Breaking the Taboo II –

Developing and testing tools to train-the-trainer

Breaking the Taboo II

European Report

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

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August 2010

This project has been funded with support from the European Commission. This report reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

This European Report is based on and compiled from following National Reports:

Austria

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Belgium

Els Messelis, Ann Moreels

Lachesis in cooperation with the Flemish Reporting Point for Elder Abuse

Bulgaria

Evelina Milusheva, Desislava Ilieva

Bulgarian Red Cross

Germany

Susanne Kohler, Felicitas Wischer, Anna Reinelt, Hanneli Döhner

Institut für Medizin-Soziologie am Universitätsklinikum Hamburg-Eppendorf

Portugal

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1. Summary of results of the European Report

The European Report of "Breaking the taboo II" (BtT II) summarizes the results of a screening on trainings and curricula in the field of social and health care in the National Reports of the project partners[1], which address violence against older women in care relations. This summary contributes to the project aim of identifying standards for the development and design of a curriculum to train professionals in the field of community health and social services in order to prevent violence against older women in the family.

Screening research showed that this special focus still does not exist. Currently there are no trainings for staff in the field of community-based social and health care which would address violence against older women with the family explicitly. Besides that, there are just a few training and workshop offers, which address violence against women in general. If violence is being addressed during the basic education, this is done in so called de-escalation or in gender related trainings, but also in educational trainings for police forces. In de-escalation trainings for example the primary aim is not to discuss violence against people in care relations, rather it is focused de-escalating aggressive and other problematic situation in the work setting of a social or health care worker and thus focuses on the care workers´ own experiences of violence.

However, the screening of available trainings provided insight into possible structures and methodological approaches, which will be used for the development of a future curriculum on violence against older women. Recommended methods refer to multidisciplinary training approaches, to tandem approaches or to theoretical inputs and interactive methods. In addition, an interdisciplinary and diverse trainer team, which is practice-oriented and reacts to the fact that the work sector often is a so called migration sector, is preferred to reach heterogeneous training groups adequately.

An important point for discussion is the outcome that the topic should be addressed in an integrated way. This means that violence against women is to be considered as structural issue and that trainings and workshops should also regard the care workers' own experiences of violence. Issues of precarious working conditions, gender hierarchies, and the inter-relationship of power, dependency, and violence are becoming virulent in this context.

Research furthermore took into account the possible implementation of the curriculum. Analysis showed that an important step towards the implementation of courses and trainings in education and providing organisations would be an enhanced knowledge transfer and

[1] The research partners in the project BtT II are from Austria, Belgium, Bulgaria, Germany, Portugal and Slovenia (for further details please refer to page one). The project is coordinated by the Austrian Red Cross and evaluated by a German partner – ISIS Sozialforschung.

collaboration between the field of social and health care and the field of victim protection. Interestingly, a female bias in the training and working field can be mentioned which should take into account for designing the future curriculum.
Lastly, empirical information about care workers and their concrete working conditions should be generated in order to facilitate the implementation of trainings and to develop empowerment and treatment strategies in the context of violence for staff.

2. Introduction

Research on violence against older women shows that physical violence and other forms of abuse often occur in domestic settings. However, violence against older women is still a taboo and therefore less visible in society than violence against younger women. “Breaking the taboo II - Developing and testing tools to train-the-trainer” (BtT II) is the follow-up of the project “Breaking the Taboo - Empowering health and social service professionals to combat violence against older women within families” (BtT). BtT made this issue visible and paved the way for taking coordinated action on a European level. Both projects are funded by the European DAPHNE program. As BtT pointed out, professionals of community-based health and social services play a crucial role in the detection of violence against older people in care relations. Professionals of health and social services are often the only persons who stay in contact with older people who are cared for by their families. Research focused on the professionals’ coping strategies and their needs for further strategies to deal with abuse within families. The project revealed that many health and social service organisations do not have clear organisational procedures dealing with abuse of older women. Hence, organisations working with older people need to develop standards and procedures and designate staff members as contact persons who are trained with respect to these issues. To meet this task a brochure with tools on “recognising and acting” with important information and addresses was published. Furthermore an enhancement of the cooperation and a strengthening of networks between victim-protection organisations and community health and care organisations were recommended.
Building on this information, BtT II now focuses on the development of the required standards and aims at developing and designing a curriculum to train professionals in the field of community health and social services. The project BtT II lasts from December 2009 until December 2011 and is coordinated by the Austrian Red Cross. Research partners from Austria, Belgium, Bulgaria, Germany, Portugal, and Slovenia are participating partners and it is being evaluated by a German partner.

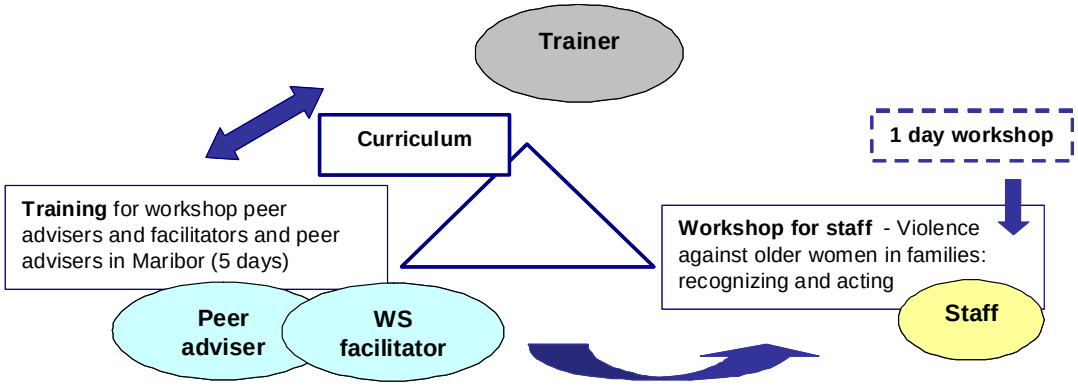
The general aim of the project is to elaborate a one day awareness raising workshop for staff in community health and social services and to design a curriculum for workshop facilitators and peer advisors (train-the-trainer approach). Finally both training approaches should be implemented in organisations in the field of social and health care.(see figure 1). In detail:

1) The workshop targets “general staff”, i.e. people who work with older people in their own homes.

2) The curriculum and subsequent training targets “peer advisers” and “workshop facilitators”.

3) Implementation activities must target the “trainers” that will run training courses on the basis of the developed curriculum with “peer advisers” and “workshop facilitators”. In Maribor, project partners will be trained to be “trainers” with the help of invited experts. After the completion of the project these potential multipliers and trainers should spread the concepts in their respective institutional worksettings.

Figure 1: Overview and summary of target groups and acitivities of the BtT II project



Source: Hackl & Strümpel (2010): Minutes of the BtT II kick-off meeting in Vienna, March 2010

Specific objectives of the project are to develop awareness raising activities (training and workshop) and materials for health and social service professionals in the field of elder care. Health and social service professionals should be empowered to recognise abusive situations and to help combat them. The communication between different professional fields that get in contact with inner family violence should be enhanced and tools and strategies should be developed, which improve early recognition of violence against older women in the family and to support professionals to react accordingly. Previous research results thereby point out the necessity to define clear target groups for taking action that should consist of professionals in the fields of health and social care. The curriculum will be based on the brochure and the design for “awareness raising workshops” developed within the BtT-project. It will be upgraded and finalised in collaboration with health care professionals and with professionals coming out of the field of victim protection. The European report thus focuses

on already existing approaches for trainings and curricula in the various national settings focusing on predefined professional target groups. These target groups first encompasses the three main professional groups providing community based mobile care and health services, namely home helpers, nurse assistants and nurses. Due to the fact that they provide assistance on a daily basis, groups have an extraordinary position. These are seen as the main target group for awareness raising and training activities. Current results furthermore suggest the necessity to widen the scope and consider also other relevant groups. General practitioners e.g. are mentioned in two National Reports as one important group of health professionals which is regularly in contact with elder patients and their families.

The curriculum will focus on three issues. The main focus will be to train senior staff and/or trainers to carry out awareness raising workshops (workshops on recognising and acting on violence) with staff members. At the same time the curriculum will focus on staff member as contact persons within community-based health and social service organisations. Finally, one activity will be to develop training materials that can be included in basic educational courses at vocational training institutes and universities.

The European Report provides a summary of the National Reports. As an introduction, a short overview over the system of community-based health and social services and the involved professional groups is given. In this context also the implementation of the issue in vocational trainings is discussed. Following that, awareness raising courses for staff in the sector of community-based health and social care are illustrated. Subsequently, the screening of existing train-the-trainer courses on the issue is pointed out. Concluding, the identified trainings are summarised and possible curriculum proposals are presented.

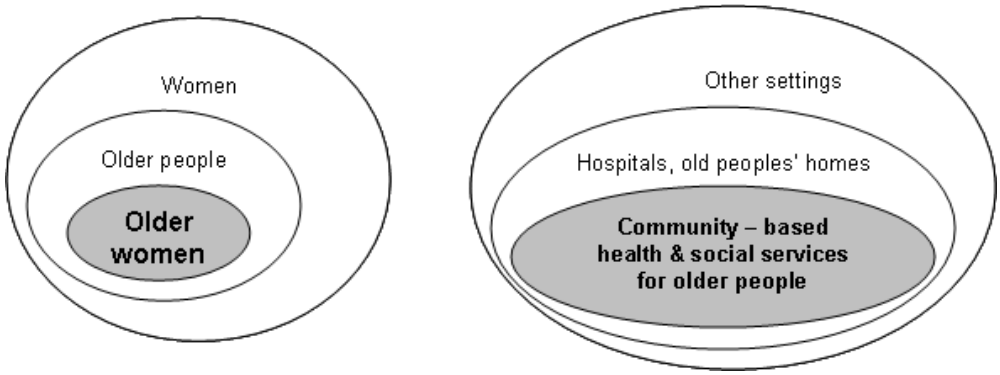
3. Methods

Methodologically the partners used the same approaches in their respective countries in order to assure the comparability of the national outcomes, unless the structure of the sector and the availability of date, etc. differ considerably between the national settings.

To investigate trainings and awareness raising workshops within community-based services the following methods for screening available training concepts (e.g. target groups or setting) were used (see Annex): a Web search was conducted, in which pre-defined keywords were used. The research started with two concentric circles on the keywords „older women – older people – women“ as well as „community-based health and social services, hospitals / care homes for older people and other settings“. Step by step further keywords such as “concept

of trainings concerning violence", "education and violence", "train-the-trainer concepts and violence", "awareness raising concerning violence against older people" were added (see figure 2).

Figure 2: Research method "concentric circles" of the BtT II project



Source: Schopf & Weiser (2010): Workpackage 2: "Research" – instruction outline, February 2010

On the one hand the research was carried out by using the internet search engine Google / Google scholar, because it had to be assumed that the interesting material would be "grey literature". Furthermore, existing databases of the field of victim protection and of the field of social and health care were screened. Additionally, also literature databases from medicine and criminology were selected. Thereby the focus lied on already existing trainings as well as on empirical studies and "grey literature".

Based on the literature review a matrix for analysis was developed (see Annex). This matrix was developed by the Research Institute of the Red Cross (FRK) with the partners providing feedback. In the matrix relevant criteria of analysis were defined and concentrated mainly on the course setting and information about the target groups of the training. Furthermore the focus and contents of the trainings were a criterion for selection and also the used methods were an issue of interest, since the goal is to develop a concrete and usable curriculum and a workshop. Additional information concerning the educational background of the trainers and the concrete composition of the training also were taken into account. General selection criteria for trainings were the gender aspect with a focus on women and with specialisation on violence against older women in care relations. However, research soon revealed that these criteria could not be met and thus the focus had to be broadened.

Based on the collected information and the elaborated research criteria a screening of awareness raising workshops or training programs for staff of community-based health and social services as well as of educational offers within vocational training for community-

based health and social services was conducted. The screening of educational offers for community-based health and social services for older people concentrated on professional target groups, identified according to their relevance in the different national contexts. The aim was to investigate if the educational offers contain curricular modules on violence against and abuse of older women or older people within the family or additional workshops concerning the topic. The screening was conducted via telephone expert interviews with educational professionals, providers of health, and social care services; furthermore expert interviews with professionals of the field of victim protection were carried out (Bogner, Littig & Menz 2002). In Bulgaria additional questionnaires were sent to representatives of educational institutions and professionals of the field of social and health care. Germany and Belgium reported special difficulties concerning the screening of educational offers which was in both cases due to the fact that there are no nationally standardised curricula available and that the curricula developed by the various educational organisations are hardly available. Special symposia and seminars which consist of single presentations as well as concerning staff training units with a focus on dealing with the care staffs' aggressions in care situations were mostly excluded from the data collection. An exception is Austria, where so called "de-escalation trainings" were included in the National Report as a good practice example.

For supporting the conceptualisation of the training, the dissemination of the results as well as the critical monitoring of the project, advisory boards have been set up in each partner country. One of the central tasks of the meetings of the board is to assess and, if necessary, to add to the preliminary research results in the respective national context. The board members have expertise in the fields of care for senior citizens, women's advice service, criminality in the life of older people, violence in domestic care or geriatric vocational training. Some countries, like Germany, also invited experts in education for developing and testing the curricula.

4. Description of community-based health and social services

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

In all countries the sector of community-based mobile health and social care is a so called NGO or NPO (Non-Profit-Organisation) sector. Exceptions are e.g. Bulgaria, where the

sector currently develops towards such a de-centralised NGO structure and Slovenia, where health services are mainly provided by general practitioners and so called “community nurses”.

In **Austria** more than 90% of the services are provided by non-profit organisations. The major providing organisations are the Austrian Red Cross, Caritas, Volkshilfe, Diakonie and Hilfswerk. The organisational structure of social and health services is not centralised and thus varies significantly between the different provinces concerning the financial structure, the coverage and provision of special services, and the educational requirements for staff. The legal base of the system is the social welfare law of the respective province. Generally, the work of the NPOs is subsidised by the federal governments. For patients there is no legal claim to community-based social services, but as mentioned above they are generally subsidised by the federal government and thus people in need receive care allowances for health and social care services. The range of services encompasses health care services and support in daily life. On the national Austrian level one third of care allowance recipients use health and social services. The coverage of health and care services differs significantly between the provinces. There are provinces like Vienna, where up to 55% of persons over 75 years use social and health care and use mobile services. In other provinces, like Styria and Upper Austria, there is less supply and only 25% of persons above 75 years use such services (Nemeth & Pochobradsky, 2004, p. 25). Vienna also provides special counselling offers for migrants and/or people with migration background. Regarding the educational standards there are big differences between the provinces. Especially regarding the group of home helpers the qualification profile differs most between the provinces (Simsa et al., 2004, p. 208).

The **Belgian** report concentrates on Flanders, where community-based health services are organised in the umbrella organisation “Flemish Agency for care and health (“Het Vlaams Agentschap voor zorg en gezondheid”), which belongs to the Department Welfare Health and Family. Many organisations are involved in home care: centres for family care and additional homecare (diensten voor gezinszorg en aanvullende thuiszorg), centre for logistic help (diensten voor logistieke hulp), Local service organizations (Lokale dienstencentra), Regional service centers (Regionale dienstencentra), centres for taking care (diensten voor oppashulp), (diensten voor gastopvang), centres for home nurse (diensten voor thuisverpleging), centres for users and carers (verenigingen van gebruikers en mantelzorgers), cooperating initiatives first line care (samenwerkingsinitiatieven eerstelijnsgezondheidszorg) (SEL), projects in home care (projecten in de thuiszorg), and the educational centre for polyvalent carers (opleidingscentra voor polyvalente verzorgenden)

(see: http://www.zorg-en-gezondheid.be). Furthermore the Belgian report emphasises the important role of general practitioners as well as of senior representatives and family carers.

Bulgaria is a special case because of its communist history, in which a centralised institutional structure for social care was created. The basic legal frame of the services in the community is regulated in the law on social welfare, which was amended in order to de-institutionalise and de-centralise the social and health care infrastructure. In general, the providers of social services may be divided in the two basic groups of public providers like the state and/or the municipalities and the so-called private-legal providers of services. The provided health and social services range from personal assistance and food provision to health services. Services may be rendered by the state, when they are financed by the state budget; by the municipalities, when they are financed by own means of the municipalities, or by non-governmental organizations (NGOs) when public financing is not used. The private-legal providers have to register at the National Agency for social support, which is a part of the Ministry of Labour and Social Welfare. The number of the non-profit legal organisations involved in providing social services reaches 20% and is thus relatively high (Bulgarian centre for non-for-profit law, 2006, p. 26). Despite this fact there is only a small number of organisations that provide services like home assistance, personal assistance, and social assistance. This sector needs to be developed. At present, the basic providers of this type of social services are: SANE / Social Services for New Employment, Bulgarian Red Cross, Caritas and recently also the municipalities.

In **Germany**, community-based health and social services act as part of the statutory social insurance system. The home care sector for services for older citizens can be divided into the areas „health promotion and prevention“ (Gesundheitsförderung und Prävention), „acute care“ (Akutbehandlung), „rehabilitation“ (Rehabilitation) and „care“ (Pflege). „Advice and support for older people“ (Beratung und Begleitung) has to be offered in all of these areas. Social and health services are provided by different welfare organisations and private providers which often offer services from several service areas. The umbrella organisations of non-statutory welfare services with their numerous organisations at state level (Bundesländer) (Red Cross/Rotes Kreuz, Diakonie, Caritas, Arbeiterwohlfahrt/AWO, Paritätische and Zentralwohlfahrtstelle der Juden in Deutschland) have a central role. All these organisations offer services at community level, among other things domestic services for older people and people in need of care like basic and health services. Besides that private providers and charity welfare organisations like Johanniter, Malteser, Arbeiter Samariter Bund, and self-help organisations like Alzheimer Societies, also offer some of these services. Concerning the financing of social and health care services it is mainly the

long-term care insurance and health insurances which cover the costs. A short-term need of domestic care is a benefit provided by the health insurance and prescribed by general practitioners. Anybody who applies for benefits of the statutory long-term care insurance is examined by staff of the Medical Review Board of the Statutory Health Insurance Funds (Medizinischer Dienst der Krankenkassen/MDK). The MDK is an institution which is authorised by the health insurances and is organised at state (Bundesländer) level.

In **Portugal** the sector of community-based health and social services is relatively new and began in the late 1970's (Gil, 2009). After the 1974 revolution a statutory social insurance system was established and support of the older population was defined as important target. Only in the last fifteen years a specific concern regarding the need to develop community based social services was developed. Currently, there are two major types of home support services addressing older population: the Home Support Services (Serviços de Apoio Domiciliário) and the Integrated Long-Term Care Units (Equipas de Cuidados ontinuados Integrados). Both provide a range of services ranging from home helpers´ tasks to health services. The first one concentrates on support within the household and daily life. The Integrated Long-Term Care Units provide a range of medical, nursing, rehabilitation, and social support care. The historical development of community-based health and social services has been translated into the engagement of different actors (e.g. the state, the non-profit sector, and the private sector) and different patterns of relationship between them.

In **Slovenia** the community based health services are provided mainly by general practitioners (family doctors) and community nurses. Community nurses are in charge of providing care for all inhabitants in their region and of documenting data concerning their socio-economic situation. Community nurses work together with various humanitarian organisations in the local community as well as with representatives of health and social policy. Parts of the infrastructure are also social centres, which are established in so called central points in each region. Community nurses also have the task to prevent older people from being abused and/or treated violently. General social services have special sections and specialised social workers for the official guardianship of older people who are not anymore capable of acting independently but are not in institutional care. Other actors in the field of health and social welfare are organisations of retired people, establish continuous contacts with all older people and are contributing to the social inclusion of elder people. A speciality of Slovenia is the so called "Community nursing care – health promotion model", which is a program that exists since 1962 and is part of the national health system. Community nurses are concerned with health and social services for older people in need of care. The program is widely implemented and available for all older people aged 65+.

Community nurses thereby do not only focus on the physical sanity of older people but also on mental and social health issues. With the growth of non-governmental organisations in the local communities and because of the demand for the multi-sectoral cooperation, community nursing has also taken up a co-ordinating role in the care of individuals and families in local communities.

Table 1: Summary of the screening results in the field of community-based health and social services

	(Infra-)Structure	**Services**	**Relevant actors**	**Financial sources**
AT	Non-profit organisations Social and health services are not centralised -> depend on provinces (federalism principle) Female and migration bias of the care staff Working conditions in the field of health and social care are shaped by physical and psychological stress as well as lacks of social recognition	Hands-on work within mobile health and social services	Home helpers Nurses Nurse assistants (these three main professional groups are hierarchically structured)	Subsidise for care services from federal government
BE	Community-based health services are organised in the umbrella organisation "Flemish Agency for care and health" (belongs to the Department Welfare Health)	Home care	General practitioners Senior representatives, case managers Family carers Nurses, carers, home helpers Therapists Social workers	
BG	Communist history -> centralised social care Regulation by law on social welfare	Personal, home and social assistance (i.e. food provision) Health services	State / municipalities Private-legal providers of services (registered at the National Agency for Social Support)	Financial and administrative assistance
DE	Statutory social insurance system Umbrella organisations of non-statutory welfare	Home care sector Different welfare organisations Private providers		Long-term care insurance Health insurance

	services at state level			
PT	Statutory social insurance system since the late 70s Developing community-based social services Umbrella organisation of confessional groups Projects and networks at local level	Home support services -> range from home helpers tasks to health services Voluntary services	State Non-profit sector Private sector Nurses Therapists Home helpers Family doctors Volunteers (confessional groups)	
SL	Community nurses Social centres in each region Organisations of retired people	Community nurses: Caring for all inhabitants and documentation about the socio-economic situation (health and social services) Collaboration between community nurse and the police	General practitioner (family doctor) Community nurses Social workers	

Source: Bammer 2010

4.2. Involved professional groups

Most reports concentrated on the significant role of nurses, nurse assistants and home helpers in the respective countries. The Belgian, the German, the Portuguese and the Slovenian report furthermore emphasised the important role of general practitioners or family doctors.

In **Austria**, nurses, nurse assistants, and home helpers are the main hands-on workers within mobile health and social services. Nurses are responsible for the medical care and treatment of the clients. Nurse assistants are concerned with daily care services and home helpers are responsible for the maintenance of the clients´ household. This group of care workers spends most time with the clients and does this on a day-to-day base. The

proportion of women in community-based health and mobile care is very high and covers 95% (Simsa 2004 et al., p. 63). Furthermore the proportion of persons without Austrian citizenship or with a migration background increased significantly within the last decade. There is no statistical data yet concerning the total number and exact proportion within community-based social and health care services but estimations point to a proportion ranging between 40% and 70% (Macek 2009, p. 108; Bachinger 2009). Generally, the working conditions for health and social care professionals are shaped by physical and psychological stress (Krenn, Papouschek & Simsa 2004 et al.; Spicker 2006). A big number of clients has to be attended in a short time, there is much time pressure during work, and psycho-social constraints are common (Buchinger, Gödl & Gschwandtner 2001; Resch 2007). Furthermore the sector of community social and health care generally lacks of social recognition. Also, the three professional groups within the field, like mentioned before, are structured hierarchically. Home helpers are the least trained professional groups concerning formal vocational training, but on the other hand they are the professional group with the most contact to clients.

In **Belgium** the structure of health care professionals is similar and encompasses nurses, carers (i.e. nurse assistants), and home helpers. Besides this, Belgium has a well developed system of therapeutic offers and the report also stresses the important role of general practitioners. Besides this, social workers / case managers and senior representatives are also involved in domestic care. Case managers are also the professional group dealing with elder abuse implementing a model of “strengths based case management” (Kriauciaunas & Franssen, 2006), since case management has proven to be an effective method in realising (social work) interventions (e.g. Vanderplasschen, Lievens & Broekaert, 2001). Furthermore these professionals rely on a nine step guideline to provide help in cases of eldery abuse, which range from recognition, taking action to the supervision of the intervention (Steunpunt Ouderenmisbehandeling Oost-Vlaanderen, 2004) (see table 11).

In **Bulgaria** the professional groups are also to be divided in nurses/managers and home-helpers. Furthermore social workers are involved in home care and also fulfil the task of e.g. maintaining the clients´ household. Besides that, they provide financial and administrative assistance and thus could easily recognise if the elder person gets abused in a financial sense. The last group to be mentioned are social assistants who assist social workers in carrying out their duties within the community, hospitals and other settings such as residential care homes. The typical work activities include advising clients about available services, assessing clients needs and organising post-discharge domestic or personal care, contacting clients and setting up appointments, following up enquiries, carrying out reviews,

visiting clients at home in the community setting as well as maintaining and updating client records. Generally, home helpers and social assistants spend more time with the clients than nurses and social workers during their every-day work but there are no specialised persons in health and social services and are not trained to deal with violence and abuse. Only 3% of the home helpers and social assistants are male.

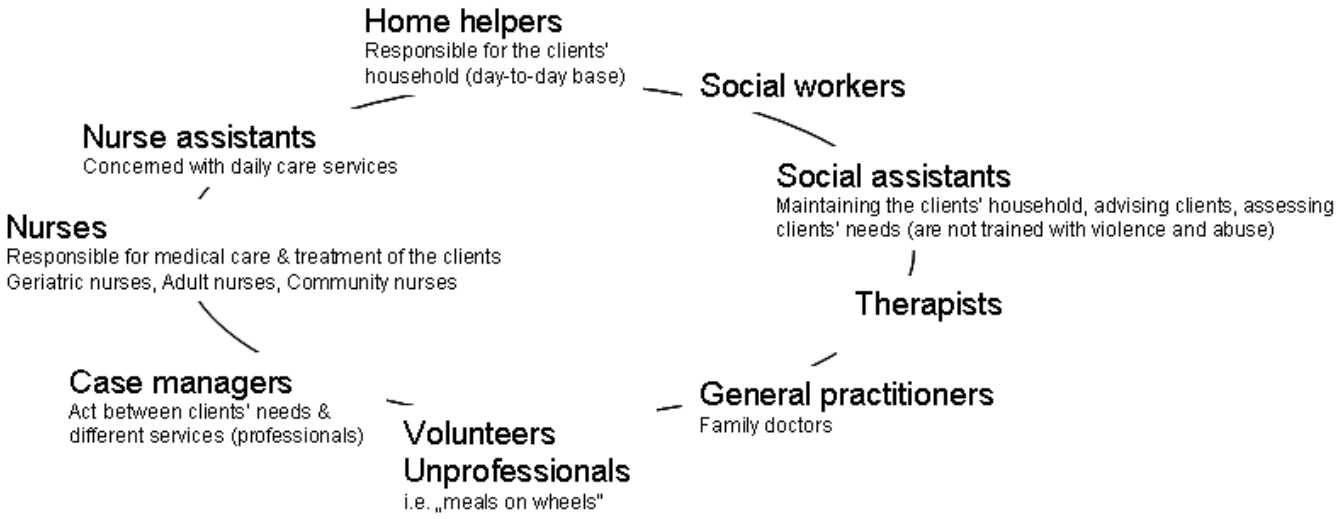
In **Germany** the main professional groups who visit their clients regularly and thus get a good insight into their living conditions, are geriatric nurses and geriatric nursing assistants as well as adult nurses are central activists in out-patient care for older people. Approximately 70% of all people in need of help or care are supported at home and in 64% of the cases the care is provided by relatives alone, without any support of care services (Schneekloth & Wahl 2005). The only contact with the professional care system is through a compulsory visit by a nurse every 3 (care level 3) or 6 (care level 1 and 2) month. In most cases a precondition for the provision of care is the assignment of a care level because without it clients would have to cover the costs for the support alone. Besides the described care infrastructure, general practitioners are mentioned as professional group who has regular contact with families. In the German health system house calls are also offered by physiotherapists, occupational therapists and speech therapists. Besides the mobile care infrastructure there are information centres for older people and their relatives, where social workers, psychologists, care professionals and sometimes doctors provide multiprofessional help. If requested these advisors also come to the domestic sphere, but only by request and on very few occasions, especially if a case-manager is required. Members of the advisory board mentioned these professionals as target group who could reach families that do not claim the support of care services. Also, the central role of people without special qualification was stressed, namely professionals who deliver services like „meals on wheels“, which regularly bring them to the domestic sphere of older people. Like in Austria it was impossible to find peer advisors for the topic violence in domestic care. For potential peer advisors quality representatives, de-escalation representatives, and practical instructors in home care services are identified.

Also in **Portugal** the professional groups in social and health services can be divided into health and social related professions. In the former case, the involved professionals include nurses, doctors, physiotherapists, psychologists, occupational therapists and medical action helpers. However, in the Home Support Services (SAD) the majority of the workers who provide home assistance to the older people are the so-called “home helpers”. This professional group is composed mainly by female workers and generally there is a lack of an adequate vocational training (Goulão et al, 2005; Gil, 2009). Like in the Austrian report, the

Portuguese results thus point out the precarious working conditions in this sector, which is composed by low qualified and low-paid female workers. Notwithstanding, the law on the SAD explicitly calls upon the training of the professionals involved in home care support in order to ensure the quality of the services provided. Besides that the provision of so called Integrated Long-Term Care (ECCI) is given by health professionals like nurses and doctors, but they can also include physiotherapists, social workers and other health professionals. The teams operate according to the methodology of case management, which means that there are specific responsibilities and tasks to be performed by the case manager (always a nurse) who acts as a facilitator between the client's needs and the different services and professionals involved. The last important professional group within the health sector is the so-called family doctor, who is most likely to get aware of cases of violence and abuse within families (Baptista et al, 2002). Furthermore, at the local level, there is a large number of people providing social services to the elder at their homes. Many groups (very often confessional groups) long established in the local communities operate on a voluntary basis, providing visiting services to particularly needy families or individuals and thus have a privileged access to the homes of many elder people. Some of these local confessional groups are organised under the umbrella organisation Sociedade de S. Vicente de Paulo, which could represent an interesting target group for courses. It was not possible to identify any peer advisors in health and social service organisations who deal with violence and abuse. However, it is important to mention that there has been a significant development in the emergence of local integrated projects or networks at the local level aiming the prevention of domestic violence. These networks usually comprise a large number of local partners from different settings (e.g. health, social support, municipalities, housing, domestic violence organisations). Some of the appointed key persons could act as potential "peer advisors".

Slovenia is a special case concerning the provision of social and health care because the main providing infrastructure consists of so called family doctors and community nurses. These professional groups are thus also the main actors. Besides this, the Slovenian report also emphasises the regular collaboration between community nurses and the police. These groups could be highlighted as potential target groups for trainings.

Figure 3: Summary of professional groups in the field of community-based health and social services



Source: Bammer 2010

4.3. Results of screening basic educational training of health and social professionals

Generally, the topic of domestic violence against elder people in care relations is not systematically addressed in the screened educational offers unless violence in general is a topic. If the issue is broached within the vocational trainings, it is often reported to depend on the respective teacher. Furthermore, the country reports differ concerning the focus on specific target groups, which is due to nationally differing structures.

In **Austria** curricula of nurses, nurse assistants and home helpers were screened. This showed that the topic is not implemented systematically. Only in the curriculum for nurses there is an explicit chapter dedicated to the topic. If violence is addressed it is usually discussed in subjects like “home nursing”, “geriatric home care” and “anamnesis”. In some vocational training offers there is a special extra-curricular focus on sexual violence. When violence is addressed generally during the vocational trainings, the focus lies on so called de-escalation measures for staff. De-escalation trainings are implemented in the education of nurses as part of burnout prevention. These trainings focus on the working conditions of care workers rather than on violence against older people or women within the family. De-escalation trainings were included in the Austrian report, because firstly they also address

the handling of violence in care relations if it is demanded by the participating students and secondly they are an example for good practice.

In **Belgium** the research concentrated on the professional groups of carers, senior representatives, and nurses. Concerning the educational offers for carers the topic is basically implemented in the vocational training. Theoretically it is drawn on so called strength triangle and the drama triangle ("Karpman Triangle"[2]) in which the relation between perpetrator, victim and intervening person are theoretically embedded (for further details see the Belgian National Report). In this approach guidelines for taking action have been developed. Action sheets have been produced and form the basis for educational courses and training sessions. Concerning the training of senior representatives a comprehensive and profound approach for the work with older people is provided. The objectives are to increase effectiveness of professionals and volunteers in different fields, as well as an empowerment of senior citizens themselves. Here again, the equality model, the Karpman Triangle and the intra family violence model, are used (Van Lawick, 2008). From 2010 on, the Breaking the Taboo I brochure will be used in vocational training of senior representatives. With respect to the education of nurses, detailed information about curricula was not available. Telephone interviews revealed that there is no further education dealing with elder abuse apart from a four hour basic training for students. An exception is the in-school trajectory concerning elder abuse, which is organized by the White-Yellow Cross.

The screening of basic educational trainings and educational training programs in **Bulgaria** showed that the topic domestic violence is not included. The target groups correspond to the main actors in the field of social and health care and encompass home helpers, nurses, social assistants, and social workers. Since curricula were not available, the information was collected via telephone interviews. Telephone interviews revealed that the topic must be implemented in the educational programs of the four defined target groups (nurses/managers, home helpers, social workers and social assistants). Only one module within the training manual for nurses in community-based health services mentions the issue of domestic violence but it does not offer many possibilities for action apart from calling the police (Balkanska, 2009).

In **Germany** research focused on geriatric nurses, geriatric nursing assistants, adult nurses and physiotherapists and for every professional groups one curriculum from three states (Bundesländer), namely Hamburg, Schleswig-Holstein and Niedersachsen (Lower Saxony),

[2] "In the drama triangle (Karpman Triangle), the positions give a situation of overburden, incriminating, trapping, too much energy consuming, stagnating and an unconscious power game is played" (Belgium National Report 2010, p. 13).

was screened. Due to the German federal system in Germany school policy is under the auspices of the states and this leads to very different regulations in similar vocational trainings. The task of implementing a curriculum furthermore is up to the individual school or teachers who thus keep a certain control over the priorities. The topic „violence in family care“ is a regular component of geriatric nurse training in all three states. The topic „violence in care“ has indeed reached the syllabi, but only small importance is attached to it and the topic „violence in domestic care“ is hardly addressed at all. The situation in the training „general health and hospital care“ is similar. Apart from „hand-outs“, comparable to the guidelines in geriatric nursing, the implementation lies within the single school. For the vocational training of physiotherapists there also exists a national regulation by law and partly there are general guidelines in single states. However, none of the known curricula or guidelines even rudimentarily pick up on the topic “violence”.

In **Portugal** vocational trainings of nurses, medical doctors, social workers and home helpers have been screened. From all the basic education courses screened (21 of Physiotherapy, 18 of Social Service, 10 of Psychology, 8 of Medicine, 11 of Gerontology or Social Gerontology, 11 of Nursing and 2 involving a wide range of professional groups as the target group), it was possible to identify eight relevant courses: four in Medicine, two in Social Work and two in Nursing. Concerning the training of social workers the issue is addressed in subjects like gerontology. The medical training offers focused on violence and sexual abuse as well as on violence general as part of gerontology. Referring to the vocational training of nurses the topic is part of subjects like “Violence against Older People” and “Nursing in Gerontology”. Concerning the training of home helpers there is no information on basic education training courses. Like in most of the other countries, trainings are in the sole responsibility of the organisations providing this type of support and there are no guidelines on the type or contents of such training.

In **Slovenia** the screening focused on the professional groups of policemen / policewomen, nurses and social workers. It is a special case, because throughout the basic educational training the content is incorporated for all study fields into different parts of the curricula. E.g. concerning the police forces the topic domestic violence against women is part of the basic education and includes forensic issues. The vocational training of nurses is interesting, because it focuses on their task to tackle violence against women as part of their professional role and profile. Furthermore it includes the discussion of a possible cooperation between nurses and the police. Social workers´ educational training focuses on de-escalation measures concerning domestic violence as well as on psychological support for the victims.

Table 2: Summary of educational training about domestic violence of health and social professionals

	Domestic violence
AT	Not systematically implemented in the curricula of nurses, nurse assistants and home helpers In some vocational trainings focused on sexual violence, part of burnout or de-escalation measures for staff
BE	Basically implemented in the vocational training (strength triangle / drama triangle) - but not implemented in further education for nurses
BG	Not implemented in educational training programs apart from calling the police
DE	Implementation is up to the individual school or teachers and is based on the federal system "Violence in care" or "violence in family care" exist – but "violence in domestic care" is hardly addressed
PT	Included in different trainings in the field of gerontology – but not in the training of home helpers Trainings are in the responsibility of organisations (no guidelines of training contents and types)
SL	Incorporated in different parts of curricula of: Policemen/policewomen (forensic issues) Nurses (tackle violence against women; cooperation opportunities with the police) Social workers

Source: Bammer 2010

5. Awareness raising and training courses for staff of community-based health and social services

In the following basic information about awareness raising workshops and trainings for staff of community-based social and health services is summarised and illustrated. As an introduction, it can be stressed that none of the found trainings focuses especially on violence against older women in the family, but they are often related to this topic. The interviewed providers of the trainings furthermore emphasised the fact that due to the professional experiences of target groups, which are made up of staff in hospital settings but also of professionals within community-based mobile social and health, the topic violence against clients is often mentioned by the participants and thus regularly discussed (see e.g. the Austrian National Report). The research focused on information that could be adopted for the development of a curriculum. In the following, the description of the courses is thus divided into general information about the target groups, the setting, and more detailed information about the contents of the trainings as well as about their concrete training arrangement. As a second step a detailed description of the used methods is provided.

5.1. Facts about target groups, setting and the content of awareness raising workshops for staff

Setting and Target groups

Most of the analysed trainings were so called in-house trainings and took place either in a hospital setting or in other institutional settings like e.g. old people's homes, educational institutions of the community based social and health care sector and also in police settings like in Slovenia. The trainings that took place in an explicit hospital setting generally addressed all professional groups that are in direct contact with patients. The other trainings focused on the respective specific professional group. However, none of the found trainings explicitly tackles the situation of older women within the family. Nonetheless interesting aspects and approaches are summarised for the development of a respective curriculum.

The Austrian training ***"Violence against women and children"*** took place over several years and was conceptualised for hospital settings. The target groups were all professional groups, which work in a hospital and have direct contact with patients. Surprisingly, the rate of participation varied significantly between the different professional groups: 70% of the

participants were nursing staff, whereas only 15 % were doctors and 15% were therapists. The group size generally encompassed not more than eight persons (MA 57, 2005). In a comparable training, namely the training course on ***"Health consequences of violence - Victim support within the public health sector"*** (AT), the size of the group was limited to 18 persons. Such limitations are reported to be necessary in order to provide an adequate setting for reflexion, group discussions and exercises. Another multi-national DAPHNE-project that focused on sexual violence was the training ***"Sexual violence: dissemination of material and training on health symptoms"***. These trainings offers addressed social workers and medical staff as well as public authorities (see Hackl, 2010).

Several trainings were twofold and encompassed in-house training offers as well as trainings in educational institutions. This enlarges the maximal size of the trained group as well as the scope of the target group, since classes of students are included. The training course ***"Violence against women - the relevance of the public health sector"*** e.g. focuses on hospitals as well as on education facilities. The length of the workshops is adapted to the respective demands of participants and varies from two hours to two day-workshops. Generally, two days are considered as necessary by the interviewed trainer to provide basic education. Since the training is also offered in educational institutions, it is not only designed as an in-house training for smaller groups, but also addresses classes of students.

Interesting approaches concerning the addressed target groups are e.g. the training offers of the Flemish and the Walloon Reporting Point for elder abuse (BE), which explicitly focus on organisations for older people. These trainings could provide interesting insights concerning empowerment strategies for and of clients themselves. Another interesting Belgian approach is organised by the ***"Movement against Violence"*** that developed awareness raising workshops for professional workers in the social and health care sector as well as for communities and thus concentrated on easily accessible initiatives for a large audience. The last Belgian example provided by the "Initiative First Care" (developed by the Flemish Reporting Point for Elder Abuse and the Provincial Focal Point of Elder Abuse – Limburg (Listel vzw)) considers also general practitioners as important target group, which corresponds to the conclusion of most of the National Reports. The de-escalation training "***Prevention and intervention concerning aggression and violence in care work"*** (AT) also widens the focus of the defined target groups and addresses mainly security managers, i.e. personnel that is concerned with the staffs´ security and needs within the institution; furthermore so called workers´ councils ("BetriebsrätInnen") within health and social care services are an often mentioned target group. In Bulgaria the trainings mainly focused on social workers and social assistants, which is also an interesting approach albeit mainly due to the fact that the sector of community-based social and health services is still to be

developed. In Germany the advanced training program ***„Pro Train“***, developed in the context of the DAPHNE II program, is conceptualised as multiprofessional training, which mainly addresses diverse professions of the health care system. Furthermore the target group encompasses all professional groups – e.g. lawyers and police officers – who come in contact with female victims of domestic violence. The duration of the program is variable, because it depends on the choice of the module and on the intensity of dealing with them. A time period of eight hours is suggested as minimum length of the course (Pro Train, 2009). Unless the information is only displayed for the German context it is important to note that the training is a multinational training offer that was coordinated in Germany but also conducted in Finland, Hungary, France, Italy, the Czech Republic and Austria. Similar approaches are reported by the German training curricula "***Domestic violence against women: Health support – S.I.G.N.A.L. - program of intervention“*** ("Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung - Das ***S.I.G.N.A.L.,*** Interventionsprogramm") and the curriculum "***Violence in care“*** ("Gewalt in der Pflege"). The Portuguese and the Slovenian trainings differ from the other trainings in giving more emphasis on police forces and persons working in the field of victim protection with a clear focus on domestic violence. In Slovenia some of the trainings also took place in regional police stations. Besides policemen / policewomen working in communities the target groups also encompassed students of the police academy.

Training arrangement and training concepts

The screened trainings and workshops mainly focus on awareness raising trainings and workshops for hospital staff and staff of community-based health and social services. The awareness raising measures mostly aimed at strengthening awareness and empower staff to take actions concerning cases of domestic violence against women, but it did not focus especially on domestic violence against older women in the family. The training arrangements mainly consist of bottom-up modules. As an introduction, violence and abuse are defined and subsequently practical issues like forensic information, indicators, work settings and legal questions are discussed. The trainings then conclude with possible intervention strategies and basic information about the field of victim protection.

Generally, the awareness raising courses are designed as trainings and workshops, but an interesting approach for raising awareness is reported from Belgium. In a theatre play about the old man "Georges" the issue of violence against older people within the family is discussed. Besides this, Belgium relies on the comprehensive dissemination of fact sheets and other information material about the issue. The programs of the Flemish reporting point for elder abuse offer basic knowledge as well as the possibility to raise awareness and

produced a DVD, which is named “Silence is not the solution”. The “Flemish Reporting Point for Elder” developed a training approach, which is concentrated on abuse and designed as a so called “schedule for early detection”. The focus lies on raising awareness for the topic elder abuse in general and also in home care situations (see table 1).

Table 3: Training program in the Flemish Reporting Point for Elder Abuse (Belgium)

Set of topics 1	**Set of topics 2**	**Set of topics 3**	**Set of topics 4**	**Set of topics 5**
Definition and forms of elder abuse	Risk factors	Perpetrator and victim	Perpetrator – victim – professional carer	Boundaries of professional care

Source: Messelis & Moreels 2010 (Belgium National Report)

Bulgarian workshops also emphasise the importance to introduce the notion of violence / abuse as part of the work reality in the sector of social and health services (see table 2).

Table 4: Workshop violence against older people (Bulgaria)

Module 1	**Module 2**	**Module 3**	**Module 4**	**Module 5**
Definition of “physical, emotional and sexual abuse”	Theoretical models – cycle of violence, Karpman Triangle	Identification of roles	Linkage of theory and practice of the social assistants	Strategies / case studies

Source: Milusheva & Ilieva 2010 (Bulgarian National Report)

Some trainings contain special foci like e.g. the training ***“Violence against women and children”*** (AT) and ***“Health consequences of violence - Victim support within the public health sector”*** (AT), which focused on an enhancement of the collaboration between hospital staff, the field of victim protection and the executive branch / police. Thus knowledge transfer between different fields of work but also between different hospitals played a crucial role. The concrete schedule of the training ***“Health consequences of violence - Victim support within the public health sector”*** is not available, but it is reportedly oriented on the training ***“Violence against women - the relevance of the public health sector”*** (see table 3).

Table 5: Training arrangement and content of the training “Violence against women and children” (Austria)

1. Definition of Violence	**2. Legal and forensic aspects**	**3. Intervention strategies**
Module 1: Sexual and physical	Module 3: Securing of evidence	Module 5: Victim protection

violence against women Module 2: Sexual and physical violence against children	and DNA-analysis Module 4: Legal information	models in hospitals Module 6: Women's shelters in Vienna

Source: Edthofer 2010 (Austrian National Report)

In Austria a special focus was given to so called de-escalation trainings, like e.g. the mentioned training of ***PiagB***, which should enable care workers to handle difficult settings and situations and violence directed against themselves (see table 4). Since the issue of violence against persons in care relations is reported to be brought up regularly by participants, it has also been included in the training.

Table 6: Training arrangement and content of the training "Prevention and intervention concerning aggression and violence in care work" – PiagB (Austria)

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

Source: Edthofer 2010 (Austrian National Report)

Albeit the other trainings do not explicitly focus on de-escalation, this issue is found regularly in all screened trainings. The curriculum ***„Violence in care"*** (AT) e.g. addresses causes of violence, whereby these include the behaviour of the cared-for person as well as from the caring person – namely professionals and relatives. Following that, it focuses on de-escalating measures, e.g. on constructive ways of solution and shows how to avoid violent situations. Here again, not only people in need of care are referred to as victims of violence, but also people working in care.

An important additional feature to the training arrangement and the topics is reported from the training ***"Violence against women - the relevance of the public health sector"*** (AT) (see table 5). Due to the fact that this training has been developed within the field of feminist victim protection it emphasises very much the structural component of violence. Another important feature of the training is the focus on definition and handling of traumatisation and re-traumatisation (of the care worker her-/himself).

Table 7: Training arrangement and content of the training “Violence against women - the relevance of the public health sector” (Austria)

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

Source: Edthofer 2010 (Austrian National Report)

Another important additional training focus is reported from Germany, where the training offers ***“Pro Train”*** and ***“S.I.G.N.A.L.”*** also include didactic and methodological advice. These training approaches are reported to be related to each other and follow a similar training arrangement (see tables 6, 7 and 8).

Table 8: Training arrangement of the training “Pro Train” – advanced training for health professionals (Germany)

Module 1	Module 2 & 3	Module 3
Health consequences of violence and the current situation of health support	Domestic violence and adequate support in health care facilities, possibilities of intervention and prevention	Quality improvement and good practice

Source: Kohler, Wischer, Reinelt & Döhner 2010 (German National Report)

Table 9: Training arrangement of the training “Pro Train” (Germany)

Module 1	Module 2	Module 3	Module 4	Module 5
General information about gender-related violence	Domestic violence and adequate support in health care facilities, possibilities of intervention and prevention	Assessing danger and planning security	Communication skills and recommended procedures	Legal regulations, multiprofessional work and inter-institutional cooperation

Source: Kohler, Wischer, Reinelt & Döhner 2010 (German National Report)

Table 10: Training arrangement of the training S.I.G.N.A.L. (Germany)

Module 1	Module 2	Module 3
Background knowledge: domestic violence resp. violence in intimate partnership	Meaning of the health sphere	Possibilities of intervention and prevention against domestic violence

Source: Kohler, Wischer, Reinelt & Döhner 2010 (German National Report)

Another German training, namely the advanced training PRIO ***„I have always wanted the best ... People in need of care as victims of domestic violence“*** focuses especially on the important topic of sexualised violence. Telephone interviews with experts confirm the importance of such emphasis. Furthermore the training PRIO also gives enough space for the discussion of trauma and possible re-traumatization (see table 9).

Table 11: Training arrangement of the training PRIO (Germany)

Set of topics 1	Set of topics 2	Set of topics 3	Set of topics 4
Domestic violence	Sexualised violence	Consequences of domestic violence	Psychic traumata and re-traumatisation

Source: Kohler, Wischer, Reinelt & Döhner 2010

5.2. Methods

Concrete methodological descriptions of the found trainings were hardly available, which is due to the fact that most of the used curricula are developed by private providers. In

principal, the found methods can be distinguished in more theoretically and input-oriented ones and activating methods. The first encompass lectures, theoretical inputs, presentations and discussions of audiovisual material. The latter ones consist of partner exercises, group work and discussions, role plays, interactive games, and thematic partner work. Furthermore, it can be distinguished between trainings that concentrate on awareness raising and trainings which also aim at the detection of possible multipliers. The first ones concentrate at knowledge transfer, whereas the latter ones put more emphasis on the professional role of the participants and means to communicate the importance of the topic domestic violence. The Austrian training ***"Violence against women – the relevance of the public health sector"*** e.g. focused on both, on the knowledge transfer between two different professional settings and on the development of an understanding of staff in health sector as relevant actors. The used methods encompassed individual and group exercises concerning the level of awareness and awareness raising, lectures, discussions role plays and group work. Other courses, like e.g. the ***PiagB*** de-escalation training (AT) or the ***Pro Train*** approach (DE), put more emphasis on conceptual and individual work, because the participants are prepared to communicate knowledge and skills to other people. An exception is Belgium's raising awareness approach via cultural events like the above mentioned play "Georges". The training ***"Pro Train"*** (DE) is a multiprofessional training program and suggests methods like brainstorming, role plays and group works combined with theoretical inputs by experts. Brainstormings, role play, exercises and group work are combined with discussions and evaluations of the results in a plenary. Some of the methods used in Pro train are taken from the training ***"S.I.G.N.A.L."*** and the coordinator of the latter training stressed the major significance of the role plays and exercises. In any case interactive or activating methods ought to have more weight than theoretical inputs which can, in case of need, be handed out in written form. Experts also emphasise the double role of role plays. On the one hand the role plays mentioned above are recommended for trainings with women who are affected by violence referring to its reflection impact. On the other hand they help acting out new ways of dealing with victims of domestic violence. Also group work is assessed to be of major importance, since it can be used to work out concrete tasks, e.g. emphasising the risks for victims of domestic violence. It can also be used to work out security plans of institutions (e.g. of ***„Pro Train"***) or to discuss certain questions on a small level. Another important and useful feature of the ***"S.I.G.N.A.L."*** and the ***"Pro Train"*** approach is the usage of the documentation sheet as an exercise. This sheet serves to document physical injuries with the help of a certain pattern. For this a case study is suggested. While listening, the participants are requested to fill the injuries in the documentation sheet and to ask concrete questions about the sequence of events. In Portugal additional methods are added to the

already mentioned ones. Some Portuguese trainings use demonstrative and interrogative methods and promote group and individual dynamics as well as in-depth discussions of case studies.

In the following mentioned methods are summarised and illustrated in a table:

Table 12: Summary of methods used in awareness raising workshops for staff

Lectures	**Interactive or activating methods**
Thematic lectures	Brainstorming in the group
Film material	Discussion rounds
Theoretical inputs, power point presentations	Group work
Presentation of moderation material for trainers	Plenary discussions
	Role play
	Interactive games
	Thematic partner work / Partner exercises

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

In the following chapter train-the-trainer courses on violence against older women in care relations are summarized. One of the key results of the analysis of such training approaches is that there are hardly any courses that explicitly focus on violence against older people and older women. In addition, no adequate train-the-trainer courses, which highlight domestic violence in general, could be pointed out in the research of Bulgaria. The best status quo is mentioned by a small scale of trainings, like e.g. in Germany, which are already examined as awareness raising courses (i.e. ***"S.I.G.N.A.L."*** and ***"Pro Train"***) or in Belgium, where some target-oriented concepts are pointed out focusing on elder abuse. Nevertheless these concepts include worthy recommendations and adaptable material also for the development of the train-the-trainer curriculum. Thus in the following chapters key points are highlighted, summarised, and discussed.

The second relevant result revealed that a more widespread screening on train-the-trainer approaches based on violence in the context of social and health care or gender is also seldom. Nevertheless there are trainings with focus on gender-based violence in general and these are to be considered for the curriculum. In Austria, e.g., there is a training called

"Health consequences of violence - Victim support within the public health sector" which focuses on interdisciplinary training tandems to continue awareness raising workshops in hospital settings. Interdisciplinary trainings tandems consist of two persons coming out of different professional field that are trained in order to form a pair of trainers with different specialisations and expertises. Another worthwhile Austrian training approach is part of the training ***"Prevention and intervention concerning aggression and violence in care work"*** and deals with de-escalation. Surprisingly, the topic of de-escalation has turned out to be relevant during the research. As a result the training approach implicates violence in care relations and provides tools to handle it. Therefore this training contains high potentials of adoptable relevant features for the intended train-the-trainer curriculum.
A similar situation is highlighted in Portugal: No course specifically directed to violence against older women could be conducted. The only relatively interesting train-the-trainer approach was found with specialisation on gender equality. Another specific situation is pointed out in Slovenia because the analysed workshop takes place in all regional police stations and is part of the regular vocational education of the police academy.

Due to the research results on train-the-trainer courses, all concepts are described comprehensively in the following chapter which refers to the analysed specific programs of the National Reports of the project partners (for further details please refer to the National Reports on the project website[3]). In addition, a comprehensive summary of the described awareness raising courses for staff as well as of train-the trainer approaches is provided and illustrated in a table in the annex (see Annex).

6.1. Facts about target groups, setting, and content of train-the-trainer courses

Target groups

Research on target groups has shown that home care assistances are not mentioned in train-the-trainer programs. Nonetheless, three relevant groups can be highlighted.

The first target group refers to so called workers´ councils in social and health care services. Preferably, persons are addressed who already attended an awareness raising training. Based on the professional and organisational status, this target group is potentially nominated for becoming facilitators and peer advisors (for further details please refer to the

[3] The project website is currently in progress.

National Report of Belgium and Austria). In addition, persons in the field of executive forces (police), like policemen / policewomen in local communities and students of police academy, are targeted as well (see National Report of Slovenia).

The second target group are professionals in health care. In detail this group includes health care staff nurses, doctors of different fields, midwives, clinic social workers, health scientists, medical assistant professions (physiotherapy, functional diagnosis, radiography), and medical assistances (see ***"S.I.G.N.A.L."*** in the National Report of Germany). Concerning the issue of facilitators and peer advisors, the train-the-trainer curriculum, i.e. ***"S.I.G.N.A.L."*** (DE), addresses persons who are interested in arranging interdisciplinary trainings for health care professionals (Hellbernd 2006, p. 2). Hence, target groups are either common staff, students, and trainees of all relevant spheres or qualified social pedagogues, social workers, psychologists, social scientists or qualified educators in the field of help and support for women affected by violence, refuge institutions or women advice services. In this respect a special focus of the training ***"Prevention of intimate partner violence – a public health approach"*** (AT) is to be emphasised, because it focused especially on experiences and information collected by professionals that work in a Men's counselling Centre (MCC) in Graz.

As a third important target group general practitioners (GP) are addressed. In general, GPs have an enormous influence on families especially in the countryside. Basically they know the family very well and for a long period. Therefore, this target group can be seen as potential facilitators and peer advisors or multiplicators (please refer to the Belgian National Report). It should be taken into account that GPs are mainly hard to contact or to convince for participating in train-the-trainer courses or to carry out functions like multiplicators. Hence more attention on persuasion and recruitment strategies for facilitators and peer advisors are recommended. Furthermore, gender-related aspects, i.e. of female doctors, are interesting to consider in the context of violence against older women based on the interrelationships between victim and carer in a patriarchal society.

Finally the last highlighted target group defined encompasses social workers or persons working within victim protection organisations.

Setting

Research results referring to the settings of train-the-trainer courses contain multi-disciplinary or multi-professional institutionalised approaches mostly organised in a tandem setting. E.g. the project ***"Health Consequences of violence - Victim support within the public health***

sector" (AT) was organised according to a tandem approach (about 16 persons), bringing together trainings tandems with professionals coming out of the field of victim protection and the field of social and health care. Thus in these tandems doctors and professionals of the field of victim protection were trained in pairs to form an interdisciplinary trainer tandem. To facilitate the exchange of information, the training sessions took place in a hospital setting, but as an important part of the interdisciplinary training also excursions to victim protection organisations were organised. The multi-professional training ***"Pro Train"*** (DE) also addresses tandems, but without specific professions: All health care professionals are welcome. Training tandems are matched between one trainer with expert knowledge on „domestic violence" as well as on locally or regionally relevant special aid and with partners of women or violence prevention projects. Furthermore, in this training approach experts are invited to give theoretical inputs, e.g. on legal regulations and on the documentation of injuries. Furthermore the training includes a setting based on various modules that are adapted to the concrete needs and demands of the participants. Usually in this setting the training modules are divided into a concrete standard training part and into variable participants' oriented modules. Thus the length varies.

Quite similar to the latter training approaches, the train-the trainer course of ***PiagB*** (AT) also vary according to the participants' demands. The training takes place in a comprehensive organisational setting of community-based health and social care services. Despite the hierarchical group setting, participants from different organisations and institutions attend this course and normally they do not know each other. The aim of the training is to identify and train potential facilitators and multiplicators in various organisations for implementing the topic within their professional environment (see table 12).

A specific situation concerns on train-the-trainer courses is pointed out in Portugal. Research results show that only training courses with specialisation on gender equality are established. The main goal of this training is to provide specific train-the-trainers skills for the promotion of gender equality concerning the used language and practices. The training plan was drafted in order to include a focus on domestic violence (against women and men), in order to respond to the identified needs of the trainees. The course was organised in firm facilities and was addressed to trainers with diverse educational backgrounds (most of them graduates and some with MA in Psychology, Physiotherapy, Nursing, Engineering, Language Studies (Portuguese-French and French-English), Social Work, Biology, Math, and Architecture), who are interested in obtaining a gender equality certification and a trainer certificate renovation. The group is composed by 15 trainees.

Training arrangement and training concepts

Basically the focus of the analysed training concepts refers to enhance awareness on elder abuse on the one hand and transfer knowledge and dealing with violence issues on the other hand. Some awareness raising concepts seem to be already established in the project partners' countries but very seldom explicitly in train-the-trainer courses. In the following, different examples of train-the-trainer concepts are summarised to give an overview about target-orientated settings, topics, and objectives.

Basic training approaches concentrate on either detecting violence or increasing coping skills for violence within family. E.g. in Belgium, training objectives for staff members of the Centre for General Welfare in coping with intra family violence focus on elder abuse in home care situations. The training approach includes first knowledge transfer and insights into violent situations. Relevant issues refer to power-relation patterns in cases of violence and within families, reasons for violence and the impact of violence on the perpetrator and the victim as well as detecting signals of intra family violence. In addition, skills for interventions concern the confrontation of all involved members with violence, working for safety and finally using strategies to reach all family members to overcome violence.

Specialised training settings, e.g. for general practitioners (GP) in Belgium, are general practice orientated and focus on trained GP to support quality circles (peer consulting). The main objective of the training for GP is changing awareness and attitude towards violence within the family and finally to improve detection and collaboration. In this sense GPs have the status to become potential facilitators and peer advisors.

Another target-oriented train-the-trainer course refers to social workers in home care focusing on exploration of elder abuse – the phase between early detection and treatment. This concept implicates flow charts like a guide: A general overview (roadmap) based on suspicions of elder abuse, an exploration phase, counsellor's attitude within this phase and a basic methodology flowchart. This course was developed on request of the Flemish Government in collaboration with all mutual insurances in Belgium. Currently 90 social workers from mutual insurances are educated.

Similarly to the social workers' training, the train-the-trainer concept for home care professionals is recognising elder abuse (initiator Flemish Reporting point for Elder (BE)). Thus focal points contain theoretical overview and guidelines for their work with the aim to structure and organise aspects on elder abuse. Due to this, the course is not emphasising the question "What can I do to stop elder abuse?" but "What is going on here?".

In addition to the training concepts for elder abuse, a tool calling ***"Guidelines for dealing with elder abuse"*** (see table 11) was developed. Summarising, the contents of the booklet

deal with introduction, definition, and risk factors of elder abuse and case studies (examples). Currently this booklet is not actively used.

Table 13: Training arrangement and content of the “Guidelines for dealing with elder abuse” (Belgium)

Guidelines for dealing with elder abuse – for individuals

	Objectives	Description
Step 1	Recognising signals of abuse and properly reaction	
Step 2	Focusing on signals	Own intuition, observing carefully and registration of every incident, objectivity suspicions by consulting colleagues or other persons
Step 3	Monitoring suspicions with victim and perpetrator	Adequate interactions (what is possible in the specific situation)
Step 4	Talking about the suspicions in your own organisation	Sharing the burden can be relieving
Step 5	Scouting of opportunities	Asking the victim and perpetrator if help is required

Guidelines for dealing with elder abuse – for organisations

	Objectives	Description
Step 6	Reporting	In the case of elder abuse organisations should contact Flemish Reporting Point to ask for expertise and support.
Step 7	Developing an own strategy	Organisations should develop and implement a specific strategy for preventing and dealing with elder abuse (maybe with support from Flemish Reporting Point).
Step 8	Drawing up an action plan	For coordinating an action, agreements have to be developed (who is doing what, who will be contact person for the victim, and who will be the case manager).

Source: See Messelis & Moreels 2010 (Belgian National Report)

Despite the presented research results on concepts for train-the-trainer above, difficulties in receiving detailed information about training arrangements or training curricula are able to conduct from the National Reports. The reasons for this situation lie mainly in a lack of

transparent information on websites and in the difficult question of intellectual property rights as well as in a lack of interest concerning commercialisation. Another possible explanation refers to a kind of competition within the vocational training sector or organisational in-house trainings. Nevertheless comprehensive project results, which are funded by community institutions, were also sometimes difficult to gain (like research experiences of DAPHNE projects). However, for the research requests have been sent to adequate providers of train-the-train courses. Based on this strategy it was possible to collect further essential information of train-the-trainer concepts.

In Austria for example some experts explained in the telephone interviews that individual needs and interests of the participants are included in the training ***"Violence against women – The relevance of the public health sector"***. The main emphasis in this training schedule deals with gender-related violence focusing on domestic violence against women and has already been mentioned in the chapter of awareness raising courses (see table 5). Nevertheless, this concept seems also to be relevant for designing the train-the-trainer curriculum, although the addressed group are women in general without targeting older women or persons in care relations.

Another worthy example refers to the training concept of ***"Prevention and intervention concerning aggression and violence in care work" (PiagB)*** (AT) (see table 12) focusing on knowledge transfer, awareness raising and exercises concerning the role of care workers. The aim is enabling people to take actions as well as handling problematic situations for nursing staff and care workers. The training is divided into participants' related issues (individual training) or general modules like legal aspects of care work, work protection, crisis intervention, personality building (i.e. self-perception, perception of the others, role-switching), reflection and follow-up care. The individual training issues are added during the seminar according to the participants' needs and interests but without including references to gender-related aspects of violence or a special focus on treating violence against older women.

Table 14: Training arrangement and content of the train-the-trainer course “Prevention and intervention concerning aggression and violence in care work” – PiagB (Austria)

General modules			**Individual training**
1. Legal aspects	**2.Intervention strategies**	**3. Reflection**	**4. Participants’ needs and interests**
Introduction into legal aspects of care work Work protection	Crisis intervention Personality building	Personal and collective reflection The role of care workers	Variable modules – depends on participants’ related issues

Source: Edthofer 2010 (Austrian National Report)

The WAVE network also organised a training in the context of DAPHNE program, which was an adaption of the “Training program to combat violence against women” (see Hackl, 2010). The training is conceptualised as train-the-trainer course that addresses various professional groups in social and health care. During the project a manual was produced that includes a list of training features which are oriented on practical aspects and concrete applicability (see table 13).

Table 15: Features of the WAVE training program combating violence against women (Austria)

1. Topic and treatment, methods, examples for trainer	2. Theoretical background for the trainer	3. Handouts for trainees

Source: Edthofer 2010 (Austrian National Report)

Referring to gender-related aspects, a very interesting train-the-trainer concept has been conducted in Portugal (see table 14). Although this program does not directly address the issue of violence against older women, the structure of the course could be highly useful for creating the curriculum for peer advisors and facilitators.

Table 16: Training arrangement and content of a gender-related train-the-trainer course (Portugal)

1. Gender issues	2. Gender equality topics	3. Gender routes
Equality, diversity and citizenship; gender roles and stereotypes; sex and gender	Feminist routes in Portugal; national and international mechanisms for the promotion of gender equality; the social responsibility of civil society organisations for the implementation of gender equality	Gender violence; conciliation between family, personal and professional life; health, sexual and reproductive rights; gender mainstreaming, and positive actions
5. Training methodologies in gender equality	**6. Pedagogical practices**	

Source: See Perista & Baptista 2010 (Portuguese National Report)

Another relevant aspect for designing the train-the-trainer curriculum is mentioned in the German National Report. Similarities between the analysed content of the „train-the-trainer" courses and the awareness raising courses were pointed out. Thus it makes sense to take into account that curricula between both approaches - awareness raising and train-the-trainer concepts - do not differ significantly. The only remarkable factors refer to comprehensive training materials and exercises on training skills, like didactic concepts, theoretical information about the training topics or training simulation settings (see table 15).

Table 17: Suggestions for train-the-trainer curriculum (Germany)

Theoretical information	Didactic	Training exercises
General learning targets Theoretical background knowledge for the trainers Recommended literature for in-depth information A complete bibliography	Didactic or methodological suggestions for carrying out the training and avoiding didactic faults Frequent aspects of discussion Handouts, powerpoint presentation and templates	Interactive exercises with suggestions for trainers Exercises to single modules

Source: See Kohler, Wischer, Reinelt & Döhner 2010 (German National Report)

Time Schedule

Interestingly the period of the analysed train-the-trainer concepts varies enormously and ranges from one day with eight hours up to 60 hours. Normally the length depends on different factors like target group, training objectives or setting (lecture format or group

activities or training with certification). For example, training certificate courses runs in total 60 hours in Portugal (30 hours on gender equality specific training issues and the same period on trainer renewal certification) or 16 days for standard trainer-education with four workshop sessions á four days in Austria. In comparison tandem approaches are organised just a few days.
In participants' oriented course settings with standard training sessions the length varied as well. Therefore no concrete duration was mentioned. For example, the training period of ***"Pro Train"*** (DE) is variable and depends on the selected modules and on how deep they are dealt with.

One of the key points based on the time schedule refers to the training period which should be optimised. Negative feedback is reported when the calculated time is too short to allow an in-depth and sustainable knowledge transfer or too long to have the feeling to be bored as telephone interviews with the organisers of such trainings showed. Thus the training approach and the time schedule should be well balanced to avoid dissatisfaction of the participants. Furthermore it should be taken into account that normally homogenous training groups are easier to teach concerning workload in comparison to heterogeneous groups, which have different demands, previous knowledge, and expectations.

6.2. Methods

Based on recommended methods the research results demonstrate a wide range of plurality as well as a balanced and comprehensive mixture between expositive (lecture format) and active methods. The selected training methods in the train-the-train concepts often depend firstly on the aim or objectives of the training course and secondly on the target group. In general, the methodological approach has an impact on the involvement of the participants. Exercises and discussions cause a high level of involvement of the participants. Flow charts (guideline) are preferred for introducing the topic or providing comprehensive information for trainers like case studies or questions with adequate answers. In this setting the level of participants' involvement is high. Furthermore to raise awareness and self-confidence, exercises and inputs by the trainer are used which imply middle involvement of the participants (for further details please refer to De Maesschalck & Janssens, 2009, quoted in the Belgian National Report).
Referring to the objectives of the training courses, expositive methods (lecture formats) should be used to address issues specifically or to convey hard facts efficiently to the trainees. Additionally active methods are optimally used for promoting transfer knowledge by reflecting the contents. Also role plays and training simulations provide adequate interactive

access (for further details please refer to the National Report of Portugal). Positive feedback mostly regards the interactive training style and the practical emphasis of the inputs.

An innovative training approach might be the tandem training. Tandem settings are described as matched professional relationships (pairs) with the aim of supporting one or both of the partners with knowledge, experiences or/and recommendations. In some cases, these tandems are interdisciplinary teams, like the training course in Austria. The training ***"Health consequences of violence - Victim support within the public health sector"*** of the Womens´ Health Centre in Graz (FGZ) is focused on the enhancement of a knowledge transfer between two different professional settings and thus uses an interdisciplinary tandem approach in hospital settings. The aim is to enable the participants (on both levels) to take action, when they get aware of violence against women. The used methods encompassed individual and group exercises concerning the level of awareness and awareness raising, lectures, discussions role plays and group work.

Another similar train-the-trainer approach uses more conceptual and individual work in the setting because the training objectives concern communication knowledge and skills. In detail, the used methods emphasise theoretical inputs in form of lectures, group discussions and exercises. In this case also role plays are used, because the role of being a trainer has to be acted out (for further details please refer to the description of the PiagB training in the Austrian National Report).

One aspect should be necessarily taken into account: Sufficient information about the scope and conception of the tandem training is absolutely necessary to arrange the tandems suitably. Due to this, positive feedback regarding the tandem conception of the training is usually reported.

Furthermore, trainers with practical experiences and knowledge of the participants' professions are appreciated. In general, the educational background of the train-the-trainer trainers is mostly a pedagogical, psychological, law-specified or therapeutic one. In some cases, additional certifications are required depending on the focus of the training approach. In the de-escalation trainings for example a de-escalation certification is demanded and the educational background of the trainers encompassed both the field of victim protection and of health care. Or in the gender-related train-the-trainer course in Portugal, specific training skills on gender equality are emphasised.

Training handouts and comprehensive training materials, like work sheets or theoretical manuals to support trainees in preparing the training and during the training session, are preferred and commonly used in the train-the-trainer settings. In addition, "train-the-trainer curriculum" ("DozentInnenleitfaden") are helpful and recommended as well.

Table 18: Summary of methods used in train-the-trainer courses

Lectures	Interactive / activating methods
Thematic lectures	Discussion rounds, closing debate
Film material	Plenary discussions
Theoretical inputs how to become a trainer, power point presentations	Thematic partner work
Presentation of moderation material, training approaches	Group works – preparing a training session
(Theoretical) Inputs by the trainer	Role plays - "acting as a trainer" – training Simulations
	Interactive games
	Flow charts
	Tandem approach
	Brainstorming
	Practical examples

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

All National Reports emphasise that there is no existing training course yet which would focus exclusively on violence against older women within the family. Nonetheless, interviewees report interest concerning the issue and also the existence of informal knowledge. Furthermore, advisory board members stress that gender differences concerning the topic could be detected throughout consultation or exploration of the problem (for detailed information see the Belgian National Report). Besides that it is generally stressed that violence against women has to be seen as caused by structural patterns of society. Lastly, the family system is often addressed meaning that according to advisory board members important reasons for elder abuse are to be found within the family system and are caused by the dependency of the older person and overstraining of the caring family members. Concerning the general structure of awareness raising courses and educational offers most National Reports emphasise the importance of multi-disciplinary approaches. It is stressed that already existing collaborations between different professional fields should be expanded, above all between the field of victim protection and the field of social and health care. Also courses and trainings themselves should thus be designed as multi- and inter-disciplinary ones and should address as much professional groups as possible. The development of an information brochure like the one produced in BtT is thus a first step towards the necessary

implementation of the topic. Concerning the implementation it is finally stressed that the exclusive focus on women as victims of domestic violence could be an obstacle for implementation, unless it is a higher percentage of women that is affected by violence.
In the following, the main results concerning awareness raising courses and trainings for staff as well as for potential facilitators and multiplicators are summarised.

7.1. Conclusions for staff workshops

Generally, all National Reports emphasise the necessity to develop a multiprofessional training approach and address as much professional groups that work in the sector of social and health care as possible. Some reports stress the important role of general practitioners (see the Belgian, German, Portuguese and the Slovenian report). Especially the Portuguese National Report further emphasises the need to benefit from already existing trainings and cooperation networks.

Recommended methods

Concerning the recommended methods it seems to be adequate to develop an approach that integrates theoretical inputs and interactive parts like partner exercises, group discussions, etc. Principally, many National Reports emphasise the importance of interactive methods like e.g. ice-breakers, brainstorming, role play, interactive discussions, supervision, intervision, working in small groups, case studies and audiovisual aids (Peeraer & Messelis, 2009). Furthermore audiovisual aids and methods are mentioned as important input material (see Hellbernd, 2006). Like the Portuguese National Report clearly points out the limited duration of the workshop should definitely be of specific concern and have an impact on the chosen methods. In mostly all the workshops, information is given on the different organisations in the field of victim protection.

Recommended topics

Topics that should be included correspond to the bottom-up modules of the workshop and should encompass a general definition embedded in a theoretical framework that also includes a gender perspective. Furthermore indicators about and discussion of possible intervention strategies are to be included. In this regard a special module could be developed, in which the role of health and care staff concerning the detection of violence is discussed. Also possible treatment strategies are necessary. The Bulgarian National Report

further emphasises the importance of forms of violence physical, emotional, financial and sexual, how to talk with the victims and establish a trusting relationship. The Portuguese one focuses on the gender aspect stressing the necessity to theorise the specific vulnerability of older women regarding violence, which is connected to gender related patterns of violence and to the dynamic of violence in caring relationships. Besides this, a general discussion of the staffs´ possibilities and constraints to take action is needed. Another important topic which was part of every screened training offer is the discussion of the staffs´ own experience of violence and the individual options to handle it. In this context the topic of re-traumatisation is to be taken into account and should be integrated in the training. The German National Report especially focuses on the three curricular pillars according to Hellbernd (2006), which would be transfer of background knowledge, the impact of violence and intervention and prevention possibilities.

Specific aspects of national trainings

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

The Belgian National Report emphasises one training in Limburg (Listel vzw), which is strongly multi-disciplinary and addresses general practitioners, home nurses, carers, home helpers, and social workers. Such examples are to be understood as good practice for a European curriculum (for details see the Belgian National Report).

In Portugal there exists an interesting training program promoted by a regional hospital; it addresses a wide network of local / regional partners and has a 36 months duration period. This continuous training is based on an integrated approach, given that the program profits from the articulation among health services, organisations specialised in violence, and one national body for gender equality. Moreover, this program involves professionals who intervene in the different stages of the whole process (identification, intervention and follow-up).

Important features to be included in a European curriculum

According to the National Reports an educational trajectory has to integrate three major phases: information intake, action and evaluation as well as transfer. Educational courses however tend to put less attention to the intake (Van Assel & Messelis, 2006; see also the German National Report). Other reports furthermore emphasise the importance of a

reflection phase in which the staffs´ own affectedness by violence is discussed and report a possible time-flow as following a bottom-up approach. Starting with a general definition of violence and its structural embedment in society. Then a discussion of forms and patterns of violence and the ways to recognise them in everyday work practice is necessary. The third important set of topics concerns possible intervention strategies and information about the regional victim protection infrastructure. A fourth set of topics relates to the reflection of the care workers´ own experience of violence.

Furthermore, the German and the Portuguese National Report concerning point out that the planned length of the training or workshop is to be further discussed. The minimum required time flow of two days and the possibility to split the workshop or training into a theoretical and an action-oriented part (or respectively 16 hours). The given constraints at the organisational level however could make the implementation of a longer training difficult. The German National Report also stresses that a method to transfer the knowledge of how to create nursing records usable in law is currently missing. Especially for nursing staff this will be a new subject. A missing point concerning awareness raising workshops regards the consideration of the fact that a considerably high amount of staff members are migrants and/or have a migration background. This is especially the case in the context of home helpers. Thus it is to be considered to integrate this perspective of diversity into the trainings and discuss it as a resource. Another aspect that should be considered for future trainings and curricula, is the female bias with respect to the workshops´ participants. Thus measures to address men or incentives to address male staff of social and health care services could be discussed further. Lastly, as the Slovenian and the German National Report stress, also the co-operation with the police should be enforced.

Gender specific aspects and final conclusions

Empirical results quoted in all National Reports show that older women are significantly more often confronted with elder abuse in home care than older men. Therefore, an understanding of the specific vulnerabilities of older women regarding violence calls for the consideration of the gendered imbalances in access to resources and in power relationships. Furthermore it points out the relevance of building-up gendered trajectories in a life-course perspective. An additional dimension to be considered refers to the gendered dynamics of violence in a caring context: i.e. how women, who used to be “the carers” throughout their life experience, in old age become “the recipients of care”.

Concerning the design of the training and the workshop it is important that it is oriented on the above described three phases of an educational trajectory and/or the described bottom-up approach (see above: “Important features to be included in a European curriculum”).

Since staff members often report that they do not define taking action as part of their professional role, it would be the task of a training to change this perception. Experiences of trainers show that the majority of the participating staff had prior experiences with cases of domestic violence within the professional settings or also within their families or their circle of friends and acquaintances. In this context the trainings should accentuate the care workers´ individual empowerment. Concerning the factor of "empowerment" also the need for adequate empirical information about the target groups is stressed. The care professionals´ tasks and duties as well as their working conditions have to be known in order to work out adequate implementation strategies for offered trainings and to empower staff with the aim to take action.

7.2. Conclusions for workshop facilitators and peer advisors

Concerning the development of workshops for potential facilitators and peer advisors the definition of the target groups has to be discussed further. On the one hand the addressed target group encompasses instructors of vocational and advanced training in the social and health care sphere. The Portuguese report stresses furthermore the importance of already trained trainers working at the Institute for Social Security. The main target groups however consist of staff of providing organisations. Research revealed that already existing train-the-trainer courses concerning de-escalation address confidants ("Vertrauenspersonen") and workers´ councils ("BetriebsrätInnen") in health and social care organisations. Furthermore quality representatives and practical instructors, who are the providing organisations´ contact persons for this topic, are to be included. In Bulgaria it was stressed that potential facilitators could be community based nurses and social workers. Furthermore emphasis could be given to the fact that the sector of health care in some countries is a clear migration sector and care workers with a migration background could be trained as "diversity health managers" (see for this suggestion the Austrian National Report). However, a precondition is that they have didactic skills, because teaching basic educational skills would go beyond the frame of this training concept.

Recommended methods

Generally most reports stress that there are no fundamental methodological differences between awareness-raising workshops and train-the-trainer seminars, rather some special foci are integrated.

The Austrian and the Belgian National Reports suggest that train-the-trainer seminars should also encompass an integrated balanced mixture of theoretical inputs and interactive parts. Besides this it is important to work on the future role as a trainer. This could be done on the one hand via role plays, in which the role of a trainer is acted out and on the other hand via self-reflection and group reflection sessions. A session, in which the staffs' role as monitoring instance is discussed, should also be integrated. The German National Report describes similar methodological tool kits but more detailed and lists the following: listening, moderation, brainstorming, discussion, group work, role play, case studies, audiovisual aids, hand-outs, and feedback. Here again the methods correspond to methods used in awareness raising workshops but put emphasis on the task of communicating meaning and application of the methods to the future trainers (see Hellbernd, 2006). Special features concerning the train-the-trainer courses should include theoretical inputs and role plays that deal with the handling of possible re-traumatisation. Furthermore role plays, as mentioned above, are also to be used to clear the future trainers´ role, whereby it is important to focus on hierarchical differences (e.g. if a care worker who works in a hospital trains a doctor, who works in the same institution and thus would be in a higher hierarchical position than the care worker). Besides this, the trainers should receive information concerning the time flow and organisation of a training as well as how to implement the contents of the training in different settings.

Recommended themes

Issues that are to be included in the training also correspond to the above mentioned topics of an awareness raising training. The modular approach, which starts with a general definition and then continues with more specialised information about the possible handling of violence, seems to be appropriate also for train-the-trainer courses.

The Belgian National Report summarises concrete suggestions drawn from scientific sources as well as from the practioners´ field. One scheme encompasses the features prevention, early detection, notification/exploration, verification, data collection, action plan, evaluation, and follow-up. Especially the exploration phase seems to be very important (De Maesschalck & Janssens, 2009). Furthermore the Belgian "Centre for General Welfare" developed a training scheme that encompasses the following issues: knowledge and insight in the violence issues; knowledge and insight in relation patters in cases of violence; knowledge and insight in family patterns and the link with the causes for the violence; knowledge and insight in the impact of violence on the perpetrator and the victim; skills in detecting signals of intra family violence; skills to put open in discussion the violence with the perpetrator, the

victim, the couple, the family; skills in working for safety; skills in how to reach all the family members in treating violence.

The Austrian report furthermore suggests that there should be special emphasis on didactic methods and the discussion of the professional role of social and health care staff. Thereby the discussion should include a focus on the possible tackling of power differences and hierarchies (see also "Recommended methods"). The handling of re-traumatisation during the training turns out to be an important topic, which is to be included in the train-the-trainer seminars. In this respect the German National Report further emphasises that albeit themes and content correspond with those of the awareness raising workshops, they have to be conveyed more thoroughly to the trainers. The trainers need more theoretical input and additional material. In addition to all this materials and inputs, the awareness raising workshops should be available as templates. Furthermore, the compulsory character of the training should be tackled. Lastly, stereotypes and prejudices concerning victims of violence are to be included in the training.

Table 19: Summary of themes

Future trainers´ personal role	Sets of Topics
Clearing the trainers´ professional role	Comprehensive scheme I: prevention, early detection, notification/exploration, verification, data collection, action plan, evaluation, and follow-up
Handling of objections and criticism (the training is not a "battle field")	Comprehensive scheme II: knowledge and insight in the violence issue
Handling of the training as compulsive event	Knowledge and insight in relation patters in cases of violence
Handling of hierarchical structures within multiprofessional trainings	Knowledge and insight in family patterns and the link with the causes for the violence
	Knowledge and insight in the impact of violence on the perpetrator and the victim
	Skills in detecting signals of intra family violence
	Skills to put open in discussion the violence with the perpetrator, the victim, the couple, the family
	Skills in working for safety
	Skills in how to reach all the family members in treating violence
	Discussion of the possibility of re-traumatisation
	Possible handling strategies concerning re-traumatisation
	Handling of widespread prejudices and stereotypes against victims of violence

Specific aspects of national trainings

Austria and Germany report trainings with a tandem approach that brings together personnel with different educational and professional background. This approach is reported to be very useful, albeit it is a quite time consuming approach, which requires some specific considerations and preparations. Evaluations of the Austrian tandem training e.g. indicated the importance to prepare heterogeneous groups adequately for their task to build up a training tandem. Furthermore it is necessary to clear knowledge gaps like concerning training experiences in order to prevent a situation in which one tandem partner is over-challenged and the other one under-challenged. Despite the necessity to invest further time in preparing training tandems the approach was evaluated very good due to its capability to address different working fields.

Important features to be included in a European curriculum

Concerning the general work flow and the contents, the European curriculum to train-the-trainers should not differ very much from the curriculum for awareness raising workshops and trainings. Only the form of knowledge transfer differs fundamentally and focuses on didactic and moderation techniques. The curriculum should also start with a general definition of violence and its structural embedment in the society. Then a discussion of forms and patterns of violence and the ways to recognise it in everyday work practice is necessary. The third important set of topics concerns possible intervention strategies and information about the regional victim protection infrastructure. A fourth set of topics relates to the reflection of the care workers´ own experience of violence.

To meet the curricular tasks and prepare trainers adequately, some important features should be integrated. On the one hand it would be important to focus on the structural component of gender based violence. Linked to this discussion would be an adequate definition of violence that encompasses theoretical inputs concerning the relation between gender hierarchies, power, and violence. Furthermore, the trainer should be enabled to lead a topic-related discussion about working conditions of the care workers and relate this discussion to the topic of the staffs´ empowerment. Another important feature of a European training should be the development of special offers for the integration of general practitioners in such advanced training. Research pointed out their important role but also revealed that this group is very hard to address. Besides this, a multidisciplinary training approach on the level of the trainers as well as on the level of the trainees would be useful. Interdisciplinary training tandems e.g. would be able to address different professional groups in the respectively adequate “language”. An interdisciplinary team of competent trainers thus

could address challenges that are based on different experiences, expectations, basic or previous knowledge of the trainees/participants. Another necessary precondition for a successful interdisciplinary training is the preparation of training modules encompassing different levels (i.e. basic and advanced modules). If this task is not met it is useful to select interdisciplinary teams with the same basic knowledge.

Gender specific aspects and final conclusions

Belgium and Austria emphasise the necessity to collect information about the target groups, possibilities for the development of the curriculum possibility for implementation. Gender specific aspects concerning the potential facilitators and peer advisors regard are linked to the fact that the sector of social and health care is generally a female working sector. Notwithstanding, the big overlap of female workforce research also pointed out that also male staff should be addressed. This task could maybe be met with the training of male trainers, unless some experts pointed to the aspect of possible re-traumatisation and the problematic implications of a re-traumatisation in a training setting conducted by a male trainer.

An important precondition for potential trainers is that they have didactic and communication skills. This also points to the possible focus on educational workers who have got expertise concerning didactics. Another important issue is the handling of possible power hierarchies when the future trainers´ role is clarified.

Lastly, as mentioned above, train-the-trainer seminars are missing which would address potential trainers with a migration background and thus would offer a training for future "diversity health managers". Currently there are some courses in which female migrants are supported by entering the health and care sector and these experiences should be discussed further (Kremla 2004; MAIZ 2009).

7.3. Conclusions for suggestions to integrate the issue in basic vocational training

A central result of the screening of vocational trainings is that in most trainings the topic „violence in social and health care" is not covered in the vocational trainings of the health sector. There are some training offers that deal with the topic of violence against older people, but no one adopts a gender approach.

Generally, the implementation of the issue violence against older women in vocational training of staff in social and health care requires further awareness raising work in the

educational institutions. The development and dissemination of information brochures and curricular offers thus is an important step towards a possible implementation. A second important step towards a successful implementation of the topic in educational offers would be a strengthening of the collaboration between the field of victim protection and the field of social and health care. In this respect and also for an enhancement of networks the meetings of the advisory board play an important role. In the Austrian National Report the successful implementation of de-escalation trainings in the curricula of health care education is stressed and could be used as an example for "good practice" (for more detailed information see the Austrian National Report).

Concerning the concrete implementation of such trainings or workshops several issues are to be taken into account. The German National Report stresses that the concept of the awareness raising workshops can principally be used for vocational training. But as the students normally have less practical experience, it would be necessary to integrate more demonstration material and case studies instead of discussing the examples presented by the participants of the course. Experts furthermore underline that such trainings should be implemented at the end of the respective curricula, when the students completed their internships and already have some experience concerning concrete working conditions. Furthermore, the workshop should be conceptualised with a bottom-up modular approach in which the following modules are oriented along a "chain of actions" and would encompass the following steps: general definition of violence – recognising violence – taking action – supervision and self-protection. Many experts also formulate the suggestion that the BtT brochure should be used as base for the development of trainings or workshops.

Summarising the results above, it has to be emphasised that the topic of violence against older women should be mainstreamed in the educational offers addressed to primary care medical doctors, nurses, and social workers, as well as in geriatrics and gerontology courses. To enforce such a mainstreaming of the topic, further network building, lobbying and an enhancement of knowledge transfer between the field of social and health care and the field of victim protection is essential. The second important consideration regards the mentioned integrated perspective, which considers violence against women as structural issue and encloses the care workers´ own experiences of violence in the discussion. Furthermore, empirical information about the field of social and health care is important and would regard on the one hand the social structure of the care workers, like e.g. their gender, a possible migration background, etc. On the other hand it would encompass information about concrete working conditions in order to consider empowerment strategies for staff in social and health care.

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Annex

a) Summary of target groups, settings and contents of awareness raising courses and train-the-trainer concepts:

Training program	Target groups	Aims / objectives	Setting / methods
Health consequences of violence - Victim support within the public health sector (Austria)	Female doctors and staff from victim protection organisations		Hospital setting Tandem approach (doctors and professionals of the field of victim protection) Excursions to victim protection organisations Different modules based on violence (see table 5)
Prevention and intervention concerning aggression and violence in care work - PiagB (Austria)	Security managers and workers´ councils in social and health care from different organisations (preferably attended an awareness raising training)	To find potential facilitators and multiplicators in various organisations To handle with de-escalation and violence in care relations	Setting of community-based health and social care services Various de-escalation modules Concrete needs and demands of the participants Hierarchical Provide tools and relevant topics (see table 4 & 12)
Violence against women and children (Austria)	Professional groups in hospitals who have contact with patients (e.g. nursing staff, doctors, therapists)		Hospital setting Different modules based on violence (see table 3)
Violence against women – the relevance of the public health sector (Austria)	Staff in hospital and education facilities	Gender-related violence with focus on domestic violence against women	Focus: hospital and education facilities
Sexual violence: dissemination of material and training on health symptoms (2 Daphne projects: HelpTheHelper & JoinTheNet I)	Social workers, medical staff, advisors, public authorities	Enable the group Identify relevant syptoms of PTSD Provide competent advice to victims	Different training material (DVD, CD-Rom, Handout)
WAVE training program combating violence against women (Daphne project) (Austria)	Various professional groups in social and health care		Providing list of training features (see table 13)

Training program	Target groups	Aims / objectives	Setting / methods
(Belgium)	Staff members of the Centre for General Welfare	Coping with intra family violence (elder abuse in home care situation)	Exercise Discussion
Movement against violence (Belgium)	Professional workers in the social and health care sector and communities		Awareness raising workshops
(Belgium)	General practitioner	Convince to be facilitator and/or peer adviser (multiplicator, support circles)	Practice-related Brainstorming Presentation Discussion Exercise in group Closing debate
Training program in the Flemish Reporting Point for Elder Abuse (Belgium)			Awareness raising workshops Different topics about abuse and early detection (see table 1)
Domestic violence against women: Health support - S.I.G.N.A.L. – program of intervention (Germany)	Persons who arrange a training for staff from the sphere of help and support for women affected by violence Health care staff Staff, students, trainees from all relevant spheres		Interdisciplinary training Theoretical description of contents Frequent aspects of discussion Recommended literature for in-depth information The practical part contains general didactic and methodical suggestions for carrying out trainings, exercises to single modules, hand-outs and templates
Pro Train – Advanced training for health professionals (Germany)	Health care professionals within the health care system		Invited experts Selectable modules Training tandem Theoretical background knowledge for the trainers, including literature references Interactive exercises with suggestions for trainers Hand-outs, powerpoint presentation (see table 6,7 and 8)

Training program	Target groups	Aims / objectives	Setting / methods
PRIO (Germany)		Focused on sexualised violence	Discussion of trauma and possible re-traumatisation Different topics based on domestic and sexualised violence (see table 9)
Violence against older people (Bulgaria)	Sector of social and health services	To introduce the notion of violence and abuse	Five modules with different key aspects (see table 2)
Gender training in combination of a training certification (Portugal)	Trainees with educational background	Gender equality specific training with focus on domestic violence Use of gender equality language and practices Obtain gender equality certification and a train certification	Theoretical information to frame the concept of domestic violence Expositive method (lecture format) Active methods (role plays and training simulations) (see table 14)
Vocational training for policemen / policewomen and for students of the police academy (Slovenia)		Knowledge transfer	Practical examples Following the theoretical part Group work with the discussions

b) Overview of the matrix:
Search and analysis of available train-the-trainer concepts for health professionals of community-based health and social services for older people on violence and abuse against older women

The matrix is divided into three categories including subcategories as follow:

a) Analysis found trainings

general information	setting and group information	focus	additional information (if available)
like type/name of the training, country, source/author, frequency/year of the training	like length, target group, group size/composition	like time flow, emphasised issues	like handouts, participants' involvement, trainer educational background

b) Description of interests

general information	basic information	focus and methods	additional information	other comments
like type, training concept, country, source (citation), author and aims of the instrument, language	length, group size			

c) Screening educational offers

screening list							
number	country	professional group	sample information	length of vocational training	issue of violence and abuse covered	if yes in what form and how?	additional remarks