"This is the first time I have dared to talk like this"

Lillian's story of domestic violence and trauma and implications for Palliative Care

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KEYWORDS

Dignity of risk, trauma informed approach, cautionary tale.

EXECUTIVE SUMMARY

Domestic abuse and trauma are known to affect one in four women and has significant long term health implications impacting life choices and health outcomes. Often described as a 'silent epidemic,' it is hard to determine the actual numbers as many incidents go unreported, some for decades, some well into old age. Current mainstream health services often lack the awareness required to support elderly patients with a history of traumatic life events. Patients often become distressed and re traumatised when approaching death and reviewing the meaning of their existence. Many within this vulnerable population remain undeserved and under recognised.

HIGHLIGHTS

- A cautionary tale that informs, warns of danger, promotes creative practice of critical reflection
- A way of identifying barriers to screening patients with trauma informed risk factors.
- Education in the principles of trauma- informed approach and facilitating patient dignity and choice.

PROCESS

Lillian's case study highlights the complexity of care and decision making for an older patient who experienced domestic violence and trauma as a young woman. Reflective practise and thematic analysis review.

OUTCOMES

Lillian's case study highlights the issue of autonomy as a significant factor impacting behaviour and mental wellbeing. Resistance to a perceived coercive and benevolent control by health care providers was a dominant factor in the dignity of risk surrounding discharge planning and disclosure of information.

CONCLUSION:

Driving change and addressing the unmet Palliative Care needs of older patients who have experienced domestic abuse and trauma can be achieved by building trust and safety through a trauma informed approach to care.