

## Caring for older survivors of genocide and mass trauma

The project is supported by:

ANZ Wicking Trust

Jewish Care Inc

Victorian Department of Human Services

Faculty of Health Sciences, La Trobe University

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## AIMS OF THE PROJECT

- To contribute to the gap in evidence-based knowledge about aged care services for older people from migrant backgrounds who experienced genocide or mass trauma [1] prior to their resettlement in Australia.
- To transfer this knowledge to the development of a generalizable model for training aged care workers to care for older survivors of trauma.

- [1] Genocide is defined as any acts committed with intent to destroy, in whole or in part, a national, ethnic, racial or religious group while mass trauma refers to the traumatisation of a population as a result of war and massive killing taking place in their country.
- In contrast to the concept of genocide, the notion of mass trauma does not include targeting on the grounds of religion or race. [www.unitedhumanrights.org/genocide](http://www.unitedhumanrights.org/genocide).

## The project focuses on two groups of older survivors

### Jewish survivors of the Holocaust

The term Holocaust refers to the extermination of six million Jews during the Nazi era (1933-45). Nazi policy was to systematically and meticulously erase the Jewish people.

### Older survivors of the Cambodian Genocide

The Cambodian Genocide (1975-1978) was an attempt by Khmer Rouge leader Pol Pot to form a Communist peasant farming society. An estimated 2 million Cambodians were killed.

Reference: <http://www.unitedhumanrights.org/>

## Rationale

- Long-term physical and psychological impact of genocide and mass trauma well documented.
- Advanced age and declining health brings older survivors into contact with medical and aged care services and staff.
- Hospitalisation and entry into residential care can trigger intense reaction amongst older survivors.
- Aged care workers may be second most likely professional group (after health professionals) to have direct contact with older survivors.
- Lack of knowledge, training and skills to deal with the effects of mass trauma.

## Research Questions

1. What are aged care workers' experiences of working with older survivors and their families?
2. What are the experiences of older survivors and family members in their interactions with aged care services?
3. What types of knowledge, skills and personal attributes can assist aged care workers to provide sensitive and competent care for older survivors in community and residential aged care settings?
4. How well prepared are aged care workers to provide care for older survivors?
5. What are the attitudes of aged care workers (managers and staff) regarding specific training for working with older survivors?

## Methodology

### Consultations with key experts

### Survey of community and residential aged care managers

### 10 focus groups with community and residential aged care workers

### In-depth interviews with older survivors family members, and aged care workers

Consultations with 20 Key Expert from:

- Action on Disability in Ethnic Communities
- Ethnic Community Councils of Victoria
- South Eastern Migrant Resource Centre
- Spectrum Migrant Resource Centre
- Victorian Foundation for Survivors of Torture
- Jewish Care Inc
- Holocaust and Trauma Support Consultants
- Dandenong Commonwealth Carer Respite Centre
- City of Dandenong Council
- Springvale Community Health Centre
- Cambodian Buddhist Temple
- Cambodian Association of Victoria
- Cambodian Welfare Association

Qualitative data analysis

- data coded
- codes condensed into themes
- used to inform survey questionnaire and theme lists for focus groups and interviews



## Case study 1

An activities coordinator's account of caring for a Holocaust Survivor

Mr A is Holocaust survivor at our facility. He doesn't talk. He refuses everything. He doesn't leave his room. I think that being in a communal dining room might be difficult for him because of the association with the concentration camp. If I ask him questions – anything even about his personal care – he says ask my wife.

According to his wife he has been depressive his whole life. His wife didn't know that he was Jewish and that he was a holocaust survivor when she married him. He entered residential care because he got more and more depressed and his wife couldn't continue caring for him.

I asked Mr A if he is interested in doing a 'This is my life' book. He responded 'Ask my wife'. His wife said, 'No don't do that. It will make him more depressed. He isn't able to talk about it'. I offered to cook traditional Polish food for him but his wife said, 'don't do it because it might just upset him.'

I've noticed that Mr A is fearful of soap. I found out that the Nazi's made soap from the bones of Jewish people who were killed in the gas chambers. He didn't say anything. I just understood from his body language and the look on his face that he was anxious about the soap.



### Issue for older survivors in residential care

- **Triggers** showers, sirens, absolutely anything can be a trigger

*'People walking in without knocking, you know that is a reminder of people bursting in to the house, so that the reactions are stronger than they would be for other residents. It like that difference between annoyance to absolute fear or horror.'*

- **Transitions** moving from home to low care, low to high care, going to hospital.

*Associations with life-and-death upheavals and dispossession.  
Associations with sick people being sent off to be killed.*

**Trust**

*'The issue of building trust with survivors of any trauma will be harder. Trust was fundamentally broken and it can never really be healed. So when somebody says I'll be back in a minute and they don't come back for 2 hours it's a major, major thing. It's not just an annoyance, it's more proof that I can't rely on anybody.'*



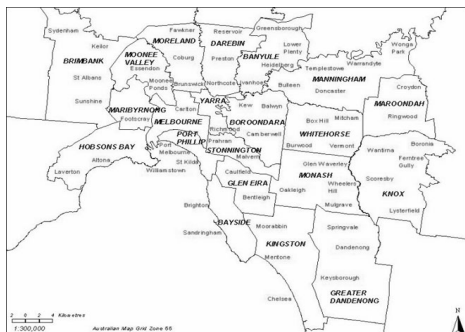
### Knowledge, skills and personal qualities for working with older survivors in community and residential aged care settings

- **Skills**
  - Empathy and bi-lingual skills
  - Ability to respond to challenging situations
  - Ability to understand and respond to older survivors' lives
  - Ability to understand and respond to older survivors' needs
  - Ability to understand and respond to older survivors' presentations
  - Ability to understand and respond to older survivors' individual needs
  - Ability to understand and respond to older survivors' knowledge about potential 'triggers'
  - Ability to understand and respond to older survivors' trauma
  - Ability to understand and respond to older survivors' cultural background

Data sources – key experts, survey, focus groups, interviews



### Selected study areas



### Survey of community and residential aged care managers

	Community services	Residential facilities	Total
Respondents	39	21	60
Non-respondents	31	49	80
Total	70	70	140
Response rate	55.7%	30.0%	42.9%

Community services included: HACC services, Commonwealth Carer Respite Centres, ACA1 care packages, domiciliary nursing, home-based allied health, community rehabilitation, adult



### Perceptions of staff knowledge about caring for older survivors

(Only survey respondents that report that their services provides care for older survivors)

Staff knowledge about:	%
<i>History of the genocide or mass trauma in the countries that older survivor clients come from</i>	
Highly informed	6.8
Moderately informed	70.5
Not informed	22.7
<i>The possible impact on survivors' physical and psychological health</i>	
Highly informed	2.3
Moderately informed	68.2
Not informed	29.5
<i>Kinds of day-to-day occurrences that can trigger negative reactions</i>	
Highly informed	6.8
Moderately informed	61.4
Not informed	31.8
<i>The impact of past trauma on people with dementia</i>	
Highly informed	6.8
Moderately informed	68.2
Not informed	25.0
Total %	100
Total number	44



### Perceptions of staff skills for caring for older survivors

(Only survey respondents that report that their services provides care for older survivors)

Staff skills in:	%
<i>Establishing good working relationships with older survivors and their families</i>	
Good	31.8
Adequate	52.3
Not so good	15.9
<i>Listening to and understanding what the older survivors face in their day-to-day lives</i>	
Good	27.9
Adequate	39.5
Not so good	32.6
<i>Understanding their own emotional reactions to working with older survivors</i>	
Good	15.9
Adequate	43.2
Not so good	40.9
<i>Responding to challenging situations that can arise when caring for older survivors</i>	
Good	15.9
Adequate	45.5
Not so good	38.6
Total %	100
Total number	44



### Next steps

- Further data analysis
- Final research report
- Development of a model for training aged care workers



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