Breaking the Taboo – Empowering health and social service professionals to combat violence against older women within families

Breaking the Taboo

A study of domestic violence against older people in care relations from the perspective of health and care services in Austria

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1 Summary in German – Kurzzusammenfassung

Einleitung

Häusliche Gewalt gegen ältere Menschen ist nach wie vor ein tabuisiertes Thema. Altern wird in unserer Gesellschaft immer noch negativ bewertet, „... das Tabu des Alterns und des Sterbens überträgt sich gleichsam in ein Schweigen zur Gewalt“ (Hörl & Spannring, 2001, S. 308). Gewalt passiert oft im Verborgenen, die Öffentlichkeit ist wenig sensibilisiert, die Betroffenen befinden sich oft in familiären Abhängigkeitssituationen und bekommen wenig Unterstützung und Aufmerksamkeit von außen. Pflege- und Betreuungspersonen sind oft die einzigen, die Zugang zu den betroffenen älteren Menschen haben und Gewalthandlungen direkt beobachten oder indirekt wahrnehmen.

Das Projekt “Breaking the Taboo – Empowering health and social service professionals to combat violence against older women within families“ setzt hier an und hat zum Ziel, MitarbeiterInnen im Gesundheits- und Sozialbereich zu unterstützen, mit dieser Problematik umzugehen.
Das Projekt wird im Rahmen des Programms DAPHNE II 2004-2008 der Generaldirektion für Justiz, Freiheit und Sicherheit der Europäischen Kommission gefördert und durch die MA57, der Frauenabteilung der Stadt Wien kofinanziert.
Die Kernaktivitäten werden in vier europäischen Ländern durchgeführt: Finnland (STAKES), Italien (emmeerre S.p.A.), Polen (Jagiellonian University Medical College) und Österreich. Assoziierte Partner sind Belgien (LACHESIS, Office of Expertise on Ageing and Gender), Frankreich (ISIS, Institut für Soziale Infrastruktur) und Portugal (CESIS - Centro de Estudos para a Intervenção Social), die Evaluation des Projekts wird von dem deutschen Partner (ISIS, Institut für Soziale Infrastruktur) durchgeführt.
Das Projekt gliedert sich in eine Erhebungs- und Analysephase, die mit diesem Bericht abgeschlossen ist, und in eine Umsetzungsphase.

Die Hauptergebnisse des Projekts werden folgende sein:

- ein europäischer Forschungsbericht[1], der die Ergebnisse der Literaturrecherche, der qualitativen Interviews sowie der Fragebogenerhebung aller beteiligten Länder zusammenfasst;
- eine Broschüre, die Informationen zu Erkennung und Umgang mit Gewalt in der Familie, zu rechtlichen Rahmenbedingungen und zu Organisationen, an die man sich wenden kann, enthält;

[1] Strümpel Charlotte & Cornelia Hackl (2008). Breaking the Taboo. European Report. Vienna: Austrian Red Cross.

- eine Fortbildung zum Thema “Gewalt erkennen und handeln” für MitarbeiterInnen im Gesundheits- und Sozialbereich;
- eine ExpertInnenkonferenz in Österreich, Finnland, Italien und Polen;
- die Aufbereitung der Projektergebnisse für das politische Handlungsfeld (Advocacy Paper).

Aufbau des Berichts

Der vorliegende Bericht fasst die Ergebnisse der Erhebungs- und Analysephase zusammen. Der erste Teil des Berichts behandelt auf Grundlage der Literaturanalyse die Definitionen und verschiedenen Formen der Gewalt gegen ältere Menschen, den kulturellen und politischen Hintergrund, sowie die öffentliche Wahrnehmung und den gesellschaftlichen Umgang mit der Problematik.

Basierend auf qualitativen Interviews mit PraktikerInnen im Gesundheits- und Sozialbereich (Pflege- und Betreuungskräfte, SozialarbeiterInnen) und einer durchgeführten Fragebogenerhebung bei Gesundheits- und Sozialdiensten wird im zweiten Teil des Berichts das Problemfeld aus Sicht der Pflege- und Betreuungsorganisationen, auf der Ebene der MitarbeiterInnen wie auch auf der Organisationsebene (des Managements) dargestellt.

Methode

Zur Gewinnung von Daten wurde ein multi-methodischer Ansatz gewählt: eine Literaturanalyse, qualitative Leitfadeninterviews mit Pflege- und Betreuungskräften, Sozialarbeiterinnen sowie Führungskräften von Pflege- und Sozialdiensten. Weiters wurde eine Fragebogenerhebung durchgeführt, an der drei verschiedene Organisationstypen (Pflege- und Sozialdienste, Beratungs- und Interventionsstellen, Ausbildungseinrichtungen im Bereich der Pflege und Betreuung) in ganz Österreich teilnahmen. Die Erhebungsphase fand von Juli bis September 2007 statt.

Gewaltbegriff

Hörl und Spannring (2001) beschreiben Gewalt in Anlehnung an Dieck als „eine systematische, nicht einmalige Handlung oder Unterlassung mit dem Ergebnis einer ausgeprägt negativen Einwirkung auf die Befindlichkeit des alten Menschen” (Dieck, 1987 zitiert in Hörl & Spannring 2001, S. 313). Gewalt stellt sich als Misshandlung (aktive Handlung) und Vernachlässigung (im Unterlassen bestimmter Handlungen) dar:

Misshandlung definiert sich durch „ein aktives Tun, das den Adressaten dieser Handlung in seiner Befindlichkeit in spürbarer Weise negativ berührt bzw. seinem expliziten Wunsch deutlich widerspricht“ (Dieck, 1987, S. 311). Folgende Formen von Misshandlung/Gewalt lassen sich unterscheiden (Dieck, 1987; National Centre of Elder Abuse, 2007): physische, psychische und sexuelle Misshandlung/Gewalt sowie finanzielle Ausbeutung.

Vernachlässigung umfasst das Unterlassen von Handlungen, die einem erkennbaren Bedarf oder expliziten Wunsch des Adressaten folgend

situationsadäquat wären (Dieck, 1987, S. 311). Vernachlässigung geschieht sowohl in aktiver Form, wenn bestimmte (Pflege)Handlungen verweigert werden, als auch in passiver Form, wenn Bedarfssituationen aufgrund von Nichtwissen oder Unsensibilität nicht erkannt werden (Görgen, Kreuzer, Nägele, & Krause, 2002, S. 33).

In einer Pflegebeziehung innerhalb der Familie besteht meist eine wechselseitige Abhängigkeit, die Potenzial für Gewalt in sich birgt. Zum Beispiel können aufgrund enger emotionaler Beziehungen - etwa zwischen Mutter und Tochter - Ambivalenzgefühle entstehen, gespeist aus dem Widerspruch zwischen verinnerlichten Wertvorstellungen von Dankbarkeit und Liebeszuwendung und den oft dramatischen Einschränkungen in der eigenen Lebensgestaltung (Hörl & Spannring, 2001, S. 328).
Fehlende Distanzierungsmöglichkeiten für die Pflegenden, soziale Isolation, unzureichende soziale Unterstützung sowie psychische und körperliche Überforderungssituationen durch die Pflege von Angehörigen sind Konstellationen, durch die die Wahrscheinlichkeit von Gewalt steigt (Hörl & Spannring, 2001, S. 327).

Österreichischer Kontext
Gewalt gegen ältere Menschen, im Speziellen gegen ältere Frauen, ist in Österreich erst in den letzten Jahren ein Thema. Der gesellschaftliche Umgang mit älteren Menschen an sich ist oft von Diskriminierung („Ageism“) geprägt, die auch sprachlich in Begriffen wie „Überalterung“ oder „Vergreisung“ sichtbar wird. Diese „Altenfeindlichkeit“ ist die Hauptform von struktureller Gewalt.

In Österreich wird ein Großteil der älteren Menschen zu Hause von ihrer Familie betreut. Die Familie stellt somit das größte (informelle) Pflegesystem dar. Im Vergleich dazu nimmt nur rund ein Drittel der PflegegeldbezieherInnen die Angebote von Pflege- und Sozialdiensten in Anspruch.
Dies hat Auswirkungen auf familiäre Beziehungen; Pflegebeziehungen mit neuen Rollenverständnissen, Aufgaben und Verpflichtungen entwickeln sich.

Gesetzliche Regelungen wie das Gewaltschutzgesetz brachten gesamtgesellschaftlich wesentliche Veränderungen im Umgang mit häuslicher Gewalt. Doch die Maßnahmen (Wegweisung, Betretungsverbot) sind in der Regel nicht auf die Bedürfnisse und Möglichkeiten pflegebedürftiger Menschen ausgelegt. Die fehlenden Alternativen zur Betreuung zu Hause (oftmals ist nur eine Einweisung in ein Pflegeheim denkbar) erschweren den Umgang mit Gewaltfällen.

Ergebnisse

- Jeder Fall stellt aufgrund der Hintergründe und Beziehungskonstellationen eine spezifische Herausforderung dar.
- Pflege- und Betreuungskräfte nehmen eine Schlüsselposition ein:
    - Sie haben oft als einzige externe Personen Zugang zu älteren Menschen, die zuhause betreut werden.
    - Sie sind mit allen Formen der Gewalt konfrontiert, mehrheitlich mit Verwahrlosung und psychischer Gewalt.
    - Durch ihre Pflege- und Betreuungsarbeit sind sie mit verschiedenen Ansprüchen der KlientInnen, deren Familien und ihre Organisation konfrontiert. Professionelle Distanz ist daher eine zentrale Herausforderung.
    - Gewaltsituationen bergen Konfliktpotential. Die Auseinandersetzung mit der Situation beeinflusst die Pflege- und Betreuungsarbeit sowie das Verhältnis zu den pflegenden Angehörigen.
    - Pflege- und Betreuungspersonen sind vorwiegend mit Verdachtsmomenten konfrontiert, da Gewalthandlungen normalerweise nicht in ihrer Gegenwart passieren. Basierend auf dem Verdacht findet eine Beobachtung und Dokumentation statt, um in weiterer Folge die Vorgesetzte/n zu informieren.
    - Die Einschätzung von Gewaltanzeichen ist sehr schwierig, zudem sind die Pflege- und Betreuungskräfte auf die Schilderung der Pflegebedürftigen und deren subjektives Gewaltverständnis angewiesen.
- Wichtig ist ein klar beschriebener und strukturierter Handlungsablauf. Zusätzliches Informationsmaterial kann die Wahrnehmung verbessern und Sicherheit beim Handeln geben.
- Berufserfahrung gilt als zentrale Ressource im Umgang mit Gewaltfällen.
- Gesundheits- und Sozialdienste identifizieren Bedarf an zusätzlicher Unterstützung im Umgang mit Gewaltfällen wie z.B. die Erstellung von Richtlinien.
- Für Pflege- und Betreuungskräfte stehen verschiedene organisationale Angebote zur Verfügung, wie z.B. telefonische Unterstützung, Supervision, Unterstützung durch zusätzliches Personal, Unterstützung durch Fachkräfte der Behörden (in Wien: Fonds Soziales Wien) und Spezialisierung bestimmter MitarbeiterInnen sowie spezielle Fortbildungen.
- Besonders wichtig ist die interdisziplinäre Zusammenarbeit im Umgang mit Gewaltfällen: innerhalb des Pflege- und Betreuungsteams aber auch mit verschiedenen relevanten Einrichtungen und Berufsgruppen (Sozialarbeit, Stadtverwaltung, Polizei, Interventionsstellen gegen Gewalt in der Familie, etc.).

Resümee

- Es zeigte sich ein Bedarf an zusätzlichen Unterstützungsangeboten für MitarbeiterInnen im Gesundheits- und Sozialbereich:
    - Mehr Information über psychische Krankheiten wie z. B. Demenz
    - Unterstützung durch externe Fachkräfte wie PsychologInnen, PsychiaterInnen und durch interne Kriseninterventionsteams
    - Weiterbildungsangebote zum Thema Umgang mit Konflikten, insbesondere für BerufseinsteigerInnen
    - Mobile Kriseninterventionsteams.
- Die Einschätzung von Gewaltsituationen ist sowohl bei den Pflege- und Betreuungskräften als auch bei den betroffenen KlientInnen selbst sehr stark von subjektivem Gewaltempfinden und individuellen (Wert-) Vorstellungen beeinflusst. Aus diesem Grund wären Richtlinien zur Einschätzung und Beurteilung von Gewaltanzeichen (Guidelines) notwendig.
- Diese Richtlinien sollten eine detaillierte Beschreibung der verschiedenen Formen von Gewalt, Missbrauch und Vernachlässigung beinhalten. Richtlinien würden zudem die Entwicklung eines einheitlichen Verständnisses von Gewalt und Missbrauch unterstützen. In weiterer Folge entlastet ein standardisiertes Vorgehen bei Gewaltfällen MitarbeiterInnen im Umgang mit der Problematik.
- Das Wissen über den weiteren Handlungsablauf, welche weiteren Schritte zu setzen sind und wer zu informieren ist, gibt Sicherheit im Umgang mit Gewaltsituationen. Die geplante Broschüre ist eine Maßnahme dazu.
- Um ein gemeinsames Verständnis im Umgang mit Gewalt in Pflegebeziehungen zu gewährleisten, ist es wichtig, Wissen und Information allen Beteiligten zur Verfügung zu stellen.
- Als eine der wichtigsten Bewältigungsstrategien im Umgang mit Gewaltsituationen wurde der Austausch mit KollegInnen und die Unterstützung im eigenen Team genannt. Geeignete Teamstrukturen, die die Möglichkeit zur gemeinsamen Diskussion der Fälle bieten, sind dafür die Basis.

2 Introduction

Domestic violence is a commonly discussed issue; domestic violence against older people often goes unseen and is considered a taboo subject. “Breaking the taboo” wants to break this taboo and talk about this topic; here in Austria as well as across national boundaries. Reasons for this topic going “unseen” are multiple: getting older is an issue which is not willingly talked about, domestic violence happens in one’s own surroundings and is often not recognized or even ignored, to react to abuse is not convenient and organisations which regard this issue are rare (Ahlf, 2003, p. 41; Hörl & Spannring, 2001, p. 308).

Professionals of health and social services are often the only persons who stay in contact with older people who are in charge of family members at home. The special focus of this project lies on the appraisal of professionals regarding prevalence, forms and background of domestic violence. Additionally it carries out research on their coping strategies and their needs for further strategies to deal with abuse within families. Specially developed awareness workshops target at spreading more information on this problem and at offering useful tools on how to recognize and react if domestic abuse of clients occurs.

Although a lot of literature about violence per se is available, the special issue “domestic violence against older people” and the connection between abuse against women and abuse against older people has hardly been discussed yet. The criminal statistics of Austria take gender and differences between children and grown-ups into consideration, but there is no internal differentiation according to age. Therefore there are no data available on how many older people, especially older women, are victims of domestic violence.

Together with the project partners from Finland, Italy and Poland, the Austrian project partner aims to collect more information concerning this mentioned issue from the professionals’ point of view. Also this report cannot answer the question of prevalence, but allocates broadened foci and knowledge.

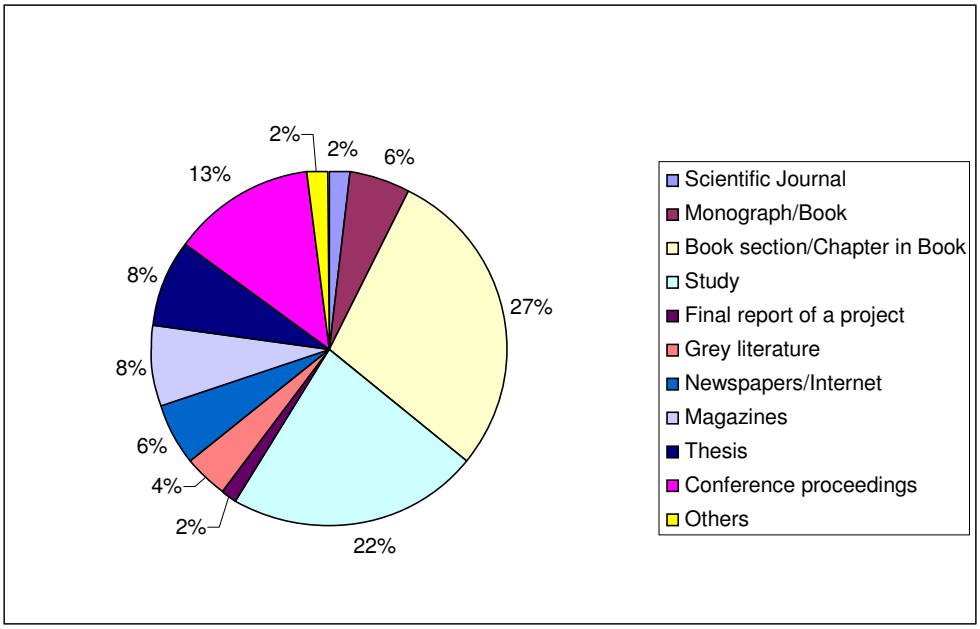
As a concrete outcome of this project, a brochure with tools on “recognizing and acting” with important information and addresses will be published in all partner countries, additionally to the above mentioned partners it will be published in Belgium, France and Portugal.

3 Methods

To obtain data on domestic violence against older people, especially against women, the following methods were used: literature review, face-to-face interviews with hands-on workers as well as with managers of health and social organisations and additionally questionnaires were distributed to three different types of organisations: those that provide general services for victims of violence, organisations that provide home help and care services for older people, and to education centres in the area of health and social services.

The intense search of scientific literature was carried out between April and August 2007, primarily in Austria and was finally expanded to Germany. The literature was supposed to be written after 1992 (with exceptions[2]). Keywords were defined, especially regarding the German terms of the following words: domestic violence ("häusliche Gewalt"), violence against older women ("Gewalt gegen ältere Frauen") and violence against older people who are in the need of care ("Gewalt gegen Pflegebedürftige"). The collected literature is dominated by books as well as book sections/ book chapters (27%) and secondly by studies (22%). 13% come from conference proceedings, and each 8% result from scientific journals and thesis. Furthermore, about 86% is written in German (53% literature from Austria, 37% from Germany) and 14% in English.

Figure 1: Overview of the literature type



[2] For instance Mervin Eastman, who was one of the first researchers concerning this issue.

The interviews were carried out between July and August 2007 with 14 female respondents, ten of them were hands-on workers (home helpers, nurse assistants, social workers and nurses) and four of them were managers of health and social care services. They live and work in three of Austria's nine provinces, both in quite big cities as well as in the countryside.

The questionnaires were transmitted by E-Mail at the beginning of August 2007, at the beginning of September 2007 a recall and re-writing was implemented to gain a higher amount of returned questionnaires. 105 questionnaires were sent, 28 questionnaires were sent back, this is a percentage of 26.6%: Ten (36%) questionnaires from education centres, 12 (43%) from health and social care organisations, six (21%) from general services for victims of violence.

The analysis was carried out integrative with respect to all sources: results from literature, from interviews and from surveys. Therefore a useful tool was developed which enabled construing the collected results along the chapters of this report. The interviews were carried out in German and translated into English. The examples taken from interviews are represented both in English and German to ensure transparency.

The chapters of this report are structured in the following manner: The first part of this report gives a review on mostly theoretical considerations (chapter. 3 and 4). The second part refers to the results of the carried out face-to-face interviews and surveys among organisations (chapter 5 and 6). Finally, in chapter 7, strategies to handle domestic abuse are suggested.

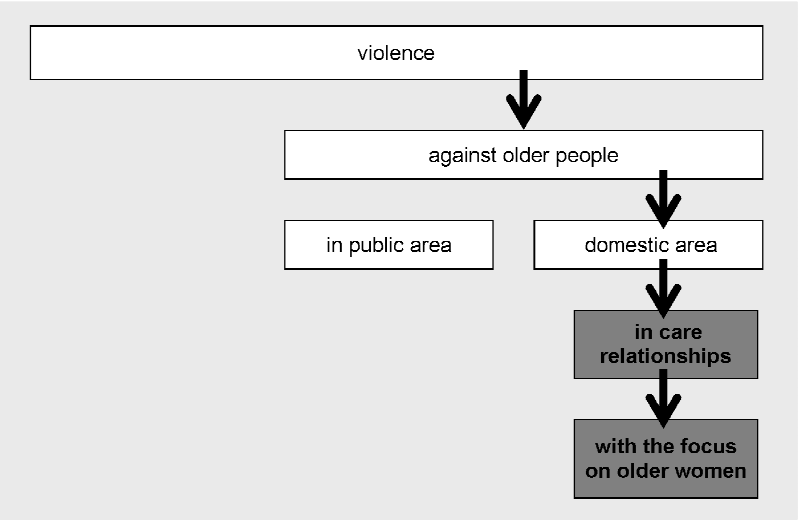
4 General background on violence against older people with a special focus on older women

4.1 Definition of used terms: Abuse/Maltreatment/Violence

Definitions of violence / maltreatment / abuse exist in various forms. Often they emphasise specific constellations and therefore sometimes a comparison between the used definitions is not possible. The problem with consequent definitions are the circumstances which these definitions try to describe: these are diverse life situations with an inherent potential for violence (Dieck, 1987 cited by Hörl & Spannring, 2001, p. 313). In common understanding violence can be described as an action which is done systematically and not only once as well as it is discussed as “no action” (neglect). Both lead to the result of a negative influence of one’s well-being, physical condition or mental state (of the old person). Violence is always external and concentrated against others, meanwhile aggression can also be internally focussed against oneself (Hörl & Spannring, 2001, p. 313).

Violence has to be understood as a structural, cultural and personal process (Hirsch, 2003, p. 15). From the point of structural influences there are laws, poverty, interdependencies and heteronomy circumstances. From the point of cultural influence there are religious aspects, ideologies, negative societal images of age and the natural science orientation of medicine. From the personal view, influences like motivation and biographical aspects play an important role (Hirsch, 2003, p. 15). In the field of domestic violence against older people – especially older women – even more specific influences have to be taken into consideration, like an emphasis on dynamic relationships, changing role behaviour, circumstances of excessive demands, freedom of action and possibilities of support.

Figure 2: Specification of violence in this study



The issue of violence and cultural awareness can be analysed in the way we speak about it. In Austria normally the term violence ("Gewalt") is used when cases of physical and emotional abuse are described. Abuse as a term is closely linked with sexual violence ("sexueller Missbrauch"). Besides this, neglect is used in German in the same way as it is in English ("Verwahrlosung"). So the cultural understanding is also manifest in the terms we use when we describe violent incidences.

4.2 Forms of violence

Defining which form of violence is related to which categorisation depends on many different factors (e.g. the focus, the theoretical context, scientific understanding, etc.) and is not used in a standardised form in the literature. The differentiation is often made between active and passive violence, direct or indirect violence, expressive or instrumental violence (Ebner, 2006a, p. 30). Generally the subcategories like physical abuse are described and defined almost similar. The overlapping of the definitions reflects the reciprocal and close linkage between physical abuse, emotional abuse and neglect. Mostly these forms do not occur in singular cases and are linked to each other (Strümpel & Leichsenring, 2006, p. 11).

The following categorisation is taken from (National Centre of Elder Abuse, 2007):

Physical Abuse
This form of violence describes all inflicting, or threatening to inflict, physical pain or injury on a vulnerable older person, depriving them of a basic need. Physical abuse is because of its direct and active form and also because of the possibilities of

physical injuries mainly connoted with abuse (Ebner, 2006a, p. 31). This form of violence also covers actions that are taken to restrict the freedom of the person in need of care (e.g. to tie the old person up to the bed, restricted or false medication, etc.) Many constraining measures are done by the care givers with the intention to prevent risks and danger.

> *I have noticed physical abuse … that a grandmother was beaten by her granddaughter or her grandson, the woman was disorientated and she had two black eyes in the morning. H 6, 46-49*
>
> *(... körperliche Gewalt habe ich erlebt, dass eine Großmutter ... von ihrer Enkeltochter oder vom Enkelsohn geschlagen wurde, also die Frau war verwirrt, und sie hatte zwei blaue Augen in der Früh. H 6, 46-49)*

Emotional Abuse

This form of violence describes all actions inflicting mental pain, anguish or distress on an older person through verbal or nonverbal acts. Emotional abuse is not measurable in an objective way, even the consensus what we define and perceive as emotional abuse is not far developed. The subjective assessment of situations of older people has to be considered in the context of the care situation (Ebner, 2006a, p. 33). Signs of emotional abuse can be isolation, humiliation, threats to take the care receiver into a nursing home, refusing to communicate, etc. In order to recognize emotional violence an aware environment is needed, which perceives "side effects" like depression, resignation, anxiety (Eastman, 1985, p. 39):

> *… The daughter was alcoholic, she did not initiate physical abuse but indeed emotional abuse, called her a bad mother until the day her mother died. For her, everything that happened to her was her mother's fault. H 6, 82-85*
>
> *(... da war die Tochter Alkoholikerin, die hat keine körperliche Gewalt an ihrer Mutter ausgeübt, sondern wirklich psychische Gewalt, die hat sie bis zum Tod, bis zum letzten Tag, als schlechte Mutter bezeichnet. Alles, was ihr widerfahren ist, war für sie die Schuld der Mutter. H 6, 82-85)*

Sexual Abuse

This form of violence covers non-consensual sexual contact of any kind. Sexual abuse often happens under circumstances that conceal the violent and abusive character of the action (Hagemann-White, 2002, p. 36). Sexual abuse can be described as "intimate terrorism" that has the intention to control the partner and is only one-sided (Görgen, Newig, Nägele, & Herbst, 2005, p. 82). The access to help is rather difficult. Mostly contacts are established by their children or neighbours because the sense of shame and guilt of the older women is strong. Because of the socialisation process, the image of responsibilities and duties within a marriage, and the public understanding that sexual abuse correlates with attraction, the taboo is maintained (Görgen, Newig, Nägele, & Herbst, 2005, p. 133).

There was a sexual attack from a son to the mother. He had been in prison and his friends (from there) came now and then to visit him during the nights and to sexual abuse his mother. M5, 61-64

(Da gab es einen Vorfall von sexuellem Missbrauchs eines Sohnes gegenüber seiner Mutter. Er war im Gefängnis gewesen, und als er wieder entlassen war, kamen seine Freunde aus dem Gefängnis gelegentlich zu ihm und missbrauchten seine Mutter. M5, 61-64)

Exploitation

This form of violence covers all actions that illegally take money or property, misuse or conceal funds or assets of an older person. The most common exploitation is the usage of the pension or the care allowance of the old person (Eastman, 1985, p. 39). In Austria care allowance is paid on different levels[3] and depends on the physical and mental health condition of the older person as well as the care volume in hours per month. Besides this it is not regulated in which care situation the older person actually receives care allowance, either being cared for at home by family members, health and social service organisations, or being cared for in an institutional setting like a nursing home. It is important to consider this fact when exploitation is discussed.

Here the aspect of custodianship is a relevant issue. On the one hand a custodianship can bring transparency and order into the finances, but on the other hand, custodianship, which is taken by a family member, offers greater risks of exploitation. Especially in the context of mental disease this issue becomes more important.

Exploitation … the money for retirement and the money for care allowance … especially for demented people … someone goes to the bank with them … "here, sign this" and they sign it and this happens easily because they do not know what they are signing. M5, 136-138

(... Die finanzielle Gewalt ... die Pension und das Pflegegeld, also gerade bei Dementen, ... da wird mit ihnen auf die Bank gegangen, da unterschreiben sie

[3] There are seven levels which are related to the need of care in hours per month as well as the physical and mental health condition of the older person. Care allowance is not related to age groups. E.g. level 1 is described as "more than 50 hours per month" (care allowance 148 Euro/month) the highest level 7 is described as "more than 180 hours per month" (care allowance 1.562 Euro/month) (Bundesministerium für Soziales und Konsumentenschutz, 2007a).

was und dann geht das nahtlos, weil sie wissen ja nicht, was sie unterschreiben. M5, 136-138)

Neglect

This form of violence describes the refusal or failure by those responsible to provide food, shelter, health care or protection for an older person. Literature differentiates between active and passive neglect: passive neglect is present when e.g. malnutrition or the development of decubitus occurs. Active neglect is described as refusal of cleaning, care, medication and food (Hörl & Spannring, 2001, p. 314).

There are situations again and again where relatives live in the same house, we take care of their mother and they do not buy food or they are not within reach, although they have said they will care. M4, 104-106

(... Es gibt immer wieder so etwas, Angehörige wohnen im selben Haus, wir betreuen die Mutter und die kaufen nicht ein, oder die sind nicht greifbar, obwohl sie gesagt haben, dass sie was übernehmen. M4, 104-106)

Abandonment

This form of violence covers the desertion of a vulnerable older person by anyone who has assumed the responsibility for care or custody of that person. Social isolation, refusal of communication and leaving the care receiver alone are the main signs of abandonment (Hörl & Spannring, 2001, p. 314).

There is a client where her son had custody and didn't give money away for months; apparently he also misused her E-Card (electronic health-insurance card). M4 49-51

(Wir haben eine Klientin gehabt, wo der Sohn auch Sachwalter war und monatelang kein Geld hergegeben hat; und ganz offensichtlich auch mit der E-Card der Mutter Schindluder getrieben hat.M4 49-51)

4.3 Prevalence, statistical data

Statistical data and knowledge is fragile and there is no representative data concerning domestic violence against older people for Austria (Hörl, 2006, p. 281). Studies[4] describe this fact as a "double dark figure". Reasons for this assumption are (Wetzels & Greve 1996 cited by Hörl & Spannring, 2001):

- the privacy barrier in family relationships
- the access to this group is almost closed
- domestic violence against older people is very seldom registered
- the responsiveness of the victim and perpetrator is small[5]

The number of scientific studies[6] is small and because of the different methods (interview techniques, theoretical frame, etc.) and the cultural context of violence, the results are only comparable in a limited way (Durstberger, 2006). Mainly these studies are based on case studies and expert interviews[7]. The respondents were mostly social workers, doctors, police officers or health and social service professionals[8].

Older people are to a less extent victims of violence delicts than younger people, data from Germany (1992) refer to 6.8% of violence against older people, except the torts of baggage robbery (42%). An appraisal of homicides refers to the fact that in 82% of the cases people had – however, kinsman-like or amicable – a relationship to each other (Schäfer 1989 cited by Ahlf, 2003; Ebner, 2006b).

A German study surveyed health and social professionals in order to collect their work experiences: More than the half of the hand-on workers (55%) have experienced cases of mental abuse and almost every other hand-on worker (48%) reported cases of neglect (Görgen, 2006, p. 23).

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[4] The only country which systematically surveys the incidence rate of domestic violence against older people is the United States (Hörl & Spannring, 2001).

[5] Studies show it is easier for the victims to confess that they have been abused when the incident/ the violent relationship is over (Hagemann-White, 2002, p. 46). This fact also demonstrates the reason why older people do not respond.

[6] Hörl & Spannring, 2001 give a review about existing international studies.

[7] Especially Eastman performed pioneer work with his case studies.

[8] It has to be considered that these results are biased because of selective perception and professional ethics of these informants.

Similar results shows another study made in Sweden, where 156 health and social service professionals were surveyed concerning their work experience of abuses (verified and suspicious cases): 97 cases were reported. The abuse lasted three years on average, most of the cases dealt with emotional abuse (42%) and exploitation (33%). Neglect and/or physical abuse were represented in 25% of the cases (Norberg & Saveman 1996 cited by Hörl & Spannring, 2001).

Based on international studies it can be taken for granted that the most 10% of all older people experienced violence and abuse in their nearest social area. A certain ranking order concerning the different forms of violence cannot be assumed (Hörl & Spannring, 2001, p. 322). The significance of an increasing number of cases can be either a result of a real increasing number of cases or a sign of an increased willingness to report these cases, or possibly both.

4.4 Cultural and historical background

In society, violence - especially physical - is socially sanctioned and not accepted in the common sense. Physical violence has withdrawn itself from the public to the private area and manifests itself in less sanctioned fields like sportive events or traffic situations in the public area (Carell, 1999, p. 18). On the other hand, other forms of violence like emotional abuse or neglect are often not broad in the public discussion or are differentially estimated. This could also be based on the fact that the power of the state is widely shaped by legal perceptions (Brunner, 1999, p. 10).

Family as an institution can be described as the smallest organisational unit in society and is divided into public and private. The concept of family is maintained and organized by the idea of possession and the gender-related power constellation, in which men for many centuries operated as the gatekeeper between public and private (Böhmdorfer, 2001, p. 57). Familial privateness has the character of an exclave of the state, where violence is tolerated (Sauer, 2002, p. 90).

In Austria about 80% of the old people are taken care of by family members (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005). The care at home within the family is preferred to staying in nursing homes or other institutional settings. This aspect is also supported by care allowance regulations: It is paid for

care support regardless of the care setting and other arrangements[9] (family care, nursing home) (Nemeth & Pochobradsky, 2004). Because of reported scandals of violence and abuse in nursing homes in the media, the idea of staying at home as long as possible is supported (Klie, Pfundstein, & Stoffer, 2005, p. 14). The confession of care givers that there is violence and abuse in their relationship to the old person is hindered by societal understandings of responsibility and solidarity. It is commonly accepted that family members are in charge of family members. Therefore the taboo is maintained.

4.5 Public awareness of abuse against older people

Changes in the public awareness can be seen in the public reception of abusive cases. Media and the legal system influence how violence and abuse is perceived. Therefore the public awareness of domestic violence as such has been mostly developed through the discussion and the changes of treatment of domestic violence against women. Domestic violence is often seen as a gender-related issue and mostly addresses relationships of middle-aged people. Violence against older people is not well considered in this context and is often scandalized by the media (Ahlf, 2003, p. 41; Hörl & Spannring, 2001, p. 308).

In the public understanding aging as such is associated with a negative image, which is structurally maintained. Ageism, which means the discrimination of age, appears in the way language is used to describe older people. The term “excess of age” (“Überalterung”, “Vergreisung”) expresses this aspect. Hirsch points out that some collective prejudices against older people promote an accepted disposition of abuse and violence (Hirsch, 2000).

Public awareness differs in the way violence is recognized. A project about family care in Germany has illustrated that neglect is often not considered as abuse and therefore not reported by informants (Görgen et. al 2002 cited by Dönner & Kophal, 2006).

The public is more sensitive about the abuse of children than the abuse of the elderly and protection perspectives are addressed (Bundesministerium für Soziales und Konsumentenschutz, 2007b). Older people are basically respected as grown-ups

[9] Further more quality assurance is not linked with the payment of care allowance. For which purposes the money is used, with persons have the possibility to spend the money, etc. is not analysed. As a consequence care arrangements can differ a lot.

who can order their lives and are responsible for their actions. That is the reason why incidents go undiscovered for a long time, sometimes even until their death (Hörl, 2006, p. 280). Therefore health and social service professionals play such an important role because they have almost exclusive access to older people. They are often in the position of trust and know the nearest social area (World Health Organisation, 2002, p. 17). This role has more or less not been seen as an advantage in prevention so far.

4.6 Policies against abuse /policy background

Policies are embedded in a legal framework and clarify the institutional scope for actions.
Very important steps for Austria were taken at the campaign "Women's Rights are Human Rights" of the UN Human Rights Conference in 1993 in Vienna. Since then, institutions and initiatives in Austria developed the Austrian Protection Against Violence Act (Logar, 2005)[10]. Since the establishment of this act 1997 the public understanding has changed concerning how domestic violence is interpreted. The public awareness changed because of the following paradigms (Dearing, 2005, p. 46; Birgitt Haller, 2005a, 2005b, p. 299):

- Domestic violence is no longer a topic of "private affair". Now the topic is seen as a responsibility of the state. Because of the new legal situation the police have to react without considering the victim's interest. In the second next step the victim is able to decide whether she/he wants an interim injunction or not.
- Power constellations in the relationships are considered, linked with the assumption that security is only possible if the violent part of the relationship is released. So the approach is not to stop the relationship, but rather to stop the immediate violence in the relationship and establish secure conditions.
- The normative character is emphasised because domestic violence is understood to be an injury against human rights, furthermore the symbolic aspect of being evicted from home points this out.

The three main aspects of the Austrian Protection Against Violence Act are (Logar, 2005):

- eviction- and barring orders set by the police for 10 to max. 20 days
- long-term protection through an interim injunction ("Schutzverfügung")

[10] More information about the Austrian Protection Against Violence Act is given by Logar, 2005 and Dearing, Haller, Schrott, & Sorgo, 2005.

- support of victims and coordination of interventions (Domestic Abuse Intervention Centres in each of the nine provinces)[11].

The achievements of the Austrian Protection Against Violence Act are highly visible, however certain conflict constellations have not been manageable through this law so far[12]. The area of violence against older people in family care is one of these constellations. Eviction and barring orders do not dissolve the violent structure because the interdependence between the person in need of care and the family care giver is very high. The old person is dependent on the family care giver and is mostly too socially isolated to take the initiative or to contact supportive organisations or the police.

Concerning the issue of abuse against older people there are mainly general initiatives and policy platforms that cover the topic. Two selected initiatives on national level and three selected local Viennese initiatives are mentioned here:

- The Platform against violence within the family ("Plattform gegen Gewalt in der Familie") was founded in 1993 by the Ministry of Family Affairs as a prevention-orientated instrument. Based on the framework of the platform there are 37 organisations from different backgrounds until today who work together, like child protection centres, counselling centres for women, senior organisations, etc., for example in local projects in which networks and cooperating between organisations are developed further.
- The Platform for family care givers ("Plattform für pflegende Angehörige") was founded in 2006 by the Ministry of Social Affairs with the aim to provide information to family care givers. Until now violence and abuse has not been covered as an issue within this platform.
- On the initiative of the emergency department of the Wilhelminnenspital, a team to support and protect victims of violence and abuse ("Opferschutzgruppe") was established in 1997. Based on cooperation between the emergency department, Fonds Soziales Wien, and the 24 hours women's emergency hotline ("24-Stunden Frauennotruf") this team works interdisciplinary. Later on this team was part of the project group establishing

[11] Every eviction or barring order is reported by the police to the intervention centre without delay, which contacts the victim and gives information and emotional back-up (Birgitt Haller, 2005a).

[12] It was shown that the group of older people are – compared to their share of the population – underrepresented. 16% of the vulnerable persons were retirees. The largest proportion of vulnerable people can be found between the ages of 25 and 44 years. The age of the perpetrator is represented strongest in the group of 30 to 44 years (Birgitt Haller, 2005b, p. 281 et. seq.).

a curriculum (see next presented initiative). Today two such teams exist within hospitals in Vienna.

- On a local level the Vienna Women's Health Programme ("Wiener Programm für Frauengesundheit") initiated a project dealing with domestic violence and abuse against women and children in the setting of hospitals where different professionals (mainly nurses and doctors) were trained in a specific curriculum (MA 57, Fonds Soziales Wien, & Wiener Programm für Frauengesundheit, 2005). The approach was multidisciplinary and also cooperating organisations like the police, social workers, women's helpline, youth welfare municipality, medical jurisprudence were involved.
- In the year 2008 based on the initiative of the 24 hours women's emergency hotline a working group was arranged to analyse existing gaps of support and services in the field of violence and abuse against older women on a local level.

The issue of domestic violence against older people in the setting of family care differs concerning the institutional actions. Because of the changing awareness and legal system, institutions have to re-interpret their actions and scope[13]. Especially studies show that the clientele of social work, police or women's shelters only partially overlap (Görgen et al., 2005, p. 139; Seith, 2003, p. 243), as well as there is a different use of the act in the rural and urban areas[14]. It is a fact that older women do not take up the offer to stay at a women's shelter (Giedenbacher & Strümpel, 2005, p. 17). So, closer networking and cooperating would help to support older persons who are involved in violent relationships. The survey results illustrate that health and social service organisations and general services do cooperate with police concerning the issue of violence against older people: health and social service organisations regularly (9 out of 12) and the general services have close contact based on their tasks (5 out of 6). With crisis centres and women's shelters there is lesser cooperation. General services (intervention centres) cooperate with women's health centres, family courts, social work, nursing homes, hospitals and lawyers. So

[13] The police has to face the situation that it is challenged to act, to consider power relations and causation, the general services and social work agencies have to face working with both parties, women´s shelters have to face the fact that they are no longer the only institution who protects women against violence, because of the increased responsibility of the state (Seith, 2003, p. 236).

[14] The Evaluation of the Austrian Protection Against Violence Act has shown that the police imposed more convictions and barring orders than the federal rural police ("Gendarmerie"). In rural areas the number of convictions and barring orders has decreased from 2001 to 2004 (Birgitt Haller, 2005b, p. 273 et. seq.).

policies in the context of legal regulations are quite limited because the action takes place only in the situation of an emergency or crisis. Long-term support of municipal guidance services is often not intended.

Furthermore the survey results show that health and social service organisations are confronted with violence against older people, but encounters are rare. There is no significant difference between violence against older people and violence against older women.
General services deal a little more often with the issue; they reported that violence against older people is encountered by their organisation from time to time. Half of these organisations have guidelines, especially dealing with violence against older women. These guidelines involve – besides gender-related aspects – also the provision of psychosocial and legal counselling for all persons who are confronted with abuse and violence in the domestic area. Also these guidelines deal with procedures concerning the activities if there is a suspect or an abuse is asserted.

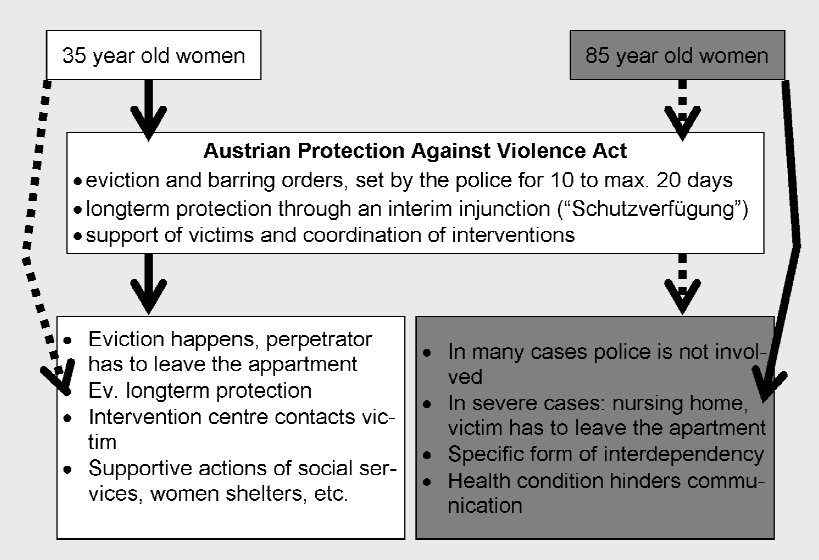
General services feel prepared to adequately deal with violence against older people but that is based on their tasks, they were established to offer: services, information and help. Especially concerning the training, these organisations feel on average – on a scale from 1 (very well prepared) to 5 (not prepared) – well prepared (2.0), whether the item local support of older women is estimated a little worse (2.6).
General services provide mostly (5 out of 6) professional training programs which train their staff regarding this issue.

Besides this, health and social service organisations are constrained in their possibilities to act and react because of legal policies. According to the interviews with experts it seems that there is only one solution, which is considered; in very severe and dramatic cases it is moving to a nursing home:

> *And it is also a dilemma … that these evictions are very difficult because our clients - mostly they are women - are not in a condition to organize help when the violent person gets access to the apartment. When someone is bedridden, she cannot use the telephone and call the police for support. In this case they can only try to take the concerned person away. And the person, who is acting in a violent way, stays in the apartment. Because, this is not the end … with this eviction; but it is necessary to consider, how this should go on. These men, who do take note of this eviction, ... and these women do not have the capacity, especially our older ones, to organize help. This does not work out, okay. Then we as institutions need to look at what we can do? How can we get a place for them in a nursing home? Because in such a case, this is the only solution. H 7, 94-105*
>
> > *(Und das Dilemma ist auch, ... dass es bei uns mit den Wegweisungen sehr schwierig ist, weil unsere Klientinnen - meistens sind es halt Frauen - dann nicht in der Lage sind, wenn er sich Zugang zu der Wohnung verschafft, dann*

Hilfe zu organisieren. Wenn jemand bettlägerig ist, kann er nicht einfach wieder telefonieren und die Polizei für Unterstützung holen, sondern in dem Fall kann man eigentlich nur schauen, dass die betroffene Person weggebracht wird. Und dass derjenige, der misshandelt, in der Wohnung verbleibt. Weil es ist ja damit nicht getan mit der Wegweisung, sondern man muss ja dann überlegen, wie geht das dann weiter? Diese Männer, die das nicht zur Kenntnis nehmen (diese Wegweisung, Anm.), da haben die Frauen nicht die Kapazität, gerade unsere älteren, um sich da Hilfe zu organisieren. Also das klappt einfach nicht, ja. Da müssen wir eher schauen in unsere Institution was tun wir? Wie können wir da eher gleich z. B. ein Pflegebett kriegen? Denn für so einen Fall ist das die einzige Lösung. 7a, 94-105)

Figure 3: Differences in the way policies take place



This way of dealing with the situation shows how the situation is solved today, it seems to be the opposite of the understanding of the Austrian Protection Against Violence Act:

- in many cases no legal actions take place
- in severe cases the victim is moved to a nursing home to stay there (the predator stays at home, the victim has to go)
- the predator has a strong influence over the victim
- in many cases no possibilities to react are possible (no access to the victim, no agreement of the victim, etc.)
- the (mental) health situation of both, victim and predator, can hinder communication and a solution to the violent and abusive situation.

In comparison with information centres for the target groups of children, adolescents or families, there are just a few which provide information and guidance for the group of older people, especially for families who take care of a family member with

dementia (Hirsch, 2003, p. 25 et. seq.). To close this gap it is important to create centres which are really responsible (that means have a mandate to act) and active (e.g. visit the families), provide help and information and have access to different organisations (nursing homes, health and social services, social work, police, etc.).

The following criteria have to be considered when providing information and help (Hirsch, 2003, p. 27):

- respect for the autonomy of the older people
- adequate measures
- multi-professional approach
- Evaluation of the measures.

Concerning education policies there are following survey results to mention: 7 out of 10 of education organisations provide training relating to violence and abuse, 2 further organisations are planning to integrate the issue. Only half of the organisations provided further training, but further training to identify/assess situations of abuse for outside individuals or groups (e.g. teachers, social workers, etc.) is planned in the future.

5 Domestic violence against older people with a special focus on older women

5.1 Context of violence

Families are a central institution for social integration and they give emotional and instrumental support to older people; 80%, who are in the need of care, are supported by family members (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005). An Austrian study showed that only one third of care allowance recipients use services of health and social services. This also correlates with the development of services, in some provinces up to 55 % use them, in some provinces where there is less support only 25% use services (Nemeth & Pochobradsky, 2004, p. 25). This study was carried out, initiated by the Ministry of Social Affairs, to analyse the quality of care in the context of home care and the needs and demands of family care givers (Nemeth & Pochobradsky, 2004). The results illustrated that 77% of the analysed cases ensured a good quality of care, 20% of the cases showed slight shortages in care quality (e.g. hygiene), 3% made an insufficient overall impression (Nemeth & Pochobradsky, 2004, p. 21).

As already mentioned in chapter 3, as one consequence of this fact, violent acts against older people mainly occur in relationships (Ahlf, 2003, p. 35). Abuse against older people who are in the need of care is – compared to abuse in other contexts – not a question of social stratum (Eastman, 1985, p. 61; Hörl & Spannring, 2001, p. 323 et seq.). It is characteristic that in nearly all cases a very tight relationship between perpetrator and victim exists. They are often emotionally and family-historically closely connected to each other and somehow dependent on each other (Durstberger, 2006, p. 112).

Maltreatment cannot be seen separately, it is very complex, multilayered and influenced by several factors; a lot of abusive situations have a prehistory (Hirsch & Nikolaus, 2005: 2, cited by Durstberger, 2006; Klie, Pfundstein, & Stoffer, 2005, p. 13). Hörl & Spannring (2001) point out the following aspects which can increase the danger of abusive acting:

- dependency between victim and perpetrator
- a lack of possibilities to keep distance from each other
- social isolation and a lack of support from external persons
- excessive emotional and physical demands
- biographical predispositions.

As family systems are interactive, dependency and autonomy alternate during one's life. Usually this leads to conflicts and discrepancies in special life-phases like

adolescence, but decreases when “children” are grown up and more independent. In the situation of care-necessity both involved persons – care giver and care receiver – get dependent on each other again. Both sides are at a loss with this changing of power- and dependency proportions. Ambivalent feelings between thankfulness and getting angry because of one’s own constrictions arise. This mutual emotional as well as daily-practical dependency can lead to an explosion of long downtrodden conflicts (Hörl & Spannring, 2001, p. 327 et. seq.).

Especially when care giver and care receiver live in the same household, the possibilities to keep distance from each other are little. Central areas of daily life are impaired, a 24 hour availability is possible (Dieck 1987, cited by Durstberger, 2006). Therefore it is very important for care givers to regularly get away from the burdening and demanding day-to-day situation. This staying very tightly in contact without the chance to dissociate, is a main structural reason for abuse against care receivers (Hörl & Spannring, 2001, p. 328).

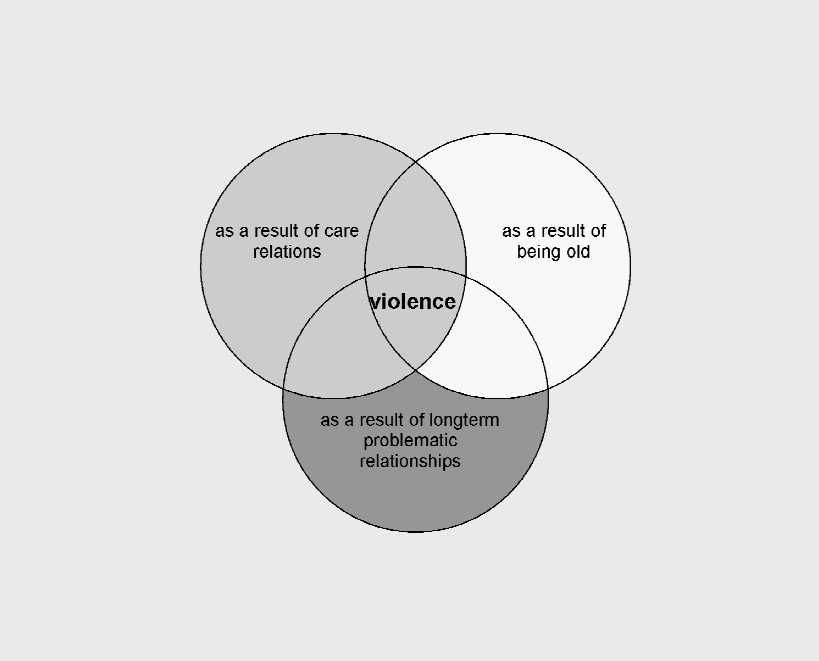
Social isolation can be rooted in being abusive and therefore social contacts get reduced or can be the reason for abuse. The first case leads to isolation because of being afraid that maltreatment gets detected and therefore contacts decrease. Too little social support from external persons on the other hand can be seen as one of the reasons for the development of abuse. Especially emotional support and having a supportive social net are essential for care givers. If this is missing, the conscience to adhere to norms can get reduced and due to a lack of social control can lead to abuse (Hörl & Spannring, 2001: 328 et seq.).

Taking care as such is very demanding work and can lead to extraordinary physical and/or mental stresses and strains which are reported as the main reasons for abuse against care receivers (Ebner, 2006b, p. 49; Hörl & Spannring, 2001, p. 329; Klie, Pfundstein, & Stoffer, 2005, p. 13). Whereby, mental strains are described as much more demanding than physical strains. When care receivers have a mental illness, it is possible that their character changes and all well known habits get changed or lost, which is especially inapprehensible. Overstrain is also characterised by the discrepancy between expectations and reality of taking care of someone: care givers are often frustrated that their aims cannot be reached because of too high emotional and time demands. Thereupon, feelings of helplessness, frustration and desperation can arise and also be a reason for becoming a perpetrator (Hörl & Spannring, 2001: 329).

How persons interact depends to a large extent on their prehistory in communication and - with regards to abusive acting - how they handle conflicts as well as stresses and strains. Abusive behaviour can be well known as a conflict solution and be a sequel of old traditions. The aspect of the “intergenerational” spiral (which refers to the fact that adults who have experienced abuse by their own parents in their

childhood have the tendency to act abusive in their later life) empirically better explains the abuse of their children than the abuse of older parents because abuse of the parents differs concerning power constellations. There is a shift of power relations, mainly revenge and imitations play a role. (Hörl & Spannring, 2001, p. 330 et. seq.).Nevertheless dealing with conflicts or crisis within the family influences care relationships.

Figure 4: Context of violence



Because of the fact that the causes of violence and abuse can be differentiated in various aspects and triggers, it is necessary to clarify abusive constellations. Based on a long research in this field Görgen (2006) has categorized three main types of constellation which require different measurements to act and reduce risk constellations.

The use of this categorisation helps to order and to reflect cases. In this report mainly Type1 and 2 are discussed, but nevertheless health and social service professionals experience all three types. The most important issue is to differentiate and to act adequately according to the type because for example training and information does not help in the Type 3 cases.

Table 1: Categorisation of the three main constellations, their backgrounds and measurements:

Type	Background	Measurements
Type 1 **There is no intention to harm the older person**	Therefore reasons can be: • Family carers are not willing to take supporting offers • Burden and stress caused by the care situation Following forms of violence mainly occur: • Neglect based on lack of information (care givers intent to do the best for their relatives) • Physical abuse because of the perspective to protect older person of self harm and danger (limitation of movement)	Possibilities for preventions: • Information • Counselling • Training • Support of health and social service organisations • Day care centres • Living arrangements
Type 2 **There is a situational intention to harm the older person**	The difference to Type 1: There is an intention or motivation to hurt and abuse the older person, it is developed with the situation und stops after the situation is over (e.g. in the context of older people with dementia) Following forms of violence mainly occur: • Caused by situational emotions of anger physical abuse can take place. • In an argument provocation and hurt lead to emotional abuse.	Possibilities for preventions: • Information • Counselling (also psychotherapeutic or psychological) • Training • Support services • It is especially important to reconstruct abusive situations to analyse the causes that lead to abuse
Type 3 **There is an overall (more than situational) intention to harm the older person**	The Type 3 case groups can be various, reasons can be: • Long-term conflicts • Perpetrators can control circumstances to induce abusive situations	• Clear differentiation between victim and perpetrator • Possibility of legal actions to report an offense • In order of priority, all actions that ensure secure surroundings for the victim • Eventually psychotherapeutic intervention for the perpetrator

According to Görgen, 2006, p.29

5.2 Influence of social and biographical factors

A main role in difficult care-relations is marked by the family system and the relation-structures within this system. The literature analysis as well as the interviews marked the following social and biographical influences as evident:

- specific roles of each member in a (family) system
- pictures of obligations and particular tasks, especially of women
- values and socialisation impacts
- the prehistory of families concerning abusive acting.

Being in need of care often adds up to being dependent on family members. This circumstance very often changes the whole family system and usually leads to a big diversification of habits in the whole family life. Family systems get turned upside down, f. i. when children start to take on tasks which were until then performed by their mothers or fathers in a similar way. Therewith parents undergo a loss of autonomy and both sides experience a change of roles. The same happens when husbands or wives take care of their marriage partner and accustomed tasks get changed. Roles in families describe which place each person has; resuming several tasks also denotes taking on more responsibility within a system which was usually taken by somebody else. Changing roles can therefore threaten the shape and stability of relationships.

The motivation reasons for taking care of family members are mainly the following: moral reasons such as obligation through emotional connection; obligation because of a lack of other support; obligation because of a partnership and also contract obligations (for example bequest). And further motivation reasons can be that the care givers do not expect a long duration of care-giving. As a consequence, some of them want to smooth a good life for their relatives. Others want to have more influence on how their relatives get cared for. And another group of care givers does not trust external persons and hopes to be able to change the situation to the better (Benard 1991, cited by Durstberger, 2006, p. 38 et seq.).

The decision which person is going to take care of a sick family member is often not well discussed. Two different ways are described by Durstberger: That the illness process is slowly growing and little by little more tasks are carried out by family members. Or the other way is that the situation changes dramatically fast and a decision needs to be taken immediately (Durstberger, 2006, p. 37). Both situations are extremely challenging and stressful for all involved persons. As this kind of work is attributed to females, women very often take over this work.

Anyhow, family members can feel impelled to care for their dependent relatives, although they do not want to take on this job. This is an ambivalent situation. This was also described by one of the interview-partners:

> *And on the other hand, they feel responsible for their partner, take on a great deal too much, transfer to others a great deal too little, do not take support and during these excessive demands, they step into this spiral. H7b, 396-398*
>
> > *(Und auf der anderen Seite fühlen sie sich sehr verpflichtet dem Partner gegenüber, übernehmen viel zu viel, übergeben viel zu wenig, nehmen viel zuwenig Angebote an, und in dieser Überforderung rennen sie in diese Spirale. H7b, 396-398)*

Furthermore, older people grew up in a different era with different values and socialisation impacts:

> *Well, this is a generation which always had to work, people as such were not that important. The world is no longer the way it was when they were young. There were totally different historical occurrences and individuals did not play a role. And to talk about oneself, to talk about one's own mental states, was not common. Or that it is in one's own hands to live an independent life and that one can change one's life. And that one has the right to get divorced from her husband, this is very difficult for this generation, you see. That must also be taken into consideration. Divorce is, because of their background, simply inconceivable, because you just do not do that. H7a, 400-406*
>
> > *(Gut, das ist auch eine Generation, die immer hat funktionieren müssen, also wo die Person an sich nicht so wichtig war. Wie die jung waren, da waren ja ganz andere geschichtliche Ereignisse, dass das Individuelle keine Rolle gespielt hat. Und über sich reden, über seine eigene Befindlichkeit, oder dass man sozusagen in der Hand hat, sein Leben selbstständig zu führen und auch zu verändern, und dass man auch ein Recht darauf hat sich von einem Mann zu trennen, ist für diese Generation ja ganz schwierig, ja. Das muss man auch noch einmal beachten. Eine Scheidung ist für viele allein vom Hintergrund her unvorstellbar, weil: das tut man einfach nicht. H7a, 400-406)*

Another example demonstrates the circumstance that it is not easily accepted that an old person, especially an old woman, who is in the need of care, is not able to do "her tasks", like for instance keeping the household. One respondent reported:

> *It happens often that women, who are in the need of care, are accused that they are not able to keep the household, that they are not able to serve their husbands, that they are lazy, that they should better do this and that. That is an extreme pressure on them. H 7b, 44-48*

(Das ist schon oft, dass sie den Frauen vorwerfen, die pflegebedürftig sind, die nicht mehr voll den Haushalt meistern können, die nicht mehr den Mann bedienen können ... sozusagen wird Faulheit vorgeworfen, wenn sie doch nur tun würden und so weiter und so fort. Auch das ist ein massiver Druck. H 7b, 44-48)

A big influence on the quality of the relationship between care givers and care receivers is the relationship pattern before this dependency of both sides stressed them. The way of communication, the deepness of their relationship, the intimacy between the two, the reason for being in the need of care (e.g. mental disease) and the way of solving conflicts in the past have direct influence on how they cope with this care-relation:

And also this kind of violence is relatively common… that's their prehistory which is there in their daily life. And then someone takes revenge on someone who is actually defenceless. M2, 41-43

(Auch diese Form von Gewalt, das ist relativ häufig, die Vorgeschichten, die sie im normalen Leben miteinander gehabt haben. Und dann rächt sich derjenige an dem dann Hilflosen, denn der kann sich dann eh nicht mehr wehren. M2, 41-43)

And it often is a difference, if a relationship has been very bad for decades and it gets even worse when getting old. Or if this happens through the change of a person after having an apoplectic stroke or through dementia and therefore the character of this person is modified and this leads to intensely violent problems on a variety of levels. These are two very different things. H7a, 50-55

(Und es ist oft ein Unterschied, ob eine Beziehung seit Jahrzehnten sehr schlecht war und durch das Alter sich das alles verschärft, oder ob durch Veränderungen einer Person nach einem Schlaganfall oder im Zuge einer Demenz die Persönlichkeit so verändert ist, dass dies zu massiven Gewaltproblemen auf verschiedensten Ebenen führt. Das sind schon mal zwei verschiedene Sachen. H7a, 50-55)

4.3. Risks and consequences of violence

German literature does not contain much differentiated and scientifically attestable material regarding risks and consequences of domestic violence with the focus on older people. Nonetheless, there are consequences and risks which need to be considered such as economic consequences, consequences to one's health condition and to one's mental condition. As risks need to be mentioned: the increase of violent acting ("violence spiral"), the increase of illness-symptoms of the victim, the

influence of violence on the whole family, a broadening of involved sites and persons and, perhaps, additional effort of health and social services is necessary .

The economic consequences of domestic violence in general are distributed across a wide spectrum of direct and indirect costs in different fields such as police and justice, health, social services, living, advice according to civil law, deficit of income as well as of productivity and also efforts on emotional support. Haller (2006) estimated these costs for Austria with the goal of raising awareness on this issue and to enhance the transparency of violence and its consequential charges. Only prevention and an absolute "NO" towards domestic violence can reduce it. In summary domestic violence results in costs of at least 78 Million Euro every year; and the real cost is probably considerably more. Consequently, higher efforts on prevention will finally lower the costs of violence (Birgit Haller & Dawid, 2006, p. 39).

Regarding the economic consequences of domestic violence against older people who are in the need of care, the higher costs of external care need to be mentioned (nursing homes, mobile care and support) as a solution to protect the victim and respectively release the care givers. The less the client is able to pay for care in a nursing home, the more the state has to assist; if possible, the family bears part of the costs[15]. Also there is an effect on health and social services: On the one hand, overloading, stresses and strains on care givers which often lead to domestic violence, lead to the necessity of external help. On the other hand, to work within families in which domestic violence happens, is very straining for the staff of health and social services.

The WHO reports in the World Report on "Violence and Health" that it is evident that victims of domestic or sexual violence have significantly higher health care costs. This occurs because of having more health problems and more frequent visits to health service providers than people without an abuse prehistory (WHO, 2002, p. 8). Consequences to health and mental wellbeing can also only be reported in relation to data from female victims of domestic violence in general, although these data are not exact, because no one knows how many women suffer from health and/or mental problems as a result of violence. A study in Germany, which refers to a meta-analysis, delivers a number of 48% who suffer from depressions, 64% who suffer from a post-traumatic stress syndrome and 18 % who are suicidal (Walby 2004: 54, cited by Birgit Haller & Dawid, 2006, p. 30).

[15] In Austria, it differs between the nine provinces, how much the state pays and to which extent a family is asked to financially support the care of their relative.

As it is described in chapter 4.1, especially mental strains are very demanding for care givers to get along with. When the symptoms of a mental illness increase and or/ relations were violent anyhow, the risk of getting even more violent increases.

Another risk can be that families which already have a strained relationship are at a special risk of worsening and/ or breaking apart because of being stressed and frustrated (WHO, 2002, p. 17).

When discussing this issue it is important to reduce strict attributions of perpetrator and victim. Often there is a long prehistory of abuse and it is possible that the perpetrator was also a victim in former times and that the current victim was a perpetrator. Thus, the risk of recurring violent acting through generations is quite high. This is to be seen as a consequence as well as a risk. The involved persons often determine one another's behaviour.

Being a victim of domestic violence is often deeply rooted in shame. Therefore it is more seldom reported to the police, compared to being a victim of a stranger, with whom no emotional relationship exists. Especially in the countryside it is regarded as a blemish to proclaim family affairs. As an after-effect and a further risk, maltreatment is understated or taken as an implicit part of family life and it mostly stays unseen by others as well as by family members. The older the victims are, the more difficult it becomes for them to break up relations because of economic dependency, traditional role images and less chances of becoming independent (Sorgo, 2006, p. 32).

Not least, the response to violence must be prevention work, raising awareness, breaking the taboo of talking about violence, offers to relieve the strain on caring relatives and suggestions to health and social services on how to react.

4.4. Gender Aspects

Scientists as well as practitioners mainly deal with violence of men against women. The statistics of the *Austrian Intervention Centre Against Violence* show a realistic picture of violently acting gender per se, which refer to the fact that 94% of the victims of domestic violence are female (Sorgo, 2006, p. 31).

But by talking about domestic abuse against women and focussing on gender aspects, this leads to a necessary attempt at illuminating both factors: violence against (older) women and also the phenomenon of female domestic violence against (older) women. Based on a study which was carried out in one of Austria's provinces, 25% of violent acts against grown up family members were attributed to being done by women and 30% of these women were ensnared in generation conflicts (Haller, Pinter & Rainer 1998, cited by Ebner, 2006b, p. 10).

Our understanding of violence is influenced by subjective experiences, and is very culture and socialisation related as well (Ebner, 2006b, p. 22). The consequence is that our image of women's tasks is also influenced by our surroundings and concepts of education. Women are much more thought to be care givers and also feel more responsible and obligated to help than men do when a relative needs care. Violence on the other hand is much more associated with men, which is also a result of upbringing headings. Several studies show that women act violently in the same extent as men as soon as they come to power. Only the forms of violence differ, women do it in more subtle forms which are not as clearly associated with violence than forms of physical abuse (Heyne 1993, cited by Ebner, 2006b, p. 37 et seq.). One of the respondents described her/his impression concerning women/men and violence proportions:

> *Abuse against older men is as common as abuse against older women. That's something you can really place one-to-one … because women are often even more cruel against their men … because they had to suffer a lot in their lifetime. And when their husband is at home and defenceless, and mostly men get defenceless first, then it really gets crazy. So, women are in this respect ... not physically violent ... this happens also sometimes, but more emotionally abusive … 'Now, I will pay you back' ... this is much more cruel than if it is done by men. Men are more direct. M2, 238-244*
>
> *(Es gibt das Thema Gewalt gegen ältere Männer genauso häufig, wie an älteren Frauen. Das können Sie wirklich eins zu eins hinstellen ... weil Frauen sind oft viel grausamer gegenüber ihren Männern ... weil sie in ihrer Lebenszeit oft viel erdulden haben müssen. Und wenn sie dann den hilflosen Mann zu Hause haben - und meistens werden dann die Männer als erstes hilflos - dann geht es wirklich rund. Also Frauen sind in dieser Hinsicht – nicht körperliche Gewalt, (diese) erlebt man auch ab und zu – aber auch diese emotionale Gewalt ‚Jetzt zahle ich dir das heim', ist wesentlich grausamer, als das bei den Männern ist. Männer sind direkter. M2, 238-244)*

Female abuse is mostly referred to either happening in the context of physical violence and in its most extreme forms like murder, or, under a second special focus, in the context of home care (Ebner, 2006b, p. 33). It seems natural that women are more often perpetrators since they are those who perform most of the home care for relatives. A representative survey of the Austrian Federal Institute of Health (ÖBIG) (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005) reports that 79% of all care givers in Austria are female and on the average 58 years old. 40% of all care work is done by marriage- or living partners, 25% from children, especially daughters (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005, p. 11 et seq.).

Several researchers (Eastman, 1985; Seubert, 1993; Grond 1997 cited by Ebner, 2006b) have illustrated an image of the typical female perpetrator: She is middle aged, from different social and financial background, is the main responsible person for doing care, has a lack of support through others and feels overstrained. Eastman (1985: 71 et seq.) describes a low self-esteem; care givers often feel as if they are "a nobody" and lose connection to social life. As taking care of someone is not perceived as a real job, although it is indeed a very hard one, this image in society increases low self-esteems and cements the feeling of isolation and not belonging to a certain system (like a profession). There is a highly significant connection between income and gender: 25% of care givers do not have their own income and from that group 91% are women (Pochobradsky, Bergmann, Brix-Samoylenko, Erfkamp, & Laub, 2005, p. 19 et seq.).

From a professional point of view, the suggestion to bring more men into this job could enhance the prestige. Furthermore, it could reduce some (gender) conflicts between mostly female home helpers, nurse assistants or nurses and male care givers.

> *I think that we need more men on site … because there is a difference if a female home helper is there or a male. Because I think that when a man visits a man, that's something different than when a woman goes into the family. H 7a, 459-462*
>
> *Was man auch bräuchte ... ich denke, wir bräuchten noch mehr Männer vor Ort ... weil es ist schon noch mal ein Unterschied macht, ob Frauen, also Heimhilfen, dort sind oder ob Heimhelfer vor Ort sind. Weil ich denke ein Mann, der zu einem Mann kommt, das ist etwas anderes als eine Frau, die in so eine Familie hineingeht. H 7a, 459-462*

6 Perspectives of health and social service professionals with respect to violence against older women within families

6.1 Experience with domestic violence against older women

The role of health and social service professionals is a very crucial one. They have the possibility to make violence and abuse between care giver and receiver transparent. Because of their special access, through providing care in the homes of the older people every day, home helpers, nurse assistants and nurses have an extraordinary position. The National Centre of Elder Abuse in the USA analysed the reported cases and found out that health professionals are the most prevalent group of informants. 45% of all cases were reported by them. In 15% of all cases the relatives, in 9% friends and neighbours, in 6% the victims themselves reported it to the police and finally 5% were other persons (Hörl & Spannring, 2001, p. 320).

Studies illustrate that there can also be barriers for health and social service professionals. Often their own awareness is restricted by their qualification on the one hand, on the other hand they avoid conflict situations with the care givers. There is the tendency to overlook abuse or to purposely ignore it (Ahlf, 2003, p. 41). Wild as well points out the three main problems of health and social service professionals dealing with domestic violence (Wild, 2007, p. 16):

- professional-based restricted perception
- dread of the conflict with the family care givers
- the wish of the victim to stay at home, although abuse or neglect is proved.

In Austria the number of employees in the sector of mobile health and social care has doubled in recent years. Today there are approximately 7.800 full time equivalent positions (Schaffenberger & Pochobradsky, 2004, p. 8), this are estimated 14.500 employees. The proportion of women in this field is about 95% (Simsa, 2004, p. 63). Mainly they are home helpers (56%), the proportion of nurses and nurse assistants is similar, whereas the qualification profile differs strongly in the provinces. All in all 80.000 clients are cared for.

Table 2: 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

Studies and the carried-out interviews of experts show that health and social service professionals are confronted with all forms of violence: abuse, neglect, exploitation and abandonment.
It seems that this group has an enlarged definition of what abuse and violence in their every day work life means. Mainly they are confronted with emotional abuse and neglect. Ebner reported in her study that nurses in the field of mobile care often used to play emotional abuse down as teasing or disagreements (Ebner, 2006b, p. 66 et. seq.). It is not clear if the professional dealing is not sensitive enough or the given examples were cases in which the abusive elements were quite little.

One manager said that for her care and violence is an inherent issue, the professionals are always confronted in their helping and caring actions to restrict the actions of the person who is in the need of care. The issue of care and violence is linked, because in every (professional) relationship which is based on help and care the risk of abuse is present (Perner, 2002).

Mostly abusive actions do not occur in the presence of the health and social service professionals, so firstly it is the suspicion that occurs (Strümpel & Leichsenring, 2006, p. 8). If there is the suspicion of abuse or neglect, the relationship with the care giver can be very conflict ridden. Besides this, access to the relatives can be limited because the care giver does not live together with the old person. The contact has to be established to bring up a realistic image of their mission and tasks. Often care givers think that the home helper interferes and disturbs them, whether the care giver sees the advantage and relief this support can offer or not. A study in Germany showed that considerable influence of professionals on the family care givers' perception of strain leads to relief (Görgen, Kreuzer, Nägele, & Krause, 2002).
This idea of interference is based on the division of public and private areas. Besides this health and social professionals understand their role as a guest in the

households of the person in need of care (Krenn & Papouschek, 2003, p. 17). As the next example shows, like in most cases after a time the communication with the care giver advances.

> *We have, for example, a lady … her son was totally ditsy; and he did not go shopping, when we asked for something, he did not do it … but now this is working very well. He finally realized that we are not enemies who want to do something harmful to him or his mother, but enrichment for him and his mother. Now he comes home and can talk about his problems with us, we are there for him and his mother and it works great. Therefore it is really necessary to give it enough time to work. H 6, 229-236*
>
> > *(Wir haben zum Beispiel eine Dame, ... da war da der Sohn für uns ja so was von daneben. Und der hat nichts eingekauft, wenn wir was (auf-) geschrieben haben, nein, das hat er nicht erledigt ... aber jetzt funktioniert das super. Er hat dann gemerkt, dass wir eigentlich nicht die Feinde sind, die ihm irgendwas Böses wollen - oder seiner Mutter - sondern, dass wir eine Bereicherung sind für seine Mutter und für ihn auch. Weil ... er kommt nach Hause, kann seine Probleme mit uns besprechen, wir sind Ansprechpartner für die Mama und für ihn und das funktioniert super. Also man muss es auf jeden Fall lange genug versuchen. H 6, 229-236)*

The communication with the care giver can be difficult to establish. It is complicated to inform the care giver that an abuse has taken place. Care givers can react aggressive, or even offensive. One manager reported that the documentation was replaced by a care giver who was confronted with the suspicion of abuse. So this organisation does this sensitive documentation only in internal documents to assure results. Care givers can also threaten the care receiver to avoid that she/he talks about the abuse.
Often the health and social service professionals report that the care givers believe that they are doing their best to protect and care. But a lack of knowledge or misunderstandings can also induce abusive circumstances. For example one home helper reports that most care givers do not know how to handle incontinence or how to communicate with patients with dementia in the beginning of care.

The question how to intervene is only conformed by the majority of health and social service professionals when there is direct physical abuse. To interfere means to induce potential conflicts with the care giver, but also with the care receiver.
Hands-on workers try as much as possible to avoid conflicts which can contradict the speaking about and analysing of the abuse. If they come into a conflict they attempt to stay neutral and do not take part. Some home helpers reported that they were blamed for causing troubles at the clients or relatives. In some cases the home helper was replaced by a colleague. So, according to their orders, hands-on workers try not to lose their clients because this has effects on their income.

It is the policy of all interviewed organisations that the suspect or incident is reported to the line managers who take further steps depending on the case and circumstances. That has the effect that the hands-on worker is no longer confronted with the conflict and is able to do her/his work:

> *In this case, I try to delegate the problem to a nurse or to the line manager because … she is not going there every day, but we do. So, this is a principle that we do not get involved with relatives on site. And the client is also stuck in between, he cannot side with us, and he cannot side with his relatives … H6, 173-177*
>
> *(Da versuche ich dann das Problem zu delegieren an die diplomierte Schwester oder an die Chefin, weil die geht nicht jeden Tag hin, aber wir schon. Also das ist ein Grundprinzip, dass wir uns mit den Verwandten vor Ort nicht unbedingt anlegen. Und der Klient steht ja auch dazwischen, der kann nicht mir Recht geben, der kann der Verwandtschaft nicht Recht geben. H6, 173-177)*

By delegating the information and action to line managers or other institutions, home helpers are in a way relieved. Although social workers reported in the interviews that they have to deal with the feeling that they have the responsibility to react and to enhance the situation:

> *And then we get the pressure: 'Now we have told you (the problem) and now we want a change' … and also this awareness work with the (health and social-) services, that they have a relationship now for more than 60 years and this relationship has ups and downs and divorce and marriage again and whatever ... H7b, 205-209*
>
> *(Und wir kriegen dann immer so den Druck: 'Jetzt haben wir das euch gesagt, und jetzt wollen wir Veränderung' ... und auch diese Aufklärungsarbeit mit dem Verein (Sozial- und Pflegedienst, Anm.) ... dass ist eine Beziehung ... seit mehr als 60 Jahren besteht diese Beziehung (schon) mit Höhen und Tiefen, mit Scheidung und wieder Heirat und was auch immer, ja. H7b, 205-209)*

According to policies (see also chapter 3.6) the spectrum of possibilities is often limited.

Health and social service professionals suggest that the care situation generates a lot of psychological stress and burden for the care giver and causes them to act in a violent and abusive way. Some of the home helpers understand this influence and nearly excuse the care givers:

> *Well, it is understandable somehow ... If you cannot sleep through the night for four or five years … There are too few possibilities (beds in older homes), especially when relatives want to go on holiday. H4, 56-58*
>
> *(Weil es auch verständlich irgendwo ist ... Wenn du vier fünf Jahre keine Nacht durchschlafen kannst .... Es gibt zu wenige Plätze, vor allem*

Urlaubsplätze für die älteren, wenn die Verwandten selber Urlaub machen (wollen, Anm.). H4, 56-58)

… I think taking care of your mother for five years … (she) is only laying in bed, she is only shouting … I can understand that she gets louder, the daughter is also only human, that is why I say, 'She should shout for two minutes if she is relieved then'. H4, 82-84

(...ich denke, fünf Jahre die Mutter pflegen, (sie) liegt nur im Bett, die schreit nur ... Dass ich da mal lauter werde, kann ich verstehen, weil die Tochter ist auch ein Mensch, darum sage ich, ‚Diese zwei Minuten, die sie da schreit, soll sie schreien, ihr ist es leichter'. H4, 82-84)

Because of this burden, care givers make demands that are not in agreement with the client which can also be described as abuse. It has to be considered that the majority of care givers are at an age of almost 60 years. Health and social service professionals often act in the area of conflict where their mission is to care for the old person, but on the other hand it is necessary to respect the demands and wishes of the care givers and the social environment:

Well, ... concerning abuse against older women, ... what we experience is that relatives, especially children, think that (their parents) need to do things in a certain way: That it is necessary to lock the door … their own excessive strain causes them to place excessive demands on us which are abusive. They (the parents) need to order food, they need to make the apartment accessible with a key safe, they must keep appointments … and often they do not want that … We say that we are principally there for the people who are in the need of care and not an extended arm of relatives. M4, 29-36

(Also, ... was es in Form von Gewalt gegen ältere Frauen immer wieder gibt, was wir erleben, sind Angehörige, insbesondere Kinder, die finden, dass dort das genau so und so gemacht wird, dass da zugesperrt gehört, ... aus der Überforderung raus werden da Ansprüche an uns als Betreuungsorganisation gestellt, die Gewalt sind. Sie (die Betreuten, Anm.) müssen ein Essen auf Rädern konsumieren, sie müssen mit einem Schlüsselsafe die Wohnung begehbar machen, sie müssen Termine einhalten ... was die oft nicht wollen. Und wo wir sagen, also wir sind prinzipiell für die zu betreuenden Menschen da und nicht der verlängerte Arm von Angehörigen. M4, 29-36)

This arrangement of the different demands often combined with little resources is a challenge health and social service professionals have to face day in and day out[16]. They recognize for example that both care giver and care receiver would need help and support, but because of their mission, they can only take care of the care receiver. They feel responsible for the person in the need of care; they want to support her as well as possible. These aspects can induce feelings of inner conflicts and strains, partly because the systemic character of family relationships is difficult to reflect.

It seems that health and social service professionals do not make a big differentiation between violence against older people and violence against older women. They generally describe that both genders are able to perform all forms of abuse and neglect; but they experienced that male perpetrators seem to use more physical abuse, while female perpetrators tend to abuse more emotionally.

6.2 Recognizing domestic violence against older women

Similar to the difficulty of differentiating forms of abuse, there is a difficulty in analysing abuse in the whole social environment of older people. Health and social service professionals deal with the three difficulties of:

- establishing a trustful relationship
- identifying causes for the symptoms
- communicating with patients with mental diseases (like dementia).

The access to the victims is often controlled by the perpetrator, so firstly the access has to be established (Hörl & Spannring, 2001). Without a trustful atmosphere the victim is not able to tell the home helper what sorrows and problems she/he has. Home helpers care for a long time and so trustful relationships can be established. Even small changes in behaviour can be identified by the home helpers and also care givers can be watched closely in their relation to the care receiver. One manager reports that only because of the close relation to the home helper the old woman was able to tell her the story.

[16] The contradiction between ensuring abilities and time management is one of the existing conflicts health and social professionals have to face (Krenn & Papouschek, 2003). For example because of the short time the home helper helps to dress, although the old person could do it on her on.

Sexual abuse, that's a hairy issue … once we only recognized it because the connection between home helper and client was very close because she had quite a lot of trust in her. M5, 132-134

(Die sexuelle Gewalt ... das ist ein haariges Thema ... da sind wir nur drauf gekommen, weil die Verbindung zwischen Heimhilfe und der Frau sehr eng war, weil sie wirklich ganz ein gutes Vertrauen zu ihr gehabt hat. M5, 132-134)

The correct identification of causes of the symptoms demands expertise and holistic thinking. Even in analysing physical abuse many possibilities have to be taken into consideration. These steps also have to be interpreted in correlation with the health status. Bruises can be caused by medication, by tumbles or other different non-violent actions:

... It is very difficult. We had a case, lately, there were bruises… but there was a medication given for coagulation. That's very, very difficult, also for the doctor … to appraise … is there abuse happening or not … or, another case, (we have seen) there were claw marks … was it the cat? Or (was it) the cohabitee? H 7b, 59 -66

(Es irrsinnig schwierig. Wir haben jetzt auch einen Fall gehabt, wo Flecken vorhanden sind, Medikamente aber zur Blutverdünnung gegeben werden. Das ist ganz ganz schwierig, auch für den Arzt gewesen ... also wirklich festzustellen: Kommt es zu einer Misshandlung oder nicht? Oder bei einem anderen Fall: Kratzspuren und so ... Ist es die Katze oder ist es der Lebenspartner? H 7b, 59 -66)

Hands-on workers are depended on the way clients talk about abuse. Therefore subjective constructions of violence of older people have to be considered. Besides all other indicators (e.g. behaviour, suspicion facts) the explanation of older people has to be integrated into the analysis. Victims often express their feelings in a non-specific way, so further interpretation and knowledge about the person is needed. Sometimes the ability to talk about the passed abuse is limited because of dementia. So the home helper has to create her/his own impression and report it as soon as the suspicion has developed:

You do not identify that so fast, so, when there is alcoholism in the family, then you tend to regard this as possible. Is there no alcoholism, then it is difficult too. People are disorientated and you also do not believe everyone immediately and that is a bit difficult. H6, 79-82

(Das erkennt man nicht so schnell, also wenn Alkoholismus in der Familie ist, dann neigt man eher dazu das für möglich zu halten. Ist es nicht so, dann ist es etwas schwierig. Die Leute sind auch verwirrt, und auch glaubt man nicht jedem alles sofort, und das ist ein bisschen schwierig. H6, 79-82)

The communication can be difficult especially with old victims which suffer from dementia. On the one hand expertise is needed to establish access to the old person; on the other hand information about the violent incident is not valid. It is also possible that the care giver is demented and not aware of her/his violent actions:

> *I mean, it is already difficult to work (on something) with a disorientated person But with a disorientated one who himself abuses, or does not get the situation ... or to work with a relative, where the abusive (person) is disorientated. … (…) … in such a problematic situation, here we (social worker) need specialized support. . H7a, 527-531*
>
> > *(Ich meine, es ist schon schwierig mit einem dementen Menschen irgendwas zu erarbeiten. Aber mit einem Dementen, der dann noch misshandelt, oder der die Situation nicht wahrnimmt (das ist besonders schwierig, Anm.). Oder mit einem Angehörigen (was zu erarbeiten, Anm.), wo der Misshandelte dement ist. ... (...) ... In so einer Problematik, da bräuchten wir (SozialarbeiterInnen, Anm.) einfach fachliche Unterstützung. H7a, 527-531)*

Work experience plays a crucial role in dealing with abuse and violence. The analysis of body language and social behaviour is very helpful for discovering if something is wrong:

> *... that staff tells that there are bruises … or that the woman is only crying … or the woman does not talk to me anymore … or I do not have the possibility to talk to the woman alone, or that there is always someone present …or I have the suspicion that … and then actions get under way. M 2, 50-54*
>
> > *(Dass Mitarbeiter schon sagen, ‚Da ist ein blauer Fleck, die Frau weint nur mehr', oder ‚Die Frau spricht mit mir nicht', oder ‚Ich habe keine Möglichkeit mit der Frau alleine zu sprechen, da ist immer jemand dabei, ich habe den Verdacht dass ...' und dann fangen bei uns die Räder zu laufen an. M 2, 50-54)*

Another hands-on worker explains that physical abuse for her is recognizable when the victim gets easily frightened or refuses to get undressed. These signs can also be understood as caused by other reasons. It has to be seen case-specifically, and that is why work experience is such an important resource.

In order to comprehend domestic violence against older people and especially older women some conditions have to be met by the health and social service professionals: expertise and communication skills, knowledge of the nearest social area of the victim, access to the victim and establishment of trustful relations.

6.3 Coping strategies

Most of the interviewed hands-on workers stated that they try to establish contact to the assumed perpetrator, to figure out if the suspect is right or wrong. Talking with the family care giver about grievances can change false treatments and enhance the situation. Besides this they document the case in an objective way (without assigning blame) and consult their responsible line manager in time. In case of emergency, hands-on workers are allowed to call their line managers any time.
Dealing with problematic cases in the team can be taken as the most claimed and demanded support. Especially non-directive counselling[17] as a coping strategy was very often named, however the frequency and use differs.

Besides this, the interview respondents which have been in this field for many years answered that their work experience helps them to make decisions and deal with violence and abuse:

> *Based on my education: no, based on my experience: yes. These are questions where life-long-learning is important and there are always new things to learn … or you know how to react in different situations … in the course of time … I've done this now for 17 years, there are few things which I have not seen. M 4, 239-242*
>
> *(Aufgrund meiner Ausbildung nein, auf Grund meiner Erfahrung ja. Das sind auch Dinge, wo lebenslanges Lernen wichtig ist und es gibt auch ständig was Neues oder man weiß auch selber mit Situationen umzugehen ...es ist auch im Laufe der Zeit ... ich mach das jetzt seit 17 Jahren, ... da gibt's wenige Dinge, die ich nicht erlebt habe. M 4, 239-242)*

This group also reported that they discovered that their younger colleagues have much more problems and fears about handling abuse and violence. It seems that a certain routine is demanded to handle situations without the risk of personal burden and strains.

Both, the professional way of dealing with the issue in the context of social services and the personal way of dealing with it are inherent in the job. Feelings of fright, fear and powerlessness are occurring. Some of the hands-on workers report that they are personally involved and "can't just do their job". Sorrows and considerations about the case are present. The idea of protection plays a role. Hands-on workers want to protect and avoid abuse:

[17] In German, non-directive counselling is called "Supervision".

… I think 'Horrible, I do not want to go there anymore' ..... or: 'How could this problem be solved?' And I take the problems home with me. H 6, 155-156

(‚Schrecklich, da möchte ich nicht mehr hingehen', denke ich mir, oder ‚Wie kann man diese Situation lösen'?. Ich nehme auch dann die Sorgen mit nach Hause. H 6, 155-156)

All of the interviewed persons said that preparation possibilities for abusive cases are limited. Each case contains specific circumstances and so standardized procedures can only exist in communication flows and action chains (e.g. which institution should be contacted and informed?).

Coping with cases on the organisational level is one thing, the institutional support is another. In Vienna, problems are reported to the information centres of the Fonds Soziales Wien[18]. Social workers there investigate the case, visit the care giver and the receiver, try to figure out where the problems are and support the family if there is the need and will for change.

When all supporting organisations and supporting institutions can not help, and the situation has not changed, it is difficult for the home helpers to keep working. One home helper states that the burden of the situation was too much, she and her colleagues refused to take care of the woman. After her line manager and the representative of the magistrate tried to talk with the violent husband of the woman, he decided to replace the health and social organisation with another. The feeling that it was a solution for the organisation, but not for the woman that was sexually abused, remains:

And finally, we refused to provide care in this situation, and it was just given to a different organization. Although, this was certainly not a good solution for the woman. H6, 63-65

(Und dann schlussendlich, wir haben uns geweigert so Pflege zu machen, und es wurde einfach abgegeben an einen anderen Verein. Obwohl es für die Frau sicherlich nicht <u>die</u> Lösung war. H6, 63-65)

... And then, something else is fine, … that we can act united, because if only one mentions abuse, you do not need to believe it, but if five or six colleagues mention it, then it will be believed. And when we all refuse to go there so that something will be done, this has a totally different effect. H6, 261-264

[18] Fonds Soziales Wien (FSW) is the magistrate in Vienna which is responsible for the coordination of health and social services and provides support with information centres which serve as an interface.

(Und dann ist noch eines gut, wir können geschlossen auftreten, weil, wenn das eine sagt, das muss man nicht glauben, aber wenn das fünf, sechs Kolleginnen sagen, dann (schon, Anm.). Und auch wenn wir uns alle weigern dorthin zu gehen, damit dann was unternommen wird, das hat dann eine ganz gute Wirkung. H6, 261-264)

Because of the few support possibilities which also depend on the will of the victim to set actions, the offers for old women are quite rare; whether existing offers don't appear to ease the situation.

6.4 Further support/ strategies needed

The analyses of the interviews and the literature have shown that the existing offers to solve or enhance abusive situations are not differentiated enough and often not area-wide (Coester, 2003, p. 39). According to the interview respondents the following strategies would be needed:

- trainings for young professionals
- information about mental illnesses
- long term support of municipal guidance services
- development and use of further offers like visiting services
- education for the children to generate a differentiated understanding of age.

The interviews emphasised that there is too little support for young professionals. Special trainings can help to prepare the young ones more adequately:

... at the beginning, I think for someone, who is newly confronted with these problems, it is very difficult … because a high level of pressure develops … and through the years you learn to accept that some situations are only changeable in a limited way. H 7a, 179-183

(... am Anfang, ich denke für jemanden, der frisch mit diesem Problemstellungen konfrontiert wird, ist es wahnsinnig problematisch. Weil dann natürlich ein Riesendruck entsteht und eine Riesenanimo, da was zu verändern. Und mit den Jahren lernt man auch zu akzeptieren, dass manche Situationen nur eingeschränkt veränderbar sind. H 7a, 179-183)

One social worker said that their support as an institution is only planned for a short time. In phases where the situation between the violent care giver and care receiver is better, they are not able to provide support. This long-term support would be needed to stabilize the situation and to avoid a vicious circle:

... There are two sisters who batter each other quite a lot ... if you attend them a little bit, you get the chance to hinder them from coming so fast again into this violent spiral ...H 7a, 234-236

(Da sind zwei Schwestern, die sich gegenseitig ziemlich döggeln, wenn man sie da ein bisschen begleitet, dann kann man auch verhindern, dass es (sie) so schnell wieder hineinrutscht (hineinrutschen) in diese Gewaltspirale. H 7a, 234-236)

The number of mental illnesses is growing; the most common disorder for older people is dementia (Europäische ministerielle WHO-Konferenz psychische Gesundheit, 2005: 3).
In Austria about 8% of the aged population suffers from a form of dementia (and approx. 3% of them have Alzheimer's disease). So, health and care services are challenged to deal with this phenomenon (Trummer, Nagl-Cupal, & Nowak, 2003, p. 13). When dementia and abuse correlate, special knowledge is needed. The hands-on workers have already seized the problem and requested further strategies, like the consultation of psychiatrists or offers of psychiatrist visits.

The development of further offers like visiting services or the use of day care centres or promoting other social activities would help according to the interview respondents:

More visitor-services (would be fine) … a lot of them are thankful for just having someone to listen to them. A lot of them start to tell … tell what has happened … or go for a walk and thereby start chatting. (It is necessary) that just someone is there for the person … to confide in someone who does not care about the time … 'Oh, I need to go'. H 4, 225-228

(Mehr Besuchsdienste (wären gut)..., viele sind dankbar nur (für's) Zuhören, (für's) Sitzen ... viele fangen dann zum Reden an, erzählen was war ... oder zum Spazierengehen und dabei Tratschen ... einfach nur (dass jemand, Anm.) für den Menschen da ist, dem sie sich anvertrauen können, und der nicht schaut ‚Jetzt wird es eng (zeitlich, Anm.), ich muss gehen'. H 4, 225-228)

One home helper assumes that the discrimination and lack of knowledge about age is responsible for the inadequate dealing with older people. Especially the younger ones have to be educated about the age-related illnesses and disadvantages.

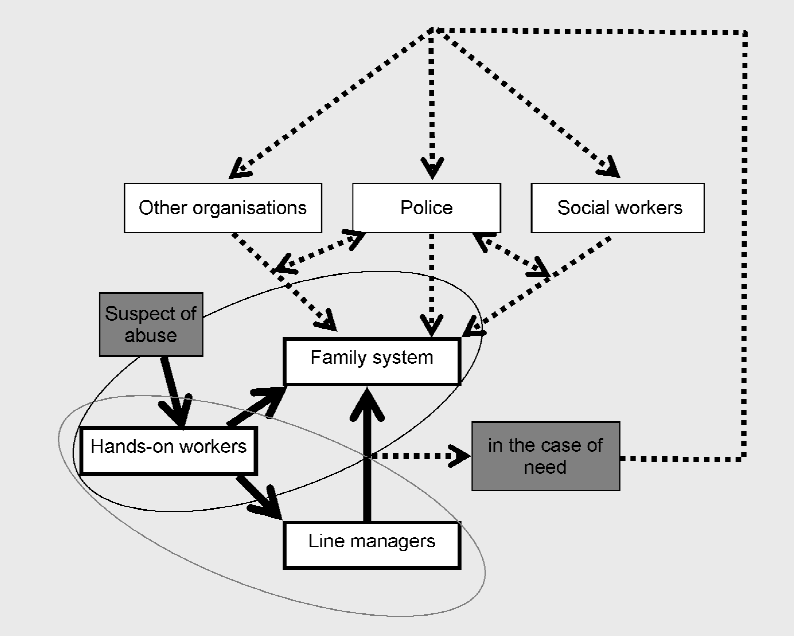
7 Perspectives of organisations with respect to violence against older women within families

7.1 Experience with domestic violence against older women

When people are in the need of care and therefore a health and social service is needed, usually the first contact with the organization is made either by a relative or the clients themselves to get detailed information about the conditions of mobile help and care. Through the regular chain of steps to become a client (clarification of necessary amount of visits, character of visits) organizations often get a first insight into family structures. While regularly figuring care, they still are in principle in contact with clients and, if present, care givers, but not at their homes and therefore not at the point of action.

So, usually organizations are not primarily directly confronted with domestic violence, but secondarily they will be informed by their staff about their suspicion. If necessary, the line manager will react.
Mainly the following way is taken: Home helper, nurse assistants or nurse recognizes abuse → reports it to both the team members and the line manager→ line manager gets in contact with the family or notifies social workers or other adequate organizations like police, social work or other organisations → contacted persons get active and carry out appropriate measures.

Figure 5: Action chain



Nevertheless, managers are confronted with abuse of care receivers. The interview partners reported all kinds of abuse as occurring, but mainly exploitation, physical abuse and also three examples of sexual abuse were reported. Emotional abuse and neglect were more often reported by hands-on workers.
Reasons therefore could be that hands-on workers have much closer access to the clients than line managers have through their regular, often day-to-day work within the family. Perhaps this results also from the illustrated acting chain above that organizations do not get involved until hands-on workers tell them about their suspicions. Another reason could be the assessment of violence which is very much influenced by the subjective constructions of violence of professionals. Also it is influenced by the subjective constructions of violence of older people and whereby they feel uncomfortable (Hörl, 2006, p. 294) so that they are lead to articulate that they were abused. Another cause for this could be the circumstance that, in general, abuse is mainly connoted with physical abuse, not with other, rather invisible forms. Emotional abuse is besides very difficult to identify, there are no clear points for orientation (Durstberger, 2006, p. 101).

The following examples deliver an insight into the respondents' experiences with physical abuses. They show the difficulty of appraising abuse, if, for example, bruises are recognized and it needs to be appraised whether they derive from physical abuse or from medical reasons such as medications or bedsores:

> *Then we checked, 'Is the blood coagulation ok? Does she take any medication'? … then we let the son demonstrate how he gets his mother out of bed … then we saw how rough he was handling her. He really clenched her … and she screamed very loudly, in the night again and again. She screamed loud and constantly. … (…) … we noticed that something was happening. The permanent catheter was constantly being ripped out. And she did not just have bruises above, but also on her feet and partially there (shows the area on her body). Because we thought 'Perhaps we are gripping her too roughly when we set her in bed'? She said nothing, but we knew something must be happening. Then we told the son that we know what's happening . M5, 34-58*
>
> > *(Dann haben wir geschaut, Ist die Blutgerinnung in Ordnung, kriegt sie irgendwelche Medikamente'? ... dann haben wir uns zeigen lassen, wie der Sohn die Mutter heraussetzt. ... Dann haben wir schon gesehen, wie grob der Sohn die Mutter angreift, also wirklich gepackt hat. ... Und sie hat sehr viel geschrieen, in der Nacht ... sie hat immer wieder mal laut geschrieen, und ständig.*
> >
> > *.... (...) ... Und wir haben gemerkt, da passiert irgendwas. Dauernd ist der Dauerkatheter rausgerissen. Und nicht nur da heroben die blauen Flecken, sondern auch bei den Füßen und teilweise da (zeigt auf die Stelle des Körpers, Anm.). Weil wir gesagt haben, ‚Vielleicht greifen wir sie zu grob an ... beim Lagern'? Sie hat zwar nichts gesagt, aber wir ... da muss irgendwas passieren. Dann haben wir ihn angesprochen, den Sohn. M5, 34-58)*

…. a piece of information had reached us through the transport service that a living partner – the old woman was 80 … had given her little smacks several times. We activated the social worker. M3, 66-69

(Das war eine Information, die wir über den Fahrtendienst bekommen haben, dass - das war damals ein Lebensgefährte - das war eine ältere Dame mit knapp achtzig (Jahren) immer wieder so kleine Klapse (gegeben hat) immer war, da haben wir dann die Sozialarbeiter eingeschalten. M3, 66-69)

There were some severe cases which demonstrate how complex the interference/intervention is, on which levels problems can be solved (on the family level, health and social service organisation level, etc.), which cooperation take place and in which context the abuse and violence can be described:

Case 1:
There was a severe case of sexual abuse: The son had been in prison and had been released from it. His friends from prison visited him regularly.
The staff became aware of it when his old mother told her home helper 'I am totally afraid'. She did not tell anyone else her problem. The home helper asked her: "Are they doing harm to you? The old women answered: "Yes, they are coming in the night". The line-manager was informed and actions were set immediately. Police, doctors and social workers were informed.
The police imposed an eviction and a hearing also in the presence of the home helper took place. The old woman was sent into hospital, unfortunately one week later, no evidence for sexual abuse could be found. Then she was sent into a nursing home where she lives to this day. Now she needs no medication any more, but can be described as traumatized. Also a custodianship was established.
Non-directive counselling and team meetings were used to discuss the case and to relieve the burden of the staff.

Case 2:
A case where problematic long term relationships and age correlated: A couple was married for 60 years, with ups and downs. There was a divorce and a re-marriage. Home helpers reported quarrels and fights to their line-manager, who informed the social workers of the municipality. The social workers visited the couple and worked together with the health and social services. There was an eviction of the old man and a hospitalization of the old woman. In the meantime, the woman is in such a bad condition that she is not able to call help from police in the case of eviction, so she was sent to a nursing home. She was in the nursing home several times after abusive actions, but also moved back home again. Her husband wanted her back home and put pressure on her. Now the social workers are in close contact with the man to support him and to convince and motivate him to leave his wife in the nursing home.

The relationship was very problematic, the woman was sent like a boomerang, stationary, non-stationary, several times nursing home and home.

Case 3:
There was a case where the demands of the daughter were unrealistic: home-helpers reported to their line-manager that the daughter had unrealistic ideas about the care of her mother. The old woman was incontinent and suffered from dementia. The daughter wanted the home-helpers to register every action, how she has to be washed and dressed, what she has to do, etc. The demands could not be met, because they were too much, and the old woman refused the actions.
The line-manager organized a meeting with the daughter and the home helper. In the discussion the daughter told them about her dreadful childhood and that her mother was always interfering and controlling. The line-manager could convince the woman that she will not change her trauma from her childhood through the home helper. The situation has been improved, but the conflict is latent.

These cases show that sometimes even all possible support is not able to prevent violence in a long term perspective.

Also examples of sexual abuse were reported, all examples led to interventions by line-managers and social workers.[19] All examples show how sensitive this issue needs to be handled and that it is a matter of confidence that clients, if at all, talk about it, as they feel terribly ashamed (see also chapter 3.2.). The examples also make the problem visible that some victims prefer staying in the family (Görgen, Newig, Nägele, & Herbst, 2005, p. 109 et seq.) and being in danger of further abuse than living somewhere else:

Or, the most traumatic experience was … a woman in a wheelchair … that was really extreme … she was abused in all different kinds of ways … also sexual abuse … and I wanted to help this woman but she said that a nursing home is even worse than getting abused and she forbade me to react … M 2, 77-82

(Oder, das Traumatischste was ich erlebt habe, das war eben die Frau im Rollstuhl, das war wirklich eine sehr massive Geschichte. Da ist es nicht nur darum gegangen, dass sie nur im Rollstuhl sitzen hat müssen, sondern die

[19] Although this is not a matter of course in each case. Görgen, Newig, Nägele, & Herbst. (2005) articulate the problem behind this as more influenced by the question of resources than for younger women. Changing life conditions and the following costs have a big influence on decision making. It is much more difficult to compose these changes in great age (Görgen, Newig, Nägele, & Herbst, 2005, p. 109).

wurde wirklich misshandelt in jeglicher Art, auch sexuell misshandelt. Das war schlimm und diese Frau wollte ich von dort raus (holen), und die Klientin hat gesagt, ‚Nein', für sie ist ein Heim oder weg von zu Hause schlimmer als das zu erleben. Und die hat mir wirklich verboten, etwas zu tun. M 2, 77-82)

Concerning exploitation, interview partners reported financial interests behind the decision to take over care of an old person. Furthermore, one told about grand-children visiting their grandparents only to get money and also about old persons, especially people suffering from dementia, get fleeced by relatives:

Lately, we had a client and his son had the custodianship for him and he did not give his father money for months M4, 49-50

(Jetzt haben wir eine Klientin gehabt, wo der Sohn auch Sachwalter war und monatelang kein Geld hergegeben hat. M4, 49-50)

And sometimes, money is stolen from their relatives and then clients cannot afford anything, they cannot afford care-remedies … because the daughter or the grandson is too lazy to work. M2, 152-155

(Weil, das ist auch oft, dass den Leuten das Geld entwendet wird von den Angehörigen und die können sich dann überhaupt nichts leisten. Die können sich die einfachsten Pflegebehelfe nicht leisten, nur weil Tochter und Enkelsohn auf der faulen Haut liegt. M2, 152-155)

The respondents gave evidence about noticing emotional abuse especially when the care receiver had been cared for a longer time already and therefore he or she was known better. One example reports of someone who was in a day care centre and was not able to describe her / his feelings until successively the confidence grew:

We are a day care centre with barycentre apoplexy … so we unfortunately also have young visitors … there was a young client, she was about 50 … she lived at home with her husband and ever and on it was an issue … at the beginning not but then … we just found out that something was wrong. The client told us then about curses on her … and one day, the client came drowned in tears and we contacted the FSW and the client moved to a nursing home. M 3, 54-64

(Also, der eine Fall war konkret, also wir sind ein Tageszentrum mit dem Schwerpunkt Schlaganfall, von daher ist es leider so, dass wir teilweise sehr junge Zentrumsbesucher haben auch. Der Fall war konkret eine sehr junge Klientin mit knappen 50 Jahren, die nach einem Schlaganfall sowohl von der Sprache her als von der Mobilität her eingeschränkt war und mit ihrem Ehemann zu Hause gelebt hat. Und es so war, dass es ganz einfach immer wieder Thema war, das heißt am Anfang war es nicht wirklich so Thema, sondern wir haben ganz einfach gespürt, dass irgendetwas zu Hause nicht in Ordnung ist. Die Klientin hat dann auch erzählt von wüsten Beschimpfungen

und ist es zu Hause teilweise sehr tief gewesen, sage ich jetzt einmal. Und explizit war es dann so, dass an einem Tag die Klientin ganz Tränen überströmt gekommen ist, wir haben dann den Fonds Soziales Wien eingebunden und auf Wunsch der Klientin ist es zu einer sofortigen Einweisung ins Pflegeheim gekommen. M 3, 54-64)

Another experience is that relatives of clients do not cooperate with the organisations and that their expectations about what mobile help and care can accomplish are unrealistic. This is especially a difficult situation for the concerned professional.

… home helpers go to their insert, no one, except them, knows them (the family) and then they are alone with their knowledge and a dubious mission 'Take care of this person' and she asks herself, 'Am I responsible for the cat getting to the veterinarian'? M4, 172-175

(Aber die Heimhelferinnen gehen ja zu Einsätzen, die außer ihnen niemand kennt im Verein und die sind dann mit ihrem Wissen alleine, haben einen dubiosen Auftrag, 'Versorgen Sie diese Frau'. (Und die fragen sich, Anm.) 'Sind sie jetzt noch dafür zuständig, dass die Katze zum Tierarzt kommt'? M4, 172-177)

Then we talked to the son and he got terribly angry and told us that he does not need us anymore. M 5, 43-44

(Dann haben wir ihn angesprochen, den Sohn, da war er fuchsteufelswild, hat gesagt, ‚Ich brauch euch nicht'. M 5, 43-44)

It was also reported that the relatives' expectations do not conform to the clients' wishes and attitudes. Relatives often especially want their parents to act in the children's purpose, although the old people themselves do not agree. Again, the organisations are expected to accomplish these requirements:

And what happens is that there are transgressions of boundaries in questions of living. For example, a refrigerator is bought, although (the old person) has never had one which is buzzing in the corner and this makes people then totally crazy. M 4, 58-61

(Und was es schon auch so gibt, dass sind Übergriffe bei Wohnungsdingen. Da werden Kühlschränke angeschafft, obwohl die (die zu Betreuenden, Anm.) nie einen gehabt haben, der summt dann im Eck und das macht die Leute dann völlig verrückt. M 4, 58-61)

If you do not act as I want it – we are now talking about someone in a wheelchair – then you stay in your chair the whole night ... he indeed has left her in the wheelchair and did not swaddle her. M2, 38-41

(‚Wenn du nicht so funktioniert und das tust, was ich will, da reden wir jetzt von einer Rollstuhlfahrerin, dann bleibst du die ganze Nacht im Rohstuhl heraußen sitzen.' Der hat sie wirklich die ganze Nacht sitzen lassen und hat sich nicht gewickelt. M2, 38-41)

7.2 Recognizing domestic violence against older women

Usually, organisations are not involved until the suspicion of violence is verbalised by a staff member or already known. So, violence is mainly primarily recognized by the staff, and then the line managers start to intervene. Concerning the question if the clients would appreciate this intervention, one respondent said that then the reactions would be different.

You get told about it from the staff … because we sensitize our staff in that way … also regarding the documentation, 'Please do not document at the client's home', but here internal. We always have internal documentation and therefore everything … (is told). M 2, 47-50

(Das bekommt man durch die Betreuungspersonen mit, diese Situationen, weil wir unsere MitarbeiterInnen schon dahingehend sensibilisieren, auch in Bezug auf Dokumentationen sagen, ‚Bitte nicht dort dokumentieren, sondern hier herinnen melden'. Wir haben hier herinnen eine interne Dokumentation und dadurch kommt natürlich alles rein. M 2, 47-50)

(Concerning the intervention) I know two reactions (from the clients) ... on the one hand the resigned one 'No one can help me' and on the other hand 'How terrible it is, that someone is deciding for them and that they cannot help themselves'. M 4, 70-72

(Bezüglich der Intervention, Anmerkung) Da kenn ich so zwei Reaktionen (von den KlientInnen): Es gibt so einerseits die Resignierte, ‚Man kann mir eh nicht helfen' oder andrerseits schon ‚Wie schrecklich das ist, dass über sie bestimmt wird und dass sie sich halt nicht helfen können'. M 4, 70-72)

Another way to get information about and access to clients is via external specialists like psychologists. Other family members are also sometimes a resource to get in contact and get more information and access to care giver and care receiver to be able to appraise whether abuse is happening or not. The problem of the appraisal was also mentioned by line managers. All respondents reported work experience as essential and as their biggest resource:

… the psychologist in a one-to-one interview … again and again tries to establish … confidence that visitors can tell (their stories). M3, 76-77

(Die Psychologin versucht dann einfach in Einzelgesprächen immer wieder eine Basis, eine Gesprächsbasis, zu legen, um eine Vertrauensbasis zu

schaffen, damit die Tagesbesucher ganz einfach die Rahmenbedingungen haben, ... dass sie erzählen können, wenn sie möchten. M3, 76-79)

… and often it is only possible because of external anamnesis, and in cooperation with other mobile services on one hand. On the other hand with other relatives, yes. M3, 82-84

(Da ist es oft dann nur noch möglich aufgrund irgendwelcher Fremdanamnesen, eben in Zusammenarbeit eben wieder mit anderen mobilen Diensten zum einen, zum anderen aber auch teilweise mit anderen Angehörigen, ja. M3, 81-84)

The biggest competence or resource is just experience. And of course further trainings. M2, 170-171

(Die größte Kompetenz oder Ressource ist einfach die Erfahrung. Und natürlich sehr viele Schulungen. M2, 170-171)

The survey among health and social services delivered the information that these organisations feel on an average level prepared. The item that got the best mean was 'local support' (2.9), while the items that got the worst means were 'training dealing violence against older women' (3.7) and 'guidelines' (3.9). To be trained in dealing with violence is - at the point of requirement for new employees - important for two thirds of health and social service organisations.

7.3 Organisational strategies to deal with abuse against older people

Concerning organisational coping strategies, some respondents reported quite clear structures for line managers on how to act and whom to contact if domestic violence is suspected. Some others did not report to have those rules but nevertheless know what to do in case of abuse.

Usually line managers first clarify the situation locally. Depending on their appraisal, they either get in contact with other organisations like f. i. the Fonds Soziales Wien (FSW) for the help of a social worker or in severe cases they make a report to the police.

The interviews as well as the survey relate that in all organisations several concrete offers for the staff exist: It is possible to call at anytime and have a conversation with the line managers as well as with psychologists. As support was also mentioned periodical non-directive counselling, coaching and bringing the issue into the team. A further possibility is the specialisation of staff members in different subjects and if necessary, calling further hands-on workers in to increase the presence of the staff.

Adapting of quality management and early activation of public authorities were also reported as coping strategies. Additionally named were crisis trainings and support through case managers for home helpers and supervising through nurses:

> *.. When things like this are happening, I call the supervisor and then this will be discussed and worked out with him because this cannot be left as it is … also when other problems exist or when staff gets sexual harassed … it cannot be left like this. M5, 111-115*
>
> *(…Wenn solche Vorfälle sind, hole ich mir den Supervisor und dann wird das im Team nochmal aufgearbeitet, weil das kann nicht so stehen bleiben. Auch wenn andere Schwierigkeiten sind, oder wenn sexuelle Übergriffe sind auf das Personal, das ist auch schon passiert, dass da dann eine Teamsupervison gemacht wird, dass das dann aufgearbeitet wird, das kann so nicht stehen bleiben. M5, 111-115)*

> *In most cases, the line manager regulates that … I insist as long as necessary... that we can speak about quality again … (that is) somehow a very delicate domain … often such a mother-son relation … where I can say out of my experience that, if it is not something very serious, I do not intervene … (but when it is serious?) … then I go to the court … I stick to it as long as necessary. M4, 90-95*
>
> *(Da wird so lange insistiert, bis es so funktioniert, dass wir von Qualität sprechen können. … Das ist irgendwie ein heikles Gebiet, oft auch so Mutter-Sohn Verhältnisse, wo ich aus Erfahrung sagen kann, wenn es nicht etwas Gravierendes ist, wo ich sag, ‚Das ist jetzt zuviel', dann denk ich mir, ich muss mich in die Beziehung nicht einmischen.*
>
> *(Wenn es etwas Gravierendes ist?) Da gehe ich zum Gericht ... da bleib ich dran .... M4, 90-95)*

> *In principle, we have the order always to act together with the Fonds Soziales Wien, but we do not have other strict internal orders. It always has reasons, why things happen … and then the FSW is asked for disburden". M3, 110-114*
>
> *(Prinzipiell ist es so, dass wir immer gemeinsam mit dem Fonds Soziales Wien agieren, ansonsten gibt es nicht wirklich vereinsinterne Order, wie vorzugehen ist, sondern weil ja meistens viel mehr noch dahinter steht. Es hat ja einen Grund, warum die Situation zu Hause so ist, warum manches passiert. Und da ist dann der Fonds Soziales Wien auch gefragt für eine Entlastung, ‚Was kann man da dagegen tun'? M3, 110-114)*

Sometimes it is an adequate measure to integrate the clients respectively also the care givers into social environments. Special offers exist and sometimes just need to be recommended. Networking with other organisations is reported to be a matter of course. The delimitation of the provision of services was additionally reported as an important strategy.

As contact persons are named social workers and the Fonds Soziales Wien, the Police and in the countryside as first contact person the doctor, who seems to have much more influence on families than in the city.

Concerning special guidelines, the survey delivered the information that only 3 out of 12 have guidelines. One organisation refers to guidelines which were corporately developed by the Fonds Soziales Wien (FSW) and health and social service organisations. These guidelines regard how to deal with abuse, neglect, exploitation or bad living situation. If abuse occurs, the FSW has to be informed. Furthermore the organisation and the FSW have to set measurements according to available resources. 7 out of 12 of the responsive health and social service organisations provide further internal trainings for their employees.

7.4 Further support/strategies needed

From the respondents' point of view in the case of abuse, support is especially needed concerning these issues:

- release for home helpers
- awareness raising measures
- additional offers for families.

These aspects are comparable with a German study which surveyed health and social service professionals and came to the following results (Görgen, 2006, p. 24):

- The structural improvement of care work, especially concerning time contingents in the context of dementia
- Improvement of family care, that means offers of information, counselling and training
- Improvement of the situation of hand-on workers in a quantitative and even more qualitative way, that means more and better educated, further trained and counselled staff.

The release of home helpers, especially inexperienced home helpers, was mentioned as being necessary; otherwise they are in danger of backing out of the job. The possibility of calling further colleagues, respectively the line manager, is helpful to disburden the staff. The implementation of specially educated staff, like e.g. crisis intervention teams, was told to be in the need of expansion.

More awareness raising measures on the topic make the perspectives wider and can be a good door opener for more offers of support. The following were mentioned as awareness raising measures: guidelines, trainings, information events and brochures. Trainings should be for the whole staff – home helpers, nurse assistants, nurses and line managers. Trainings were additionally suggested for professionals

from the municipals, who were reported to be uninformed and lacking sensitivity in communicating with victims of abuse.

Additional offers for families could release families as well as staff (Nemeth & Pochobradsky, 2004, p. 41; Strümpel & Leichsenring, 2006, p. 4). More visits from special visitors-services were mentioned. Long-time care by professional staff was mentioned as useful to build up a confidential relationship between staff and client. It is told in the literature, that the presence of home helpers is already prevention of abuse (Hörl & Spannring, 2001, p. 339). Furthermore, more inclusion of general practitioners (family doctors – “Hausärzte”) could enhance their awareness and perhaps they debunk abuse easier.

Ideas for further support came also from general service organisations like crisis intervention centres. In addition to the above mentioned suggestions there were especially mentioned further continuous trainings regarding the issue of violence in care relationships. The cooperation between specific aware public authorities and social services which offer caring accommodation was told to be desirable. Furthermore, activities were mentioned as necessary which point out that there is no justification for violence; and that perpetrator and victims both need help and support.

8 Conclusions: Strategies for professionals to deal with domestic violence against older women

The following summarizes the carried out results which are composed of society related aspects and experiences of health and social services incl. coping strategies. This division is done because both approaches are needed for a complex understanding.
Based on this, conclusions for further strategies for health and social services are presented. Mainly the conclusion deals with structural support, like team structures or involvement of other professionals, the assessment of abuse and violence, the awareness of the action chains and further need for internal training, especially for un-experienced staff.

There are society related aspects which need special attention:

- Several aspects picture ageism and need special public awareness raising measures:
    - Contact with the group of older people is rare; awareness of abuse is often only raised through victimisation stories.
    - Aging as such is associated with a negative image; the discrimination of age is appearing in the way language is used to describe old people. Some collective prejudices against older people promote an accepted disposition of abuse and violence.
    - The requirement to protect older people is less than to protect children or women.
- The understanding of abusive acting is less at more invisible forms. This appraisement directly influences the exposure of abuse.
- The 'Austrian Protection Against Violence Act' has changed a lot, but eviction and barring orders do not seem to be adequate measures for older people, especially for those who are in the need of care. New legal solutions should be considered for this special target group.
- There seems to be no difference between abusive acting against older women and older men who are in the need of care. Women are more often reported to act abusive. Considering the fact that about 80% of all care givers in Austria are female, this is not remarkable. Release of women can be the only solution, knowing that this is a sublime demand.
- Taking care of a family member can lead to a lot of changes within family systems. Results can be economic consequences, consequences to one's health condition and to one's mental condition. Also the enhancement of violent acting ('violence-spiral') can be a consequence of being overstrained. Support for families is a crucial question. Offers like special trainings for care givers or like external services (e.g. food delivery, day care centres and visitor services) were

named several times as important support and in the need of enlargement, especially in the countryside.

Regarding Health and Social Services following aspects are important:

- Each case is different; preparation is only possible in a limited way.
- Hands-on workers often have a difficult position:
    - They are often the only persons who are in contact with older persons. Therefore they play a very important role in protecting older victims from abuse. A basic need is to build up confidence between client and staff. But building up confidence needs time and therefore enough resources which are unfortunately usually quite limited.
    - They are confronted with all forms of abuse. Especially reported are neglect and emotional abuse.
    - They work in the front line, in between different claims of families, clients and organisations; professional distance from these claims is a central challenge for them.
    - Abusive situations hold potential for further conflicts and violence.
    - They are confronted with suspicions as abuse is usually not occurring when they are present.
    - Especially challenging is the appraisal of symptoms and somehow being dependent on client narration.
- The action chain is important for them and gives clear structure. Further information material could even enhance awareness and security in acting.
- Work experience is reported as a central resource in coping.
- Care- and social services feel only averagely prepared for situations of abuse and report the need for more support with respect to guidelines.
- There are several offers available as support for staff like telephoning, non-directive counselling, support through further staff, support through the municipality (in Vienna e.g.: Fonds Soziales Wien), specialisation of certain staff member and trainings.
- Cooperation is a central issue in dealing with abuse and violence: within the team, but also between different organisations (social work, municipality, police, intervention centres, etc.).

Conclusions regarding Health and Social Services:

- The enhancement of the internal offers of health and social service organisations is suggested especially concerning the following issues:
    - information about mental illness like dementia
    - support through external staff like psychologists/ psychiatrists or internal crisis intervention teams
    - several trainings with contents like conflict management, especially for inexperienced staff
    - mobile crisis intervention teams.
- The assessment of violence is very much influenced by the subjective constructions of violence of professionals as well as constructions of violence of clients themselves. Guidelines for appraising abuse symptoms would be helpful.
- Also a clear description about the specific forms of abuse could support the development of guidelines. The guidelines would raise the common understanding of abuse and violence, standardize the quality of care and social service concerning this issue and release the hand-on workers.
- The awareness of how the action chain works and further material about abuse and violence (like offered in the up-coming brochure) will support the staff and the line-managers in knowing what steps to do and whom to inform.
- It is important to distribute information to all involved persons (line-mangers and staff) to ensure the same way of understanding.
- The provision of team structures is important to realise communication and discussions within the team, which is one of the main coping strategies.

9 References and Annex

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Annex 1: List of interview partners

Code	Profession	Organisation	Place	Area
H1	Nurse assistant specialized for elderly (Altenfachbetreuerin)	Health and social service organisation	Kirchdorf/Krems, Upper Austria	rural
H2	Nurse	Health and social service organisation	Pettenbach, Upper Austria	rural
H3	Nurse assistant specialized for elderly (Altenfachbetreuerin)	Health and social service organisation	Pettenbach, Upper Austria	rural
H4	Home helper	Health and social service organisation	Vienna	urban
H6	Nurse assistant	Health and social service organisation	Vienna	urban
H7a	Social Worker	Municipal social services	Vienna	urban
H7b	Social Worker	Municipal social services	Vienna	urban
H8	Home helper	Health and social service organisation	Vienna	urban
H9	Nurse assistant	Health and social service organisation	Graz, Styria	urban
M1	Manager, Nurse	Health and social service organisation	Kirchdorf/Krems, Upper Austria	rural
M2	Manager, Nurse	Health and social service organisation	Vienna	urban
M3	Manager, Nurse	Day Care Center	Vienna	urban
M4	Manager, Nurse	Health and social service organisation	Vienna	urban
M5	Nurse	Health and social service organisation	Hartberg, Styria	rural