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 Austria

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1 Summary of results

The national report focuses on the screening of trainings and curricula in the field of social and health care, which address violence against older women in care relations. Research showed that this special focus still does not exist in Austria. Currently there are no trainings for staff in the field of community-based social and health care which would address it. Besides that there are just a few training and workshop offers, which address violence against women in general. Furthermore the topic is not implemented in educational offers of the three main professional groups in this field, i.e. of nurses, nursing assistants and home helpers. If violence is addressed during the education, this is done in so called de-escalation trainings. In these trainings the primary aim is not to discuss violence against people in care relations, rather it is focused on the care workers´ own experiences of violence. Although de-escalation trainings do not exist since a long time, they show a "success story" of implementation in education and are thus discussed as "good practice". The screening of found trainings provided insights in possible structures and methodological approaches, which are used for the development of a future curriculum on violence against older women. An important point for discussion is the outcome that the topic should be addressed in an integrated way. This means that violence against women is to be considered as structural and that trainings and workshops should also regard the care workers´ own experiences of violence. Research furthermore took into account the possible implementation of the curriculum. Analysis showed that an important step towards the implementation of courses and trainings in education and providing organisations would be an enhanced knowledge transfer between the field of social and health care and the field of victim protection. Lastly, empirical information about care workers and their concrete working conditions should be generated in order to facilitate the implementation of trainings and to develop empowerment strategies for staff.

2 Summary of results in national language

Im nationalen Bericht sollen Trainings- und Workshopangebote im Bereich der mobilen Pflegeberufe dargestellt werden, die sich speziell mit Gewalt gegen ältere Frauen im Pflegeverhältnis auseinander setzen. Das wahrscheinlich wichtigste Ergebnis ist dabei, dass es solche Angebote bislang de facto nicht gibt. Es konnten nur Trainingsangebote und Workshops gefunden werden, die sich allgemein mit häuslicher Gewalt gegen Frauen auseinander setzen und auch diese Angebote sind rar. Die drei wichtigsten Berufsgruppen in dem Feld sind diplomierte Gesundheits- und Krankenpflegepersonen (DGKP), Pflegehilfen und Heimhilfen und auch in den jeweiligen Ausbildungen existiert dieser Schwerpunkt bislang nicht. Wenn Gewalt in der Ausbildung thematisiert wird, dann im Rahmen von so genannten „De-Eskalations-Trainings“. Bei einem De-Eskalationstraining geht es nicht in erster Linie um die Gewaltbetroffenheit von Personen im Pflegeverhältnis, sondern um die Betroffenheit von Pflegepersonal (Care-ArbeiterInnen) selbst. Das Trainingsangebot existiert noch nicht lange, wurde allerdings sehr erfolgreich in verschiedenen Ausbildungsangeboten implementiert und kann daher als „good practice“ Beispiel diskutiert werden. Die Recherche bestehender Trainingsangebote ergab einen Überblick über den thematischen Aufbau, die Trainingsstruktur und methodische Ansätze, die nun für die Entwicklung eines Curriculums mit Fokus auf Gewalt gegen ältere Frauen genutzt werden. Die Recherche führte bald zu der Erkenntnis, dass das Thema aus einer integrierenden Perspektive betrachtet werden sollte. Gewalt gegen Frauen ist als strukturell zu analysieren, sie betrifft auch das – vor allem weibliche - Pflegepersonal und daher sollten Gewalterfahrungen der TrainingsteilnehmerInnen ebenfalls reflektiert werden. Neben den Trainings selbst fokussierte die Recherche auch auf mögliche Implementierungsstrategien. Wichtige Implementierungsschritte betreffen bspw. eine verstärkte Kooperation zwischen dem Pflegebereich und dem Gewaltschutzbereich. Schließlich zeigt die Recherche auch die Notwendigkeit auf, empirische Informationen über die Arbeitsverhältnisse von Care-ArbeiterInnen einzubeziehen, da es ja diese Berufsgruppen und deren Organisationen sind, die die Trainings und Workshops konkret durchführen sollen.

3 Introduction

Research on violence against older women shows that physical violence and other forms of abuse often occur in domestic settings. However, violence against older women is still a taboo and therefore less visible in society than violence against younger women. “Breaking the taboo II - Developing and testing tools to train-the-trainer” (BtT II) is the follow-up of the project “Breaking the Taboo - Empowering health and social service professionals to combat violence against older women within families” (BtT). BtT made this issue visible and paved the way for taking coordinated action on a European level. Both projects are funded by the European DAPHNE-program and the Research Institute of the Red Cross is one of the research partners. As BtT pointed out, professionals of community-based health and social services play a crucial role concerning the detection of violence against older people in care relations. Professionals of health and social services are often the only persons who stay in contact with older people who are attended by their families. Research focused on the professionals´ coping strategies and their needs for further strategies to deal with abuse within families. The project revealed that many health and social service organisations do not have clear organisational procedures dealing with abuse of older women. Hence, organisations working with older people need to develop standards and procedures and designate staff members as contact persons who are trained with respect to these issues. To meet this task a brochure with tools on “recognizing and acting” with important information and addresses was published. Furthermore an enhancement of the cooperation and a strengthening of networks between victim-protection organisations and community health and care organisations were recommended.

Building on this information, BtT II now focuses on the development of the required standards and aims at developing and designing a curriculum to train professionals in the field of community health and social services. The curriculum will be based on the brochure and the design for “awareness raising workshops” developed within the BtT-project. It will be upgraded and finalised in collaboration with health care professionals and with professionals coming out of the field of victim protection. The

project furthermore pointed out that the three main professional groups providing care services are home helpers, nurse assistants and nurses. Due to the daily-based assistance these groups have an extraordinary position and are treated as main target groups for the development of the curriculum and trainings. The curriculum will encompass three modules. The first will be a train-the-trainer module to enable senior staff and/or trainers to carry out awareness raising workshops with staff members. The second module concerns the training of multipliers to act as contact persons within community-based health and social service organisations. Finally, a third module encompasses the development of training materials, which should be implemented at vocational training institutes and universities.

The project BtT II lasts from December 2009 until December 2011 and is coordinated by the Austrian Red Cross. Research partners from Austria, Belgium, Bulgaria, Germany, Portugal and Slovenia are participating partners and the project started with a 5-day joint trans-national kick-off workshop in March 2010. In the first phase of the project a European research report is produced, in which already existing trainings and workshops are illustrated. In the second phase the curriculum and a 1-day awareness raising workshop for staff in community health and social services will be elaborated. These steps shall facilitate further implementation of the topic in organisations in the field of social and health care. Furthermore, national conferences will be organised in the six partner countries and an information website of the project will be produced.

Introductorily, the national reports provide a short overview over the system of community-based health and social services and the involved professional groups. In this context also the implementation of the issue in vocational trainings is discussed. Following that, an illustration of awareness raising courses for staff in the sector of community-based health and social care is provided. Subsequently, the screening of existing train-the-trainer courses on the issue is illustrated. Concluding, the found trainings are summarized and possible proposals for a curriculum are presented.

4 Methods

To investigate trainings and awareness raising workshops within community-based services the following methods were used: a Web search (google, google scholar) was conducted, in which pre-defined keywords such as “concept of trainings concerning violence”, “education and violence”, “train-the-trainer concepts and violence”, “awareness raising concerning violence against older people” were used. Furthermore, existing databases of the Austrian women’s shelter association AÖF (“Verein autonome Frauenhäuser Österreichs”) and the network against violence the family (“Plattform gegen die Gewalt in der Familie”) were screened, whereby the focus lied on already existing trainings as well as on empirical studies. The FRK-Library was screened for relevant literature, encompassing research reports, reference works and grey literature. Additional telephone interviews with professionals of educational institutions and providing institutions in the field of health and care as well as with professionals in the field of victim protection were conducted.

Based on the literature review a matrix for analysis was developed. Relevant criteria were the course setting and information about the target groups of the training. Furthermore the focus and contents of the trainings were a criterion for selection and also the used methods were an issue of interest, since the goal is to develop a concrete and usable curriculum and a workshop. Additional information concerning the educational background of the trainers and the concrete composition of the training also were taken into account. General selection criteria for trainings were the gender aspect with focus on women and the special focus on violence against older women in care relations. However, research soon revealed that these specially focussed criteria could not be met and thus the focus had to be broadened.

Based on the collected information and the elaborated research criteria a screening of awareness raising workshops or training programmes for staff of community-based health and social services as well as of educational offers within vocational training for community-based health and social services was conducted. For this purpose, telephonic expert interviews with educational professionals, providers and experts from the field of victim protection were carried out (Bogner, Littig & Menz 2002). In

total 8 professionals and experts of the educational field, 6 professionals and experts from the main providing organisations and 6 experts from the field of victim protection were interviewed. The screening of existing workshops and trainings for staff concentrated on the six main Austrian providing organisations of community-based health and social services. These organisations are the Austrian Red Cross, Caritas, Austrian Volkshilfe, Sozial Global, Austrian Hilfswerk and the Carinthian-based "Arbeitsvereinigung Sozialdienste" (AVS). The screening of educational offers for community-based health and social services for older people concentrated on the three professional target groups, i.e. nurses, home helpers and nurse assistants. The aim was to investigate if the educational offers contain curricular modules on violence against and abuse of older women or older people within the family or additional workshops concerning the topic.

5 Description of community-based health and social services

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

The Austrian sector of community-based mobile health and social care grew extensively within the last decade (BMSG 2004, p. 14). The range of services encompasses care (like providing medicine, bandages, etc.) and support in carrying out daily routines (like shopping, eating, personal hygiene, washing, dressing, pet-sitting, etc.). Community-based social and health care is a so called "NPO-sector" and more than 90 % of the services are provided by non profit organisations (Simsa et al. 2003). The major providing organisations in this sector are the respective provincial departments of the Austrian Red Cross, Caritas, Volkshilfe, Sozial Global and Hilfswerk. Carinthia is an exception, because approximately 60% of the social and health care services are provided by the "Arbeitsvereinigung Sozialdienste" - AVS. The organisational structure of social and health services is not centralized and thus varies significantly between the different provinces concerning the financial

structure, the coverage and provision of special services and the educational requirements for staff.

Generally, the legal base that determines the relationship between province, NPO and the clients is the social welfare law of the respective province. The funding structure of community-based social services differs between the provinces, but generally the work of the NPOs is subsidised by the federal governments. Direct funding or subsidizing agreements between the provincial government and the various organisations are rare and only established in Vienna and Carinthia. Thereby Vienna is a special case because the organisational work is undertaken by the "Viennese Social Fund" – FSW ("Fonds Soziales Wien"), which is the major interface between city council and providing NPO´s. Furthermore the "Association of Viennese Care and Social Services" ("Dachverband Wiener Pflege- und Sozialdienste") as joint organisation has a monitoring function concerning the providers´ services and also concerning the collaboration with the Viennese Social Fund. In Upper Austria and Styria there are agreements on a communal base and in the rest of Austria there are no agreements required. Concerning the clients´ individual right to care, there is no legal claim to community-based social services, but as mentioned above they are generally subsidized by the federal government.

The coverage of health and care services also differs significantly between the provinces. There are provinces like Vienna, where up to 55 % of persons over 75 years have access to social and health care and use mobile services. In other provinces, like Styria and Upper Austria, there is less supply and only 25% of persons above 75 years use services (Nemeth & Pochobradsky, 2004, p. 25). Also the type of used services differs significantly: in Vienna there is the biggest proportion of home helpers, whereas in Tirol and Carinthia predominantly nurses and nursing assistants do the care work (ibid.).

Regarding the covered services and the professionals´ tasks, there are also differences between the provinces. All services encompass health care services and supporting services concerning daily routines. Furthermore there are some special offers like f. e. the provision of physio- or ergo-therapist services, which are only available in Upper Austria and Vienna. Burgenland on the other hand is the only province where psycho-social counselling is provided. In Vienna exists a special counselling offer for migrants and/or people with migration background. Regarding the educational standards there are big differences between the provinces. Thereby, the maximum heterogeneity regards the group of home helpers, where the qualification profile differs most between the provinces. The required minimum length of the vocational training for home helpers ranges from 3 months in Vienna to 10 hours in Vorarlberg (Simsa et al 2004, p. 208).

On the national Austrian level currently one third of care allowance recipients use health and social services. In total numbers the amount of clients is approximately 80.000. Concerning the caring organisations about 8.500 full time equivalent positions are documented, which corresponds to estimated 15.000 employees within the sector. The majority of these employees belong to the mentioned three professional groups of nurses, nursing assistants and home helpers (Kuss & Schopf 2007, p. 189).

5.2 Involved professional groups

There is a wide range of professional groups working within the field of community-based health and care services. Principally, it can be differentiated between professionals involved in health care and professionals concerned with every-day life. The first group encompasses f. e. nurses, nurse assistants, therapists etc. The second group ranges from home helpers, dog-sitters, mobile feed provision, etc. to personal hygiene professionals like mobile hairdressers or pedicurists. However, the three major groups of hands-on workers within mobile health and social services are *nurses, nurse assistants* and *home helpers*. Nurses are responsible for the medical

care and treatment of the clients and they furthermore coordinate and supervise the care services. Nurse assistants are concerned with daily care services like hygienic care, mobilisation of the client, supervision, support of feed intake, the changing of bandages, etc. Home helpers are responsible for the maintenance of the clients´ household. Furthermore these care workers communicate with the clients and sometimes they also undertake the task of organising some of the clients´ social activities. In comparison with other care workers these three professional groups spend most time with the clients and do this on a day-to-day base.

Table 1: Profiles of the hands-on workers in the sector of mobile health and social care (Weiss-Faßbinder & Lust, 2000; Wiener Heimhilfegesetz, 1997; Wolf, 2004, p. 24):

Nurses	Nurse assistants	Home helpers
Responsibility for the medicinal care Planning care-provision Organisation of care-additives Coordination of involved health and social care service professionals	Personal hygiene is their emphasis Mobilization Support of feed intake Changing of bandages Giving medicine Giving medical unguents	Support household activities (cleaning, cloth washing, shopping, pets) Communication and social activities Motivation and support in self-help

Source: Kuss & Schopf 2007

The proportion of women in community-based health and mobile care is very high and covers 95% (Simsa 2004, p. 63). Furthermore the proportion of persons without Austrian citizenship or with a migration background increased significantly within the last decade. There is no statistical data yet concerning the total number and exact proportion within community-based social and health care services but estimations point to a quite high ratio of migrants or persons with a migration background. For Vienna the proportion is estimated to range between 40% and 70% (Macek 2009, p. 108; Bachinger 2009).

Generally, the working conditions for health and social care professionals are shaped by physical and psychological stress (Krenn, Papouschek & Simsa 2004; Spicker 2006). A big number of clients has to be attended in a short time, there is much time pressure during work and psycho-social constraints are common. Furthermore the sector of community social and health care generally lacks social recognition. Also the three professional groups within the field are structured hierarchically. Nurses spend less time with the clients and their work is remunerated the most. Nursing assistants spend more regular time with the client, but earn less and the group of home helpers spends most time with the clients and gets least remuneration (Krenn & Papouschek 2003). Home helpers are the least trained professional groups concerning formal vocational training, but they are on the other hand are the professional group with most contact to clients.

Within these groups of hands on workers there are no specialised persons in health and social service organisations who deal with violence and abuse. Although the research revealed that there are attempts to generate such peer advisors and facilitators, the goal is far from being reached yet. This could be explained by the stressing working conditions of the three mentioned groups of health and care workers. Especially home helpers, as the least prestigious group of care workers, are confronted with precarious working conditions and time pressure during work. Furthermore these professionals are often alone with the client and forced to take up much responsibility in a short time (Buchinger, Gödl & Gschwandtner 2001; Resch 2007).

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

The screening of basic educational trainings of the three defined target groups nurses, nursing assistants and home helpers showed that the topic is not implemented systematically in the respective trainings. Generally, the basic educational training programmes do not address domestic violence and violence in

care relations in their vocational training. This is also related to the fact that curricula do not explicitly mention violence against older people as a problem, which is to be addressed.

Telephone interviews with education professionals showed that the inclusion of the topic in the education depends on the one hand on the interest and individual commitment of the teachers and on the other hand on the interest and the demand formulated by the students. If the topic of violence is brought up, it is usually discussed in the following subjects: “home nursing”, “geriatric home care” and “anamnesis”. Often the topic is addressed by students after the period of internships, because this is the phase during their education when trainees get in contact with concrete care situations and thus also with problematic issues.

The only regularly implementation of the topic was found at the home helpers´ basic training of the Viennese “Volkshilfe”, which provides a special extra-curricular focus on sexual violence. This training encompasses a skill enhancement of 8 hours and takes place at the end of the gerontological education. Main focus of the training concerns “border – situations” and “border – crossing” in cases of sexual harassment and sexual violence, concerning both – the care worker as victim of sexual assaults as well as the person in the care relation being the victim.

When violence is addressed during the vocational trainings, the focus generally lies on so called de-escalation measures for staff. Five screened educational institutions mentioned the inclusion of de-escalation measures in their vocational training. The training is mainly provided by external experts, namely by “de-escalation trainers”. De-escalation trainings are part of burnout prevention and focus on the working conditions of care workers rather than on violence against older people or women in care relations. Nonetheless the training is illustrated in the following, because the handling of violence in care relations is discussed and because it is an example for a process, in which a train-the-trainer concept was implemented into regular vocational trainings. The training “Aggression, Violence and De-Escalation” has been developed in 2004 and initially focused on workshops for staff in psychiatric facilities. Soon the target group widened and the training was implemented in vocational trainings of nurses and nurse assistants within psychiatric facilities. Currently also its

implementation in general vocational trainings of nurses and nursing assistants is discussed. Accompanying the implementation phase train-the-trainer workshops were conducted, in which 39 persons were trained to become “de-escalation trainers” (Schrenk 2010). The training course consists of 40 hours training sessions and is divided into a theoretical and a practical part. The first covers subjects like definitions of aggression and fear, communicational skills within care relations, conflicts and conflict management, etc. The used methods are mainly lectures and group discussions. The practical part of the training encompasses exercises concerning the handling of problematic situations, aggression and violence within care work. Thereby the set of methods encompasses mostly role plays, physical exercises concerning de-escalation, but also group discussions and reflection rounds. References concerning the prevention of violence and abuse are not regularly part of the training, but if the issue is broached by the participants it is discussed and integrated.

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

The screening of awareness raising courses for staff in community-based health and social services showed that there are hardly any trainings which would broach the issue. Furthermore, there are no trainings at all, which address violence against elder women in care relations. The here presented trainings thus focus on violence against women in general and the relevance of the public health sector concerning the detection of violence against women. As mentioned these trainings are not very common and furthermore two of them were pilot trainings and are already completed. The first training focused on ***“Violence against Women and Children”*** („Gewalt gegen Frauen und Kinder“), it took place in Vienna and lasted from 2001 to 2006. It was a cooperation project of the association of Viennese hospitals (“Wiener Krankenanstaltenverbund”), 24-hours-Womens´-helpline (“24-Stunden Frauennotruf”), of the Viennese Department for the Promotion and Coordination of Womens´ Issues (MAG 57), the Viennese Department for Youth and Family (MAG

11) and the Viennese Program for Womens´ Health (“Wiener Programm für Frauengesundheit”). The second training lasted from October 2007 until December 2008. It was called ***“Health Consequences of Violence - Victim Support within the Public Health Sector”*** ("Gesundheitliche Folgen von Gewalt - Das Gesundheitswesen bietet Hilfe und Unterstützung") and was carried out by the Womens´ Health Centre in Graz (“Frauengesundheitszentrum Graz – FGZ”). This training was twofold: on the one hand it was a train-the-trainer course and on the other hand it encompassed awareness raising trainings for hospital staff, which were held by the newly trained trainers. The only still existing training offer with focus on violence against women is located in the province of Lower Austria. It is called *“**Violence against Women - the Relevance of the Public Health Sector”*** ("Gewalt gegen Frauen - die Bedeutung des Gesundheitswesens") and continuously carried out. In addition a de-escalation training which is organised by the Upper Austrian Chamber of Labour (“ArbeiterInnenkammer”) is taken into account. Although this training *“**Prevention and Intervention concerning Aggression and Violence in Care Work”*** („Prävention und Intervention gegen Aggression und Gewalt in Betreuungsberufen“) focuses mainly on de-escalation, it is included because the training also addresses the handling of violence in care relations if there is the demand to broach the issue. Furthermore this training also encompasses both; on the one hand awareness raising courses for staff in social and health care and on the other hand train-the-trainer seminars.

6.1 Setting and target group information

The training ***“Violence against Women and Children”*** took place in a hospital setting. The target groups were all professional groups, which work in a hospital and have direct contact with patients. The training was conceptualised as in-house training in hospital settings. Thereby the rate of participation varied significantly between the different professional groups: 70% of the participants were nursing staff, whereas only 15 % were doctors and 15% were therapists. The group size generally encompassed not more than 8 persons and the length of the training course was about 16 hours, divided into 2 days of training (MA 57 2005).

The training course on ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** showed similar outcomes. The training setting was mainly an in-house hospital setting, although excursions were made to visit victim protection centres. The length of the training also was 2 days and the target group also encompassed all persons in the hospital, who are involved in care work and medical treatment. Also concerning the rates of interest similar observations like in the first mentioned training could be made: While care workers were over-represented, doctors did not use the educational offer very much. The number of participants ranged between minimum 6 persons up to 18. Also in this case the majority of the participants were nursing staff (53,3%), followed by therapists and doctors (7,4%). The rest of the participating staff pertained to various professional groups ranging from secretaries, midwives to home helpers and psychologists (Hirtl 2009, p. 12).

The only still existing training course with a special focus on violence against women is the course ***"Violence against Women - the Relevance of the Public Health Sector"***. This training focuses on hospitals as well as on education facilities. The length of the workshops is adapted to the respective demands of participants and varies from 2 hours to 2 day-workshops. Principally, 2 days are named by the interviewed trainer as necessary to provide basic education. The training is not designed as an in-house training and it is also offered in educational institutions. Like at the trainings above the target group is generally care workers, and in this case also students are included. From 2000 up to now at least 80 training sessions took place. The training providers can also be seen as multiplicators, because it is a long time that they focus on the issue and because there is a lot of reference to the curriculum, which was developed by them (Fröschl, Löw & Logar 1996; Erdemgil-Brandstätter, Fröschl & Löw 2007).

The de-escalation course ***"Prevention and Intervention concerning Aggression and Violence in Care Work"*** was carried out only several times until now. It took place in community-based health and social care services and in a residential home for the elderly. The target groups within health and social care services are mainly security managers and so called workers´ councils ("BetriebsrätInnen"), because the

aim is to pool potential facilitators and peer advisors for a train-the-trainer seminar. Generally, the training is not conceptualised as in-house training and does not take place within hospital settings.

All these trainings do not have a special focus on violence against women in care relations, but they are related to this topic. The interviewed providers of the trainings furthermore emphasised the fact that due to the target groups, which are made up of staff in hospital settings but also of professionals within community-based mobile social and health, the topic can turn up in the trainings.

6.2 Focus and contents

The training ***"Violence against Women and Children"*** focussed on awareness raising measures for hospital staff. Furthermore it aimed at enhancing the collaboration between the hospital and the field of victim protection as well as with the executive branch. Thus knowledge transfer between different fields of work but also between different hospitals played a crucial role. There was no special focus given to older women, rather to women in general and children. Apart from the total length of the training there is no detailed information concerning the time flow of the course. Principally the developed curriculum for the training consists of six bottom-up modules. It starts with the modules "sexual and physical violence against women" and "sexual and physical violence against children", followed by the module "securing of evidence and DNA-analysis" and the module "legal information". The training is concluded with possible intervention strategies and basic information about the field of victim protection. The respective modules thus focus on "victim protection models in hospitals" and on "women's shelters in Vienna".

Table 2: Time flow and content of the Training "Violence against Women and Children":

1. Definition of Violence	2. Legal and forensic aspects	3.Intervention strategies
Module 1: Sexual and physical violence against women Module 2: Sexual and physical violence against children	Module 3: Securing of evidence and DNA-analysis Module 4: Legal information	Module 5: Victim protection models in hospitals Module 6: Women's shelters in Vienna

The training course on ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** aimed to initiate knowledge transfer from the field of victim protection and the medical care services. The cooperation between the two fields thus has been one of the main targets of the training besides the awareness raising focus. The awareness raising measures aimed at strengthening awareness and taking actions concerning cases of domestic violence against women in general and there also has been no special focus on domestic violence against older women in care relations. The time flow is not documented, but interviewees reported that it was based on the curriculum of the course ***"Violence against women – the Relevance of the Public Health Sector"***, which is addressed in the following.

The training course on ***"Violence against Women - the Relevance of the Public Health Sector"*** also aims to be a means for awareness raising within social and health care and is provided by trainers who work in the field of victim protection. The concrete time flow encompasses a step-by-step structure, in which the following topics are addressed: Definition, prevalence and patterns of violence; situation of women and children who are victims; victim protection infrastructure and interdisciplinary cooperation within the region; "gender medicine" and recognition of violence; indicators; victim support, diagnostic and forensic issues; stalking typologies; work setting and the individual care workers´ security; legal aspects; definition and handling of traumatisation and re-traumatisation; further discussion of cooperation structures and existing projects / means of intervention (see also: Table 3). As the dense and multifaceted time-flow indicates, the course does not only focus on violence against people in care relations but widens the scope. The structural and

social-political component of violence against women is generally discussed at the beginning of the course. Besides the discussion of possible intervention strategies concerning violence against persons in care relations, a second focus is given to the experience of violence by the care workers themselves. Violence is discussed concerning the care workers own working conditions within the respective organisation (i.e. mobbing, hierarchical structures, etc.) and within the care work setting (i.e. problems with elder persons, problems with the families, etc.). To prevent the care workers of being re-traumatised these issues are discussed at length and form an integral part of the training.

Table 3: Time flow and content of the Training "Violence against Women - the Relevance of the Public Health Sector":

1. Definition of Violence	**2. Victim Protection**	**3. Indicators**
Definition, prevalence and patterns of violence Situation of women and children who are victims	Victim protection infrastructure Interdisciplinary cooperation within the region	"Gender medicine" Recognition of violence Indicators
4. Intervention strategies and legal aspects	**5. Situation of the care worker**	**6. Interactive discussion of possible intervention strategies**
Victim support Diagnostic and forensic issues Stalking typologies Legal aspects	Setting and the individual care workers´ security Definition and handling of traumatisation / re-traumatisation	further discussion of cooperation structures and existing projects / means of intervention

The de-escalation course ***"Prevention and Intervention concerning Aggression and Violence in Care Work"*** is not primarily designed to enable care workers to react when they recognise violence in care relations, rather it is a de-escalation training in which the issue regularly is brought up by the course participants. The training focuses on the care workers´ work settings and on the handling of various problematic situations within the work setting. The time flow of the training is

individually adapted, but it always encompasses sections like an introduction into legal aspects of care work and work protection. Then a section follows in which the focus lies on crisis intervention and personality building (like f.e. self-perception, perception of the others) and the concluding section regards personal and collective reflection. Other core topics are defined during the seminar. The aim of the training is it to raise the participants´ awareness concerning issues of violence. Furthermore a knowledge transfer within the group should be initiated and the participants should be enabled to take actions.

Table 4: Time flow and content of the Training "Prevention and Intervention concerning Aggression and Violence in Care Work" - PiagB:

1. Legal aspects	2.Intervention strategies	3. Reflection
Introduction into legal aspects of care work Work protection	Crisis intervention Personality building	Personal and collective reflection

6.3 Methods used

The training ***"Violence against Women and Children"*** was an interesting project, because it brought together lecturers and trainers with different educational backgrounds. Furthermore the project was organised according to a "top-down" strategy, which allowed the maximal outreach and involvement of different staff groups. This means that as a first step the directories of the various hospitals were informed and asked for support for the training. Thereby the administration of health care and the administration of medical personnel were separately contacted. The next step was the establishment of contact with managing boards of the different departments of the hospitals and the denomination of advisors who monitored the implementation of the project. The pool of trainers and lecturers was made up of experts from the victim protection field, the police, self-organised victim help groups within hospitals, the Viennese Department for the Promotion and Coordination of Womens´ Issues (MAG 57), the Viennese Department for Youth and Family (MAG 11), and furthermore it included forensic doctors. The used instruments aimed at

awareness raising on the one hand and the enhancement of the collaboration between the named fields, and on the other hand also at a knowledge transfer. The training followed the above described modular approach, which was organised according to a bottom-up principle. The concretely used instruments focussed mainly on lectures combined with discussion rounds. Additionally also group discussions and role plays were carried out.

The training course on ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** also aimed to establish interdisciplinary collaborations but focused on less professional groups than the Viennese curriculum. In this training, professionals of the field of health care (i.e. doctors) and of the field of victim protection formed interdisciplinary training tandems. The approach aimed at the enhancement of the collaboration between these two different fields of work. The methods used by the training tandems corresponded to their own training, which was also part of the project and constituted the first phase of the project (see chapter 7: Train-the-trainer courses on violence against older people with a special focus on older women). Concretely, these methods encompassed group works, lectures, plenary discussions and information transfer via film material, which was produced within the field of victim protection. The aim of the trainings encompassed both, awareness raising and the enhancement of the individuals' capacities of taking action. Due to the short duration of the training (2 days or respectively 16 hours) the program had to be developed in a very dense form and the tandem trainers additionally met outside working or training time to discuss and prepare their trainings.

The training course on ***"Violence against Women - the Relevance of the Public Health Sector"*** differs from the both above regarding its focus. It explicitly discusses violence against women as structural problem and starts with a socio-political discussion. Furthermore it creates space for the participants to reflect their own experiences of violence in order to prevent them from being re-traumatized when discussing violent situations within care relations and familiar settings. The duration of the training is adapted according to the concrete setting and ranges from 4 hours up to 16 hours. It aims at raising awareness but also at initiating a knowledge transfer

from the field of victim protection to the field of health and social care. Participants are provided with information concerning victim protection and shall be enabled to take individual action in the case when they observe violence. Like in the above described approaches the used methods encompass theoretical inputs and discussions as well as role plays and the work with video material.

The primary task of the de-escalation course ***"Prevention and Intervention concerning Aggression and Violence in Care Work"*** is it to enable staff of social and health care settings to intervene in aggressive and violent situations. This means that they are trained to handle situations, in which they themselves or colleagues get attacked by people they care for or by their families. The training also includes violence against older people in care relations as issue for the staff but it does not focus on violence against women. Concerning the concretely used methods, the training uses different media, especially developed moderation material, videos, power point presentations, interactive games, group discussions and a lot of thematic partner work and partner exercises. Role plays are not used in the training, because the danger that the situation triggers re-traumatisation is considered and the training cannot provide additional therapeutic measures and care.

Table 5: Summary of Methods:

Lectures	**Interactive / activating methods**
thematic lectures film material theoretical inputs / power point presentations presentation of moderation material	discussion rounds group works plenary discussions role plays interactive games thematic partner work partner exercises

6.4 Additional information

Additional information concerning the various training approaches is quite rare and it was not possible to get the handouts, which were used by the trainers. However, information could be collected via telephone interviews with trainers. In the following, the used instruments, positive feedback and possible improvements of the four training courses are illustrated.

During the training ***"Violence against Women and Children"*** a DNA toolkit for the securing of evidence was developed and is still in use. Furthermore a victim protection group ("Opferschutzgruppe") was initiated and is also still active within one of the hospitals, namely in the SMZ Ost ("Sozialmedizinisches Zentrum Ost"). A curriculum was developed and handouts for the participants were used. The training was composed by a big variety of lectures provided by a multidisciplinary team. The lecturers also prepared interactive sessions with exercises, group discussions, etc. and thus a high level of involvement could be reported. Positive feedback after the training concerned above all the useful information material and the very practicable approach to bring together a multidisciplinary team of experts. Due to the multidisciplinarity of the team the educational backgrounds of the lecturers and trainers differed. Concrete training sessions, however, were mostly conducted by trainers coming out of the field of victim protection. Positive feedback and a good evaluation showed that the composition of the modules and the multidisciplinary approach of the training led to good results and were appreciated by the participants.

The training course on ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** also reported a very high level of involvement of the participants and the primarily used methods were group works and group discussions. One major aim of the project was to improve communication and collaboration between the health sector and the field of victim protection but also the communication between inpatient and outpatient (ambulant) care structures. Besides that it focused on awareness raising measures for hospital staff via a knowledge transfer of experts from the field of victim protection. All these tasks could be met but feedback showed that the calculated time flow and length of the training did not suffice. This is reported to be due to the fact that multidisciplinary approaches and

training tandems need a preliminary lead time, in which basic information concerning the two fields are exchanged in special workshops. Thus it is not astonishing that the planned enforced cooperation between the two fields of work did not rise significantly after the training. The educational background of the trainers is quite different in this case, because during the tandem trainings doctors and professionals of the field of victim protection were trained to be trainers for hospital staff. The experts of the field of victim protection tended to have already training experiences, whereas the doctors were newly trained trainers and could learn from their tandem partners. According to the evaluation of the project, this points out an important asset of the tandem approach, namely the component of informal learning processes within a training tandem and the informal knowledge transfer between two fields of expertise. Positive feedback furthermore concentrated on the fact that one trainer in the tandem worked within the sector of social and health care and thus could bring in and relate to relevant experiences. The evaluation emphasised the bias of nursing staff and the participants' suggestions to address doctors specifically because otherwise they would not participate in such trainings (queraum 2009). The training course on ***"Violence against Women - the Relevance of the Public Health Sector"*** is still in use and focuses on awareness raising workshops for staff as well as on its implementation in vocational trainings of the health and social sector. The concretely used methods also aim at involving the participants to a high extent and encompass exercises, partner work and discussions. Due to the fact that the main provider and author of the curriculum is a trainer who pertains to the field of victim protection, the socio-political discussion of gender-based violence is the starting point of the training course. Furthermore the training focuses on the issue of re-traumatisation and its impact on the care workers´ individual capacity and resources for taking action.

The de-escalation course ***"Prevention and Intervention concerning Aggression and Violence in Care Work"*** also reports a high level of involvement, which is enforced by exercises, partner and group discussions, etc. Positive feedback concerns the interactive training style and its practical orientation. The educational background of the trainers is a multidisciplinary one. As a precondition it is required that the trainers have to be certificated "de-escalation trainers". Apart of this

additional specialisation the majority of the staff is either pedagogues or therapists. Within the training there is a 56-page script used, which is the working material for the participants, besides this script working sheets are used for group exercises.

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

Research showed that there is currently no train-the-trainer course on violence against older people and older women in Austria. Also more general train-the-trainer-approaches concerning violence within social and health care are rare. Research revealed that the training ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** has been the only related approach. The training aimed to form interdisciplinary training tandems, which were trained to hold awareness raising workshops in hospital settings. The tandems were based on the exchange of knowledge between the health care setting and the field of victim protection. The second considered train-the-trainer approach is the train-the-trainer part of the ***"Prevention and Intervention concerning Aggression and Violence in Care Work"***. Like the awareness raising trainings also this approach is developed and conducted by the organisation piagB. Admittedly, this training does neither focus on violence against women, nor on violence against persons in care relations. De-escalation rather focuses on problematic situations for care workers within the work setting and on de-escalating measures to solve problems. However, these trainings are related to the topic of violence in care relations and furthermore contain adoptable features for a train-the-trainer concept with this special focus. Due to their potential for knowledge transfer and adaption, the two approaches are described in the following.

7.1 Setting and target group information

The train-the-trainer course of the project ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** was organised according to a

tandem approach and bringing together doctors and professionals of the field of victim protection. The training sessions took place in a hospital setting, but excursions to victim protection organisations were also part or the training programme. The target groups were female doctors and persons working within victim protection organisations. The maximal group size was 16 persons, in each case 8 doctors and 8 professionals from victim protection organisations. A balanced number of participants is necessary in such a training, because the group shall form training tandems.

The train-the trainer course of PiagB consists of various de-escalation modules, which are adapted to the concrete needs and demands of the participants. The training normally takes place in the setting of community-based health and social care services. Its length differs, but the standard trainer-education lasts for 16 days, which are divided into 4 workshop sessions á 4 days. The target groups of the trainings are security managers and workers´ councils in social and health care, preferably persons who already attended an awareness raising training. The aim of the training is to find potential facilitators and multiplicators in the various organisations, who would be responsible for a further implementation of the topic within their work settings. The maximal size of the group is 20 persons. The group setting is hierarchical, but since it is no in-house training the participants often come from different organisations and institutions and normally do not necessarily know each other.

7.2 Focus and contents

The focus of ***"Health Consequences of Violence - Victim Support within the Public Health Sector"*** was to enhance awareness raising within hospitals and to initiate knowledge transfer processes between inpatient and outpatient or ambulant settings. Concerning the concrete time flow there is no information available but according to the information of the project leader the trainings were based on the curriculum "Violence against Women – The Relevance of the Public Health Sector" and adapted to the individual needs and interests of the participants. The

emphasised issues concerned gender-related violence and focussed on domestic violence against women. Thereby the addressed group were women in general and there was no special focus on older women or persons in care relations.

Table 6: Time flow and content of the Train-the-Trainer Course "Violence against Women - the Relevance of the Public Health Sector":

1. Definition of Violence	**2. Victim Protection**	**3. Indicators**
Definition, prevalence and patterns of violence Situation of women and children who are victims	Victim protection infrastructure Interdisciplinary cooperation within the region	"Gender medicine" Recognition of violence Indicators
4. Intervention strategies and legal aspects	**5. Situation of the care worker**	**6. Interactive discussion of possible intervention strategies**
Victim support Diagnostic and forensic issues Stalking typologies Legal aspects	Setting and the individual care workers´ security Definition and handling of traumatisation / re-traumatisation	further discussion of cooperation structures and existing projects / means of intervention

The PiagB approach concerning ***"Prevention and Intervention concerning Aggression and Violence in Care Work"*** focuses on knowledge transfer, awareness raising and exercises concerning the individual role as care worker with the aim to enable people to take actions. The training gets individually adapted but the general timeflow includes the modules: legal aspects of care work; work protection, crisis intervention, personality building (i.e. self-perception, perception of the others, role-switching), reflection and follow-up care. Additional focal points are decided during the seminar and thus change according to the participants need and interests. Emphasised issues are in general problematic situation for nursing staff and care workers and there is no reference to gender-related aspects of violence or a special focus on the handling of violence against older women.

Table 7: Time flow and content of the Train-the-Trainer Course "Prevention and Intervention concerning Aggression and Violence in Care Work" - PiagB:

1. Legal aspects	2.Intervention strategies	3. Reflection
Introduction into legal aspects of care work Work protection	Crisis intervention Personality building	Personal and collective reflection

7.3 Methods used

The FGZ-training focused on the enhancement of a knowledge transfer between two different professional settings and thus used an interdisciplinary tandem approach. The first phase of the project consisted in the formation of training tandems, which conducted awareness raising workshops in hospital settings during the second phase. Thereby the aim was to enable the participants (on both levels) to take action, when they get aware of violence against women. The used methods encompassed individual and group exercises concerning the level of awareness and awareness raising, lectures, discussions role plays and group work. Part of the training was also the discussion of an information video, which was produced by the Austrian association of autonomous womens´ shelters.

The PiagB train-the-trainer approach also includes similar issues as the PiagB - awareness raising workshops do, but the focus differs significantly concerning the methods. Within the course more conceptual and individual work is done, because the participants are prepared to communicate knowledge and skills to other people. The concretely used methods include theoretical inputs in form of lectures, group discussions and exercises; in this case also role plays are used, because the role of being a trainer has to be acted out.

Table 8: Summary of Methods:

Lectures	Interactive / activating methods
thematic lectures film material theoretical inputs how to become a trainer / power point presentations presentation of moderation material / training approaches	discussion rounds group works – preparing a training session plenary discussions role plays - “acting as a trainer” interactive games thematic partner work partner exercises

7.4 Additional information

The FGZ-training used handouts and furthermore materials, which were provided by the authors of the first Austrian curriculum concerning violence in care relations (Fröschl, Löw & Logar 1996; Erdemgil-Brandstätter, Fröschl & Löw 2007). The reported level of involvement was high and enforced by exercises and group discussions. Positive feedback regarded the tandem conception of the training and emphasised the positive effect that one of the trainers worked in hospital settings, where the trainings took place. Negative feedback concerned the length of the training. Participants reported that the training time was too short to allow for an in-depth and sustainable knowledge transfer between the field of health care and the field of victim protection. Beside that it was reported that the group of health professionals had not been sufficiently informed about the scope and conception of the tandem training and thus needed some time to understand the scope. The educational background of the trainers encompassed both, trainers from the field of victim protection and of the field of health care.

In the PiagB training handouts and “train-the-trainer curriculum” ("Dozentenleitfaden") are used. Also in this training a high level of involvement is reported. Positive feedback mostly regards the interactive training style and the practical emphasis of

the inputs. A special focus of the seminar concerns the discussion of possibilities of knowledge transfer as a de-escalation trainer. The educational background of the train-the-trainer trainers is mostly a pedagogical and therapeutic one; additionally a de-escalation certification is required.

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

Research revealed that there is no existing training course yet which would broach the issue of violence against older women within care relations. Nonetheless interviewees report interest concerning the issue and also the existence of informal knowledge. In the following relevant information of the screened trainings and the interviewees´ expertise is summarised and proposals for a workshop as a curriculum and their implementation are illustrated.

8.1 For staff workshops

Concerning the development of staff workshops empirical information about the target groups, i.e. of nurses, nursing assistants and home helpers is required. Thus, the professionals´ tasks and duties and their concrete working conditions have to be known in order to work out adequate implementation strategies for offered trainings. The concrete design of the training and the workshop could be geared to already existing curricula like the curriculum on "*Violence against Women and Children"* and the curriculum concerning "*Violence against Women – the Relevance of the Public Health Sector"*. With their bottom-up approach the curricula seem to be adequate instruments to address the topic in a holistic and integrated way. Both curricula start with a general definition of violence and its structural embedment in the society. They proceed with a discussion of forms and patterns of violence and the ways to recognise it in everyday work practice. The third step concerns possible intervention strategies and emphasises the importance of spreading information about local victim protection infrastructures. A fourth set of topics relates to the reflection of the care

workers´ own experience of violence. In this context the trainings accentuate the importance of the care workers´ individual empowerment.

Concerning the methods it seems to be adequate to develop an approach that integrates theoretical inputs and interactive parts like partner exercises, group discussions, etc. Possible guideline documents in this respect could be previously mentioned existing curricula (Fröschl, Löw & Logar 1996; Erdemgil-Brandstätter, Fröschl & Löw 2007; MA 57 2005).

Themes that should be included correspond to the above described modules and should encompass a general definition, specialised knowledge to be used in concrete work settings, information about and the discussion of possible intervention strategies and a possible empowerment of staff in social and health care settings. In this regard a special module could be developed, in which the role of health and care personnel concerning the detection of violence is discussed. Besides this a general discussion of options to take action is needed. Evaluations of the train-the-trainer seminars concerning violence against women in inpatient settings f. e. showed that the majority of the participating staff had prior experiences with cases of domestic violence within the professional settings or also within their families or their circle of friends and acquaintances. Although these experiences exist, the staff did not define the intervention as part of their professional role. Thus it would be the task of the training to change this perception and integrate within the professional profiles of social and health care professionals the task of monitoring violence as well as the task to take action. Another important topic, which was part of every screened training offer, is the discussion of the staffs´ own experience of violence and the individual options to handle it. In this context the topic of re-traumatisation is to be taken into account and should be integrated in the training.

A specific training approach is the described tandem approach. This training offer has been evaluated very positively by the participants of awareness raising workshops. Especially the fact that one person of the trainer tandems was working within the field of social and health care and could thus relate to her own work experiences helped to clear questions and communicate the various issues in an “appropriate language”.

A missing point concerning awareness raising workshops regards the consideration of the fact that a considerably high amount of staff members are migrants and/or have a migration background. This is especially the case in the context of home helpers. Thus it is to be considered to integrate this perspective of diversity into the trainings and discuss it as a resource. Furthermore it would be important to integrate a discussion of the care workers´ working conditions and possible improvements in the workshops. On the one hand this recommendation builds on the interviewed providers´ and experts' information that the issue is brought up by workshop participants. On the other hand it is built on the interviewees´ opinion that staff has to be empowered in order to have the resources for taking action. Another aspect that should be considered for a future training and curriculum, is the "female bias" regarding the workshops´ participants. During the one-year training offers of the FGZ f. e. reportedly only one male person participated in the awareness raising workshops for staff. This is most likely due to the small proportion of male staff in the field of care work (approximately 5%) but could also be due to a lack of recognition. Thus measures to address men or incentives to address male staff of social and health care services could be discussed further. A first step into this direction would be made with an integration of the topic in vocational training, because in implementing the trainings in educational offers also male students would get in contact with the issue during their education.

8.2 For workshop facilitators and peer advisors

Concerning the development of workshops for potential facilitators and peer advisors the definition of the target groups has to be discussed further. Besides the general focus on nurses, nursing assistants and home helpers, it has to be cleared which persons would be interested in taking the charge of becoming a facilitator or peer advisor. Research revealed that the train-the-trainer course on de-escalation addresses confidants ("Vertrauenspersonen") and workers´ councils ("BetriebsrätInnen") in health and social care organisations. This seems to be a practicable approach but still there would be further research needed to clear who else could be potentially interested and would have the resources to become a

facilitator. To get this information, a close collaboration with the directories of the providing organisations would be necessary. For the concrete implementation a “top-down” strategy, which allows a maximum outreach and involvement of different staff groups is to be considered. This would mean that the organisations´ directories are contacted first, who then contact staff members, asking them for their interest in becoming a facilitator or peer advisor.

Concerning the concretely used methods research showed that there is no fundamental difference between awareness-raising workshops and train-the-trainer seminars, rather some special foci are integrated. Principally, train-the-trainer seminars should also encompass an integrated balanced mixture of theoretical inputs and interactive parts. Besides this it is important to work on the future role as a trainer. This could be done on the one hand via role plays, in which the role of a trainer is acted out and on the other hand via self-reflection and group reflection sessions.

Themes that are to be included in the training also correspond to the above mentioned topics of an awareness raising training. The modular approach, which starts with a general definition and then continues with more specialised information about the possible handling of violence, seems to be appropriate also for train-the-trainer courses. Furthermore, interviewees report that the general topics do not differ fundamentally between awareness raising trainings and train-the-trainer courses. Nonetheless, there should be special emphasis on the discussion of the professional role of social and health care staff. A session, in which the staffs’ role as monitoring instance is discussed, should thus be integrated. Also the handling of re-traumatisation during the training turned out to be an important topic, which is to be included in the train-the-trainer seminars. Lastly, the tandem approach that brings together personnel with different educational and professional background is reported to be a very useful but also a quite time-consuming approach, which could be developed further in order to function more efficiently.

Here again, train-the-trainer seminars are missing which would address potential trainers with a migration background and focus on questions of diversity and intercultural approaches. Since a considerably high proportion of staff in social and

health care has the potential to act as “diversity health managers”, this potential should be taken into account and should be enforced. Currently there are some courses in which female migrants are supported by entering the health and care sector and these experiences should be discussed further (Kremla 2004; MAIZ 2009). Furthermore it would be important to consider the staffs´ working conditions. Especially concerning the train-the-trainer seminars the topic should be addressed as a potential empowering-strategy for staff.

8.3 For suggestions to integrate the issue in basic vocational training

An important challenge to be tackled concerning the implementation of the issue in vocational training of staff in social and health care seems to be stronger awareness raising work in the institutions. The development of information brochures and curricular offer thus is an important step towards a possible implementation. Two interviewees from educational institutions f. e. reported to use the information brochure “Breaking the taboo” within their courses to discuss violence in their education. Thus a further dissemination of information material seems to be the first step towards an implementation of the issue violence against older women in care relations as well as the role and tasks of professionals of social and health care. A possible suggestion for courses would be the implementation of workshop at the end of the respective curricula, when the students completed their internships and already have some experience concerning concrete working conditions. The workshop could be conceptualised with a bottom-up modular approach in which the following modules are oriented along a “chain of actions” and would encompass the following steps: *general definition of violence – recognising violence – taking action – supervision and self-protection*.

The second important step towards a successful implementation of the topic in educational offers would be a strengthening of the collaboration between the field of victim protection and the field of social and health care. In this respect the meetings

of the advisory board as well as the respective national conferences, which bring relevant stakeholders together, play an important role.

Lastly, the effective implementation of de-escalation workshops in the curricula of psychiatric and currently also of general health care education is to be taken into account. This process of implementation started in 2004 and up to now the workshops have been successfully implemented in psychiatric education. This implementation process is going to be discussed as “good practice” example at the national advisory board meetings. The contemplation of de-escalation trainings is also due to research results revealing that violence against female patients and the care workers´ own situation are usually addressed in an integrated way. This means concretely that n of violence against women in care relations may not be discussed separately from the care workers´ own violent experiences and that there is thus a link to de-escalation trainings.

Summarising the results it is to be emphasised that an enhancement of knowledge transfer between the field of social and health care and the field of victim protection is essential for the development of effective trainings. The second important consideration regards the mentioned integrated perspective, which considers violence against women as structural and encloses the care workers´ situations in the discussion. Furthermore, empirical information about the field of social and health care is important and would regard on the one hand the social structure of the care workers, like f. e. their gender, a possible migration background, etc. On the other hand it would encompass information about concrete working conditions in order to consider empowerment strategies for staff in social and health care.

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10 Annex

List of found training courses

Type	Name of training	Institution
for staff	*"Violence against Women and Children"*	Cooperation between the following institutions: -Association of Viennese hospitals ("Wiener Krankenanstaltenverbund) -24-hours-Womens´-helpline (24-Stunden Frauennotruf) -Viennese Department for the Promotion and Coordination of Womens´ Issues (MAG 57) -Viennese Department for Youth and Family (MAG 11) -Viennese Program for Womens´ Health ("Wiener Programm für Frauengesundheit")
for staff	*"Health Consequences of Violence - Victim Support within the Public Health Sector*" ("Gesundheitliche Folgen von Gewalt - Das Gesundheitswesen bietet Hilfe und Unterstützung")	Womens´ Health Centre Graz („Frauengesundheitszentrum Graz") in cooperation with the Styrian hospitals Association („Steiermärkische Krankenanstaltenges.m.b.H.")

for staff	*"Violence against Women - the Relevance of the Public Health Sector"* ("Gewalt gegen Frauen - die Bedeutung des Gesundheitswesens")	„Violence against Women („Gewalt gegen Frauen"); Authors of the curriculum: Erdemgil-Brandstätter, A., Fröschl, E., Logar, R. & Löw, S. (1998/2007)
for staff	"*Prevention and Intervention concerning Aggression and Violence in Care Work"* („Prävention und Intervention gegen Aggression und Gewalt in Betreuungsberufen")	Piag.B; Authors: Jung-Lübke, Michael & Heßelmann, H. 2003)
Train-the-trainer	*"Health Consequences of Violence - Victim Support within the Public Health Sector*" ("Gesundheitliche Folgen von Gewalt - Das Gesundheitswesen bietet Hilfe und Unterstützung")	Womens´ Health Centre Graz („Frauengesundheitszentrum Graz")
Train-the-trainer	Piag-B (Prävention und Intervention gegen Aggression und Gewalt in Betreuungsberufen)	Piag.B; Authors: Jung-Lübke, Michael & Heßelmann, H. 2003)