



Breaking the Taboo II – Developing and testing tools to Train-the-Trainer

Breaking the Taboo II

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

Els Messelis & Ann Moreels

Lachesis in cooperation with the Flemish Reporting Point for Elderly Abuse

June 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.

Table of content

1. Summary of results	3
2. Summary of results in national language.....	4
3. Introduction.....	5
4. Methods	7
5. Description of community-based health and social services .	8
5.1. Actors in the field of community-based health and social services	8
5.2. Involved professional groups.....	10
5.3. Results of screening basic educational trainings of health and social professionals	12
6. Awareness raising courses for staff of community-based health and social services	15
6.1. Setting and target group information	15
6.2. Focus and Contents	19
6.3. Found methods.....	19
6.4. Additional information	19
7. Train-the-trainer courses on violence against older people with a special focus on older women.....	20
7.1. Setting and target group information	20
7.2. Focus and contents.....	21
7.3. Methods used.....	23
7.4. Additional information	24
8. Conclusions for the development of a curriculum for workshop facilitators and peer advisors	25
8.1. For staff workshops	25
8.2. For workshop facilitators and peer advisors	27

8.3. For suggestions to integrate the issue in basic vocational training... 28

9. References29

10. Annex: list of found training courses39

1. Summary of results

Belgium has been active as collaborating partner in the BtT1 Project. In the BtT2 Project, Belgium is acting as a main partner. The BtT2 project consists of several work packages. This report describes work package 2. The goal of work package 2 is to collect all information about the existence, the goals and the availability of assessment workshops for basic workers and courses for people who are involved in the treatment of female elderly abuse in Belgian families. We also concentrated on identifying peer advisors for this project, for people already active in health and social organisations, for people actively participating in elderly care. All of them can help to turn the developed curriculum into practice. We also investigated how much the content of the project is already integrated in relevant professional courses. Students of these programmes could come into contact with violence against older women in home care.

The project is emphasizing on prevention of violence against older women in home care. Information was mainly collected in Flanders. Additional information regarding awareness raising workshops has been delivered by the Brussels and the Walloon Reporting Point for Elderly Abuse. All this information is captured in the report.

Research was done via Internet Search Engine Google (Scholar), databases, literature used in the BtT1 project and schools organizing professional courses. Most of the information was collected via interviews with experts by phone and mail. The first expert meeting, held on 21 May 2010, resulted also in additional information.

Many results related to awareness raising workshops for basic workers have been retrieved. Results for 'train-the-trainer' concepts and trainings for facilitators and peer advisors were rather limited but interesting to reflect in the report. The subject 'violence against older women' is very few, even mostly not taken into account in schools and professional trainings. No single initiative concentrates on prevention of violence against older women in home care. However the retrieved concepts do offer some valuable items to develop a European curriculum.

Some experts emphasize the need to pay more attention to the possible gender differences in the treatment of elderly abuse. Not everybody is convinced that special attention to violence against and abuse of female victims is required, despite the fact that 70% of the victims in Belgium are female, in general between 70 and 89 years old, with a peak between 80 and 84 years. Many interviewed people support the idea of offering assessment workshops as multiprofessional and multidisciplinary trainings for employees of social and health organisations being involved in family care. As much as possible professionals should be involved: social workers, seniority consultants, family scientists, nurses, (home) carers, psychologists and general practitioners.

A well defined step by step implementation plan is needed, paying attention to intake, early detection and exploration, prior to start the remediation. Implementation, evaluation and transfer between professionals should be taken into account.

Multiple interactive methods like discussions, case studies, film/DVD, role games with high involvement of the participants, are required.

The core group for the 'train-the-trainer' courses are teachers in professional and advanced degrees in social and health services, workers active in Reporting or Focal Points for Elderly Abuse, as well as peer advisors.

2. Summary of results in national language

België was in het BtT1 project betrokken als 'collaborating partner'. België is voor het BtT2 project betrokken als volwaardig partner. Het BtT2 project bestaat uit verschillende werkpakketten. Dit rapport handelt over het werkpakket 2. Het doel van dit werkpakket 2 bestaat erin om een overzicht te maken van het bestaan, de doelstellingen en de beschikbaarheid van bewustmakingsworkshops voor basisedewerkers en van vormingen voor trainers die te maken hebben met het behandelen van geweld tegen oudere vrouwen in families in België. Daarnaast concentreerde het onderzoek zich op het identificeren van 'peer advisors' voor dit project, voor hen die reeds actief zijn in gezondheids- en sociale organisaties en degene die actief zijn in de ouderenzorg waarbij dat ze actief kunnen meehelpen om het ontwikkelde curriculum om te zetten in actie. Een ander aspect concentreerde zich op in hoeverre de inhoud van het project aanwezig is in relevante beroepsopleidingen. Cursisten van deze opleidingen kunnen met het onderwerp geweld tegen oudere vrouwen in de situaties van de thuiszorg geconfronteerd worden.

Het project legt de nadruk op de preventie van geweld tegen oudere vrouwen in de thuiszorg. Hoofdzakelijk werd informatie verzameld in Vlaanderen. Extra informatie aangaande bewustmakingsworkshops werd aangeleverd vanuit het Brusselse en het Waalse Meldpunt voor ouderenmis(be)handeling. Deze informatie werd geïncorporeerd in het verslag.

Ons onderzoek werd uitgevoerd via de Internet zoekmachine Google (Scholar), databases, literatuur gehanteerd in het BTt1 project en scholen waar beroepsopleidingen worden georganiseerd. Onze informatie hebben we echter vooral verkregen via interviews met experts, via telefoon en e-mail. Tenslotte werd informatie verzameld op een eerste vergadering van de expertenmeeting van ons project, d.d. 21 mei 2010.

Heel wat resultaten aangaande bewustmakingsworkshops voor basisedewerkers werden teruggevonden. Resultaten betreffende 'train-the-trainer' concepten en training voor facilitatoren en adviseurs waren eerder beperkt in aantal, doch interessant om mee te nemen in ons verslag. Het onderwerp, geweld tegen oudere vrouwen in thuiszorg, wordt tenslotte nauwelijks of zelfs niet gepland in onderwijs en beroepsopleidingen. Niet één initiatief

concentreert zich op de preventie van geweld tegen oudere vrouwen in de thuiszorg. Desalniettemin bieden de gevonden concepten een aantal valabele items om het Europees curriculum te ontwikkelen.

Sommige geïnterviewde deskundigen beklemtonen de noodzaak om meer belang te hechten aan mogelijke genderverschillen in ouderenmis(be)handeling. Niet iedereen is echter overtuigd dat specifieke aandacht naar oudere vrouwen toe inzake ouderenmis(be)handeling wenselijk is, ondanks het feit dat recente cijfergegevens in België aangeven dat 70% van de slachtoffers vrouwen zijn (grootste categorie van de slachtoffers is tussen de 70 en 89 jaar met een hoogtepunt tussen 80 en 84 jaar). Uit ons onderzoek gaan heel wat stemmen op om de bewustmakings workshops aan te bieden als multiprofessionele en multidisciplinaire trainingen voor personeelsleden van sociale en gezondheidsorganisaties die in contact komen met thuiszorg. Zoveel als mogelijk professionelen zouden moeten ingeschakeld worden – maatschappelijk werkers, seniorenconsulenten, gezinswetenschappers, verpleegkundigen, zorgkundigen, thuishulp, psychologen, maar ook huisartsen.

Inhoudelijk zal een goed stappenplan wenselijk zijn waarbij ruime aandacht besteed wordt aan de intake, de vroegdetectie, de exploratie vooraleer overgegaan wordt naar behandelingsplannen. Ook de implementatie, de evaluatie en de transfermogelijkheden zullen ruime aandacht moeten krijgen.

Verschillende interactieve methodieken zoals interactieve discussies, case studies, film/DVD, rollenspellen, waarbij een hoge betrokkenheid van de hulpverleners verwacht wordt, is wenselijk.

De doelgroep voor de ‘train-de-trainer’ cursussen kunnen onderwijskundigen, leraren van beroeps- en geavanceerde opleidingen in sociale en gezondheidsdiensten, vormingswerkers actief in Meldpunten en Steunpunten voor ouderenmis(be)handeling evenals adviseurs voor dit onderwerp zijn.

3. Introduction

Research on violence against older women shows that physical violence and other forms of abuse often occur in domestic settings. However, violence against older women is still a taboo and therefore less visible in society than violence against younger women. “Breaking the taboo II - Developing and testing tools to train-the-trainer” (BtT II) is the follow-up of the project “Breaking the Taboo - Empowering health and social service professionals to combat violence against older women within families” (BtT). BtT made this issue visible and paved the way for taking coordinated action on a European level. Both projects are funded by the European DAPHNE-program and the Research Institute of the Red Cross is one of the research partners. As BtT pointed out, professionals of community-based health and social services play a crucial role concerning the detection of violence against older people in care relations. Professionals of health and social services are often the only persons who stay in

contact with older people who are attended by their families. Research focused on the professionals' coping strategies and their needs for further strategies to deal with abuse within families. The project revealed that many health and social service organizations do not have clear organizational procedures dealing with abuse of older women. Hence, organizations working with older people need to develop standards and procedures and designate staff members as contact persons who are trained with respect to these issues. To meet this task a brochure with tools on "recognizing and acting" with important information and addresses was published. Furthermore an enhancement of the cooperation and a strengthening of networks between victim-protection organizations and community health and care organizations were recommended.

Building on this information, BtT II now focuses on the development of the required standards and aims at developing and designing a curriculum to train professionals in the field of community health and social services. The curriculum will be based on the brochure and the design for "awareness raising workshops" developed within the BtT-project. It will be upgraded and finalized in collaboration with health care professionals and with professionals coming out of the field of victim protection. The project furthermore pointed out that the three main professional groups providing care services are home helpers, nurse assistants and nurses. Due to the daily-based assistance these groups have an extraordinary position and are treated as main target groups for the development of the curriculum and trainings. The curriculum will encompass three modules. The first will be a train-the-trainer module to enable senior staff and/or trainers to carry out awareness raising workshops with staff members. The second module concerns the training of multipliers to act as contact persons within community-based health and social service organizations. Finally, a third module encompasses the development of training materials, which should be implemented at vocational training institutes and universities.

The project BtT II lasts from December 2009 until December 2011 and is coordinated by the Austrian Red Cross. Research partners from Austria, Belgium, Bulgaria, Germany, Portugal and Slovenia are participating and the project started with a 3-day joint trans-national kick-off workshop in March 2010. In the first phase of the project a European research report is produced, in which already existing trainings and workshops are illustrated. In the second phase the curriculum and a 1-day awareness raising workshop for staff in community health and social services will be elaborated. These steps shall facilitate further implementation of the topic in organizations in the field of social and health care. Furthermore, national conferences will be organized in the six partner countries and an information website of the project will be produced.

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

on the issue is illustrated. Concluding, the found trainings are summarized and possible proposals for a curriculum are presented.

4. Methods

Introduction

A few years ago, it was mentioned that elderly abuse in Belgium was still far too much ignored (Vlaams Meldpunt ouderenmisbehandeling, 2007; Berg, Moreau & Giet, 2005; Messelis, 2003).

Today it is still the case, but more attention has already been paid to the subject (Vlaams Meldpunt ouderenmis(be)handeling, 2009).

It was especially in 2007 that the Belgian Sociologist Birgit Wauters broke taboos concerning elderly abuse. She had shown that victims of elderly abuse are especially older widows. The older the victims, the older the perpetrators (Wauters, 2007). The attention for violence against older women was raised. The Breaking the Taboo project has widened this scope (Messelis & Callewaert, 2008; Messelis, 2009; Messelis, 2008).

“In most cases the abuser in Belgium is the victim's own flesh and blood. Some of the results of a recent Free University of Brussels study (Wauters, 2007) into the problem have been published in an edition of the daily 'Gazet van Antwerpen' (22.11.2007). Many of the victims of elder abuse are elderly widows. In three-quarters of all cases, the abuse is perpetrated by the victim's own child. Ten percent of victims are over 90. The survey also declines some typical statements about elder abuse. It is often believed that most victims of elder abuse suffer from dementia and/or have little social contact outside the home. However, this is not the case and 71% of victims are mentally and physically fit with only 10% of them suffering from dementia. The study also revealed that sons are more likely than daughters to abuse their parents. Most abusers (66 %) are over 50 with only 3 % of elder abusers being younger than 30. The figures quoted in the study refer to all forms of abuse and not limited to physical violence. (<http://elder-abuse-spotlight.blogspot.com/2007/11/400-pensioners-abused-each-year-belgium.html>)”.



Methods

Belgium was only involved as a collaborating partner in the BTt1 project, but one of the conclusions was that only very few awareness raising workshops for staff, train the trainer concepts and training for facilitators and peer advisors would exist on the topic of violence against older women in the family. Therefore, the WP2 responsible person in the BTt2 project has suggested to start the research with three concentric circles on the keywords

„older women – older people – women in general“ as well as two concentric circles on the keywords „community-based health and social services, hospitals/care homes for older people“ and “other settings“, adding further key words step by step.

The research was carried out by using the internet search engine Google (Scholar) and by analysing literature databases from Gerontology, Family Sciences, Medicine, Psychology and Social Sciences,... (e.g. pub med, web of knowledge...). Also literature, used in the BTt1 project was selected. Another method was an overview of information coming from further trainings in already excited curricula, congresses and symposia. Most of the information, however, has been received by talking to, telephoning and e-mailing with experts. Lachesis has been working closely together with the Flemish Reporting Point for Elderly abuse to develop the Belgian Report because this organisation works in cooperation with Lachesis for the BTt2 project.

As for the vocational trainings: it was not possible to receive a clear overview on the different aspects on elderly abuse in home care that have been taught. The screening of the curricula was difficult. Out of many phone calls, the conclusion might be drawn that there are no national curricula for all schools. It seems that the schools – secondary schools as well as bachelor and master levels - have to undertake the task of working them out on their own.

For the discussion of the gender issues and the conceptualising of the training, a first advisory board meeting was set up on the 21st of May 2010, whose members have especially expertise in elderly abuse in home care, in the field of care for senior citizens/violence in domestic care and experts in the development and testing of curricula as well as educational trainers. The results of this discussion in the first advisory committee can be found in the minutes, sent half June 2010 to the evaluator Mrs. Karin Stiehr – ISIS.

5. Description of community-based health and social services

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

Community based health services

In Belgium, the agency that deals with reports of elder abuse in Flanders is the Flemish Reporting Point for Elderly Abuse (Vlaams Meldpunt voor ouderenmis(be)handeling) in cooperation with the Provincial Focal Points on elderly abuse. The agency that deals with elderly abuse for the Flemish speaking part of Brussels is called the Brussels Reporting Point for Elderly Abuse (Brussels Meldpunt voor ouderenmis(be)handeling). A similar organisation exists for the French speaking part of Brussels: SEPAM (Service d'Ecoute pour Personnes Agées Maltraitées). For Walloon, a Walloon Reporting Point for Elderly abuse exists (Respect Seniors), in cooperation with different organizations per province.

The Flemish organisation concentrates on elderly abuse in home care, the others concentrate on elderly abuse in home care as well as in older people's homes.

As mentioned above, we will mainly concentrate on Flanders for the research. Nevertheless, extra information that has been received from the Brussels and the Walloon Reporting Point for Elderly abuse on awareness raising, will be incorporated in the report.

Community based health services

In Flanders, community-based health services have an umbrella organisation: the Flemish Agency for care and health, 'Het Vlaams Agentschap voor zorg en gezondheid' is part of the Department Welfare Health and Family. The Agency has been built up on the 1st of April 2006. The agency is based on seven pillars:

Preventive care, home care, hospitals, residential elderly care, mental health care, palliative care and expertise centre for dementia (<http://www.zorg-en-gezondheid.be/Home.aspx?id=1160>).

For the BtT2 project, only preventive care, home care, hospitals, mental health care and expertise centre for dementia are relevant. A lot of initiatives exist in residential elderly care but this is not the scope of this project. Interviews and telephone calls learn that ad hoc initiatives on elderly abuse exist in preventive care, hospitals and mental health care. In expertise centers for dementia, elderly abuse is one of the topics in their curriculum and some educational courses concentrate on 'gone off the rails care', but it is not structurally involved in their curricula so far. In particular the home care sector is interesting for the BtT2 project.

Many organizations are involved in home care: centers 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), centers for taking care (Diensten voor oppashulp), (diensten voor gastopvang), centers for home nurse (diensten voor thuisverpleging), centers 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), educational centre for polyvalent carers (opleidingscentra voor polyvalente verzorgenden) (<http://www.zorg-en-gezondheid.be>).

Beneath all these kinds of organizations, General Practitioners are worth mentioning. They play a central and a very important role in care for older people and they are often the first (and only?) contact for medical and psychosocial problems.

Home support for older citizens is also offered by speech therapists, physiotherapists, and occupational therapists, who organise therapy with (older) people requiring treatment at home.

Community based social services

Community based social workers are often working with vulnerable people: physical or mental disabilities, persons who are not able to work for a living or not able to care for themselves. These social workers are also confronted with violence, aggressiveness, elderly abuse, people who have been mistreated and frail elderly persons.

In Flanders, senior consultants and family carers are more and more involved in home care: senior consultants for elderly people and elderly abuse; family carers for families in general and for intra family violence in general.

The tasks of the social worker mainly include administration and counseling, along with a little bit of medical (usually psychological) intervention and advocacy. The social worker provides her or his clients with little bits of wisdom, advice, information, counseling, support as needed.

The expertise of Centers for General Welfare (Centra voor Algemeen Welzijnswerk) concentrate on intra family violence in general: this includes child abuse, partner violence, elderly abuse, parent abuse,... Furthermore they concentrate on all other kinds of welfare topics: relationships, personal problems, financial and material problems,... The centre offers all kinds of help: information, advice, practical help, professional treatment,...(<http://www.caw.be/KanhetCAWmijhelpen/tabid/134/Default.aspx>).

5.2. Involved professional groups

As already described above, there is a wide range of professional groups working within the field of community-based health and care services. The first group encompasses nurses, carers (in some countries they are called nurse assistants), therapists etc. The second group ranges from home helpers, mobile feed provision, etc.

The three major groups of hands-on workers in home care in Flanders are nurses, carers and home helpers. Nurses are responsible for the medical care and treatment of the clients and they furthermore coordinate and supervise the care services. Carers are concerned with daily care services like hygienic care, support of feed intake, mobility of the client, supervision, the changing of bandages, etc. Home helpers are responsible for the clients' household.

In the Flemish health system home visits are also offered by physiotherapists, occupational therapists and speech therapists. On the basis of a prescription of a doctor, they come to the domestic sphere where they do therapy sessions once to several times a week and for a limited period of time.

In health and social care, many professionals work in the field of home care: social workers, senior consultants, psychologists, care professionals,... Sometimes, a case-manager is required.

In the province of East Flanders, case managers are dealing with elderly abuse. They intervene in specific cases as well as to act as experts when consulted by other professionals. They implemented the 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. case management is often used in relation to helping drug addicts or other substance abusers (e.g. Vanderplasschen, Lievens & Broekaert, 2001). They (2007) also mention case management as a commonly implemented solution for dealing with elder abuse. With this strengths based model, these case managers aim to support the victims in their search to gain more control over their lives, by using the strengths and possibilities of the clients themselves. This choice to use case management in cases of elder abuse is also fully endorsed by the Flemish Reporting Point. According to both the reporting point and the supporting point, there are a number of reasons why case management is the obvious method in dealing with cases of elder abuse:

- Elderly are confronted with problems that mostly concern several domains of life and therefore several domains of required assistance.
- The core business of the use of case management in dealing with this specific group is to motivate them to allow social assistance and/or to receive the right assistance. Starting point is the need and possibilities as formulated by the victims, from which the case manager and the victim together search for achievable solutions to deal with the problematic situation.
- Older people often don't find the way to existing social services (partial because of physical impairments and partial because of a lack of knowledge about existing services). This reason makes it necessary to give great attention to coordination of their situation and to advocacy.
- There are situations in which a lot of helping services are already present, but where no-one acts as representative of the elder, which makes it necessary for the case manager to act as coordinator of the situation and as advocate for the elder.

Also other persons involved, e.g. non-professionals often find it hard to act as advocate for the elder, because of lack of skills, knowledge or out of loyalty with the perpetrator.

The case managers of this supporting point also use a guideline which contains 9 (possible steps) (Steunpunt Ouderenmisbehandeling Oost-Vlaanderen, 2004):

- Step 1: receiving the data concerning the case, ideally through/from the Flemish Reporting Point which uses a standardized reporting form
- Step 2: contacting, if possible and allowed, the victim in order to obtain his or her consent to intervene
- Step 3: house call: intake with victim. Introduction, exploring the whole situation and context

- Step 4: developing an action plan, in collaboration with the victim and if possible, in collaboration with social services who are already working in the situation
- Step 5: organising a meeting with other social services and victim
- Step 6: informing the victim (if not present in step 5) about the meeting. Adjusting the action plan when required
- Step 7: evaluating after 6 weeks
- Step 8: final evaluation after 3 months. If all objectives are realised, the case is closed. If not, the file is adjusted.
- Step 9: Returning all official documents and if required, making new appointments for the future in case things go wrong again.

This is only a guideline. In some cases, much or less attention is paid to one or more steps.

5.3. Results of screening basic educational trainings of health and social professionals

It would be desirable if the awareness raising courses in Flanders would be planned as ***multidisciplinary and multi professional courses*** to include as many professional groups as possible: not only social workers, carers, housekeepers but also nurses, senior consultants, family carers and General Practitioners. Awareness raising processes have to become a working tool for both professionals and staff members in home care. Organizing training and workshops is a way to achieve this. A brochure with action plans is not sufficient. The matter really has to be burdened in the way of working. Interplay of knowledge and experiences are necessary from the top to the basic workers and vice versa. Specific coaching of basic workers remains an important aspect to pay attention for. These aspects have been stressed in the first advisory board meeting on the 21st of May.

For this research, it was said that three professional groups had to be investigated. The following selection has been made: carers, senior consultants and nurses.

Carers

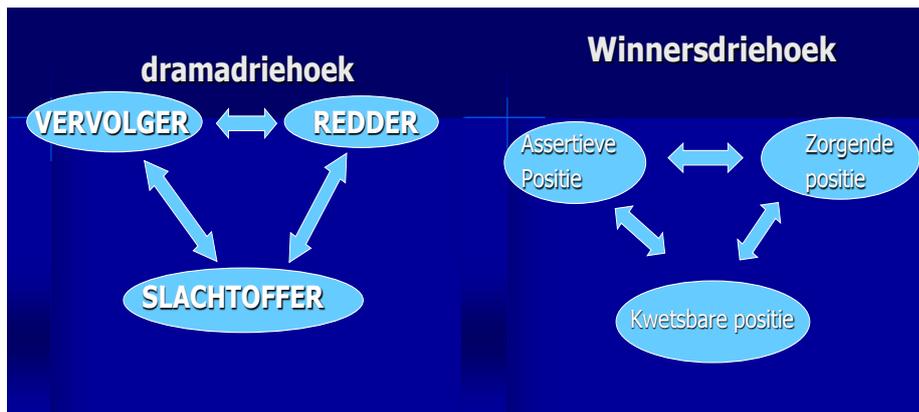
The general training period of the professional fields of becoming a carer is 4 years (from 14 up to 18 years old). Different service organisations organise training sessions for adults to become a carer.

As an example, Family Care (Familiezorg vzw West-Vlaanderen) organises a basic education up to carer for 18+ people for 1200 hours: 10 months during the day, 600 hours theoretical and practical lessons in communication, care, care for quality of life and living and participation in the labour market. Above this: 600 hours practice: half in a service for family

care, other half in residential care. An extra module to become carer (zorgkundige): 1 month a day + 70 hours theoretical and practical lessons + 50 hours practice.

The non-violent model and insights in the drama triangle and the strength triangle are theoretical frameworks in which students and professionals constantly are educated. All the professionals who are confronted with elderly abuse work and think around these theoretical frameworks.

Table 1: Drama and strength triangle



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. In the winner triangle on the other hand, the positions are healing, strengthening and actions come from the inner strength. In their Power point presentations and articles, they work out examples, case studies to implement these theoretical frameworks.

Similar to the organization 'Family care', the organization 'Family help' (Familiehulp vzw) exists. This organization educates in the different educational centre people that can start working in home care. Yearly, about 120 qualified and motivated persons can start working as a carer. Moreover there are many other initiatives: an educational curriculum of ½ day for 20 persons in the educational centre, educational courses for basic workers: one day for 16 persons. This organization uses the theoretical framework of the equality model to study violence. The developed guidelines – with action sheets – are based on this theoretical framework. Beneath that, they give an insight of actions in cases of risk or in cases of elderly abuse (preventive as well as curative) in home care situations; the role of every employee in the organization 'Family Help'. All these action sheets have been approved by the Advisory Board of the organization and form the basis for their educational courses and training sessions.

Senior Consultancy Training

Another example is the senior consultancy training. This is a comprehensive and profound study on older people. The objectives are to increase effectiveness of professionals and volunteers in different fields, increasing the effectiveness of senior citizens, to strengthen social cohesion of older people and to provide a background vision to all important players active in elderly policy and elderly care. The general training period is minimum two years and maximum 4 years. It

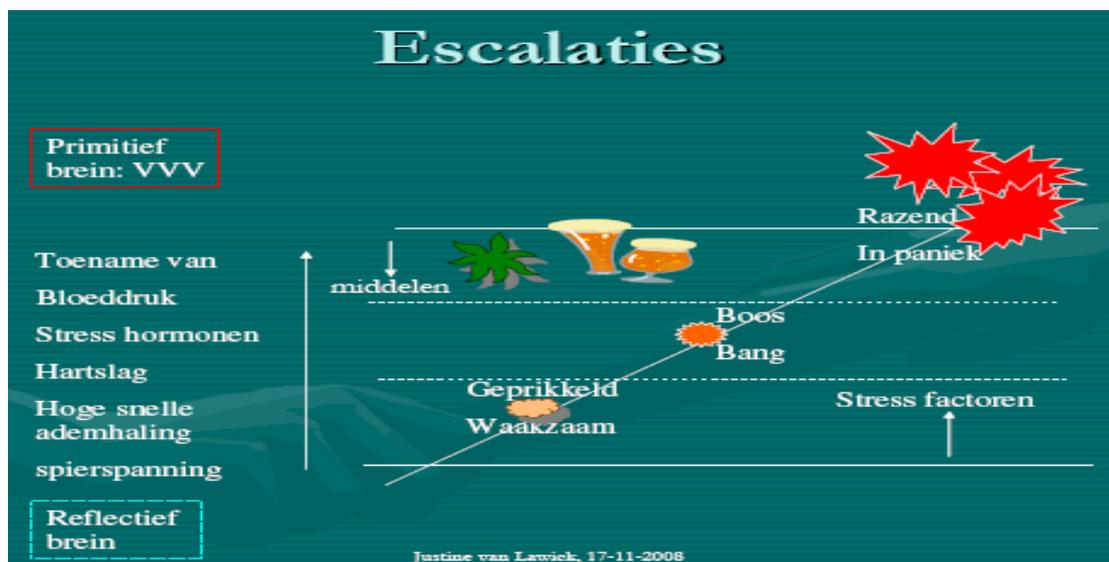
contains 4 modules of in total 960 hours. A degree ‘Senior consultant’ can be reached after 2 years of theoretical insights, practice. The education is recognized and subsidized by the Flemish Minister of Education.

The curriculum gives an insight of the complete program, inclusive a program on elderly abuse. The theoretical insights are based on the equality model, the Karpman triangle and the intra family violence model, developed by Justine Van Lawick 2008).

This schedule shows that escalations of problems can occur and problems can explode, due to different stress factors. In family situations, due to stress factors, people can become watchful, stressful, then angry and scared and afterwards outraging and in panic. The ‘reflective’ brain can become a more ‘primitive’ brain because of muscle tension, higher blood pressure, stress hormones, faster heart beating, higher and faster breathing.

Furthermore, insights are given on awareness raising, early detection, and treatments after detection. From 2010-2011 on, the breaking the taboo I brochure and the European curriculum will be used in the vocational training.

Table 2: Escalations in violence



Nurses

A third example contains the professional bachelor nurse and the professional bachelor geriatric nurse. Detailed information about the curricula isn't available yet. More information is available about the professional organisation for nurses, "Beroepsvereniging voor Verpleegkundigen en vroedkundigen in Vlaanderen" (NVKVV): there is no further education

on elderly abuse, no further education via local departments concerning the topic. A 4 hour training for students exists, by which they are asked to make a paper on elderly abuse.

The White-Yellow Cross on the other hand organizes an in-school trajectory for new nurses on elderly abuse, violence against older people, reporting and supporting points for elderly abuse. Once in a while, there is an educational course, organized by the professional organization.

In a telephone call to the administration of the Flemish Ministry of Education, the authors learned that Vocational training in Bachelor and Master degrees is free to organize the subjects they want. Competences are made for the different degrees and have to be proven by the organization NVAO, Nederlands-Vlaamse Accreditatievereniging. In curricula in HBO5 (senior consultants), in bachelor degrees nurse, family sciences, geriatric nurse, social work as well as in master degree in gerontology, attention is paid to the topic of elderly abuse. As to the information of the authors, real educational programs concerning the topic don't exist.

These extracts of our research make clear that the topic „violence in care“ has reached the syllabi, but could be more elaborated in depth. Therefore, a curriculum in basic vocational training would be very interesting.

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

6.1. Setting and target group information

In Belgium, not one course has been found on the topic „violence against older women in families“.

Wallonia

Trainings and information sessions by the Walloon Reporting Point for elderly abuse 'Respect Seniors' (earlier name: CAPAM) were given to various groups, as described in the attached table, for instance:

- Professional workers in older people's homes (directors, nurses, carers, administrative support employees and maintenance workers)
- Professional workers in home care
- Schools : in general by exception, but more dedicated in schools with programmes for psycho-social graduates.
- Elderly organisations
- Various audience (political, judicial and other organizations)

In 60 schools, 1500 students of various programmes have been taught : family carers, social workers, trainers or professors, nurses, General Practitioners... These students were following courses in secondary schools, adult education, high schools and universities. In 20 sessions, 372 home carers were informed. In 31 sessions, 569 nurses and carers from Older

people's Homes/Hospitals were educated. In 2 sessions, 18 police officers were informed, in 11 sessions, 225 elderly people were informed on the topic of elderly abuse. Finally, in 19 sessions, 383 other professionals were educated (see table below).

Table 3: educational courses in Walloon Reporting Point for Elderly Abuse

Audience	Number of sessions	Number of participants
Students	60	1500
Home Care	20	372
Older people's Homes / Hospitals	31	569
Police	2	18
Elderly people themselves	11	225
Various	19	383

The number of sensibilization and awareness raising sessions has dramatically increased since 2009. The creation of 'Respect Seniors' allowed to respond to an important demand.

"Our tools and experience are continuously being developed and allow us to approach in an adequate way the real situation as experienced by the audience", so far Mr. Langhendries (director of Respect Seniors). More detailed information about the tools was not available for the report.

Brussels

No information available from SEPAM, the organization who deals with problems on elderly abuse in the French Speaking Part of Brussels.

Before 2009, the Flemish Reporting Point for Elderly abuse was responsible for Flanders and The Flemish Speaking part of Brussels. Since 2009, the Brussels Reporting Point for Elderly Abuse, imbedded in vzw Home-Info, has been responsible for problems in the Flemish Speaking part of Brussels. Their goals are: to register the reported cases; to offer professional care, sensibilization and prevention. These goals have been realised by giving education and information sessions to different target groups: elderly, elderly organisations, professional workers, carers, volunteers, ... In 2009, information and educational sessions were given to the Brussels Elderly Advisory Board Meeting, to social workers, elderly, volunteers, professional carers, nurses. In 2010, information and educational sessions will be given towards professional carers and students social work.

Flanders

In the last years, much attention has been paid to the topic of elderly abuse from gender perspective by the Flemish Reporting Point for Elderly abuse throughout a yearly congress. In 2008 and in 2009, the possibility occurred to present the results of the breaking the taboo I project and its brochure. Since then, many organisations have been working with the brochure. A reprint of the Flemish brochure is forthcoming (700 copies).

Currently, twelve offers in Flanders for further education - which are formulated and accessible for the public – have been detected. All of them are related to the awareness raising workshops for staff in home care situations. Other awareness raising workshops exist, but concentrate on initiatives in elderly people's homes. Due to copyright reasons, most of the details of the training concepts were not available for the report. The most important ones are named in the attachment. Basic – no detailed - information has been given throughout the matrix.

In general, it can be stressed that there are initiatives that concentrates on intrafamily violence in general, with a specific attention to elderly abuse and initiatives that concentrates on elderly abuse in home care situations.

E.g. the movement against violence organised awareness raising workshops for professional workers as well as for the community. They especially concentrate on low entry initiatives for a large audience.

E.g. The cooperating initiative first care (Listel) has especially built out expertise in multi professional and multidisciplinary workshops for staff in which the composition of the group exists of GP, home nurses, carers, home helpers and social workers.

E.g. Communication skills in cases of intra family violence; training self-care for professionals in cases of intra family violence; workshops on accosting professional care in intra family violence.

Three trainings/educations shall be mentioned here explicitly. Detailed information concerning the contents, the methods and the evaluation criteria are not available.

Education for early detection

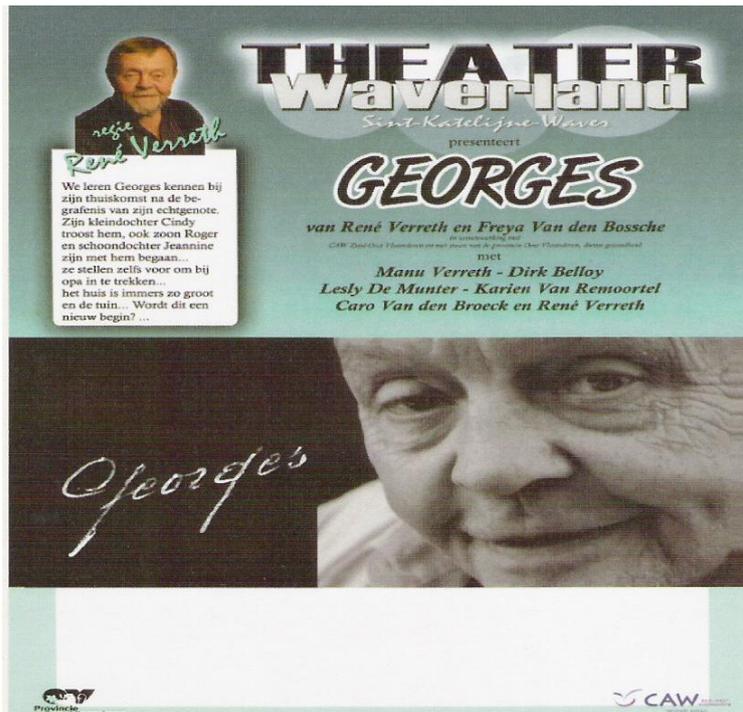
The awareness raising education, organized by the Flemish Reporting Point for Elderly abuse, is called schedule for early detection (leidraad vroegdetectie).

By appointing the different forms of elderly abuse and by giving an overview of the signals, the reporting point expects that the alertness of people, who are not daily of professionally involved in the topic of elderly abuse, increase.

This guideline also offers a test tool for professional employees who almost daily come in contact with the elderly.

Play George

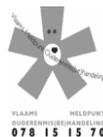
Another example is 'the play George', developed in 2007 by the Flemish Reporting Point for Elderly abuse (in cooperation with René Verreth, theater Waverland). After the play, feedback and discussion on elderly abuse is possible. This play tells the story of Georges, who we meet after he gets home from the funeral of his wife. His son, daughter in law and granddaughter decide with the best intentions to move in with him. What should be a new beginning for all of them becomes pretty soon a nightmare...



Factsheet

A third example of awareness training is based on a factsheet, developed by the Flemish Reporting Point for Elderly abuse and the Provincial Focal Point of elderly abuse – Limburg (Listel).

In the Factsheet 'elderly abuse in home care situations', the Reporting point gives an explanation about their organization, their tasks, used definition of elderly abuse, different forms of elderly abuse, signals, treatment.



6.2. Focus and Contents

The programs of the Flemish reporting point for elderly abuse offer basic knowledge as well as the possibility to raise awareness and extend competences in dealing with older women and men affected by domestic violence.

The focus of the training programme in the Flemish Reporting Point for Elderly abuse, called 'schedule for early detection' lies in raising awareness for the topic elderly abuse in general in home care situations. The content can be described as follow: definition and forms of elderly abuse, risk factors perpetrator and victim, perpetrator – victim – professional carer – boundaries of professional care, DVD 'silence is not the solution', figures, problems, tips how to treat elderly abuse. The main focus is recognizing elderly abuse.

Second example: 'Play George' concentrates on a situation of elderly abuse. The main focus is awareness raising and recognizing of the problem. The time flow is as following: first part of the play, break, second part of the play, feedback and discussion.

6.3. Found methods

First example 'schedule for early detection': these awareness raising workshops are organized for Community based health and social care services. It is a 4 hours length education for the follow target groups: social and health workers, police and students. The size of the group is depending on demanding. Handouts are used and are available. The level of involvement is middle (some exercises, some inputs of the trainer).

Second example 'play George': these workshops for staff include the showing of the play, followed by feedback and discussion. The initiative is organized for Community based health and social care services. The activity takes place once in a few regions, each time for 2 ½ hours – 3 hours. The target groups are professional home carers. The size of the group is from 50 up to 250 persons.

Third example: no further information on the evaluation is available.

6.4. Additional information

First example 'schedule for early detection': there is no extra information on evaluation available.

Second example 'play George': evaluation learns that effectiveness of the play is high: a high level of sensibilization and a high level of awareness raising occurs. This information might be valuable for the European curriculum.

Third example: no further information on the evaluation is available.

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

7.1. Setting and target group information

The results of the research on „train-the-trainer“ concept was small but interesting.

Fives concepts were found and were described by the organizations as train-the-train curricula, but not one concentrates on older women in specific. We will concentrate on all the concepts.

Concept 1: name training ‘intervisie intrafamiliaal geweld, Domus Medica’

The first example we would like to concentrate on, is the training for facilitators and peer advisors, intervision of trained GP to support quality circles. The training is organised in the Flemish Community of Belgium. (L. Pas, K. Hillemans, L. De Deken, E. Cornelis & P. Franck). The setting is general practice and the target groups are General Practitioners.

Concept 2: name training: ‘wegwijzer methodische benadering van vermoedens van ouderenmis(be)handeling’ KHK Vonk 3

This concept was developed on request of the Flemish Government in collaboration with all mutual insurances. This course is designed for social workers in home care (De Maesschalck, L. and Janssens, M., 2009). Currently 90 social workers from the mutual insurances are formed.

Concept 3 : name training : ‘basistraining intra familiaal geweld’ Steunpunt Algemeen Welzijnswerk

This is a training specific for staff members of the Centre for General Welfare in coping with intra family violence. The scope is intra family violence in general, but attention is paid to elderly abuse in home care situations.

Concept 4: name training: ‘ouderenmis(be)handeling. Vroegdetectie. Alert zijn en geen spoken zien. Vormingsmap’. Flemish Reporting point for Elderly

Extra information: see below.

Concept 5 : name training : ‘ouderenmis(be)handeling, na detecteren reageren. Vormingsmap’ Flemish Reporting point for Elderly Abuse

At present, is not in use.

7.2. Focus and contents

Concept 1

The main focus of the training for GP is awareness and attitude change, improving detection and collaboration. Clear information about the content is not available, but the time flow consists of follow aspects: brainstorming, presentation, discussion, exercise in group and closing debate.

Concept 2

The main focus of the training for social workers in home care is exploration of elderly abuse – the phase between early detection and treatment. The map with the flowcharts and methodology is available in Flemish. These flowcharts serve as a guide: there is a general overview of the roadmap by suspicions of elderly abuse, a flowchart of the exploration phase, a flow chart with the counsellor's attitudes within this phase and a basic methodology flowchart.

Concept 3

The training, held in 2007-2008, concentrated on increasing the skills to cope with intra family violence. This means, that at the end of the training, the staff members have got the following competences: knowledge and insight in the violence diagrid; 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. All of these subjects have been worked out in a basic training of 3 days.

Concept 4

The main focus is recognising elderly abuse. The contents: this education gives home care professionals a theoretical overview and guidelines in which they can work out their work. This education is meant to structure and organize aspects on elderly abuse. This educational course is not about 'what can I do to stop elderly abuse?' but about 'what is going on here?'

Concept 5

The main focus of the training of the Flemish reporting point is 'taking action'. Based on the work of Van den Bossche (2005), the Flemish Reporting Point developed a tool that is called "Guidelines for dealing with elder abuse". This tool is available as a small guide in book form

and is used during training sessions for primary carers. The contents of the booklet are as follows: introduction, definition and risk factors of elder abuse, dealing with elder abuse and a fully worked out case of elder abuse as an example. The authors think it's interesting for the reader of this report to know how the Reporting Point suggests how one can deal with cases of elder abuse, so we will give a short overview below.

In dealing with elder abuse, the Reporting Point works in different steps:

Step 1: recognising signals of abuse: efficiently dealing with elder abuse requires firstly learning how to recognise the signals, in order to react properly to them.

Step 2: focusing on the signals: To have doubts about the signals is a healthy process. It keeps people alert and cautious. Guidelines in dealing with these doubts and responding cautiously on these signals:

- trusting one's own intuition
- observing closely and registration of every incident
- having an examination of conscience
- objectivity suspicions by consulting colleagues or other persons

Step 3: checking suspicions with victim and perpetrator: within the boundaries of 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: asking the victim and perpetrator if help is required: when in the previous steps it's clear that victim and perpetrator are recognising that there's a problem, in this step the time has come to make clear to them that help is available if needed and wanted.

Here are three steps starting for the organisations themselves:

Step 6: Reporting: the organisation that knows of a situation of elder abuse, is best to report this to the Flemish Reporting Point and to ask it for expertise and support

Step 7: developing an own strategy: Organisations who are often confronted with elder abuse, are best to develop an own, specific strategy in preventing and dealing with elder abuse. In this context, they can appeal to the Flemish Reporting Point in helping with the development and implementation of this strategy

Step 8: drawing up an action plan: when an organisation decides to take on a coordinating role, an action plan has to be developed. This plan contains agreements such as who is doing what, who will be contact person for the victim and who will be the case manager.

7.3. Methods used

Concept 1

The level of involvement is middle with some exercises and some inputs by the trainer. What especially worked out well is the change of attitude and self-efficacy of the GP measured. Further information about the methods: see above.

Concept 2

The methods used, are flow charts (De Maesschalck & Janssens, 2009)

They are initially presented in Flemish. Some of the flow charts will be translated in English for the BtT2 project in order to give the European partners an insight in it. Some parts might be of relevance for the design of a European curriculum.

The first flow chart on elderly abuse concerns a general framework with different steps: prevention, early detection, notification, verification, data collection, action plan, evaluation and follow-up.

The level of involvement in the train-the trainer curriculum is high. A presentation of the concepts is available. For the trainer, a written case study is available with all possible questions and all possible answers to work with. The overall objective is that social workers learn to explore the situation first before taking action.

Concept 3

The level of involvement is high because a lot of exercises and discussions are foreseen. More information about the methods is not available.

Concept 4

The level of involvement is high because of the amount of exercises and discussions.

Concept 5

The level of involvement is high because of the amount of exercises and discussions.

7.4. Additional information

Concept 1

Evaluation has been held. What especially worked out well, is the change of attitude and self-efficacy that has been measured.

Concept 2

Evaluation has been held. It is not clear what worked out well.

Concept 3

No information available.

Concept 4

No information available.

Concept 5

No information available.

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

From the first advisory board meeting, we learn that there might be no specific gender differences in recognizing and detecting elderly abuse. Probably, the gender differences can be detected throughout consultation, exploration of the problem and treatment. One of the most important reasons of elderly abuse is probably the dependency of the older person. The effect is that the person, who has to care, becomes overburdened. The question is if we can speak of specific gender differences in elderly abuse when 85+ people and over are depended from care.

Clear positions were not taken, but the recommendation was to focus on elderly abuse in home care situations from a gender perspective and not only to focus on older women.

Due to limited resources we could not include Belgium as a whole in the screening of vocational trainings. We have mainly concentrated on Flanders. For the implementation phase we will only concentrate on Flanders.

The suggestions from the experts of the advisory board meeting can be resumed as follow:

- Multi disciplinary approach is preferred
- A global way of working independent from all structures and organizations
- Suggestion not to create new structures, but to continue working and improving existing structures.
- It is desirable that educational courses have a multidisciplinary and interdisciplinary character: not only social workers, carers, housekeepers but also nurses and general practitioners
- Awareness raising processes and step-by-step procedures have to become a working tool for both professionals and staff members in home care. Organizing training and workshops is a way to achieve this.
- A brochure with action plans is not sufficient. The matter really has to be implemented.
- Exchange of knowledge and experiences are necessary from the top to the base workers and vice versa.
- Specific coaching of base workers remains an important aspect.

The Belgian research has shown that there are no specific initiatives towards violence against older women in families. Interesting examples were given on awareness raising workshops and on train-the-trainer sessions from gender perspective. The information was mostly given in general. Not many detailed information has been offered. The information

given, has been as much as possible, incorporated in the report. The results of the research have got an impact on the suggestions that can be done.

8.1. For staff workshops

It seems to be preferable that the workshops should be organized as a multidisciplinary and multiprofessional training for members of health & social care staff. It also seems to be preferable that all professionals – which come in contact with domestic care – nurses, carers, GP, home helpers, social workers, senior consultants and family carers will be addressed. The recommendation in the advisory board meeting was given to work together with existing structures and to work more and more in depth. Especially the target groups in the SEL in Limburg (Listel vzw), are multidisciplinary based: GP, home nurses, carers, home helpers, social workers receive awareness raising workshops. This way of working can be used as an example for a European curriculum.

In mostly all the workshops, information is given on the different organisations, their goals, definitions of elderly abuse in home care and guidelines. Awareness raising and sensibilization is for a lot organisations high priority.

Therefore, a lot of interactive methods are preferred. A few examples can be given: ice-breakers, brainstorming, role play, interactive discussions, supervision, intervision, working in small groups, case studies and audiovisual aids (Peeraer & Messelis, 2009). This can be supported by a sound power point presentation and different kinds of exercises. The play George can function as a good example.

The themes that have to be included in the European curriculum are:

- A theoretical framework
- Elderly abuse in home care from a gender perspective
- Definitions of elderly abuse
- Different forms of elderly abuse
- Signals
- Treatment

An educational trajectory has to be built up out of 3 phases (Van Assel & Messelis, 2006):

-Intake

-Action

-Evaluation/transfer

In educational courses, it can often be said that too less attention is paid to the intake and the evaluation/transfer. This conclusion also might be drawn out of this research.

Gender specific aspects

A few theoretic models - in which elderly abuse could possibly be seen from a gender perspective – have been presented by Els Messelis in the first advisory board meeting. The models were situated on a micro and macro level. More research work and discussions with the European partners in general and with the national experts in particular will be necessary to learn more about this issue. It also seems that screening and assessment instruments for elderly abuse are not gender specific related.

From the Year reports of The Flemish Reporting Point for Elderly abuse, more female than male victims are reported. Results from European reports (the position of older women in Europe) as well as from scientific reports show that older women are statistically more confronted with elderly abuse in home care than older men.

From the first advisory board meeting, it can be learned that there might be no specific gender differences in recognizing and detecting elderly abuse. These gender differences might be more visible in discussing the problem with the victim, exploration and approach.

From a demographical perspective, women have a higher life expectancy than men. A study on the position of the older women in Europe clearly showed that women live longer than men, but that women face more than men complex sickness patterns.

The observation was made that the position of a lot of older women is differently than those of men. Many women of older generations have not worked outside. Also, many women did not have their own management of finance and administration. When the husband is in such a situation omitted, the wife becomes more vulnerable. A number of older women cannot take care of themselves and must appeal to third parties.

Clear positions are not taken. One of the most important reasons of elderly abuse is probably the dependency of the older person. The effect is that the person who has to care, becomes overburdened.

Conclusion: Men as well as women can become victims of violence, when they are in need of care. But women are far more frequently victims of violence in partner relationships.

When those women become dependent and are in need of care, this violence will probably continue or even increase.

8.2. For workshop facilitators and peer advisors

Educational workers who have got expertise on the topic can be involved as train-the-trainer. An important precondition is that they have didactic and communication skills.

The methods suggested above can be used in the workshop for facilitators and peer advisors. The trainers should receive some tips how to organise trainings as well as how to implement the contents of the training in different settings.

A combination of the concepts we have described, can be useful to involve in the European curriculum, such as:

- Paying attention for quality circles (Domus Medica)
- Different steps in the guidelines for dealing with elder abuse (Flemish Reporting Point for Elderly Abuse)
- Different steps of the general framework of the flow charts might be interested to include (De Maesschalck & Janssens, 2009): prevention, early detection, notification/exploration, verification, data collection, action plan, evaluation and follow-up. Especially the exploration phase seems to be very important.
- The themes that receive attention in the training sessions in the Centre for General Welfare, such as: knowledge and insight in the violence diagrid; 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 (Centre for General Welfare).

Beneath all that, the theoretical frameworks and the action sheets of the organizations 'Family Care' and 'Family Help' can be interesting to include in the European Curriculum.

8.3. For suggestions to integrate the issue in basic vocational training

A start of implementation of the brochure and the developed curricula in the vocational trainings can be made, but a structural implementation is not possible. Nevertheless, it is obvious that the developed material can be used by the different teachers/trainers of the different vocational trainings.

The brochure, developed in the BtT1 project, and the European curriculum can be used as basic for the vocational training. From 2010-2011, it will be already the case in some schools e.q. Training for Senior Consultants. Interactional discussions, case studies, film/DVD can be interesting materials to work with. The 'play George' could be very useful here.

9. References

- Berg, N., Moreau, A. & Giet, D. (2005). La maltraitance des personnes âgées, un phénomène de société. Rev. Med. Brux. P. 344-348.
- Berne, E. (1964) *Games People Play*. New York, Grove Press (In Nederland bewerkt door [Machiel Zeegers](#) (1967) met als titel *Mens erger je niet*)
- Day, K. (2007). Elder Abuse in Context of Poverty and Deprivation and Emergency
- De Maesschalck, L., Janssens, M., (2009) *Wegwijzer. Methodische benadering van (vermoedens van) ouderenmis(be)handeling*. Campinia Media, Geel, Belgium.
- Harris, T. (1967) *I'm OK - You're OK. A Practical Guide to T.A.*. New York, Harper & Row.
- Kouwenhoven, M. (1983) *Transaktionele Analyse in Nederland*. Ermelo, ANITA.
- Kriauciaunas & Franssen (2006).
- Messelis, E. (2009). Breaking the Taboo I project. Congress Flemish Reporting Point for Elderly Abuse. Higher Institute for Family Sciences. Brussels.
- Messelis, E. (2008). Breaking the Taboo I project. Congress Flemish Reporting Point for Elderly Abuse. Higher Institute for Family Sciences. Brussels.
- Messelis, E. & Callewaert, 2008. National Report Belgium. Breaking the Taboo project. Daphne.
- Messelis, E. (2003). Mis(be)handeling van ouderen: de strijd is nog niet gestreden. In: *Wijs Over Grijs*.
- Peeraer, J. & Messelis, E. (2009). *Vergrijzing: actief of passief besturen? Pockets lokale besturen*. Politeia & VVSG.
- Steunpunt Ouderenmisbehandeling Oost-Vlaanderen (2004). *Stappenplan casemanager steunpunt ouderenmis(be)handeling Oost-Vlaanderen*. Niet gepubliceerd intern document. Zottegem: Steunpunt Ouderenmisbehandeling Oost-Vlaanderen.
- Van Assel, A. & Messelis, E. (2006). *Groepswerk met ouderen, een vak apart?! Garant Uitgeverij*.
- Van den Bossche, F. (2004). *Leidraad voor vroegdetectie van ouderenmis(be)handeling. Vormingspakket. Oost-Vlaanderen. De bestendige deputatie van de provincieraad van Oost-Vlaanderen*.
- Vanderplasschen, W., Lievens, K. & Broekaert, E. (2001). *Implementatie van een methodiek van casemanagement in de drughulpverlening: een proefproject in de provincie Oost-Vlaanderen. Orthopedagogische Reeks 14. Gent: Universiteit Gent, Vakgroep Orthopedagogiek*.

Van Lawick, J. (2008). Spiraal van Geweld, in : Martine Groen & Justine van Lawick, Intieme oorlog; over de kwetsbaarheid van familierelaties. Amsterdam: Uitgeverij van Gennep, 2003 - 2e herziene en uitgebreide druk.

Wauters, B.(2007). Ouderenmis(be)handeling in Vlaanderen: een empirisch onderzoek. Eindverhandeling tot licentiaat in de sociale wetenschappen: sociologie. i.s.m. De Wetenschapswinkel, Brussel. Vrije Universiteit Brussel.

Websites

<http://www.caw.be/KanhetCAWmijhelpen/tabid/134/Default.aspx>).

<http://www.demorgen.be/dm/nl/989/Binnenland/article/detail/11117435/2010/06/11/Meldpunt-ouderenmishandeling-kreeg-503-meldingen-in-2009.dhtml>

<http://elder-abuse-spotlight.blogspot.com/2007/11/400-pensioners-abused-each-year-belgium.html>”.

(<http://www.zorg-en-gezondheid.be>).

Referencing coming from the National Report Belgium BTt1 project.

Anme,T. (2004). A study of elder abuse and risk factors in Japanese families: Focused on the Social Affiliation Model. *Geriatrics and Gerontology International*, 4 (n.n), 62-63.

Ansello, E.F. (1996). Causes and Theories. In Baumhover, L.A. & Beall, S.C. (eds.). *Abuse, Neglect and Exploitation of Older Persons. Strategies for Assessment and Intervention*. London: Jessica Kingsley Publishers.

Baker AA (1975). Granny battering. *Mod Geriatr*;5:20–24.

Bakker, H., Beelen, J., Nieuwenhuizen, C. (2000). De au van ouderdom: ouderemishandeling, perspectieven voor hulpverlening, Utrecht, NIZW uitgeverij.

Bawin-Legros, B., Casman, M.T. & Lenoir, V. (1998). Vieillir en maison de repos: Quiétude ou Inquiétude? à l'initiative de Mme Smet M., Cabinet du Ministre de l'Emploi et du Travail, Chargé de la Politique d'Égalité des Chances, U.Lg. Mars, 0998.

Bayingana K, Demarest S, Gisle L, Hesse E, Miermans PJ, Tafforeau J, Van der Heyden J(2004). Gezondheidsenquête door middel van Interview, België, 2004. Afdeling Epidemiologie, 2006; Brussel. Wetenschappelijk Instituut Volksgezondheid, Depotnummer : D/2006/2505/4, IPH/EPI REPORTS N° 2006 – 035.

Bennett, G., Kingston, P. & Penhale, B. (1997). *The Dimensions of Elder Abuse. Perspectives for Practitioners*. London: Macmillan Press LTD.

Berg, N., Moreau, A. & Giet, D. (2005). La maltraitance des personnes âgées, un phénomène de société. Rev. Med. Brux. P. 344-348.

Bulckens, R., Mortelmans, D., M.T. Casman, C. Simaijs met de steun van het staatssecretariaat voor het Gezin en personen met een handicap (2007). Families in beweging, een gezinsbeleid op maat? Tournesol Conseils SA/Luc Pire. Uitgeverij.

Callewaert, G. (2007) Ouderenmisbehandeling: Je gelooft het pas, als je het ziet. Niet gepubliceerd onderzoeksvoorstel in het kader van de scriptie tot het behalen van de graad van master in het sociaal werk. Gent: Universiteit Gent, faculteit psychologie en pedagogische wetenschappen.

Callewaert, G. (2008a). Genderaspecten in de geregistreerde dossiers ouderenmisbehandeling in 2006. Intern document. Zottegem: Vlaams Meldpunt Ouderenmisbehandeling.

Callewaert, G. (2008b). De meest gerapporteerde vormen van ouderenmisbehandeling in de geregistreerde dossiers in 2006. Intern document. Zottegem: Vlaams Meldpunt Ouderenmisbehandeling.

CAPAM, 2006. www.capam.be

Cel Ouderen Provincie Vlaams-Brabant(2007). Rondetafel *Ouderenmis(be)handeling 11 december 2007*. Niet gepubliceerd verslag. Leuven: Cel Ouderen Provincie Vlaams-Brabant

Comijs, H.C., Jonker, e.a. (1996). *Agressie tegen en benadeling van ouderen. Een onderzoek naar ouderenmishandeling*. Vrije Universiteit Amsterdam.

Cyphers, G. (1999). Estimating elder abuse through community sentinels: results of the National Elder Abuse Incidence Study. Research and Information Center at American Public Human Services Association. National Association for Welfare Research and Statistics <http://www.nawrs.org/ClevelandPDF/cypher.PDF>, geraadpleegd op 31/12/2007

Damman, S. (2006) *Preventie van ouderenmishandeling. en aanzet tot wenselijke preventie*. Faculteit Psychologie en Pedagogische Wetenschappen. Universiteit Gent.

Day, K. (2007). *Elder Abuse in Context of Poverty and Deprivation and Emergency*

Decalmer, P., GLENDENNING F. (1994). *The mistreatment of elderly people*, Londen, SAGE Publications Ltd, 1994, 198 pp.

Department Care. *Australian Emergency Nursing Journal*, 10, 169-177.

De Deken, L. & Pas, L. (n.d.). *Ouderenmis(be)handeling: aandachtspunten voor artsen op de eerste lijn*. In Ministerie van Sociale Zaken en Volksgezondheid, *Geweld in huis? Praat erover... Geweld tegenover kinderen, partners en ouderen kan je stoppen. Zwijg niet, praat erover in alle vertrouwen. Hier vind je een luisterend oor en praktisch advies*. [Electronische brochure] Verkregen op 8 november 2007

<http://www.health.fgov.be/vesalius/devnew/NL:prof/news/campagnes/violence/RAPPORT/guide%20agee.pdf>

De Streekkrant (1996). *Pandora kan helpen. Pandora Zottegem zoekt vrijwilligers voor slachtofferhulp*.

Eastman, M. (1987). *Geweld tegen ouderen*. Nijmegen: Dekker en van de Vegt. Vertaling door Isabelle Akkermans.

Economic and Social Council (2002). *Abuse of older persons: recognizing and responding to abuse of older persons in a global context. Report of the Secretary-General*. New York.

Erlingsson, C.L., Carlson, S. & Saveman, B. (2003). Elder Abuse Risk Indicators and Screening Questions: Results from a Literature Search and a Panel of Experts from Developed and Developing Countries. *Journal of Elder Abuse and Neglect*, 15, 185 - 203.

Everaerts, N., Peeraer, J. & Ponjaert-Kristoffersen, I. (1993). *Zorg om zorg. Misbehandelen van ouderen*. Leuven/Apeldoorn: Garant.

Gezinsbond (2004). Dossier geweld in het gezin. Gezinnen zijn niet te kloppen (<http://www.gezinsbond.be/images/stories/studie/standpunt/geweldingezin.pdf>).

Glendenning, F. (1997). What is Elder Abuse and Neglect? In Decalmer, P. & Glendenning, F. (eds.), *The Mistreatment of Elderly People* (pp.13 – 41). London: Sage.

Hawlek, M., Stahl Goordrich, C. & Quinn, K. (1996). The Role of Risk Factors in Health Care and Adult Protective Services. In L.A., Baumhover, L.A. & S.C., Beall (eds.). *Abuse, Neglect and Exploitation of Older Persons. Strategies for Assessment and Intervention* (pp. 123-137). London: Jessica Kingsley Publishers.

Kriauciaunas, A. & Franssen, A. (2006). Casemanagement: een nieuwe methodiek in de hulpverlening. Het zoeken naar een evenwicht in de aanpak van Ouderenmisbehandeling. Niet gepubliceerd intern document. Zottegem: Steunpunt Ouderenmisbehandeling Oost-Vlaanderen.

Messelis, E. (2007). Access to health care services. Equity in Access to Health Promotion, Treatment and Care for all European Women. Congress: 05th – 07th of October 2007 in Berlin – Campus Virchow.

Messelis, E. (2003). Mis(be)handeling van ouderen: de strijd is nog niet gestreden. In: Wijs Over Grijs.

Marcoen, A., Grommen, R. & Van Ranst, N. (red). (2006). Als de schaduwen langer worden. *Psychologische perspectieven op het ouder worden en oud zijn*, Uitgeverij Lannoo nv.

Moreau, A., Glaude, J. & Berg, N. (2007). Comment aider les familles ? Maltraitance des personnes âgées. Aider les aidants. L'Observatoire n°55/2007.

Moreau, A. (2004). Des personnes âgées victimes de maltraitances, Le Ligueur.

Movsas, T.Z. & Movsas, B. (1990). Abuse versus neglect: A model to understand the causes of and treatment strategies for mistreatment of older persons [Electronic Version]. *Issues in Law & Medicine*, 6 (2), 163-174.

National Center on Elder Abuse (2006). *Abuse of Adults Aged 60+, 2004 Survey of Adult Protective Services*. Washington, DC; February 2006.

NCR (2004). Older abuse in North America (www.nap.edu).

National Research Council (2002). *Elder Mistreatment: Abuse, Neglect and Exploitation in an Aging America* [Electronic Version Book]. Washington DC: Academic Press.
<http://www.nap.edu/nap-cgi/skimit.cgi?isbn=0309084342&chap=88-103>.

Nederlandstalige Vrouwenraad (2007). Aanbevelingen ouderenmisbehandeling.
http://www.vrouwenraad.be/dossiers/2006/ouderen/aanbevelingen_ouderenmisbehandeling.pdf

Nerenberg, L. (2002). *Developing Training Programs on Elder Abuse. Prevention for In-Home Helpers*. Verkregen op 22 januari 2008
<http://www.elderabusecenter.org/default.cfm?p=caregiverhelp.cfm>.

Nyssen, Clothilde (07 juli 2003; 22 maart 2002). Wetsvoorstel betreffende de strafrechterlijke bescherming van kwetsbare personen. Belgische Senaat.

Ramkema, H. (1996). *Signaal op rood. Ouderenmis(be)handeling bij de mensen thuis*. Utrecht: NIZW Uitgeverij.

Steinmetz, S.K. (2005). Elder Abuse Is Caused by the Perception of Stress Associated With Providing Care. In Loseke D.R., Gelles, R.J. & Cavanaugh, M.M. (eds.), *Current controversies on family violence* (pp. 191-205). Thousand Oaks, California: Sage.

Schiemberg, L.B. & Gans, D. (1999). An ecological framework for contextual risk factors in elder abuse by adult children. *Journal of Elder Abuse & Neglect*, 11 (1), 79-103.

Steunpunt Ouderenmisbehandeling Oost-Vlaanderen (2004). Stappenplan casemanager steunpunt ouderenmis(be)handeling Oost-Vlaanderen. Niet gepubliceerd intern document. Zottegem: Steunpunt Ouderenmisbehandeling Oost-Vlaanderen.

Tarbox, A., (1983). The elderly in nursing homes: psychological aspects of neglect, *Clinical Gerontologist*, jrg. 1, nr. 4, p. 39-52.

Thys, D. (2004). Ontspoorde zorg bij dementerende ouderen binnen de RVT'S. Eindverhandeling tot het behalen van de graad van Licentiaat in de Gerontologie. Vrije Universiteit Brussel.

Université des Femmes (2004). Violence envers Elles, Chronique Féministe.

Uytterschaut, K. (2006) Draaiboek Ouderenmis(be)handeling. Syllabus bij de training 'aanpak en preventie bij ouderenmis(be)handeling in de familiale sfeer. Dienst welzijn en gezondheid provincie Antwerpen, Antwerpen, 87p.

Van den Bossche, F. (2005). Leidraad voor vroegdetectie van ouderenmis(be)handeling. Dienst Gezondheid Provincie Oost-Vlaanderen.

Van den Bossche, F. (2005). Leidraad in de aanpak van ouderenmis(be)handeling. Vormingspakket. Oost-Vlaanderen, De bestendige deputatie van de provincieraad van Oost-Vlaanderen.

Van den Bossche, F. (2004). Leidraad voor vroegdetectie van ouderenmis(be)handeling. Vormingspakket. Oost-Vlaanderen. De bestendige deputatie van de provincieraad van Oost-Vlaanderen.

Van den Bossche, F. & Vervaecke, I (2003). RSA-onderzoek ouderenmis(be)handeling. Verslagboek. Zottegem: Centraal Meldpunt Ouderenmis(be)handeling

Vandenberk, A., Opdebeeck, S. & Lammertyn, F. (1998). Geweld en onveiligheidsgevoelens bij ouderen: prevalentie en gevolgen, Rapport in opdracht van Mevr. M. Smet, Minister van Tewerkstelling en Arbeid en Gelijke Kansenbeleid, K.U.Leuven.

Vanderplasschen, W., Lievens, K. & Broekaert, E. (2001). Implementatie van een methodiek van casemanagement in de drughulpverlening: een proefproject in de provincie Oost-Vlaanderen. Orthopedagogische Reeks 14. Gent: Universiteit Gent, Vakgroep Orthopedagogiek.

Van de Ven, L. (1997). Het verzwegen leed, lezing n.a.v. een studiedag ouderenmishandeling, organisatie Liberale Mutualiteit van Oost-Vlaanderen en Solidariteit voor het gezin.

Van der Gucht, A. (2007). Ouderenmis(be)handeling. In B. Coolsaet. (ed). HOMage. Wijzer ouder worden. Leuven: Van Halewyck.

Verreycken, M. (2002). Ouderenrecht. In: M. Vandenwoude et al (eds.). Geriatrie in de dagelijkse praktijk. Brussel: Pfizer

Vettenburg, N., Goris, P., Burssens, D., Melis, B., J. Van Gils, D. Verdonck & Walgrave, L. (2003). Preventie gespiegeld. Visie en instrumenten voor wenselijke preventie. Heverlee-Leuven: Lannoo Campus.

Vlaams Meldpunt Ouderenmisbehandeling (2007). Jaarverslag 2006. www.Meldpuntouderenmishandeling.be.

Vlaamse Overheid. Departement Welzijn, Volksgezondheid en Gezin (2007). Besluit van de secretaris-generaal houdende de wijziging van de erkenning van de v.z.w. Centrum Algemeen Welzijnswerk Zuid-Oost-Vlaanderen te Ronse. Brussel: Vlaamse Overheid. Departement Welzijn, Volksgezondheid en Gezin.

Wang, J., Lin, J. & Lee, F. (2006). Psychologically Abusive Behavior by Those Caring for the Elderly in a Domestic Context. *Geriatric Nursing*, 27-5, 284-291.

Wauters, B.(2007). Ouderenmis(be)handeling in Vlaanderen: een empirisch onderzoek. Eindverhandeling tot licentiaat in de sociale wetenschappen: sociologie. i.s.m. De Wetenschapswinkel, Brussel. Vrije Universiteit Brussel.

Yan, E.C. & Tang, C.S. (2004). Elder Abuse by Caregivers : A Study of Prevalence and Risk Factors in Hong Kong Chinese Families. *Journal of Family Violence*, 19 (5), 269-277.

<http://www.capam.be>

<http://www.statbel.fgov.be>

<http://www.who.int>.

<http://www.elderabusecenter.org>

<http://www.inforhomeswallonie.be/spip.php?article64>

http://www.vrouwenraad.be/dossiers/2006/ouderen/aanbevelingen_ouderenmisbehandeling.pdf

<http://www.un.org/ageing/soc4598.doc.htm>

<http://www.ncea.aoa.gov>

<http://www.iefh.fgov.be/ShowDoc.aspx?levelID=18&objectID=330&lang=nl>

http://www.who.int/violence_injury_prevention

<http://www.apa.org/pi/aging/eldabuse.html>

<http://www.senaat.be>

<http://www.provant.be/welzijn/index.htm>

http://www.west-vlaanderen.be/jahia_upload/welzijn&zorg/ouderenmishandeling/juridisch_leidraad_inhoud.pdf

<http://elder-abuse-spotlight.blogspot.com/2007/11/400-pensioners-abused-each-year-belgium.html>

http://www.inpea.net/downloads/publications/inpea_dec04.pdf

http://www.capam.be/lettre_ouverte.pdf

<http://www.meldpuntouderenmishandeling.be>

Information about the authors

*Els Messelis is social worker and social gerontologist. She is director of Lachesis, Office of expertise on ageing and gender (Expertise Bureau Latere Leeftijd & Gender) – Tax and Social College (Hogere Leergangen voor Fiscale en Sociale Wetenschappen cvo – afdeling seniorenconsulentenvorming).

*Ann Moreels is social worker. She is staff member in the Flemish Reporting Point for Elderly Abuse.

10. Annex: list of found training courses

Type	Name of training	Institution
Staff	Ouderenmis(be)handeling	Vzw Beweging tegen geweld
Staff	Ouderenmis(be)handeling en ontspoorde zorg	Free University Brussels
Staff	Multidisciplinaire vorming OMB	SEL Limburg (Listel)
Staff	Toneelstuk George	SEL Limburg (Listel)
Staff	Toelichting OMB	SEL Limburg (Listel)
Staff	Aanklappende hulpverlening bij oudere zorgmijders	Steunpunt ouderenmis(be)handeling Vlaams-Brabant
Staff	Gesprekstechnieken in situaties van intrafamiliaal geweld	Provinciaal steunpunt ouderenmis(be)handeling - Antwerpen
Staff	Zelfzorg als hulpverlener in situaties van intrafamiliaal geweld	Provinciaal steunpunt ouderenmis(be)handeling - Antwerpen
Staff	Alcohol en middelenmisbruik gelinkt aan intrafamiliaal	Provinciaal steunpunt ouderenmis(be)handeling -

	geweld	Antwerpen
Staff	Aanklampende hulpverlening bij intrafamiliaal geweld	Provinciaal steunpunt ouderenmis(be)handeling - Antwerpen
Staff	Vorming ouderenmis(be)handeling	Provinciaal steunpunt ouderenmis(be)handeling - Antwerpen
Staff	Leidraad vroegdetectie	Vlaams Meldpunt ouderenmis(be)handeling
Staff	Wie zwijgt stemt toe? Taboe en loyaliteit in de aanpak van geweld tegen ouders en ouderen	Provinciaal steunpunt ouderenmis(be)handeling - Antwerpen
Training for facilitators and peer advisors, intervention of trained GP to support quality circles	Intervisie intrafamiliaal geweld	Domus Medica
Training for facilitators and peer advisors	Wegwijzer methodische benadering van vermoedens van ouderenmis(be)handeling	KHK Vonk 3
Training for facilitators and peer advisors	Basistraining intra familiaal geweld	Steunpunt Algemeen Welzijnswerk
Train the trainer concept	Ouderenmis(be)handeling, na detecteren reageren. Vormingsmap	Vlaams Meldpunt ouderenmis(be)handeling
Train the trainer concept	Ouderenmis(be)handeling. Vroegdetectie. Alert zijn en geen spoken zien. Vormingsmap	Vlaams Meldpunt ouderenmis(be)handeling
Others: approach of situation of elder abuse	Leidraad aanpak	Vlaams Meldpunt ouderenmis(be)handeling
Others: workbook	Ouderenmis(be)handeling, vroegdetectie. Alert zijn en	Vlaams Meldpunt

	geen spoken zien. Vormingsmap, werkboekje.	ouderenmis(be)handeling
Others: workbook	Ouderenmsi(be)handeling, na detecteren reageren. Werkboek	Vlaams Meldpunt ouderenmis(be)handeling
Others: guideline	Ouderenmis(be)handeling. Juridische aspecten	Vlaams Meldpunt ouderenmis(be)handeling
Others: role play	vroegdetectie	Provinciaal steunpunt ouderenmis(be)handeling – West-Vlaanderen
Others: role play	aanpak	Provinciaal steunpunt ouderenmis(be)handeling – West-Vlaanderen
<u>Others: role play</u>	onderwijs	Provinciaal steunpunt ouderenmis(be)handeling – West-Vlaanderen
Others: plenary	Juridische aspecten	Provinciaal steunpunt ouderenmis(be)handeling – West-Vlaanderen
Others: plenary	Een inleiding over ouderenmis(be)handeling	Provinciaal steunpunt ouderenmis(be)handeling - West-Vlaanderen
Others: intervision	Intervisie ouderenmis(be)handeling	SEL Limburg (Listel)
Others: interactive website for selfstudy	Webbased interactive casemanagement project	Domus Medica