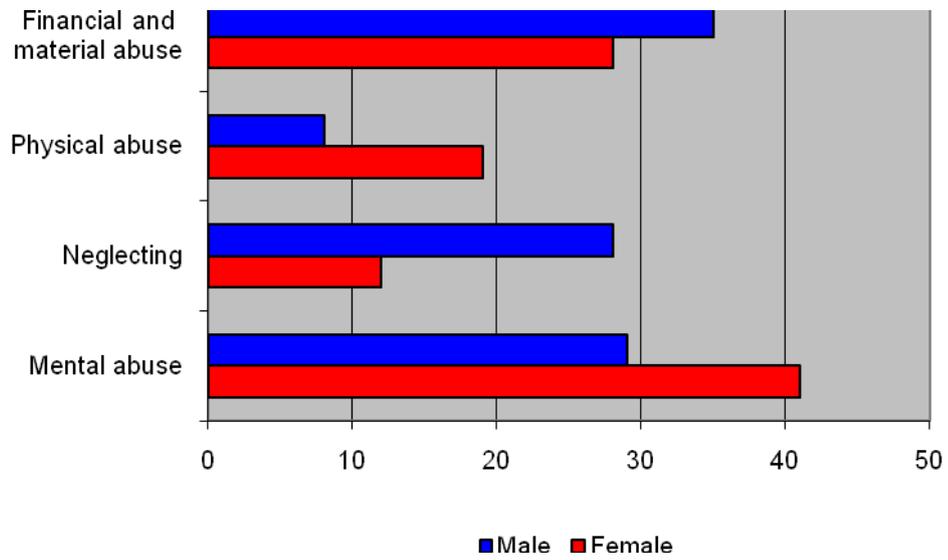


■ YES ■ NO □ I DON'T KNOW □ NO ANSWER

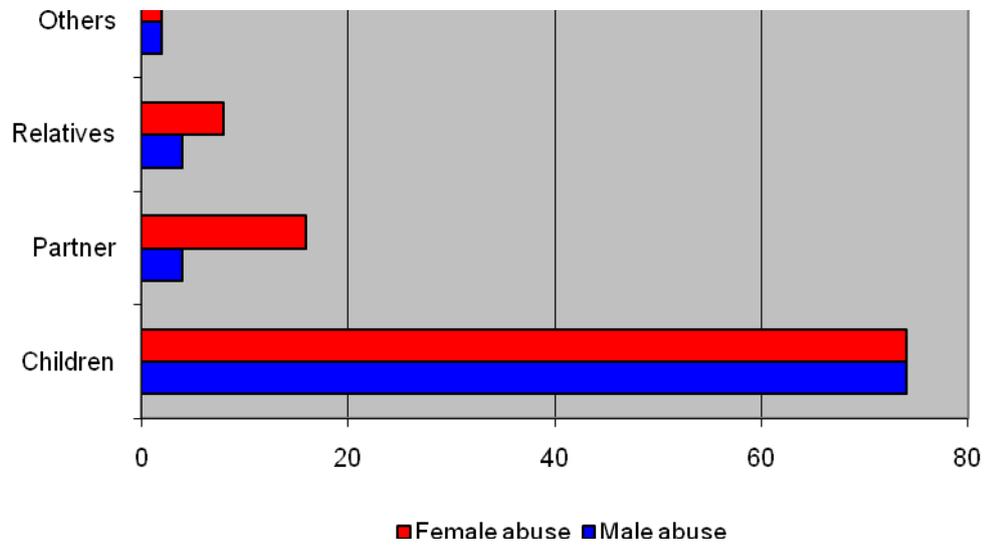
If YES, which forms of elderly abuse do you register, and which are specific for women and which form en?



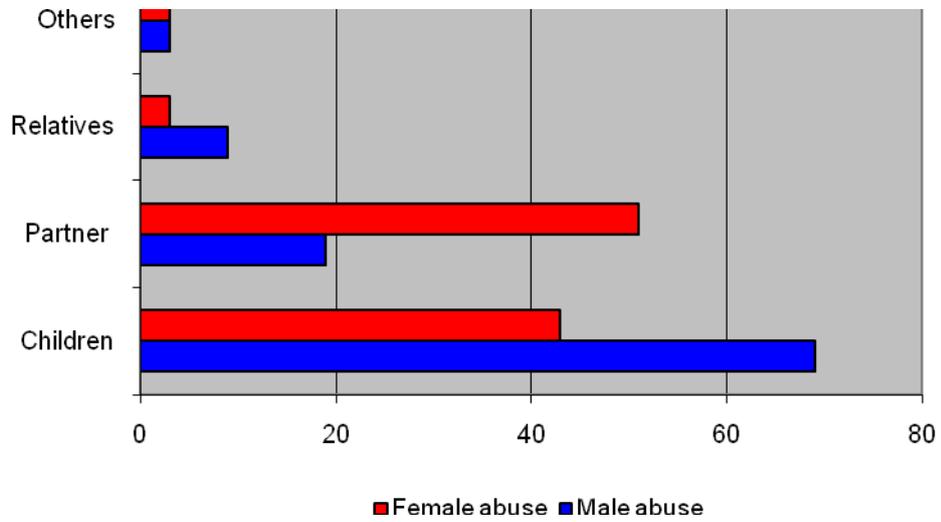
Which form of abuse is most frequent against women and which one against men?



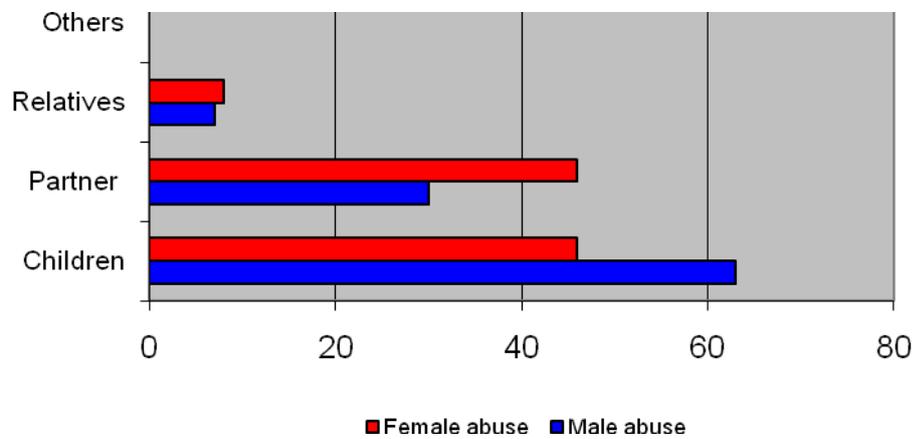
Who you believe are causers of neglect (for instance withdrawal of basic goods as for instance medicine, food, clothes)?



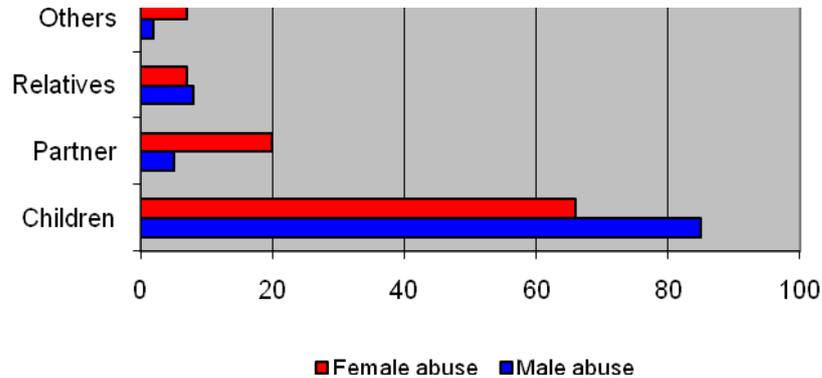
Who in your opinion are the causers of physical abuse (slapping, pulling the hair, blowing, pushing, and shaking)?



Who are in your opinion the causers of mental and emotional abuse (scolding, humiliation, offending, threaten, locking up, prevention of communications out site the home)?



Who are in your opinion the causers of material and financial abuse (stealing of money, misuse of bank cards of elderly, counterfeiting of signature, forcing the elderly to sign the contract or testament etc.)?

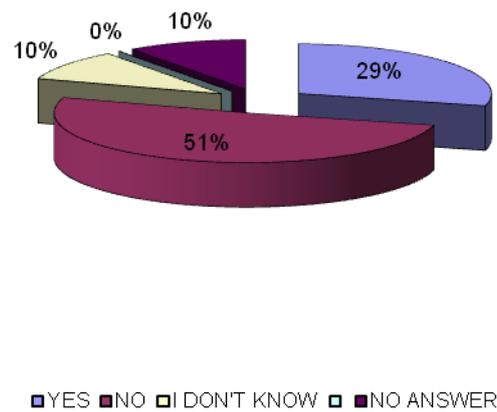


The main reasons for the abuse against elderly women are on the basis of this research:

- Unemployed adult children
- Weakness, helplessness, alcoholism in the aggressive person
- Loneliness, lack of social contacts, need for support from other persons, dependency
- Intergenerational conflicts, unsettled relations
- Overburden and exhausted carer
- The power of the causer
- Sickness or feebleness
- Male violence, believe that women are subordinated
- Men believe that women are not useful anymore – absence of sexual life,
- sickness naivety, trust, lack of knowledge of elderly person on one hand and on the other refined persuasion and
- Tolerance toward the aggression

- Forced coexistence of two generations

Do you believe that the victims are asking for help?

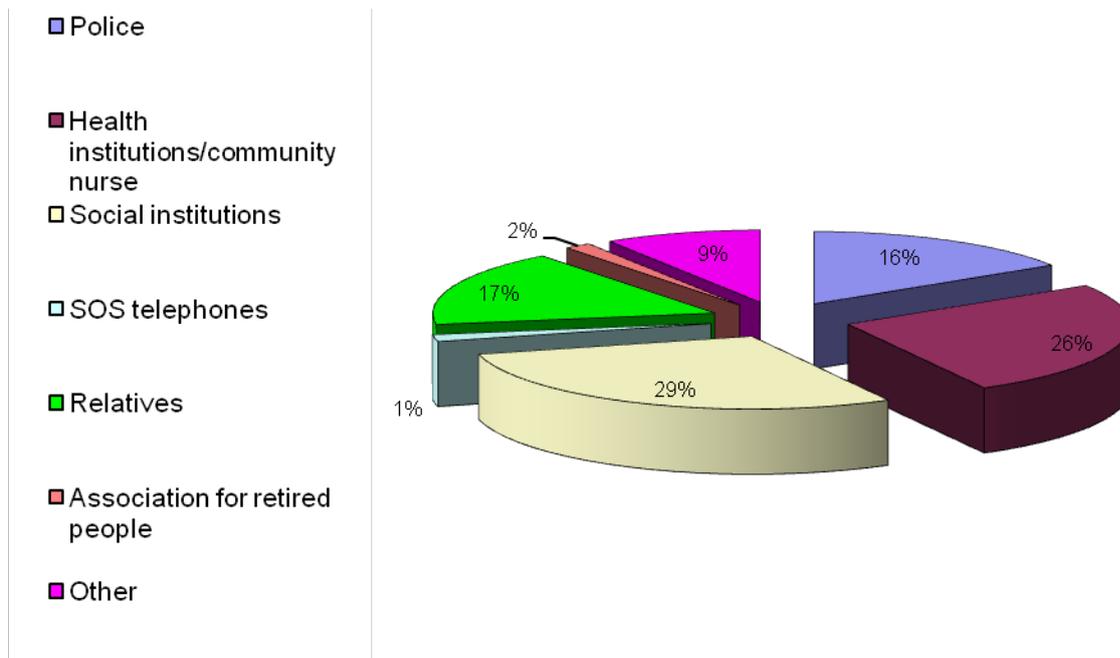


If you believe that they are seeking help in which cases:

- If they feel that they can trust somebody
- If they have problems in partner relationship
- If the person is communicating with environment and can observe what is happening and knows that it is not correct
- If the aggressors are foreign people – if the violence is applied by children or other relatives they frequently don't talk about it

- If the children are expelling them out of their homes, if they have been beaten and if they recognize that they have made the wrong decision and have signed a contract under the pressure of relatives
- If the woman is suffering the physical violence from the partner
- When they can not stand violence anymore – if it is lasting too long or it is growing
- When the violence is detected from the site of social services or other authorities
- Only in the case if they are mobile and capable to talk about their problems and are visiting the Centres for social work
- In mental and material abuse
- If their life is endangered
- Very seldom, usually they are looking for the information and are not asking for help

Where are the victims of abuse looking for help?



Which forms of support are Centres for social work offering to elderly who are victims of abuse or violence?

- Self-help groups: 11%
- Counselling: 37%
- Legal support: 13%
- Financial support: 31%
- Other: 8% (the first social help, personal help, directing to other institutions, support to family)

Are Centres for social work providing the preventive actions against the elderly abuse?

- NO: 56%
- YES: 44% - from that:
 - 51% raising the awareness of elderly
 - 29% raising the awareness of professionals
 - 10% raising the awareness of general population
 - 0% SOS telephone for people in need
 - 0% Daily crisis centre
 - 10% Other (Self help groups, support to families in their homes)

Are you cooperating with other institutions in the field of elderly abuse?

- NO: 7%
- YES: 93% - from that:
 - 9% Association of retired people
 - 11% homes for elderly
 - 31% health services and community nursing
 - 31% police
 - 9% nongovernmental organisations
 - 9% other (Court, local community, Institute for the family support at their homes)

What is based on your opinion the largest problem when dealing with elderly abuse?

- It is occurring in the circle of narrow family and elderly do not report about
- Elderly are seldom reporting about the problems, are hiding them also because of the shame, therefore the detection of such events are seldom detected (mostly when we met them because of another problem)
- In the most cases the elderly person is caped at home and in case that she or he is complaining for instance to the doctor people do not believe them
- Unawareness of elderly about the abuse and violence, lack of information of possible forms of help, isolation, the feeling of shame, humbleness, unawareness of environment and passivity
- Stereotypes about old age
- Fear of talking about the violence, education, tradition
- Tolerance toward the violence
- Incapability of defence, fear of aggressive persons, material dependence of causer, the feeling of guilt because of the relation between the victim and causer in the past
- Rejection of cooperation of the victim during the investigation
- Lack of different forms of support (centres, nongovernmental organizations, guardianship of elderly, lack of placements in homes for elderly); if the elderly experiences violence and abuse as a problem the possibilities for retreat are limited
- Elderly are not aware that they are abused
- The abuse remains hidden, mostly because of the fear that the elderly will left alone and helpless
- Centres for social work have too many administrative tasks, not enough special educated staff for the work with elderly
- Loneliness and dependence from others
- Also the professionals are not aware of the seriousness of the problem
- Elderly cannot stand for their rights before the Court, especial if they are week, immobile, do not understand (the most of psychical abuse is occurring in cases when elderly transfer their property to another person and are

afterwards are not cared for. The procedures for the annulment are long lasting, complicated and are frequently exceeding the understanding of elderly. In the case of elderly abuse it is difficult during the investigation to prove the incident, especially because elderly are forgettable and have troubles in understanding and describing the situation).

- Believe that it is necessary to be patient and hope that everything will be better by itself.
- Unwillingness of younger generation to adapt to parents and to accept typical changes in old age and/or sickness
- Lack of adequate regulations for the protection of elderly
- Elderly woman doesn't have a possibility for a retreat, except to the home for elderly, what they are frequently rejecting

Self – Help Groups for Older People – a broader model which also includes health promotion contents

The model has existed since 1987 and is still running in 465 groups all over the country both in urban and rural areas (local community, neighbourhood, city, rural area, person's own home, and residences for older people). These groups consist of older people of both sexes 65+.

The self-help groups for older people are supported by different associations. According to experience, socializing of older people in these groups is also supported by professional work (residences for the older people, family medicine, social centres, community nursing).

Evaluation is regularly organized by founders, and includes satisfaction measurement of the people who participate in all self-help groups. A longitudinal study is running, which measures the usefulness of the self-help groups.

Self-help groups consist of older people with different needs and the network helps them to find solutions for everyday problems related to their physical, mental and social health.

Sustainability is evident: the model was established in 1987 and the network of this group is still growing.

Older people are co-creators of all activities within the self-help groups, and the groups themselves advise and make proposals aimed at different organisations involved with older people.

The programmes of self-help groups are different according to the specifics of the region, time of the year and interests of the group.

A big problem of older people is loneliness and, as a consequence, their social isolation. The open-door-system of self-help groups and the very informal communication system make it possible to meet the non-material needs of people of different educational and social backgrounds. It is the optimal solution also for inclusion of marginalised older people.

This is a non profit network without many material demands, but with a high level of effectiveness; people are more independent, activated and therefore better prepared to care for themselves.

Self-help groups form an important network of older people throughout the country and therefore enable the voice of these groups to reach health authorities on a local and national level.

The dispersion of the model around the country shows that this model can be adapted for most environments.

Self-help groups regularly discuss their own work in a positive and critically constructive way. These discussions act as an ongoing evaluation and stimulate proposals for additional activities.

Self-help groups are recognised nationwide by government bodies and are financially supported by the state and by donations.

The formation of self-help groups is not rigid: it adapts to changes within society. Their existence promotes the views and status of older people within the country.

“I am happy when I am not alone”



Cooking



Dancing



Playing games



Physical activity

Red Cross organization is present in all local communities consisting of volunteers who know the population of a local community and are very important co-workers of community nurses and social workers.

5.2 Involved professional groups

Each of the professional groups acting in local community has members with specific education and responsibilities, what is true for social workers, community nurses and police force. They all could form the potential target group.

5.3 Results of screening basic educational training of health and social professionals

Throughout the basic educational training the content is incorporated for all study fields into the different parts of the Curricula.

Basic educational programme for policemen (also in form of continuing education)

The content is following:

- Stop only to listen but report to number 113,
- Typical form of women abuse in the family and in external conflicts
- Women abuse because of different traditional and cultural practices
- Aggressive partners
- Why women do not desert an aggressive partner
- Typical personalities of aggressive partners
- The influence of social status and of the lower educational level of women
- How to stop aggressive behaviour
- Information on the support by number 113

Basic educational programme for nurses

- Specific responsibility of nurses in the recognition of elderly abuse
- Nursing care in the support of patients autonomy
- What is the elderly population cared for by nurses in Slovenia
- Specific situation of elderly living in nursing homes
- Dangers to qualitative and safe life within the social institution

- Nurses as guardians - their professional responsibility and cooperation with legal guardians

Basic educational programme for social workers

- Introduction (situation of elderly in Slovenia in their social structure)
- Image of elderly in society
- The importance of personal autonomy
- Equal position of women in the society
- Typical forms of a specific abuse toward women
- Work with family members
- Non violent communication
- Obligation of formal reporting
- Psychosocial support to victims

6 Awareness raising courses for staff of community-based health and social services

Awareness raising courses have been organized for members of social centres, police stations, community nursing and self-help groups who were the most contacted persons in the past practice by elderly in need. Awareness courses have been organized as introduction to training the facilitators and peer advisors.

6.1 Setting and target group information

The courses have been organized in shelters, in homes for elderly and safe houses, as also in community based health and social care centres as also in the regional police stations.

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Planned target groups were employees and volunteers in homes for elderly, nurses working in social institutions and in the community, students of police academy, and policemen working in communities.

6.2 Focus and contents

Focus of the content was recognition of any form of abuse of elderly.

6.3 Methods used

The teaching programme was implemented in the form of group work, has started with buzz sessions and brain storming, each lesson was followed by group discussion based on the practical examples.

6.4 Additional information

The recommendation coming from different groups was that the 2 days workshop have to be organized for all the new employed staff and the updated situation has to be given as continuing information in internal all life study days (once monthly).

7 Train-the-trainer courses on violence against older people with a special focus on older women

All three presented courses have been dealing with older women. The course for policemen was organized specific for women abuse, the education for social workers and nurses was oriented toward general abuse of elderly but the data have been dealing separately with both genders.

7.1 Setting and target group information

The workshops have been organized in all regional police stations; as the part of regular vocational education they have been implemented during the regular study programme at the Police academy. The planned target groups are policemen in local communities and students of police academy.

7.2 Focus and contents

Main focus of the workshop is knowledge transfer; based on the manual Do you hear? Report the women abuse to the 113.

7.3 Methods used

Description of found methods and instruments

The methods used were use of practical examples, following the theoretical part and the group work with the discussions.

7.4 Additional information

Since this form of education and information people more frequently use number 113 and asking for the support.

8 Conclusions for the development of a curriculum for workshop facilitators and peer advisors

8.1 For staff workshops

Staff target groups consists of adults with already existing knowledge in general. Very important is the andragogic approach, that means that the organizers and teachers have to use the knowledge and information which exist already in the group and that they adapt focusing of the problem on the already existing information.

Therefore the active method in the form of group work and discussions proved to be the most effective as also practice on the basis of real examples. The construction of groups demands in a part the specific professions, but as in a local community all involved professionals have to cooperate they have to understand each other's role therefore the "coeducation" in a part is recommended.

All the data about the situation of elderly and specific of elderly abuse in the country and in the specific regions have to be regularly updated.

Very specific are situations which have to be treated by court because elderly victims frequently don't want to cooperate. Therefore the recognition of a form of abuse was realized but the planned solutions were kept back by victims themselves.

It was difficult to respect the gender specific aspects because the data are frequently reported generally for both genders.

8.2 For workshop facilitators and peer advisors

The comments in the chapter 8.1 are and should be the basis for the plans and the work of facilitators.

Especially peer advisors have to be informed in detail about the situation on elderly women abuse in a specific region and community and have be able to inform of all legal aspects and regulations dealing with the elderly women abuse in connection with the specific professions.

8.3 For suggestions to integrate the issue in basic vocational training

The integration of contents on elderly and specific women abuse are a must, the regular education means that we meet motivated people with similar pre education and interest, therefore this form of education is the most rational and also most effective. Of course this basic information has to be updated during the later professional life for those who will work in local communities and social institutions.

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10 Annex

Stop the violence in the family

Ustavimo nasilje v družini!

"Veliko večja verjetnost je, da boste fizično napadeni, poškodovani ali umorjeni v svojem lastnem domu, od roke ljubljene osebe, kot kjerkoli drugje." (Gelles & Straus, 1989)

Anonymous e-report about the violence in the family

Anonimna e-prijava nasilja v družini

Nasilje v družini je kazniva oblika nasilja. Pogosto je skrito, javnost pa zanj izve, ko je včasih za žrtve že prepozno. Nasilje v družini vedno pusti telesne in/ali duševne posledice., Na otroke vpliva še posebej travmatično. Malo verjetno je, da se bo končalo samo od sebe.

Kaj lahko storite?

Če ste sami žrtev nasilja v družini ali če veste za tak primer, napišite prijavo.

V prijavo napišite čim več podatkov, ki bodo policiji v pomoč pri preiskovanju in ukrepanju:

- kdo izvaja nasilje,
- kdo je žrtev,
- kje in kdaj se to dogaja,
- kaj se dogaja, kako.

Prijava je anonimna, zato vam ni treba napisati svojih osebnih podatkov. Če pa želite, da bi se pri obravnavanju vaše prijave osebno obrnili na vas, navedite svoje kontaktne podatke.

Ne čakajte, da se bo nasilje končalo samo od sebe, saj je to malo verjetno. Tudi če opazujete ali slišite trpljenje drugih ljudi v njihovi lastni družini, nasilje prijavite v njihovem imenu, saj morda sami tega ne zmorejo.

Policija bo vsako prijavo skrbno proučila in primerno ukrepala. Skupaj z drugimi službami bo poskrbela za varnost žrtev, ponudila vam bo vrsto informacij o organih in organizacijah, ki ponujajo dodatno pomoč in podporo.

Kaj je nasilje v družini?

Nasilje v družini je oblika nasilja, ki je razširjena v vseh starostnih, socialnih, izobrazbenih in poklicnih slojih. Ogroža večinoma najbolj občutljive skupine ljudi: otroke, ženske in starejše.

Nasilje v družini ima svoje značilnosti: začne se neopazno in prikrito pod različnimi imeni, kot so ljubezen, ljubosumje, vzgoja. Nasilje se vedno stopnjuje in se samo od sebe ne prekine. Vedno pusti, če že ne telesnih, pa duševne posledice, ki so toliko hujše, kolikor intenzivnejše je bilo nasilje in dlje kot je trajalo. Ena od značilnosti nasilja je tudi nemoč žrtve, strah pred povzročiteljem nasilja in strah, da bo nasilje dobilo še hujšo obliko.

Vse to, pa tudi prepričanje, da se nasilja ne da ustaviti, marsikomu preprečuje, da bi prijavil nasilno vedenje družinskega člana.

Nasilje v družini je kaznivo dejanje!

Nasilje v družini je kot kaznivo dejanje opredeljeno z novim Kazenskim zakonikom, veljavnim od 1. novembra 2008.

Predvideva različne oblike kaznivih ravnanj, kot so grdo ravnanje, pretepanje, ponižujoče ravnanje, grožnjo z neposrednim napadom na življenje ali telo ter preganjanje iz skupnega prebivališča in omejevanje svobode gibanja, zalezovanje, prisiljevanje k delu ali opuščanju dela ali spravljanje v podrejen položaj.

Storilec je lahko kateri koli družinski član, kaznivo dejanje pa je lahko storjeno tudi po razpadu družinske skupnosti.

Seveda pa kaznivo dejanje nasilja v družini ni edino kaznivo dejanje, ki sankcionira nasilno vedenje v družinskem okolju. Glede na način storitve ali posledice lahko nasilno vedenje opredelimo tudi kot različne telesne poškodbe, kot kaznivo dejanje iz poglavja zoper spolno nedotakljivost, lahko je tudi umor ali uboj.

Posebne določbe varujejo tudi otroke.