VIOLENCE AGAINST WOMEN AND CHILDREN

CURRICULUM

Victim protection at hospitals in Vienna

A MANUAL

STOPP DER GEWALT AN FRAUEN UND KINDERN

City of Vienna

Contents

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Foreword

Foreword

Violence against women and violence against children constitute important public health problems. Victims of abuse are at risk of a number of negative consequences ranging from injury to mental health problems and chronic physical ailments. Women who have been victims of abuse are also known to have higher rates of utilization of health services, even years after the abuse. It is therefore important for health care service providers to be aware and informed about violence, learn how to recognize those who are suffering from it and provide the best possible care, treatment and support for victims/survivors of violence. This can contribute to reducing adverse consequences and at times its recurrence.

The curriculum, described in this handbook, was developed by a coalition of organizations in Vienna to create awareness and effective response among providers in all the main hospitals in the city of Vienna. This handbook describes its development and lessons learned in its implementation. The curriculum clearly responded to a felt need as identified by the report from the survey conducted among physicians and nurses prior to its development: only 1 in 4 said they felt well informed about the issue and 80% said they would like to have more information on violence.

The process of developing a multi-agency response seems to have been as important as the content and it was shown to foster a more useful response and collaboration across various agencies. The focus on services and not just providers was another important element: adapting the training to the needs of each particular setting and integrating an understanding of violence and its health consequences into hospital management routines. A third and innovative element was the creation of victim protection groups, which it would be useful to document and evaluate more systematically.

The training programme aimed to build skills among providers, ensure coordination and cooperation between departments, formulate standards and guidelines for care and treatment of victims and establish working groups in hospital to update and provide ongoing education. Post intervention survey showed good results as reported by providers in terms of gaining knowledge, confidence to deal with victims and improved inter-sectoral exchange and institutional cooperation to define standards. All of these should contribute to an improved response to victims from the health services.

The efforts of the Vienna City Council, Vienna Hospital Association, Office for Promotion and Coordination of Women's Issues and the 24-hours women's emergency hotline, Youth and Family Offices, The »Her Programme« – Vienna Women's Health Programme and other municipal services to address violence against women and violence against children are to be applauded. The development of curriculum and establishment of a processs for capacity building is important to improve the response of the health sector: This initiative provides a potential model which can be expanded and adapted to other settings. This needs to go hand in hand with a focus on primary prevention to ensure this violence does not happen in the first place. The multi-sector efforts generated through the curriculum development process presented provide a good basis for strengthening prevention as well as providing assistance and care to those who are already in situations of violence.

Claudia García-Moreno, M.D., M.Sc.
Coordinator Gender, HIV/AIDS and Violence
Department of Gender, Women and Health
World Health Organization

Foreword

Foreword

Grete Laska
Deputy Mayor

Renate Brauner
City Councillor for Public Health

Sonja Wehsely
City Councillor for Women's Issues

Violence against Women and Children is an issue to be taken seriously and a problem to which a consistent multi-agency response involving different levels must be provided. The City of Vienna offers a wide range of counselling and support services for children and women in crisis and promotes and develops projects aimed at preventing violence and protecting victims.

The health effects of domestic violence are manifold, manifesting themselves in women and children seeking emergency care for injuries requiring acute treatment and in long-term physical and psychological disorders. Physicians and nursing staff are confronted with both. We consider the health effects of domestic violence to be an important health care concern; preventing violence against women and children was therefore included as one of the key fields of activity in the Vienna Women's Health Programme as early as 1998.

The City of Vienna first launched its »Violence against Women and Children« Curriculum in 2001 at the municipal hospital SMZ Ost with the objective of enhancing the sensitivity of health professionals in dealing with victims of violence and establishing victim-focused standards to ensure adequate support. A measure within the framework of the Vienna Women's Health Programme, this training project focused on four of Vienna's municipal hospitals and was successfully concluded after a period of four years. Permanent victim protection groups were set up in hospitals, cooperation between hospitals and extramural institutions was improved and standards for primary care introduced. Exchange of information and networking were central elements of the project, which besides the transfer of know-how also focused on promoting professional networking.

A central concern in both project development and implementation was close multi-agency cooperation: the Vienna Hospital Association, the 24-Hour Emergency Hotline for Women run by Municipal Department 57, the MAG ELF Vienna Youth and Family Offices, the accident and emergency clinics at the SMZ Ost and Wilhelminenspital hospitals, the Vienna Federal Police Headquarters and the Institute of Forensic Medicine in Vienna – all cooperated under the coordination of the Vienna Women's Health Office.

Experience shows that assuring best-practice support services to help and protect women and children experiencing abuse always requires multi-agency collaboration and cooperation among different institutions. We are therefore proud to highlight the unique nature and model character of the project presented here, which consistently adheres to the multi-agency approach. It is this approach that proved instrumental to the success of the project, its practical use in day-to-day hospital operations and its long-term benefits.

We wish to extend our thanks to all the people involved in the organisation of the project as well as all participating institutions and their representatives. It was thanks to their commitment and competence that the project could be completed to this high standard of quality.

Our heartfelt thanks are equally due to all participants in the training courses. Their commitment to providing best-practice support to abuse victims in their daily work is an indispensable contribution to combating domestic violence. For us, their positive feedback on the project is an important validation and confirmation of our work.

Besides providing a detailed description of the project, this new handbook is designed to communicate the experiences made in the course of it and, above all, to provide suggestions and incentives for decision-makers and representatives of organisations involved in planning and implementing similar victim protection projects.

Grete Laska

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Deputy Mayor

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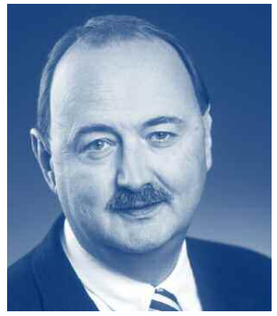
Foreword



Wilhelm Marhold
Director General, Vienna
Hospital Association

Violence against women and children is still something of a social taboo issue that no one likes to speak about. Rarely does anyone take active notice of the fact and rarely does anybody take action. Victims of domestic abuse often seek treatment at accident and emergency clinics with seemingly ordinary injuries like a black eye or a sprained joint.

In this situation, the health professionals at the hospitals of the Vienna Hospital Association are challenged to quickly identify possible incidents of abuse. Providing care and support for victims of physical or sexual violence requires a very sensitive approach and, in addition, a comprehensive knowledge of support facilities and services available to abused women and children.

The Vienna Hospital Association in its function of operator of Vienna's public hospitals assumes a key role in addressing the problem of domestic violence, which is a topic victims tend to keep quiet about as they often feel ashamed. In order to be able to take swift and unbureaucratic action if required, medical and nursing staff need targeted training in dealing with victims of violence, an adequate knowledge of the applicable legal framework and the information required to refer the victims to specialist counselling and support services. The training curriculum on »violence against women and children«, implemented in all major hospitals in the Vienna Hospital Association, has proved a great success and will be consistently continued.

Special thanks are due to the Vienna Commissioner for Women's Health, Professor Beate Wimmer-Puchinger, and to Karin Spacek of Municipal Department 57 – Promotion and Coordination of Women's Issues for their intensive cooperation in compiling the curriculum and their active support of our work.

Last but not least, we would like to extend our thanks to the managements of our hospitals for their contribution to this successful training programme.

Wilhelm Marhold
Director General, Vienna
Hospital Association

THE PROJECT:
CONTENT, FACTS AND ISSUES

Violence against women and children as an issue to be confronted in health care was visualised during the 2001 Project Weeks by placing life-size figures in the lobbies of outpatient centres located in the participating hospitals.

Diagnosis:
Cuts across the sternum, abdominal injury caused by blunt object, bruised face (frontonasal contusion), bruised hip.

Statement by the patient:
Fell down a flight of stairs at home.

Be alert to the signs of abuse, because far too often abuse of women remains in the dark.

The project: content, facts and issues

THE PROJECT: CONTENT, FACTS AND ISSUES

Women's health and actions to prevent violence against women and children – relevance for the health system

Professor Beate Wimmer-Puchinger, Women's Health Commissioner of the City of Vienna

Sexual, physical and psychological abuse of women and children has long been regarded as a private matter or, at best, a minor offence – an attitude that still prevails in many countries. But concern about domestic violence should not be regarded as purely a women's issue. It affects society as a whole, and society must confront it, as evidenced by international human rights documents and other legal instruments.

In view of the grave psychological, health and social effects of violence against women and children, preventive action is an important and challenging task, and health policy is one of the fields where this challenge must be met.

Many international agreements and resolutions have been adopted by the Council of Europe and the United Nations to combat violence against women and children. (Beijing Declaration, 1995)

Definition of violence in the Beijing Declaration

The term »violence against women« means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Source: Beijing Declaration and Platform for Action, Fourth World Conference on Women, Beijing, China, 4 to 15 September 1995 (United Nations, 1996, Section D.114)

Incidence rates and health consequences of domestic abuse

It is estimated that one in five women in Austria has experienced physical violence in a current or former relationship. Another problem is sexual violence against girls and boys (sexual abuse).

Researchers have identified the following short-term and long-term effects on victims' health[1]:

PHYSICAL EFFECTS
Injuries, functional disorders, permanent disabilities.

PSYCHOSOMATIC EFFECTS
Chronic pain syndromes, irritable bowl syndrome, gastrointestinal disorders.

PSYCHOLOGICAL EFFECTS
Post-traumatic stress disorder, depression, sleep disorders, panic attacks, eating disorders, loss of self-esteem and self-confidence.

REPRODUCTIVE HEALTH
Unwanted pregnancies, pregnancy complications, miscarriages, low birth weight, sexually transmitted diseases (STDs), inflammatory disorders of ovaries and fallopian tubes.

HEALTH-DAMAGING COPING STRATEGIES
Smoking, alcohol and drug abuse, high-risk sexual behaviour

FATAL CONSEQUENCES
Murder, suicide

The severity of health effects depends on the nature of the threat, length of time, frequency, age, the victim's emotional relationship with the perpetrator[2] and on how the victim's family and social environment react towards the victim.

The long-term effects of sexual violence on reproductive health were investigated in Austria in a study involving 1,378 women who had suffered sexual abuse as girls.[3] The multi-centre study, which was conducted at the gynaecological departments of eleven Austrian hospitals, showed with a high degree of significance that lower abdominal pain and inflammations of ovaries and bladder, as well as menstrual complaints, occur more frequently – and often life-long – among women who have experienced sexual abuse as girls than among others who have not been affected by violence. The study also illustrated that early victimisation may lead to a long-term pattern of unhappy relationships and sexual problems. 13.6% of all women in the study reported histories of sexual abuse, with attempted penetration in 3.8% of all cases. The average age at which sexual violence first occurred was 12 years, and nearly 100% of perpetrators came from the girls' family environment.

The cost of health effects

In addition to severe health damage and often life-long traumatisation suffered by victims, violence also causes massive cost to the health system, as research has shown. In addition to medical services, resources are also needed for victim support and counselling institutions.

A recent research study commissioned by the UK government[4] found that the total cost of domestic violence to services (Criminal Justice System, health, social services, housing, civil legal) amounts to 3.1 billion pounds (4.55 billion euro) per year. According to this study, the health system accounts for the lion's share of the cost, with the National Health Service spending about 1.37 billion pounds (2.055 billion euro) annually on the treatment of abuse victims.

The project: content, facts and issues

In the US, the cost of violence has been estimated at 3.3% of GDP, or 40.2 billion dollars, per annum.

Even though the causal link between violence and its dramatic health consequences has long been understood, the health system failed to act upon this knowledge until recently. Education and training programmes for health professionals did not address violence, nor were well-defined treatment standards in place. Closing this gap is important for two reasons: to support effective prevention and to improve the quality of treatment. This was the rationale for including domestic violence as an area for action in the Women's Health Programme of the City of Vienna in 1998.

It is important to educate and sensitise the medical staff of hospitals because –

- they need information about the situation of abused women and children to be able to understand these patients' experiences and the dynamics of violent relationships;
- they have to be aware of legislation that they can use to help victims of violence;
- they should know the limits of their own professional actions and interventions and be committed to cooperation with other institutions that support victims of violence.[5]

A model of good practice abroad: the S.I.G.N.A.L. training project in Berlin

The S.I.G.N.A.L. Intervention Programme[6] at the Benjamin Franklin University Clinic, Berlin, was launched to ensure adequate services for women who are affected by domestic violence. In addition to medical treatment, the Clinic's acute care unit offers counselling, provides information on support projects and refuges, and helps victims make contact with these. Two-day training programmes were offered to prepare the Clinic staff for their tasks. While participation in the training programmes was quite good among the nursing staff, physicians proved much less responsive, as the project evaluation showed. The nursing staff saw the training programmes as useful and expressed an interest in further education and training in the field, as well as practice-based exchange of information with peers. Participants in the training programme said they now felt better informed and more alert to the issue of domestic violence, and that they were better able to inform victims of violence about services outside the Clinic. The survey showed that many physicians have victims of violence among their patients, and that there is a need for exchange and cooperation with competent experts who provide counselling services, so that doctors can refer patients directly to these experts.

The »Violence against Women and Children« Curriculum at hospitals in Vienna

The »Violence against Women and Children« Curriculum is based on the following considerations:

Because victims of violence often feel ashamed and guilty, health professionals frequently remain unaware of their situation and provide only short-term medical treatment. Victims tend to seek the anonymity of outpatient clinics and avoid doctors' surgeries.

Public hospitals therefore have an important gatekeeper function for preventive action. The objectives of the training programme were defined with this in mind:

- Sensitising hospital staff
- Improving early problem recognition
- Facilitating the treatment process
- Clarifying internal communication channels and processes

- Preparation of an emergency treatment plan
- Information about extramural care and support resources
- Encouraging the formation of victim protection groups in the hospitals

A survey was conducted at two pilot hospitals to establish how physical and psychological violence against women and children is currently perceived and handled. Only one in four respondents (physicians and nursing staff) said they felt well-informed about the issue, and 80 per cent said they would like to have more background information about domestic violence and a better knowledge of extramural services for victims.

1. PROJECT STRUCTURE

The survey results served as the basis for the »Violence against Women and Children« Curriculum. The Curriculum is used in hospital staff training programmes which are developed and implemented in a multi-agency approach involving several municipal institutions. From its inception, the project has been supported by the City Councillor for Public Health, the City Councillor for Women's Issues and the Deputy Mayor and City Councillor for Youth and Social Policy.

Four project partners make up the project steering group: the Vienna Women's Health Programme; Municipal Department 57 – Promotion and Coordination of Women's Issues (MA 57); Municipal Department 11 – Youth and Family Welfare Offices (MAG ELF); and the Vienna Hospital Association. In addition, there are two cooperation partners: the Federal Police Headquarters and the Institute of Forensic Medicine, both located in Vienna. (See Fig. 1)

Experts from the various relevant working areas were appointed to a project working group (see Fig. 2) which developed the Curriculum content, including printed training material, on the basis of the employee survey.

2. THE TARGET GROUPS

The Curriculum is intended for further education and training of physicians, nursing staff, psychologists, midwives, social workers and physiotherapists in hospital departments for gynaecology and obstetrics, urology, paediatrics, ENT, ophthalmology, dermatology, internal surgery, psychiatry and in A & E units.

The Curriculum follows a top-down approach, bringing together physicians and nursing staff from different departments in the training classes. This facilitates networking and knowledge transfer and fosters transparency.

3. CONCLUSIONS

Our experience with this project has shown clearly that the project objectives have been met: despite the severe time constraints under which public hospital employees usually work, they participated in the training programmes in significant numbers, and with the help of the Curriculum learned about domestic violence and its health consequences.

A multi-professional, multi-agency approach to the target groups and the content of the Curriculum has proved effective and resource-efficient. Project implementation at the hospitals was led by the responsible further education officers, who were in charge of internal communication and organisation. Further education concerning violence and its health consequences has thus been successfully integrated into hospital management routines. The Curriculum also aimed at encouraging the formation of victim protection groups in hospitals; this has so far happened at one major hospital in Vienna (Sozialmedizinisches Zentrum Ost, hereafter SMZ Ost). The fact that health professionals from the various

The project: content, facts and issues

relevant disciplines are willing to confront the difficult issue of domestic violence shows their understanding, strong sense of social responsibility and commitment to providing the best possible care for patients. Domestic violence is an issue for all groups of health professionals, and as hospital staff are sensitised to this issue, their understanding of the psycho-social and psychosomatic consequences grows. More and better understanding in turn strengthens the solidarity which our society so urgently needs to confront violence.

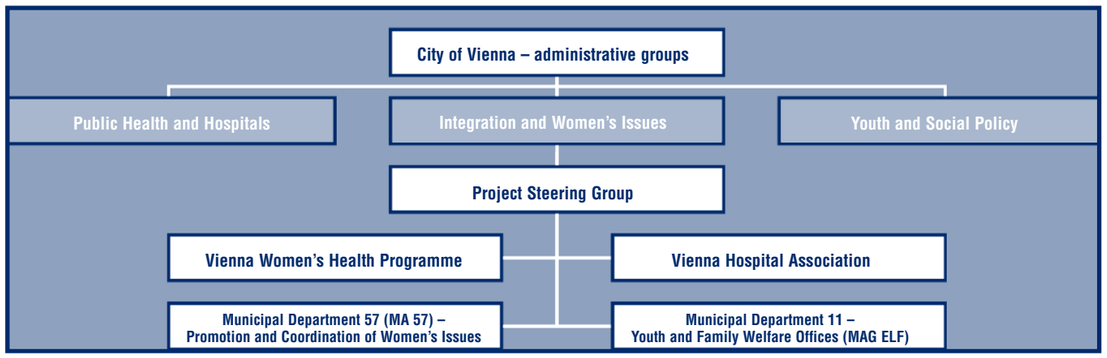


Fig. 1: Project partners

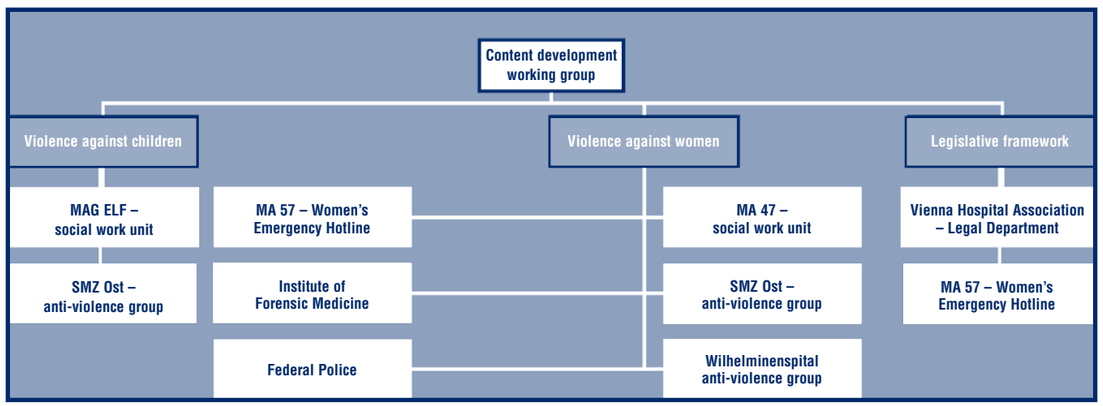


Fig. 2: Content development working group

The function of hospitals in confronting violence against women and children

Charlotte Staudinger, Hospital Manager and General Director of Nursing,
Directorate General of the Vienna Hospital Association

In connection with the implementation of the Vienna Women's Health Programme, the Vienna Hospital Association – Austria's largest hospital management organisation – was and remains firmly committed to supporting the development and implementation of the »Violence against Women and Children« Curriculum that has been initiated as part of the Women's Health Programme, and to acting upon its recommendation to establish anti-violence groups/victim protection groups at our hospitals.

The Curriculum has been developed as a tool for informing and educating health professionals from all hospital departments in training programmes that raise awareness of the issue of violence against women and children, so that hospital staff are better able to identify victims of violence and treat them properly. To this end, interdisciplinary training modules have been developed, notably in counselling skills and crisis intervention techniques. In addition to learning about domestic violence, health professionals also have to understand that victims have enormous difficulty talking about their experience. These training objectives are attainable only by means of a multi-agency approach in which all relevant groups of health professionals cooperate in a spirit of mutual respect and accept the validity of different working methods and techniques.

The training programmes are designed to ensure coordination and cooperation among different clinical departments, including accident surgery, gynaecology, paediatrics and psychiatry, and other hospital units, including urology, ENT, dermatology, internal medicine and surgery, as well as between hospitals and external institutions and support services. Another express objective is the formulation of standards and guidelines to be used in the care and treatment of victims. Written guidelines elaborated as a result of the training and implementation process have to include instructions on how to treat victims of violence, as well as important telephone numbers and other contact information for the relevant support services, such as the women's emergency hotline, women's refuges, and other social support institutions.

In addition, the project aims at establishing permanent inter-departmental anti-violence groups/victim protection groups at all major hospitals in Vienna.

These anti-violence groups/victim protection groups are meant to serve as hubs within the hospitals, having responsibility for (further) education and training, updating of guidelines, preparation of annual reports, ongoing contacts to victim protection institutions, and other relevant tasks. Such groups have already been established at two hospitals (Wilhelminenspital and SMZ Ost); other hospitals within the Vienna Hospital Association are working to follow their example.

To underline the importance of the issue and ensure the development and preservation of relevant knowledge at various levels, the managing board of the Vienna Hospital Association decided to follow a top-down implementation approach: we first addressed the individual hospital managements, which in turn informed the department heads. Each department was instructed to send two of its members (one physician, one nurse) to the training programme, so that hospitals can now count on a solid number of specially trained medical staff.

The Vienna Hospital Association will continue to pay special attention to this difficult issue, ensuring cooperation through the anti-violence groups/victim protection groups and updating the Curriculum on an ongoing basis as potential improvements or new developments appear.

The project: content, facts and issues

»Abuse can never be justified. We are working to fight violence against women and children.«

Statement by Matron Eva Gantner,
Director of Nursing at Vienna General Hospital (AKH)

»The importance of the Curriculum cannot be overestimated in view of the dramatic development of violence against women and children in recent years. We know the facts from media reports and from many personal conversations testifying to inhuman occurrences which we must confront and prevent with all the means at our disposal. Well-founded information, expertise and guidelines for action can enable us to recognise violence and its traumatic consequences. The direct and indirect benefits of the training programme include:

- *Expansion of personal knowledge*
- *Learning about the different aspects and dimensions of violence*
- *Early recognition and prevention of abuse*
- *Sensitisation and increased awareness*
- *Better understanding of the complex problems and long-term consequences suffered by victims of violence*
- *More effective prevention and victim support*
- *Improvement of diagnosis and therapy*
- *Improved cooperation among hospital departments and between hospitals and extramural services*
- *Professional treatment of victims*

The project: content, facts and issues

Violence against women – the importance of victim protection

Karin Spacek, Municipal Department 57, 24-Hour Emergency Hotline for Women

The tasks of a victim support institution

The 24-Hour Emergency Hotline for Women is a service run by Municipal Department 57 (Women's Issues). It provides specialised expert support for women and girls who have suffered sexual, physical or psychological violence. The service focuses on emergency and crisis assistance, as well as medium-term support for victims of violence. Information and counselling is provided via telephone and in face-to-face conversations, and clients are accompanied when they file complaints with the police, have to undergo hospital examinations or attend court appointments. Psychological and legal counselling as well as support from social workers is available 24 hours a day.

The emergency hotline service participated in the project steering group on behalf of Municipal Department 57 and contributed its expertise to the drafting process of the »Violence against Women and Children« Curriculum from the perspective of women and victims of violence. In this process, the hotline representatives particularly stressed the necessity of broad-based inter-agency cooperation. Information material, for example (folders, postcards, posters and a checklist), was developed in a joint working group with representatives of MAG ELF (Youth and Family Welfare Offices) and the child protection group at a major hospital (SMZ Ost).

Cooperation with other institutions is essential to our crisis management work at the Women's Emergency Hotline, and it is a prerequisite if we are to provide comprehensive support to victims of violence. Hospitals, the police and women's refuges in particular are indispensable cooperation partners. In this context, the fact that the hotline operates around the clock and has a mandate for immediate intervention is an important element in the mutual support and cooperation process that makes services available to victims.

Specific requirements of victim protection and support work

When defining what expertise is required and which structures are appropriate to ensure a high standard of care and support for victims of violence, the basic mandate of the institution in question has to be considered. Specialised victim support agencies have to meet other criteria than institutions with a broader service mandate. However, all institutions should fulfil one condition: victims of violence should always be approached with the necessary sensitivity and should be able to rest assured that they will be treated according to their specific needs – regardless of whether they turn to the police, a hospital, the courts or a specialised victim protection agency. Educating and informing the employees of the relevant institutions is crucial to enable them to understand and meet the needs of victims of violence.

- Information about the extent and forms of violence and its consequences for the physical and psychological well-being of victims
- Education concerning common prejudices and myths and their potential effect on victims and one's own attitude towards victims of violence
- Information about the laws and regulations that are relevant for victim protection
- Development and implementation of institution-specific treatment standards and intervention guidelines
- Standardised inter-disciplinary and inter-agency cooperation in acute victim care
- Information on institutional and personal functions and responsibilities and their limits

EXTENT AND CONSEQUENCES OF VIOLENCE

International data and scientific research clearly show that violence is a widespread social problem:

- **One in four** women living in Europe today has experienced abuse at the hands of a past or present partner.[7]
- **Ten to 15 per cent** of women in the Western world are forced to participate in sexual acts by their present partners.[8]
- **In a survey of 10,000 women** in Germany, 40 per cent of respondents said they have experienced physical and/or sexual violence since the age of 16.[9]

Although the effects of violence and the type and intensity of psychological reactions depends on the situational context in which violence is used (place, duration, perpetrator) and on the victim's own personality, as well as on her coping strategies and mechanisms, we have to work on the assumption that sexual, physical or psychological violence will always result in damage to the victim's health.

An act of abuse may trigger an immediate stress reaction that may manifest itself in anxiety, sleeping disorders, nightmares or psychosomatic disorders. A particular source of stress for victims are flashbacks, in which they relive traumatic experiences. Flashbacks may be triggered by smells, sounds or images that suddenly bring back a forceful, quasi-real memory of the experience. Long-term consequences may include post-traumatic stress disorder, a condition that must not be underrated. The prevalence rate of post-traumatic stress disorder in cases of rape (i.e. the proportion of victims suffering from PTSD) is 30 to 55 per cent.[10]

RELEVANT LEGISLATION

Several legislative provisions and regulations form the legal basis of victim protection measures. One of the most important instruments and a milestone in the fight against domestic violence in Austria is the Federal Act on Protection against Domestic Violence, which came into force on May 1, 1997. The Act first introduced provisions for police intervention in cases of domestic violence to afford victims direct and immediate protection against violent household members. Under the Act, police may ban persons from the home if they constitute a threat. Police bans on entry remain in force for a maximum period of ten days, during which the victim may apply to the local district court for a temporary injunction. If such an application is filed, the ban is automatically extended to a maximum period of 20 days. During this period, the court examines the victim's application, and can then issue a temporary injunction extending the ban on entry for up to three months or to the date on which pending proceedings (e.g. divorce proceedings) are completed. Moreover, the court may also define a wider area of applicability of the injunction, i.e. it may order the perpetrator to stay away not only from the

family home, but from a defined larger »protection zone«.

An important complementary action in conjunction with the implementation of the Protection against Violence Act was the establishment of intervention agencies in all Austrian provinces. The mandate of these agencies is to actively get in touch with domestic abuse victims and offer counselling, information and support. Police statistics clearly show that violence protection measures are increasingly being taken. While in 2002 police issued about 4,000 temporary bans on entry, the number had grown to nearly 4,800 by 2004, with the strongest rise of 40 per cent in the capital Vienna.[11]

COMMON MYTHS AND THE DYNAMICS OF VIOLENCE

A special aspect that has to be considered when working with victims of violence is that the relationships between victims and perpetrators are often characterised by dependency.

The women often know the abusers from work or from their circle of private acquaintances, or they are husbands or partners. With respect to rape, the Austrian crime statistics for 2004 indicate that victims and perpetrators were unknown to each other in only 11 per cent of all cases. In 17 percent of cases, victim and rapist had met in a chance encounter; in 41 per cent of cases, they were acquaintances; in 22 per cent of cases the rapists were family members living in the same household as the victim, and in 7 per cent of cases they were family members living in a separate household.

We know from our support work at the Women's Emergency Hotline that if domestic violence continues over several years, it will not only damage the victim's physical and psychological well-being, but will also result in a loss of self-help mechanisms. Faced with abusive partners who threaten that even worse violence will follow if they disclose the facts to any third party, victims of sustained abuse often remain silent for a long time. Social isolation and financial dependency as concomitant factors make the situation even worse.

The fact that the abuse is committed by a person whom they believe they know, with whom they may be living together and whom they have trusted, makes it particularly difficult for victims to understand that abuse is not legitimate behaviour, but a crime. In an attempt to find an explanation, the victims often blame themselves or play down the violence that has occurred. Moreover, common prejudices and myths which typically attach at least some blame to the victims (usually women) while exonerating the abusers (usually men) or rationalising their behaviour, add to the feelings of guilt and shame experienced by victims of violence. Self-blaming or fear that others will blame them are often the reason why victims remain silent about incidents of abuse.

The reaction from a victim's immediate environment is therefore an important determinant for the outcome of the traumatic crisis. In this context, the initial responses of crisis intervention services are crucial. In conversations with victims, they must make their position and underlying attitude quite clear: acts of abuse are unjustifiable attacks for which no one but the abuser is to blame. This assertion is necessary to build up a relationship of trust between client and support service.

TREATMENT STANDARDS

It is a fact that victims of violence turn to the health system not only for treatment of acute injuries, but also because of numerous other complaints and disorders. Specific criteria should be applied when treating or counselling victims of violence

The project: content, facts and issues

to ensure appropriate and sensitive treatment. These criteria have to be based on what we know about the physical and psychological effects of violence.

The following requirements have been defined on the basis of:
(a) practical experience at the Emergency Hotline for Women (hotline workers accompanying clients to hospital examinations); (b) reports of clients who described to counsellors how they experienced acute medical care in hospitals; (c) discussions in interdisciplinary working groups:

- keep the waiting time which victims of violence have to spend in outpatient treatment facilities to a minimum;
- provide a quiet, sheltered environment/ room for interviewing and examining the patient;
- ensure that medical examinations are conducted by a female physician; if this is not feasible, a nurse should be present during the examination;
- allow the patient to take a second person with her into the examination room;
- inform the patient in full detail about planned interventions and treatment processes;
- establish an interdisciplinary victim protection group of specially trained staff from the various departments in every hospital;
- provide psycho-social care, using available resources from the victim protection group if possible;
- inform patients about further care and counselling services available from victim protection institutions, establish contacts where necessary;
- display and give out information material on support facilities in all outpatient clinics.

INSTITUTIONAL COOPERATION

As a rule, victims of violence have suffered multiple traumas and therefore need the help of more than one institution. These institutions, including the Emergency Hotline for Women, women's refuges, the police, hospitals and the ambulance service, have to cooperate closely to ensure effective assistance and protection in acute cases.

Past experience has shown that mutual in-depth knowledge of the respective competences, internal organisation, processes and services offered by other institutions facilitates reciprocal access to and effective use of other organisations' expertise and resources. Moreover, communication, exchange of expert knowledge and mutual learning are stepping stones on the way to improved, targeted support activities for victims of violence.

The »Violence against Women and Children« Curriculum has thus been able to contribute decisively to quality assurance and improvement of the services provided for victims of violence.

An example of good practice is the development of an »evidence collection kit« during the implementation phase of the Curriculum. The objective was to improve the quality of evidence-taking in cases of sexual violence, as well as the quality of care for rape victims. Experts from the Vienna Police Force, the Vienna Hospital Association, the Institute of Forensic Medicine and the Emergency Hotline for Women worked together in preparing this set of tools which is now used at all major hospitals in Vienna to ensure uniform practices in the collection of evidence in cases of sexual violence. At the same time, process standards were defined for acute

care to ensure important victim protection functions: victims are invited to a confidential interview with a physician in protected surroundings; they may be accompanied by a person they trust; a medical examination is performed only after detailed information has been given and subject to the patient's agreement; subsequently, the patient is handed an information sheet with details concerning the evidence collection and the complaint to be filed, as well as contact information for victim support organisations. On request, contact is established with another institution on behalf of the patient.

»... We must not only fight violence, but prevent it.«

Statement by Professor Fritz Gschnait, Head of Dermatology and Medical Director, Krankenhaus Wien-Hietzing (formerly Lainz).

»Domestic violence against women and children is a fact which is unfortunately often underestimated. Physicians and hospital nursing staff are being confronted with a growing number of incidents as abusive behaviour becomes more frequent, not least as a consequence of the mounting stresses of modern life, especially in big cities, and the crass ego-centrism of our time. Increasingly, we find that people only consider their own wishes and interests and are less prepared to accept or accommodate others, including members of their own family. Unfortunately, this rejection of the other may take the form of violence.

Educational measures such as the ›Violence against Women and Children‹ Curriculum are very important because they teach physicians to recognise that certain types of injuries, especially to the skin and mucous membranes, are caused by violence. This knowledge is essential for a correct diagnosis. As those affected by violence often remain silent, it is the physician's duty not only to treat the patient, but also to take appropriate action aimed at solving the psychological background problems behind a manifest injury. In this sense, training programmes of this kind are wonderful; they meet the needs of our time and should be further expanded.

However, this is only a first step. As always in medicine, prevention is better than cure. Society is called upon to take pre-emptive action through all means at our disposal – we must not only fight violence, but prevent it. Good education of children is needed, both at home and at school, as well as stress prevention measures in housing, the transport system and at the workplace, throughout people's entire social setting. It is not punishment that will eventually eliminate violence, but prevention and elimination of factors that promote violent behaviour.

I hope that the ›Violence against Women and Children‹ Curriculum will continue on its successful course as an important part of the necessary broader strategy.«

The project: content, facts and issues

CONCLUSIONS

From the perspective of the Emergency Hotline for Women, the »Violence against Women and Children« Curriculum has not only addressed key issues of victim protection, but has also led to concrete action. The successful implementation process has broadened the scope of action of the participating institutions and improved inter-agency cooperation – positive outcomes that will hopefully turn into lasting effects.

»... the Curriculum is a wake-up call. It makes clear that domestic violence is not a negligible offence, and that it is wrong to consider the use of violence as a man's right.«

Statement by Anton Kopinits,
Director of Nursing, Kaiser-Franz-Josef-Spital

»The Curriculum has brought great benefits. By drawing attention to the issue of violence, it raises awareness among health professionals and helps them find the courage to take action instead of turning a blind eye, even if such action may cause them trouble. I can imagine that intervening, ›meddling‹, may be difficult in some situations. We therefore have to tell our staff: ›We are all on your side, do not turn a blind eye, and even if there is just a suspicion, it is better to be wrong once than to keep quiet once too often.‹ We do not need rigid instructions for everything, but we need certain guidelines. The Curriculum is such a guideline which we can use for orientation, to guide our actions when there is uncertainty.

With regard to domestic violence, it is important to repeat the basic messages over and over again. It is important to draw people's attention to it again and again. There is a great risk that activities will slowly peter out. What one can do to improve a good handbook is to keep telling people that it exists, to reprint it, and not to be content with a one-off action.«

The importance of child protection work

Renate Balic-Benzing, Head of Municipal Department 11 – Youth and Family Welfare Offices (MAG ELF)

Protecting children and supporting parents are the core tasks and the legislative mandate of MAG ELF.

Our social workers and psychologists offer a wide range of social and preventive services and react as early as possible to situations in which parents are unable to cope, which may in turn lead to child abuse. They assist parents in the development of strategies that will let their children grow up in an atmosphere free of fear and anxiety and promote children's development.

Public awareness-raising and education are an important contribution to these efforts. MAG ELF 's latest child protection campaign points out that children can actively reject violence and insist on their right to be protected against it; it underlines the fact that children should be given a say and that what they say should be heard. Under the campaign slogan »You decide what the game is« we draw attention to the rights of children, and in particular their right to protection against any form of violence.

The child protection campaigns of MAG ELF help to bring the taboo subjects of violence in the family and child abuse out into the open and to sensitise the public to these problems.

A growing number of cases of suspected child abuse or neglect are investigated by the Youth Welfare Office to determine whether a child is at risk and decide on action to be taken to avert such risks. While 5,277 cases were processed in 2001, the corresponding figure for 2004 was 7,994.

Child abuse is an intentional act of violence by parents or other adults which causes physical injury or psychological harm to the child, has a sustained negative impact on the child's development or even kills the child. This includes all forms of physical violence used directly in a situational context, as a deliberately planned »educational measure« or due to sadistic inclinations. Violence may also be inflicted by withholding or withdrawing from the child the fulfilment of fundamental physical or psychological needs. Rejection, humiliation and contempt, overburdening the child with excessive and inappropriate demands and requirements, refusal to give loving affection, indifference and neglect, uttering threats and inducing fear are all forms of child abuse.

Children who repeatedly witness the use of violence against their mother, by their father or the mother's partner, suffer the same kind of traumatisation as children who bodily experience violence against their own person.

The symptoms and effects of violence against children are as varied as the forms of violence used. They may be plainly visible or difficult to recognise. Abusive family systems function by covering up, playing down and pretending to cooperate. It is the task of helpers to recognise and break up these patterns. Symptoms can only be recognised and the causes understood through cooperation of all involved professionals. Clearly, networking and cooperation among all involved groups of helpers is vital.

The fundamental requirements for successful cooperation between different groups of professionals in child protection are: open communication, a careful approach to child protection measures to prevent secondary traumatisation, and clearly defined functions. Mutual knowledge of the methods and potential scope of action of other cooperation partners is a must. Quality improvement and the development of standards in child protection is an ongoing process in which all relevant groups of professionals are involved, and which can and must never be regarded as complete.

This presupposes a common level of knowledge and information among all involved professionals. Joint and mutual training is an important and valuable contribution that assists in the implementation of child protection policy.

The »Violence against Women and Children« Curriculum developed and implemented by the Vienna Women's Health Programme in cooperation with MAG ELF, the Emergency Hotline for Women (Municipal Department 57) and the Vienna Hospital Association constitutes a major step in the right direction and is an important contribution towards improving child protection in Vienna.

The project: content, facts and issues

»Violence against children also means violence against women.«

Statement by Dr. Sonja Havlicek, head of the child protection group at the Wilhelminenspital

»The interdisciplinary child protection group at the Wilhelminenspital aims at early diagnosis of all forms of abuse and the development of ›child-centred‹ resolution strategies.

Today it may be a case where we have a secondary finding of a number of haematomas; next week it may easily turn into a fracture, next month it may even result in the death of a child. For those who work in the caring professions, violence and deliberate injury are particularly hard to understand – alien phenomena they would rather not see. But as with other diagnoses, these facts must be investigated and recorded. The child protection group has developed an injury information sheet to facilitate documentation and decision-making on how to proceed. Our basic approach in cases of suspected child abuse is immediate admittance to the paediatric ward for inpatient treatment.

The child protection group at the Wilhelminenspital thus works actively to protect children against violence and to sensitise hospital staff to the issue. In the final analysis, violence against children also means violence against women.«

THE PROJECT: ORGANISATION

Inauguration of the Project Weeks on 16 October 2001 by City Councillors Grete Laska, Renate Brauner and Elisabeth Pittermann-Höcker.

Diagnosis:
Lacerated contusion on the right cheekbone, subconjunctival haemorrhage in the right eye, spinal contusion, bruising on the right side of the neck

Statement by the patient:
Slipped on the edge of the swimming pool

Be alert to the signs of abuse, because far too often domestic violence remains in the dark.

Diagnosis:
Retinal haemorrhage, intracranial haemorrhages of different ages, shaken baby syndrome

Statement by the parents:
Excessive crying, stopped breathing and turned blue

Be alert to the signs of abuse, because far too often violence against children remains in the dark.

The project: organisation

THE PROJECT: ORGANISATION

Overview of the development and implementation of the »Violence against Women and Children« Curriculum

Alexandra Grasl, Project Manager, Vienna Women's Health Programme

In 1998 the Vienna City Council unanimously adopted the Vienna Women's Health Programme, in which combating domestic violence was included as one of twelve central fields of activity. The catalogue of measures defined by the programme provides for the development of a specialist education and training programme for hospital health professionals with the objective of increasing sensitivity to the issue and raising staff awareness to ensure early identification of possible signs of domestic abuse.

Planning

With the support of City Councillor for Public Health and Social Affairs Elisabeth Pittermann-Höcker, City Councillor for Women's Issues Renate Brauner and City Councillor for Youth and Social Policy Grete Laska, the Vienna Commissioner for Women's Health set up a steering group in August 2000 within which a number of municipal institutions cooperated in implementing a training programme on violence against women and children in municipal hospitals. The participating partners were the Vienna Hospital Association, the 24-Hour Emergency Hotline for Women run by Municipal Department 57, the MAG ELF Vienna Youth and Family Offices and the Vienna Women's Health Programme. The Vienna Federal Police Headquarters and the Institute of Forensic Medicine in Vienna were brought on board as cooperation partners.

Survey of the status quo

In 2000/2001 a **staff survey** was conducted at two Vienna hospitals (SMZ Ost and Kaiser-Franz-Josef-Spital). In the survey, which covered the hospital departments for gynaecology and obstetrics, urology, otolaryngology, dermatology, ophthalmology, paediatrics, psychiatry, internal medicine, surgery and emergency outpatient departments, physicians and nursing staff were questioned about their experiences in dealing with victims of domestic violence. The results provided evidence of an information deficit in this field and showed that the respondents actually felt that they needed appropriate further education and training.

Contents

The »Violence against Women and Children« Curriculum, drafted on the basis of the results of an analysis of the status quo,

stands out for its **multi-agency approach**. It comprises five modules:

- Forms and effects of sexual and physical violence against women
- Forms and effects of sexual and physical violence against children
- Securing of evidence and DNA analysis
- Legal information
- Presentation of the victim protection groups at Vienna hospitals

Target groups

The training programme was conceived for the target groups of physicians and nursing staff, but also for other hospital health professionals like midwives, social workers and psychologists. Its objectives are to provide hospital staff with information on violence prevention and intervention resources at their place of work, the hospital, to increase their sensitivity to the issue and to establish best practice standards in hospitals.

Lecturers

Responsibility for implementing the project and conducting the training courses at Vienna municipal hospitals lay with **experts** from the 24-Hour Emergency Hotline for Women run by Municipal Department 57, the MAG ELF Youth and Family Welfare Offices, the Police Force, the Vienna Institute of Forensic Medicine, the Legal Department of the Vienna Hospital Association, the victim protection groups at the Wilhelminenspital and the SMZ Ost and the hospital social work taskforce of the Fund for Social Affairs in Vienna (previously MA 47). The training programme at Vienna's Allgemeines Krankenhaus (AKH) was expanded to include experts from Vienna's women's refuges. Further important cooperation partners were the Vienna Federal Police Headquarters and the Institute of Forensic Medicine in Vienna, which besides delegating expert lecturers to the programme also provided expertise on pertinent facts and issues.

Information material

An **information folder** and a pocket-size **check card** with a list of the most important measures and emergency phone numbers were produced with a view to the needs of hospital staff. Besides providing the contact data of pertinent counselling and support services, the information contained serves hospital health professionals as a best practice guideline on communication with victims of violence and the key steps to be observed when conducting medical examinations. The outpatient departments distribute **posters** and **postcards** with the contact addresses of the most important counselling and support services for women and children experiencing abuse. **Life-size figures** in the lobbies of outpatient clinics ›visualise‹ violence against women and children as an issue to be confronted in health care.

Implementation

The **kick-off event** on 16 October 2001 at the SMZ Ost, which was inaugurated by City Councillors Grete Laska, Renate Brauner and Elisabeth Pittermann-Höcker within the framework of a press conference extensively covered by the media, was followed by the 2001 Project Weeks, during which the Curriculum was first launched in a pilot test run in the two hospitals in which the staff survey had previously been conducted. In 2004 the Curriculum was introduced at two further hospitals, Krankenanstalt Rudolfstiftung and Krankenhaus Wien-Hietzing (formerly Lainz), and in 2005 it was implemented at Vienna's general hospital, the AKH. Participation is free of charge. All project partners contributed internal staff resources for planning and coordination work as well as for lecturing activities.

The planning and implementation of the Curriculum was realised in four stages:

Phase 1, 2000:
Establishment of the steering group, development of the education and training concept, staff survey at the model hospitals SMZ Ost and Kaiser-Franz-Josef-Spital, preparation of information material.

Phase 2, 2001:
Implementation of the training programme at the two model hospitals, with 20 training units of 1.5 hours each being offered at the SMZ Ost and Kaiser-Franz-Josef-Spital respectively. The training units on the individual focal issues were each offered on two alternative dates.

Phase 3, 2002/2003:
Revision of the education and training concept on the basis of an analysis of the results of phase 1: adjustment of the training structure, changeover to a block training schedule of two days of 6.5 hours and revision of the standards for evidence collection and their integration in the training programme.

Phase 4, 2004/2005:
Implementation of the training courses at the hospitals Krankenanstalt Rudolfstiftung and Krankenhaus Wien-Hietzing (formerly Lainz) in two morning blocks of 6.5 hours each. Owing to the size of the hospital, the training programme at the AKH was offered twice, i.e. in a total of four morning block sessions of 6.5 hours each.

Know-how transfer

Another member hospital of the Vienna Hospital Association, the Wilhelminenspital, already had violence protection activities in place and was therefore integrated into the Curriculum as an example of best practice. Wilhelminenspital health professionals reported on their work in the anti-violence group, thus contributing to an important **transfer of know-how** to other hospitals. The **victim protection group** set up at the SMZ Ost as a result of Curriculum implementation was subsequently also integrated into the Curriculum as a best practice model.

Treatment standards

The good cooperation between the Vienna Hospital Association, the 24-Hour Emergency Hotline for Women run by Municipal Department 57, the Vienna Police Force and the Institute of Forensic Medicine resulted in the development of an **evidence collection kit**, which ensures that evidence is collected in line with uniform standards and which has been established as standard practice for examining victims of sexual abuse at Vienna's municipal hospitals. The hospitals organise separate training units to introduce their staff to this standard practice.

Feedback survey

Starting in 2004 anonymous questionnaires were distributed among the health professionals in the training programme, providing them with an opportunity to give feedback on the contents of the Curriculum. Three months after the courses the participants were mailed a second questionnaire asking about the usefulness of the training in practice.

Organisation

The coordination of the programme was taken over by the Vienna Women's Health

Programme. The tasks involved, among others, included communication with hospital administrations and lecturers as well as the coordination and fixing of the programme schedule. A central element was smooth cooperation with the respective hospitals, which each nominated an **internal** person charged with project **coordination**. This coordination officer was responsible for the internal communication of the project, organising a room for the lectures and moderating the training sessions.

Top-down principle

The top-down principle proved instrumental in anchoring knowledge and awareness of the social relevance of the abuse issue at the different hospital levels: First the managements of the respective hospitals – clinical and nursing directorates – were addressed to seek their support. From this level the support request was then passed on to the heads of the individual departments and clinics. In a hospital **chief physicians' meeting** the latter were then briefed on the issue of violence against women and children and the Curriculum schedule planned for the respective hospitals. Even though the general goal is to ensure **obligatory participation** of all hospital health professionals, it proved expedient at this stage to have one physician and one nurse from each department participate in the »Violence against Women and Children« Curriculum.

10 Implementation steps

1. Establishing contact with the decision-makers at relevant agencies and institutions
2. Constitution of the project steering group
3. Survey of the status quo at the hospital
4. Compilation of training contents
5. Written information to the hospital management (medical and nursing directorates)
6. Coordination meeting with the hospital management
7. Presentation of the issue and the education and training programme at the hospital chief physicians' meeting
8. Appointment of an internal hospital contact and coordination person responsible for project organisation and communication
9. Implementation of the training programme at the hospital – moderation by a member of hospital staff.
10. Feedback survey among the programme participants.

The project: organisation

»We are also better informed about contact points, it has become easier for staff members to refer women to the appropriate support units.«

Statement by Elfriede Geyer, Nursing Directorate, Krankenhaus Rudolfstiftung

»The feedback we got from our staff was that it sharpened their awareness of the issue. The staff of the children's outpatient clinic, who have always been highly sensitive to signs of abuse, said that they had become even more alert. Sensitivity has greatly increased, particularly on the topic of women and abuse. The professionals in the gynaecology department, above all, praise the benefits of the evidence collection kit, saying that it contains everything needed including exact instructions. We are also better informed about contact points, it has become easier for staff members to refer women to the appropriate support units or tell them where to seek help. The participation of hospital health professionals across the different groups and levels is certainly a very important aspect. The programme adheres to the multi-professional approach at the level of programme lecturers too. There should always be enough time to ask questions, and the Curriculum has accommodated this requirement. A repeat course would certainly be good as it would give a larger group of persons the opportunity to participate.
Moreover, it would be important to have a sufficient number of social workers to promote the exchange of information. In the children's unit, for example, the situation is currently unsatisfactory as a number of social workers have been withdrawn and the feedback has dwindled off as a consequence.«

THE PROJECT:
STAFF SURVEY

Violence against women and children as an issue to be confronted in health care was ›visualised‹ during the 2001 Project Weeks by placing life-size figures in the lobbies of outpatient clinics in the participating hospitals.

Diagnosis:
Retinal haemorrhage, intracranial haemorrhages of different ages, shaken baby syndrome

Statement by the patient:
Excessive crying, stopped breathing and turned blue

Be alert to the signs of abuse, because far too often violence against children remains in the dark.

THE PROJECT: STAFF SURVEY

Survey of the status quo in model hospitals

In 2001 the market research institute Fessel-GfK on behalf of the Office of the Vienna Commissioner for Women's Health conducted a written staff survey at two municipal hospitals, namely the SMZ Ost and Kaiser-Franz-Josef-Spital.[12] This survey, on the one hand, served the objective of establishing to what extent the respondents were involved in the care and treatment of victims of violence in their professional work, and, on the other hand, of establishing to what extent they required support in their work with abuse victims. A further objective was to establish the prevailing attitude of health professionals to the issue of domestic abuse. The staff survey comprised two methodological stages: a baseline survey by questionnaire and a personal follow-up interview delving deeper into the subject.

The departments and clinics covered by the survey included the admissions ward for the internal medicine unit and the gynaecology and obstetrics, otolaryngology, psychiatry, emergency surgery and surgery, dermatology, paediatrics and child surgery departments.

In a first step, the Vienna Women's Health Commissioner wrote to the hospital managements to inform them about the reasons for the survey and its objectives. In addition, the project managers gave a personal presentation of the project. These preparatory steps were important, securing a response rate of 25 per cent. All in all 209 respondents returned the questionnaires. 81 per cent of the respondents were female, 13 per cent male staff members.[13]

Key results of the questionnaire survey

FREQUENCY OF CONTACT WITH VICTIMS OF VIOLENCE

Children and young people as victims of abuse

41 per cent of the respondents reported professional contacts with children and young people who had experienced physical or sexual abuse in the year preceding the survey. On average, each of the respondents had contact with ten young patients with abuse experience. The number of incidents differs by department: respondents working at paediatric, child surgery and emergency surgery departments reported a substantially larger number of incidents of abuse of children and young people than staff of other departments. However, at least 20 per cent of the staff of gynaecology departments had also treated at least

one young victim of abuse in the year preceding the survey.

Overall, about 87 per cent of the abused children and young people came to the hospital accompanied by another person.

Women as victims of abuse

A clearly higher number of the respondents, namely 56 per cent, reported professional contacts with adult female victims of abuse in the year preceding the survey. Respondents from the psychiatric, (accident) surgery and dermatology departments reported above average numbers of incidents. On average, respondents who had had contact with adult female victims of abuse in the year preceding the survey had treated 7.7 victims of physical abuse and 5.3 victims of sexual abuse.

In contrast to the responses regarding children and young people who had become victims of abuse, only about 50 per cent of the respondents stated that they had noticed another person accompanying the adult female abuse victims they treated.

RECOGNISING CASES OF ABUSE

Children and young people as victims of abuse

The respondents[14] frequently suspected that the victims had tried to conceal the real causes of their injuries. This suspicion was particularly frequent in cases relating to incidents of suspected sexual abuse (66 per cent of respondents) but it also applied to incidents of suspected physical abuse (53 per cent of respondents).

Women as victims of violence

The suspicion that the women had tried to conceal the real causes of their injuries was reported by 41 per cent of respondents[15] in cases related to sexual abuse and 37 per cent of respondents in cases related to physical abuse.

APPROACH IN CASES OF SUSPECTED ABUSE

Faced with incidences of suspected abuse, the respondents adopted the following approach:

Approach	With children and young people	With adult women
Telling colleagues about suspicion	93 per cent	79 per cent
Bringing up the topic with the victim	44 per cent	59 per cent
Reporting to the MAG ELF Youth and Family Offices	34 per cent	15 per cent
Bringing up the topic with the person accompanying	33 per cent	21 per cent
Establishing contact with extramural institutions	21 per cent	32 per cent
Reporting to the police	8 per cent	13 per cent

CARE CONCEPT AND TREATMENT STANDARDS

Children and young people as victims of violence

A clear majority of respondents defined their functions in the concrete treatment process as including both medical care and referral of the victims to the corresponding care and support services (about 70 per cent in total). Only 16 per cent of respondents stated that they provided medical care only.

63 per cent of the respondents stated that guidelines were available on the care of sexually abused children and young people. 57 per cent of respondents stated that such guidelines existed for victims of physical abuse as well.

The project: staff survey

Women as victims of violence

As in the case of domestic abuse involving children and young people, a large majority of respondents (74 per cent) saw their function as that of both providing medical care and referring affected women to other care and support services. Only 15 per cent of respondents stated that they provided medical care only.

Only 30 per cent of the respondents stated that guidelines on the care of physically or sexually abused women existed.

NEED FOR SUPPORT IN DEALING WITH VICTIMS OF VIOLENCE

The medical and nursing staff covered by the survey felt that their level of information with respect to interaction with victims of physical and/or sexual abuse and their care needs was relatively low. Only one quarter of the respondents considered themselves well informed, while almost half of them felt relatively badly and as many as 15 per cent very badly informed. The need for information expressed by senior members of nursing staff and the staff of surgery departments and admission wards for internal medicine clinics was conspicuously higher.

The degree to which physicians and nursing staff covered by the survey said they were informed about different extramural support services and agencies varied. While the majority knew about specialist support services like battered women's shelters (82 per cent), the Youth and Family Offices (79 per cent) or the 24-Hour Emergency Hotline for Women (60 per cent), more than one third of the respondents were not acquainted with other services like the Criminal Investigation Department's counselling service (37 per cent) or the Child Protection Centre (35 per cent).

Only eleven per cent of the respondents had received special training in the treatment of victims of physical and sexual abuse.

Against this backdrop the results of the survey came as no surprise: 80 per cent of the respondents expressed the wish for more support in various aspects of their future dealings with abuse victims: 22 per cent of respondents asked for concrete education and training in this field, eleven per cent said they required support in issues such as how to conduct talks with victims of domestic abuse and how to deal with their problems. Others asked for lists of contact addresses, brochures, binding care and treatment standards, psychological support or additional information on the legal framework.

Key results of the follow-up interviews

30 personal interviews with physicians and nursing staff (14 women, 16 men) were conducted in addition to the questionnaire survey. The objective of this qualitative survey was to delve deeper into the experiences of hospital health workers in dealing with victims of violence, their intervention and treatment routines and their degree of familiarity with the resources offered by intramural and extramural services and agencies.[16]

COPING SKILLS REQUIRED IN ENCOUNTERS WITH VICTIMS

About half of the respondents stated that in their first encounter with an abuse victim they had been utterly unprepared for dealing with the situation. In the interviews the respondents repeatedly emphasised how shocking this first contact with a victim of violence had been for them.

INFORMATION DEFICIT REGARDING SUPPORT SERVICES

The respondents' level of information about extramural support services and agencies varied, but the majority of them stated that they needed more detailed information on the services offered by the individual institutions.

DEMAND FOR FURTHER EDUCATION AND TRAINING

The interviews also highlighted huge information deficits with regard to existing care services for victims of violence. Staff members for instance stressed that there were not enough further training programmes and deplored the fact that they had no access to information.

A number of interview partners had gathered information on dealing with the problems of abuse victims through their own practical experience, the study of pertinent literature or participation in pertinent programmes. The staff at the SMZ Ost specially emphasised the key role the hospital's Child Protection Group had played in providing staff guidance on how to deal with physically or sexually abused children and young people.

The demand most clearly articulated by the hospital health workers was for more further education and training, notably in the form of lectures and discussions as the most adequate means of getting the information across.

»Further education and training will help staff to cope even better with difficult situations in the future.«

Statement by Reinhard Krepler,
Medical Director, AKH

»The Curriculum is excellent. The most important thing is to start taking preventive action and to ensure that victims have easy access to advice and support services. In my opinion, the further education and training programme currently being implemented in different hospitals is highly important to the promotion of this goal. It will help staff to cope even better with difficult situations in the future. Adequately trained staff can make a better contribution to protecting abused women and children against further injury.«

The project: staff survey

Participants and feedback

All in all, 800 participants took part in the »Violence against Women and Children« Curriculum: 110 staff at the Kaiser-Franz-Josef-Spital, 259 at the SMZ Ost, 147 at the Krankenanstalt Rudolfstiftung, 57 at the Krankenhaus Wien-Hietzing (formerly Lainz) and 120 at the AKH. The in-depth workshops on handling the evidence collection kit were attended by 110 staff at the Kaiser-Franz-Josef-Spital, the Wilhelminenspital and the SMZ Ost. A clear trend towards above-average female participation was observed at all hospitals. An analysis of programme participants by professional group shows that about 70 per cent of the participants were nursing staff, 15 per cent medical staff and 15 per cent therapeutic staff; the participants in the workshops on handling the evidence collection kit were not included in this analysis.

The Organisation Department of the Vienna Hospital Association conducted an anonymous feedback survey among Curriculum participants at the Rudolfstiftung and Wien-Hietzing (formerly Lainz) hospitals. One questionnaire was filled in and returned immediately after completion of the Curriculum, a second three months after completion of the training programme.

Across the board the respondents gave a very positive evaluation of the content, its presentation and its practical use. The feedback after three months provided striking evidence that the respondents considered the knowledge acquired through the training programme to be of great practical use and the information material supplied to be a valuable support in their day-to-day work. 97 per cent of the respondents were acquainted with the folder published within the framework of the »Violence against Women and Children« Project Weeks and about 80 per cent with the postcards produced and distributed on this occasion.

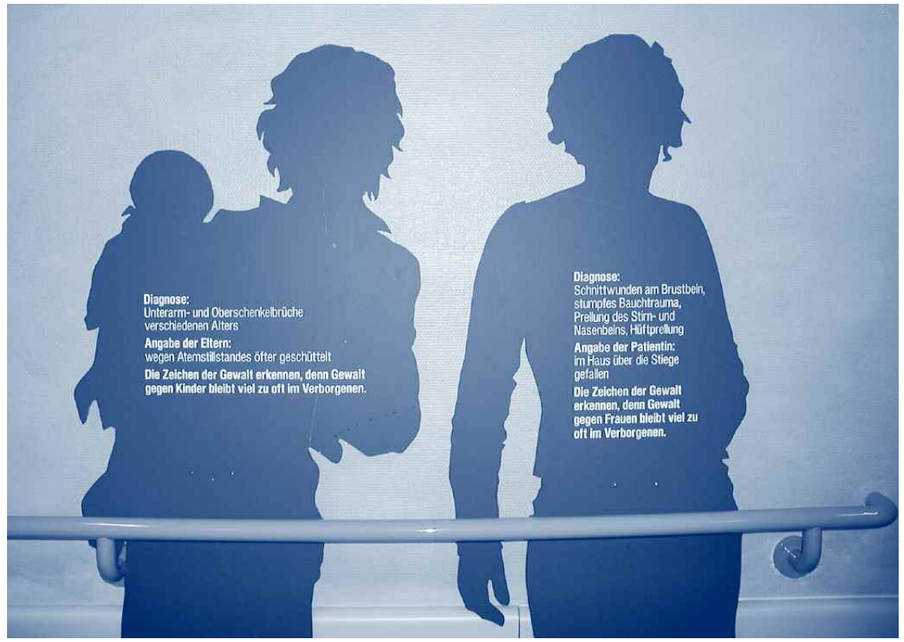
Many respondents expressed their wish for more and different education and training programmes on the issue of abuse and violence, more networking between the departments involved and a more active involvement of medical staff.

»Reducing the number of unrecorded abuse incidents by providing information and support must always be a priority objective.«

Statement Statement by Matron Monika Tischer,
Director of Nursing, Wilhelminenspital

»For me the most important aspect of the Curriculum is that it provides information and support for both the staff and the victims of violence. The benefits of this training are very great indeed, because if people are not informed no action can be taken and no support offered. A Vienna Equal Treatment Commissioner would be a good complement for this initiative, because often things start with sexual harassment and end with sexual abuse! Reducing the number of unrecorded abuse incidents by providing information and support must always be a priority objective.«

THE PROJECT:
TRANSFER OF KNOWLEDGE



Violence against women and children as an issue to be confronted in health care was visualised during the 2001 Project Weeks by placing life-size figures in the lobbies of outpatient centres located in the participating hospitals

Diagnosis:
Fractures of different age of the lower arm and thigh

Statement by the patient:
Child was shaken because it stopped breathing

Be alert to the signs of abuse, because far too often child abuse remains in the dark.

Diagnosis:
Cuts across the sternum, abdominal injury caused by blunt object, bruised face (frontonasial contusion), bruised hip

Statement by the parents:
Fell down a flight of stairs at home

Be alert to the signs of abuse, because far too often abuse of women remains in the dark.

The project: transfer of knowledge

THE PROJECT: TRANSFER OF KNOWLEDGE

Education and training contents of the »Violence against Women and Children« Curriculum

The results of the survey conducted by the Fessel-GfK Institute were taken into account both in compiling the contents and determining the schedule of the Curriculum. The timing of the schedule, in particular, had to be adjusted to the circumstances in the respective hospitals in order to enable as many staff members as possible to participate. A number of organisational adjustments were made following implementation of the Curriculum at the model hospitals SMZ Ost and Kaiser-Franz-Josef-Spital. The training programme, broken down into the following modules, was then offered in two morning block sessions of 6.5 hours each.

»Sexual and physical abuse of women« module

Information regarding forms, extent and effects of violence against women, dynamics of abusive relationships and phases of traumatisation, consequences of social myths, basic theory of victim protection, further support services, functioning and purposes of the Emergency Hotline for Women.

»Sexual and physical abuse of children« module

Information on manifestations and symptoms of violence against children, multi-agency cooperation in support of affected children, purposes, legal basis and functioning of the Youth and Family Welfare Offices.

»Collection of evidence and DNA analysis« module

Information on the correct approach to evidence collection using the evidence collection kit. Information on the tasks and competences of the Institute of Forensic Medicine in Vienna.

Police work and basic facts on DNA analysis with regard to securing evidence of criminal offences.

»Legal information« module

Legal foundations of the Austrian Sexual Offences Act and the rights of victims in criminal proceedings, approach by the authorities in the event of prosecutable offences, procedures from filing charges to court proceedings, assistance in court proceedings and support by victim protection agencies.

Information on the provisions of the Federal Act on Protection against Domestic Violence, measures to remove the perpetrator from the victim's home and impose a ban on entry, possible police action and reports on practical experience.

Legal foundations of the Austrian Medical Profession Act and the Federal Hospitals Act and pertinent service regulations. The legal definitions of violence, e.g. what constitutes »grave« or »slight« injury.

»Victim protection groups in hospitals« module

The history, objectives and functioning of victim protection groups. Presentation of established standards and hospital-internal care and treatment procedures as well as options for cooperation with extramural agencies.

Vienna's Women's Refuges module – safety and a turning point

Information about the history, objectives, services and functioning of four women's refuges with integrated aftercare unit and helpdesk.

Note: This additional training module was incorporated into the training sessions at the AKH.

»... ensuring that the right steps are taken.«

Statement by Heidrun Flores-Genger,
Gynaecology and Obstetrics Department, SMZ Ost

»The most important aspect in my opinion is raising staff's awareness of the issue and stimulating their readiness to offer assistance and information, which means openly addressing the issues at stake, how to behave, how best to help the victims and which steps to take. A higher level of knowledge always leads to a greater readiness to get involved, to ensure that the right steps are taken. Here in the Gynaecology Department we are repeatedly confronted with rape victims, and in this case correct evidence collection is of vital importance, a fact we were previously unaware of. All in all, the Curriculum was very well done, very compact and concise. Maybe the issue of female genital mutilation, as still performed in some cultures, should be included as well. This is something that doesn't come up every day, but things we don't deal with routinely are more easily overlooked, especially if the women don't even speak our language.«

The project: transfer of knowledge

»VIOLENCE AGAINST WOMEN AND CHILDREN« CURRICULUM

10 and 19 November 2004; 8:30 a.m. to 2:00 p.m.Krankenhaus Lainz, multi-purpose room, Pavilion IV

Curriculum „Gewalt gegen Frauen und Kinder"

10. und 19. 11. 2004; 8:30-14 Uhr
Krankenhaus Lainz, Mehrzweckraum, Pavillon IV

10. November 2004

8:30	**Sexuelle Gewalt gegen Frauen** Dr. Karin Spacek, 24-Stunden Frauennotruf	**11:15**	**Opferrechte bei Gewalt gegen Frauen** Mag. Karin Dietz, 24-Stunden-Frauennotruf
Der 24-Stunden Frauennotruf der Stadt Wien ist eine Kriseneinrichtung für Frauen und Mädchen, die von Gewalt betroffen sind. Eine Kurzdarstellung der Institution, der Angebote und der Praxiserfahrung soll Einblicke in die Arbeitsweise des Frauennotrufes geben. Welche Auswirkung sexuelle Gewalt unmittelbar und längerfristig auf die Gesundheit und das Leben der Opfer hat, welche Symptome sich bei Vergewaltigungs- oder Missbrauchsopfer durch die Traumatisierung zeigen können und worauf im Erstkontakt mit Betroffenen geachtet werden sollte, wird dargestellt.		„Wie lange nach der Tat kann angezeigt werden?" oder „Kann eine einmal gemachte Anzeige zurückgezogen werden?" sind häufig gestellte Fragen von Betroffenen nach einer Vergewaltigung. Im Vortrag sollen Einblicke in die rechtliche Beratung im Frauennotruf gegeben und Themen wie Verjährung einer Straftat, die Vorgehensweise der Behörden bei Offizialdelikten, der Ablauf von einer Anzeige bis zum Gerichtsverfahren und Opferrechte sowie wesentliche Neuerungen im Sexualstrafrecht mit Mai 2004 behandelt werden.	
9:15	**Spurenkundliche Untersuchung** Univ. Prof. Dr. Manfred Hochmeister, Gerichtsmedizin Wien	**11:45**	**Das Gewaltschutzgesetz** Mag. Gerald Max, Bundespolizeidirektion Wien
Seit Mai 2004 steht ein standardisiertes Spurensicherungs-Set bei Sexualdelikten zur Verfügung, das von der Gerichtsmedizin Wien produziert wurde und gemeinsam mit dem DNA-Team, dem Frauennotruf Wien und der Gynäkologie SMZO inhaltlich entwickelt wurde. Im Vortrag wird das Set vorgestellt, Informationen zur richtigen Abnahme von Spuren gegeben und das Ausfüllen des Anamnesebogen beispielhaft präsentiert.		Welche Möglichkeiten hat die Polizei nach den Bestimmungen des Gewaltschutzgesetzes? Vorgestellt werden die rechtlichen Maßnahmen Wegweisung und Betretungsverbot sowie die bisherigen Erfahrungen aus der Praxis. Thematisiert wird weiters die Zusammenarbeit und Vernetzung der Polizei mit anderen Institutionen.	
9:45	**DNA-Analyse** CI Dietmar Junker, Bundespolizeidirektion Wien	**12:45**	**Gewaltschutzgruppe Wilhelminenspital** DGKP Friedrich Anger-Schmidt, Unfallambulanz WSP DSA Josef Heindl, Sozialberatung WSP; Fonds Soziales Wien
Die DNA Analyse nimmt mittlerweile einen zentralen Platz bei der Beweisführung von kriminellen Delikten ein. Es wird die Arbeit des DNA-Teams der Kriminaldirektion 3 vorgestellt und auf wesentliche Faktoren der DNA-Analyse eingegangen.		Seit November 1997 existiert an der Unfallchirurgie des Wilhelminenspitals eine inter-disziplinäre Arbeitsgruppe im Bereich „Gewalt gegen Frauen". Die Institutionalisierung dieser Gruppe wurde durch den Wunsch der MitarbeiterInnen der Abteilung nach einer verbesserten und ganzheitlichen Versorgung für betroffene Patientinnen möglich.	
10:45	**Körperliche Gewalt gegen Frauen** Dr. Angelika Breser, 24-Stunden-Frauennotruf		
„Warum bleiben Frauen oft jahrelang in Gewaltbeziehungen?" – eine Frage, die sich Ersthelfende, die mit den schweren Folgen einer Gewalttat konfrontiert werden, oftmals stellen. Der Vortrag befasst sich daher, neben der Darstellung von Formen und dem Ausmaß der Gewalt, speziell mit der Dynamik von Gewaltbeziehungen und den Auswirkungen auf die Opfer. Für den Umgang mit Gewaltopfern wesentliche Inhalte, wie das Ansprechen eines Verdachts, Möglichkeiten für Schutz und Sicherheit sowie weitererführende Betreuungsangebote werden praxisbezogen vermittelt.		**13:15**	**Opferschutzgruppe SMZ Ost** DGKS Margit Liebhart, Abteilung für Unfallchirurgie Donauspital DGKS Ursula Stribrny, Abteilung für Unfallchirurgie Donauspital
		2002 wurde im Donauspital eine Projektgruppe zur Erarbeitung von Betreuungsstandards von Gewaltopfern gegründet. Einbezogen waren Fachabteilungen aus Gynäkologie, Unfall, Psychiatrie und Sozialarbeit. Vorgestellt werden erarbeitete standardisierte Versorgungsabläufe und Dokumentationen.	

Curriculum „Gewalt gegen Frauen und Kinder"

10. und 19. 11. 2004; 8:30-14 Uhr
Krankenhaus Lainz, Mehrzweckraum, Pavillon IV

19. November 2004

8:30	**Gewalt gegen Kinder** DSA Hannelore Pöschl, DSA Susanne Hirsch, MAG 11	**12:00**	**Ärztegesetz, Krankenanstaltengesetz** Mag. Christine Harringer, KAV Abteilung Recht
Theoretische Inputs zu den Erscheinungsformen und Symptomen, die auf vorhandene familiäre Gewalt an Kindern aufmerksam machen können, sollen zur Diskussion anregen. Im Zusammenhang mit der Arbeit an Fragestellungen, wie eine interdisziplinäre Zusammenarbeit im Interesse der betroffenen Kinder aussehen kann, wer welche Aufgaben übernimmt, wie die gesetzlichen Grundlagen aussehen, wird auch auf die Arbeitsweise des Jugendwohlfahrtsträgers näher eingegangen.		Vermittelt wird ein Überblick über die rechtlichen Grundlagen, insbesondere über das Ärztegesetz und das Krankenanstaltengesetz sowie über die einschlägigen Dienstvorschriften. Erläutert wird auch die juristische Definition von Gewalt – was etwa unter „schwerer", was unter „leichter" Körprverletzung" zu verstehen ist. In der anschließenden Diskussion bietet sich den TeilnehmerInnen Gelegenheit, Fälle aus dem Klinikalltag zu diskutieren.	

ANMELDUNG für die VERANSTALTUNG ist notwendig!!
Bei:

Dr. Ursula Denison
T: 80110/2713
oder E-Mail: ursula.denison@wienkav.at

Ein Projekt von: Wiener Frauengesundheitsprogramm, 24-Stunden Frauennotruf – MA57 , Wiener Krankenanstaltenverbund und MAG 11, in Kooperation mit BPD-Wien und Gerichtsmedizin Wien.

Information material

Posters

Slipped?

Diagnosis: Multiple haematoma of different ages in the breast area, cranial contusion
Statement by the patient: »Slipped in the bath.«

Be alert to the signs of abuse, because far too often violence against women remains in the dark

The project: transfer of knowledge

Fell out of bed?

Diagnosis: Haematoma on the upper eyelids, cranial haemorrhage, bucket-handle fracture of the tibia
Statement by the parents: »Fell out of bed while sleeping«

Be alert to the signs of abuse, because far too often violence against children remains in the dark

Information material

Leaflet

The project: transfer of knowledge

Information material

Leaflet

Stop violence against women and children

INTRODUCTION

Domestic violence against women and children must not be treated as a private matter, but should be an issue that concerns us all. Doctors and nursing staff are often the first point of contact for the victim following an incident of abuse. It is important to us that neither the victims nor the care and support staff are left to cope alone in this difficult situation. In targeted training and education measures clinical and nursing staff learn about the issues surrounding violence against women and children as well as concrete options for action. Special emphasis is also placed on aspects that may not form part of the everyday work processes of a hospital, such as providing victims with information about specialist support services.

Raising awareness of hospital staff supports early identification and intervention and facilitates the care and treatment process. Efficient internal communication processes and knowledge of the care and support services available outside the hospital are essential basic requirements for an understanding approach to victims of domestic abuse.

Hidden cries for help and unclear signals sent out by victims of abuse are sometimes not easy to recognise. But between »turning a blind eye« and over-hasty prejudgements there are human destinies at stake. Our aim in launching this initiative is to help you become alert to signs of domestic violence and take appropriate action in the interests of the victims.

FORMS OF ABUSE

Physical abuse

Violence and maltreatment within relationships or in the family occur in all social classes and sectors of the population. Incidents of physical violence are often triggered by banal events. The risk of violence escalating is especially high during pregnancy or if the woman tries to leave the relationship. Most perpetrators abuse their victims deliberately and systematically. Marks left by blows to the upper body, abdomen or torso are not as easily visible as those on the extremities, the head or the face.

Sexual abuse

Rape encompasses all forms of vaginal, anal or oral penetration. Sexual assault is deemed to have occurred when any undesired contact of a sexual nature (e.g. touching of the genitals) is perpetrated against the victim, or when he/she is forced to perform such acts on the perpetrator. Injuries in the form of haematomas, bruising or strangulation marks are usually to be found in the region of the upper body, thighs or neck. Victims of sexual violence may have external signs of injury, but this is not always the case. In children, inflammations in the genital area may also be the consequence of sexual abuse. In 90 per cent of cases the abuser is known to the victim and is either their partner, a relative or someone from their social environment.

Psychological abuse

Abusive partners exercise power by means of deliberate insults and humiliation, by treating the woman as an inferior or by assuming control over all areas of her life. Not allowing a woman to work results in her complete financial dependence on her partner as well as increasing her social isolation. Threats to harm a couple's common children or take them away in the event of separation may likewise be used as a means of exerting pressure. The emotional and/or financial dependence of the victim helps the abuser to exercise power and control and exacerbates the abused woman or child's feeling of helplessness and inability to tell someone what is happening.

Basic principle:

The responsibility for using violence always lies with the perpetrator.
Domestic abuse is never the victim's »own fault«.

THINGS YOU SHOULD BEAR IN MIND

- **Many of your patients could be victims of domestic violence.**
- **You have a key role to play in recognising the signs of violence against women and children, talking to the victims about your suspicion and offering help and protection.**
- **You may be the only person who ever gets to see the signs of abuse.**
- **You may be the woman's first point of contact following an incident of abuse.**
- **Vague symptoms and complaints or repeated visits to hospital may be a hidden cry for help or signal to you to do something.**
- **In child patients, always be alert to injury patterns that are atypical for the child's age, injuries of different ages and delayed development.**
- **Be alert to discrepancies between the type of injuries sustained and explanations of how they occurred.**
- **Check the time lapse between the injury occurring and medical treatment being sought.**
- **Clarify all the relevant details and make use of all available diagnostic options.**
- **Secure any evidence, take photos.**
- **Establish how safe the victim currently is at home or in her usual environment.**
- **Provide information about support services available for victims of abuse.**

CHILD ABUSE

When examining a child, bear in mind the fact that domestic violence might be involved. By doing so you are making an important contribution to preventing child abuse. You should investigate your suspicions very carefully, however, including all possible aids to clarification available in your working environment.

Always consider the following:
Child abuse never happens "by accident", and it is never the child that is to blame. Child abuse is any intentional act of violence causing physical and/or psychological harm, or neglect of the child by its parents, legal guardians or other adults. The abused child is damaged, injured, massively impaired in his/her development or, in extreme cases, killed.

The use of domestic violence in the presence of a child also constitutes child abuse.

You can rest assured that:
It is not the person who discloses domestic violence who is causing the family problems; on the contrary, it is the perpetrators of abuse who break up families and destroy the lives of children:

All forms of violence against children should be taken seriously, as they all have the same traumatic effects. Owing to their complete dependence on mothers, fathers or other caregivers the situation of child abuse victims is a particularly grave one. Children are especially at risk if it is the adults responsible for their care who are perpetrating or permitting the abuse.

Children need the protection of adults:
Children are not usually in a position to seek help by themselves or put a stop to the abuse of their own accord.

Protecting the child against violence has absolute priority over all interests and rights of others:

If your own examinations or any statements made by the child and/or the person who brought him/her to hospital lead you to suspect that the child is at risk or already a victim of domestic violence, further clarifications are essential. Use the medical diagnostic options available to you to carefully investigate this aspect, and consider the necessity of securing any evidence where possible. Seek expert support and make a written record of your observations and suspicions!

Should you come to the conclusion that domestic violence is involved or that this possibility cannot be ruled out, you should immediately notify the **MAG ELF local social welfare unit responsible for the district where the child lives** as well as submitting a written at-risk notification. For telephone numbers see the "Checklist in cases of child abuse" on the information card.

In order to secure the **immediate protection of the child in cases of acute risk** you should contact the competent **MAG ELF local social welfare unit** during the latter's office hours (Mon. – Fri. 7.30 a.m. – 3.30 p.m.), or the competent **CRISIS CENTRE** outside these hours.

VIOLENCE AGAINST WOMEN

According to police estimates, 150,000 to 300,000 women are abused in Austria every year and at least 6,000 crimes of sexual violence per year are committed against women in Vienna alone. Research on the prevalence of domestic violence shows that one in every four to five women is abused at least once in her lifetime.

The Federal Act on Protection Against Domestic Violence has been in effect in Austria since 1 March 1997. The police can now order perpetrators of domestic violence to leave the home and issue a ban on entry for up to 10 days. If an application for a temporary injunction is filed with the district court, the ban on entry can be extended for up to a maximum of 20 days from the date of issue.

As a rule, victims of sexual or physical abuse not only turn to the health service in acute situations, but also as a result of the after-effects of domestic violence. The long-term consequences include psychological disorders and somatic complaints with a tendency to become chronic, the root cause of which often remains undetected for decades.

Tell the patient about your suspicions
Make every attempt to see the patient alone and in private and ask if she is being abused. Ask questions, explain why you are suspicious. Offer support and make it clear to the patient that she is not to blame. »The nature of your injuries leads me to suspect that someone has abused you.« »I think your partner has been hitting you.« »This situation may have been going on for a long time, but there are ways of getting you out of there.« »It's a sad thing, but violence often occurs in families.«

Explain exactly what is going to happen next
Always remember that a patient who has suffered rape or abuse is in a psychological state of emergency. She has been subjected to violence; she has experienced powerlessness and feared for her life. Any examination is extremely stressful for a person in this vulnerable state. You should therefore explain to the patient exactly what the examination entails, step by step. If necessary, repeat your explanations in very simple terms.

Provide counselling
Make sure that female staff are present during the examination. Clarify the possibility of a pregnancy, HIV infection or other infections. Discuss the option of giving the »morning after pill«, HIV prophylaxis or prescribing any other medication. Also bear in mind that the patient may have been given drugs/medication.

Secure potential evidence
A forensic examination should be performed immediately in all cases, irrespective of whether or not the patient has pressed charges or intends to do so. Use the checklist produced by the Institute of Forensic Medicine to carry out the examination.

Clarify the situation
If the woman has to be admitted as an inpatient for diagnostic purposes, discuss the visiting modalities with her as well and make sure her wishes are complied with as far as possible. Besides the obligatory discussion of the examination findings, a follow-up appointment can also be used as an opportunity to talk about the domestic violence situation in greater detail.

Keep records
Make a detailed and accurate record of all signs of injury (including minor ones and signs of old injuries) and document what the patient has told you in the medical report. The records you keep can be used in obtaining an injunction or court order against the perpetrator or play an important role in criminal proceedings if the perpetrator faces charges. This also applies to the examination by the medical officer. Ideally, the records should be backed up by photographic evidence.

Think about the patient's protection
It is vital to establish whether the patient is still in acute danger. Ask about the whereabouts of the perpetrator, what state of mind the patient judges him to be in, whether he is in possession of weapons, whether children are also involved. Find out whether safe temporary accommodation is immediately available (friends, relatives, person who accompanied the patient to hospital). Also inform the patient about the possibility of having a ban on entry issued to remove and keep the perpetrator from the home. The police can issue this while the patient is still in hospital.

Make contact with other organisations
Make use of the dense multi-agency network of intramural and extramural resources. Consider involving specialist departments, psychologists, social workers or a victim protection group at your own hospital.

Use the services of other institutions for immediate or subsequent interventions.

Provide information
Always give the patient information material about the available support services. Even if the patient does not confirm your suspicion that she is a victim of abuse, having this information may lead her to contact a victim support agency at a later point in time.

Information material

Cards

Slipped?

Diagnosis: Multiple haematoma of different ages in the breast area, cranial contusion
Statement by the patient: »Slipped in the bath.«

Be alert to the signs of abuse, because far too often violence against women remains in the dark

Fell out of bed?

Diagnosis: Haematoma on the upper eyelids, cranial haemorrhage, bucket-handle fracture of the tibia
Statement by the parents: »Fell out of bed while sleeping«

Be alert to the signs of abuse, because far too often violence against children remains in the dark

The project: transfer of knowledge

In cases of VIOLENCE against WOMEN and GIRLS

Bei GEWALT gegen FRAUEN und MÄDCHEN

☎ (01)-71 71 9	**24-Stunden-Frauennotruf der Stadt Wien (0-24 Uhr)**	e-mail: frauennotruf@m57.magwien.gv.at
	Telefonische/persönliche Beratung für Frauen und Mädchen, die von sexueller, körperlicher oder psychischer Gewalt betroffen sind.	
☎ (01)-545 48 00	**Wiener Frauenhäuser (0-24 Uhr)**	e-mail: frh1@frauenhaeuser-wien.at
☎ (01)-408 38 80	Unterkunft für Frauen und deren	e-mail: frh2@frauenhaeuser-wien.at
☎ (01)-202 55 00	Kinder bei familiärer Gewalt	e-mail: frh3@frauenhaeuser-wien.at
☎ 0800/222 555	**Helpline gegen Männergewalt (0-24 Uhr)**	e-mail: frauenhelpline@aoef.at
	Beratung und Information über Hilfsangebote in Österreich	
☎ (01)-512 38 39	**Beratungsstelle der Wiener Frauenhäuser**	
	1010 Wien, Fleischmarkt 14/10	e-mail: best@frauenhaeuser-wien.at
☎ (01)-523 22 22	**Notruf und Beratung für vergewaltigte Frauen und Mädchen**	e-mail: notruf@frauenberatung.at
☎ (01)-408 61 19	**PEREGRINA**	e-mail: beratung.peregrina@netway.at
☎ (01)-408 33 52	1090 Wien, Währingerstraße 59/6/1	
	Beratungsstelle für ausländische Frauen	
☎ (01)-334 04 37	**VEREIN „TAMAR"**	e-mail: beratungsstelle.tamar@mcnon.at
	1200 Wien, Wexstraße 22/III/1	
	Beratungsstelle für misshandelte und sexuell missbrauchte Frauen und Mädchen	

In cases of VIOLENCE against CHILDREN

Bei GEWALT gegen KINDER

☎ 147	**Rat auf Draht (0-24 Uhr)**	e-mail: rataufdraht@orf.at
☎ (01)-4000-8011	**Servicetelefon der MAG 11**	e-mail: service@m11.magwien.gv.at
	1030 Wien, Rüdengasse 1	
	Servicestelle des Amtes für Jugend und Familie	
☎ (01)-319 66 66	**Kindertelefon**	e-mail: kindertelefon@m11.magwien.gv.at
	1030 Wien, Rüdengasse 11	
☎ (01)-17 08	**Kinder- und Jugendanwaltschaft Wien**	e-mail: post@kja.magwien.gv.at
	1090 Wien, Sobieskigasse 31	
☎ (01)-526 18 20	**Kinderschutzzentrum Wien**	e-mail: office@kinderschutz-wien.at
	1070 Wien, Kandlgasse 37	
☎ (01)-532 15 15/14	**Die Möwe**	e-mail: ksz-wien@die-moewe.at
	1010 Wien, Börsegasse 9	
☎ (01)-587 10 89	**Beratungstelle für sexuell missbrauchte Mädchen**	e-mail: maedchenberatung@aon.at
	1060 Wien, Theobaldgasse 20/9	

Wenn die Familie von Gewalt betroffen ist oder Sie jemanden kennen, der von Gewalt betroffen ist, können Sie sich in Wien an verschiedene Hilfseinrichtungen wenden.

STOPP DER GEWALT AN FRAUEN UND KINDERN · WIEN VITAL · FRAUEN BÜRO · MAG ELF · StaDt Wien Wien ist anders.

If you, your family or somebody else you know is affected by domestic violence, you can turn to the helpdesks and counselling services run by the City of Vienna.

Information material

Checklists

CHECKLIST IN CASES OF VIOLENCE AGAINST CHILDREN

- **Suspicion of child abuse:**
  1. Clarify case at the hospital
  2. Report case to the competent local MAG ELF unit

- **Child at acute risk:**
  1.Clarify case at the hospital
  2. Initiate protection measures
  3. Report case to the competent local MAG ELF unit

- **Prohibition against discharge:**
  order issued by MAG ELF

- **Reporting to the police:**
  Reporting to the competent local MAG ELF unit is obligatory

CHECKLISTE BEI GEWALT GEGEN KINDER

► **Verdacht auf Kindesmisshandlung:**
1. spitalsinterne Abklärung, 2. Meldung an die Regionalstelle der MAG ELF

► **Akute Gefährdung des Kindes:**
1. spitalsinterne Abklärung, 2. Schutzmassnahmen veranlassen, 3. Meldung an die Regionalstelle der MAG ELF

► **Ausfolgeverbot:** Erlassung durch die MAG ELF

► **Polizeianzeige:**
Meldung an die Regionalbehörde der MAG ELF verpflichtend

WICHTIGE NUMMERN

► **Krisenzentren**

Alter 0-15 Jahre

Bezirke	Telefonnummer
1,4,5,6,7,8,9	☎ 533 67 07 oder ☎ 534 36-01 881
2,20	☎ 211 06-02 881
3,11	☎ 711 34-03 881
10	☎ 605 34-10 881
12,23	☎ 811 34-12 881
13,14	☎ 870 34-14 881
15,16	☎ 491 96-16 881
17,18,19	☎ 476 34-18 881
21	☎ 367 65 03 oder ☎ 368 36 80-21
22	☎ 211 23-22 881

Alter 15-18 Jahre

gesamt Wien
männl. Jugendliche ☎ 331 34-20 880
weibl. Jugendliche ☎ 318 57 58

► **Regionalstellen Soziale Arbeit mit Familien Mo-Fr 7.30-15.30**

Bezirke	Telefonnummer
1,4,5	☎ 502 34-04 340
2	☎ 211 06-02 340
3	☎ 711 34-03 340
6,7,8,9	☎ 400 34-09 340
10A	☎ 605 34-10 340
10B	☎ 605 34-10 360
11	☎ 740 34-11 340
12	☎ 811 34-12 340
13,14	☎ 878 34-13 340
15	☎ 891 34-15 340
16	☎ 491 96-16 340
17,18,19	☎ 401 19-17 340
20	☎ 331 34-20 340
21A	☎ 277 34-21 340
21B	☎ 277 34-21 360
22A	☎ 211 23-22 340
22B	☎ 211 23-22 360
23	☎ 863 34-23 340

The project: transfer of knowledge

CHECKLIST IN CASES OF VIOLENCE AGAINST WOMEN

Check	injuries, time and place of incident, perpetrator
Mention	reasons for your suspicion and offer support
Inform	about planned examinations and action
Examine	routine examination, securing of traces and collecting evidence
Treat	as outpatient or inpatient depending on indication
Document	all injuries – size, localisation, age, statements by the patient
Clarify	risk level, safety issues, possible assistance within social environment
Refer	to in-house specialist departments, psychologists, social workers
Contact	e.g. Women's Emergency Helpline, women's refuges, police
Inform	about victim protection agencies, hand out information material

CHECKLISTE BEI GEWALT GEGEN FRAUEN

Erheben	Verletzungen, Tatzeitpunkt, Ort, Verursacher
Ansprechen	Verdacht begründen und unterstützende Angebote machen
Aufklären	über geplante Untersuchungen und Interventionen
Untersuchen	Routineabklärung, Spurenabnahme und Beweismaterial sichern
Behandeln	ambulant oder diagnostisch indiziert stationär
Dokumentieren	aller Verletzungen – Größe, Lokalisation, Alter, Angaben des Patienten
Abklären	Gefahrensituation, Sicherheit, Hilfe durch soziales Umfeld
Überweisen	hausinterne Fachabteilungen, PsychologInnen, SozialarbeiterInnen
Kontaktieren Informieren	z. B. Frauennotruf, Frauenhäuser, Polizei über Opferschutzeinrichtungen, Infomaterial mitgeben

WICHTIGE NUMMERN

► **Frauennotruf der Stadt Wien (0-24 Uhr)**
☎ (01) 71 71 9
Krisenintervention rund um die Uhr, telefonische und persönliche Beratung und Betreuung von Frauen und Mädchen, Begleitungen zu Polizei, Spital, Gericht; Information über extramurale Beratungsstellen

► **Wr. Frauenhäuser (0-24 Uhr)**
☎ (01) 545 48 00, ☎ (01) 408 38 80,
☎ (01) 202 55 00, ☎ (01) 743 12 90
Übernachtungsmöglichkeit rund um die Uhr für Frauen und ihren Kindern bei Beziehungsgewalt

► **Institut für gerichtliche Medizin**
☎ (01) 4277-657 38 (Labor)
☎ (01) 4277-657 50 (Journal)
Rückfragen zur spurenkundlichen Untersuchung bzw. Materialtransport an die Gerichtsmedizin

VICTIM PROTECTION GROUPS – BEST PRACTICE

»... there is a great need for information on the part of health professionals.«

Statement by Professor Wolfgang Schütz, Vice-Chancellor of the Medical University of Vienna and Head of the University Teaching Clinics at Vienna General Hospital (AKH)

»As Vice-Chancellor of the Medical University of Vienna I especially welcome the establishment of the ›Violence against Women and Children‹ Curriculum, because, as international studies dramatically show, experiences of abuse can have a substantial long-term negative impact on the health of the victims and represent a health risk factor that has been given too little attention to date. The need for information on the part of health professionals is thus correspondingly great. In this context, the lectures on activities in hospitals to protect victims of domestic violence and those dealing with the dynamics of abusive relationships and the various manifestations and long-term consequences of abuse seem to me to be particularly important. Accordingly, this further training course is likely to be of great benefit for staff working at the AKH. The know-how disseminated via the lectures should be expanded to include skills relevant to the treatment of abused women and children in order to guarantee the provision of appropriate and sensitive care and support for this often severely traumatised group of people.«

Victim protection groups – best practice

VICTIM PROTECTION GROUPS – BEST PRACTICE

Introduction

The existence of victim protection groups has proved to have an extremely positive effect on the implementation of the training programme. Victim protection groups are currently in place at two Vienna hospitals (Wilhelminenspital and Sozialmedizinisches Zentrum Ost).

Report by the victim protection group at the Wilhelminenspital

Since autumn 1997 a multi-agency working group has been in place at the Wilhelminenspital to protect women who are victims of domestic violence. The aim of the project was to install a facility at the hospital for the benefit of abused women, offering them comprehensive care, support and information. In order to realise this aim a working group consisting of representatives of all the involved institutions was set up with the objective of assuring the necessary organisation and compliance with the elaborated structures and creating a staff discussion forum to provide scope for reflection and improvements. The model has meanwhile been in regular operation since May 1998. Within the framework of this cooperation it has proved possible to cover the complementary needs of all the professional groups involved as well as the interests of three institutions (the Department of Accident Surgery, the Fund for Social Affairs in Vienna and the 24-Hour Emergency Hotline for Women run by Municipal Department 57) without incurring additional costs. The available synergies were leveraged in an optimum manner.

»FOR US, THE SAFETY OF THE VICTIMS IS PARAMOUNT.«
Friedrich Anger-Schmidt, Registered General Nurse and Josef Heindl, Registered Social Worker, Victim Protection Group at the Wilhelminenspital.

»For us, the safety of the victims is paramount. If it is impossible for a woman to return home – for whatever reasons – she may be admitted to our ward as an in-patient or find accommodation in a women's refuge. The statistics show a clear increase in the number of cases of abuse. In 1999, for example, we recorded 37 cases of domestic violence, with 85 cases in 2004. In the first half of 2005 we have already documented 54 cases, so we can expect over 100 victims by the end of this year. We can only speculate about the reasons for this, but I suspect it's a combination of greater ›propensity to violence‹ plus more people ›daring to talk about it‹. I would still like to see institutionalisation of the training programme at other A&E departments Vienna-wide, as well as networking of the data. We have already made a start on this with the SMZ Ost.«
(Friedrich Anger-Schmidt, RGN)

»Social work provision at the Wilhelminenspital is organised on the basis of a new concept as a prototype social services unit

with guaranteed availability of a social worker from 8 a.m. until 3 p.m. for patients, relatives and hospital staff alike. This availability on call allows social workers to offer their services as an integral component of programmes targeted at specific groups of patients. Our project illustrates very clearly how closely health-care and social services are interlinked and, accordingly, how patients should ideally receive simultaneous support from different professions.

A prerequisite for the functioning of multi-agency cooperation is the willingness of all professional groups involved to show mutual respect and accept one another's different methods of working.

The staff of the Department of Accident Surgery were of the impression that women victims of domestic violence were coming to the hospital in ever larger numbers and that medical and nursing care alone were insufficient to meet these patients' needs. Not only that, but the staff, particularly in the A&E clinic, are under so much pressure that they do not have time to adequately address and respond to the patients' intimate personal problems. Individual physicians and members of the nursing staff have some knowledge of counselling and crisis intervention techniques, but the quality of these skills varies widely and the helplessness of the patients is often too much for the health professionals to cope with. The new concept of a social services unit allows the social workers to provide a rapid response and offer crisis intervention in immediate follow-up to the medical care.

Besides providing a comprehensive crisis intervention service for patients, multi-agency cooperation also allows better risk assessment and aids decision-making as to whether inpatient admission is necessary or not. Our working hours do not allow us to provide a round-the-clock service. For this reason, and also in order to guarantee the availability of solid professional expertise, it seemed an obvious step to involve the 24-Hour Emergency Hotline for Women run by Municipal Department 57 in the project.

A multi-agency working group consisting of representatives of all the involved institutions and professional groups was set up to ensure well coordinated cooperation. Ideally, the staff in this working group should have a keen interest in the project, enjoy a high level of acceptance among their professional peers and assume responsibility for knowledge transfer within their professional group.

In order to guarantee continued cooperation and implement any necessary improvements and developments, it was agreed that further discussions would be held at half-yearly intervals and/or as the need arises. Further training courses on specific themes are held in response to demand and requirements. Regular further training courses for junior doctors are not only designed to qualify the latter to perform their duties in accordance with our standards, but also to equip them with useful knowledge for their future career activities.«
(Josef Heindl, RSW)

Contact:
Victim Protection Group
Wilhelminenspital
1160 Vienna, Montleartstraße 37

Victim protection groups – best practice

Report by the victim protection group at the SMZ Ost

The anti-violence group at the SMZ Ost took up its project work in 2002, with staff from the accident surgery clinic, the admissions ward and the gynaecological and psychiatric departments invited to take part. The members of the project team were tasked with elaborating a framework to address the issue of domestic violence, identifying existing problems and proposing solutions that could be used in practice for the purpose of victim protection at the SMZ Ost. Following the conclusion of the project work in autumn 2004 the anti-violence group was granted official approval as a ›victim protection group‹ at the SMZ Ost, becoming a permanent facility and an integral part of the hospital organisation.

»VIOLENCE IS NOT OK.
VIOLENCE IS NOT A SOLUTION.«
Margit Liebhart, Registered General Nurse and Head of the Victim Protection Group at the SMZ Ost

»In the course of my work with victims of domestic abuse it repeatedly becomes evident how difficult it is for them to talk about it. Domestic violence is an extremely sensitive subject. It isn't easy to talk to ›strangers‹ about all the ›bad things‹ that are really happening inside one's own four walls. It means overcoming huge inhibitions, especially within oneself, because nobody likes ›fouling their own nest‹.

Sometimes it takes several visits to our A&E clinic; to start with the victims try to play the situation down and pass their injuries off as an ›accident‹.

›I walked into a door ...‹, ›fell down the stairs ...‹, ›tripped over ...‹.

And perhaps the next time: ›It was my own fault anyway, if only I hadn't wound him/her up so much ...‹.

›He/she's a good person at heart, he/she's normally so nice and kind!‹.

This is the third time that Mrs. M. has come to us in the A&E clinic. ›Coincidentally‹? I'm on night duty yet again. It's 2.15 a.m. Mrs. M. is brought in by ambulance.

Naked apart from a blood-soaked dressing gown, Mrs. M. has bite and scratch wounds all over her body. It takes us nearly two hours to dress her wounds.

Mrs. M. recognises my face; she remembers my name, too.

The first time she came to us as a patient while I was on night duty it was her partner who brought her in. She had a gaping bite wound on her left leg. While playing at home her partner's dog had gone after the ball but got hold of Mrs. M.'s leg instead, or so the story went. Mrs. M. is trembling as she relates it. She clasps my hand; to me she looks completely distraught. Too distraught for an ›accident while playing with the dog‹. She is slightly drunk, not very well groomed. I notice that her eyes keep glancing over to the door.

Three months later Mrs. M. is brought to us by ambulance. A neighbour had called the police because she heard the dog barking and growling very loudly and Mrs. M. screaming.

Mrs. M. is drunk again, she is crying. Again we have to dress her wounds, this time there are a number of them. This time I raise the issue directly. ›Mrs. M., I get the feeling that things at home aren't quite what you'd like them to be. Is there any way I can help you?

Would you like to talk to me about it? Would you like to talk to someone else? You know, I think that everyone has a right to feel safe and secure, at least when they're at home in their own four walls.‹

Mrs. M., still sobbing, stammers out something or other. I keep on talking. I tell her about laws, about the many many other victims of domestic violence, that in today's society we all have to work to-

gether to do something about it; I say that we have to talk about it, that **violence is not a solution**. Mrs. M. realised long ago that she needs help to find a way out of this spiral of abuse. She tells me about self-help books she's read. She tells of her many attempts to get away, not only from alcohol but from her environment too, but in the end she still says: ›The dog always gets so aggressive when we start drinking.‹ Nevertheless I give her a brochure about the Women's Emergency Hotline and fill out a Domestic Violence Data Sheet.

Today, on Mrs. M.'s third ›visit‹ to us, she tells me that her partner sets the dog on her when he's angry with her. It had been really really bad this time. We talk and talk and talk. Today Mrs. M. would like to talk to a psychiatrist, she wants to call the Women's Emergency Hotline. Mrs. M. says that she doesn't want to live like this any more.

And Mrs. M. actually does all of these things, with me at her side. She gives me a hug; I can sense that she's taken another step forward. Mrs. M. wants to go back home.

I haven't seen Mrs. M. as a patient in our department for over two years now. She hasn't come to any of my colleagues for treatment either.

I very much hope that Mrs. M. and the many other ›victims‹ we've encountered in our department have all continued to make progress. I very much hope the message gets passed around, while people are out shopping or chatting to their neighbours, in the underground, during personal conversations between friends and in families: **domestic violence is not OK**.

I can do something about it and there are a lot of people and institutions who are doing their best to show a possible way out of this **spiral of abuse**.

We don't look the other way, we look the problem straight in the eye. We want to be able to provide competent, professional assistance. We want to forge the necessary contacts. Here in the public institution of the hospital we have the chance to say **›stop‹**. Because it's us the victims come to, and if we look and listen attentively enough we might be the first people they encounter who say: ›Violence is not OK. Violence is not a solution‹. And that may be the beginning of an end to violence in a particular family.«
(Margit Liebhart, RGN)

Contact:
Victim Protection Group
Sozialmedizinisches Zentrum Ost
1220 Vienna, Langobardenstraße 122

Victim protection groups – best practice

»A major point highlighted in this manual is that it is important to create a confidential, supportive environment that encourages victims to talk about their experience of abuse.«

Statement by Matron Josefa Stich, Director of Nursing, Sozialmedizinisches Zentrum Ost

»The SMZ Ost was one of the first hospitals to elaborate and further develop the training programme on a project basis. Our experiences with the programme show that it aroused the interest of a large number of staff in virtually all departments and prompted them to get involved. At our hospital the ›pioneers‹ are still at work, passing on their knowledge to new members of staff. It is important that our staff are aware of how the spiral of violence develops, as this allows them to offer appropriate information and advice to abused women and children. The manual elaborated by the project team of the victim protection group ensures standardised implementation in all departments of the hospital and provides enhanced transparency. A major point highlighted in this manual is that it is important to create a confidential, supportive environment that encourages victims to talk about their experience of abuse. In addition, it also provides staff with comprehensive information about the relevant legal regulations. All in all, the »Violence against Women and Children« Curriculum has contributed to higher quality care and support for victims of abuse, as well as to heightened awareness and professional satisfaction among our staff. On behalf of the collegiate management team I should like to thank all staff who are engaging professionally with this sensitive issue and whose dedication and expertise are bringing about lasting improvements.«

THE PROJECT: EXPERIENCES AND RECOMMENDATIONS

Diagnosis:
Retinal haemorrhage, intracranial haemorrhages of different ages, shaking trauma

Statement by the patient:
Excessive crying, stopped breathing and turned blue

Be alert to the signs of abuse, because far too often violence against children remains in the dark.

Violence against women and children as an issue to be confronted in health care was visualised during the 2001 Project Weeks by placing life-size figures in the lobbies of outpatient centres located in the participating hospitals

The project: experiences and recommendations

THE PROJECT: EXPERIENCES AND RECOMMENDATIONS

Introduction

This chapter is based on the results of the different surveys conducted within the framework of the project as well as the manifold experiences of the people involved in the planning and implementation of the Curriculum.[17] It presents the major milestones on the way to successful implementation of a training programme that will have a lasting impact, in the hope that they may serve as a template for other similar projects.

Conducive framework conditions

The political level

POLITICAL COMMITMENT
The political commitment of the City of Vienna to adopt a proactive approach to combating violence against women was clearly expressed in the 1998 City Council resolution setting up the Vienna Women's Health Programme. The programme defines measures and objectives aimed at combating »violence against women« as a central field of activity and thus creates an important basis for planning and implementing projects in the field of victim protection work. The clear political position on violence against women and children gives additional backbone and edge to the measures implemented under the project.

The project participants level

COORDINATION STRUCTURE
As with all projects involving a number of different institutions and decision-makers, it is crucial to have a clear definition of the project structure including target agreements and a detailed inter-agency arrangement regarding the division of competences and responsibilities under the project. A measure that proved very successful in the context of the »Violence against Women and Children« Curriculum was the establishment of a steering group. During the entire project period the group not only conducted ongoing evaluations to monitor the achievement of objectives, but was also responsible for decision-making, adjustments to the project structure and coordination of contents and matters relating to project organisation.

COOPERATIVE APPROACH TO PROJECT MANAGEMENT

A key aspect that has to be emphasised in inter-disciplinary and inter-agency cooperation is the participants' readiness to allow for the »differences and idiosyncrasies« of the institutions and agencies involved, which creates the basis for revising pre-held opinions and eradicating prejudices. Differences in the organisational structure, the distribution of competences, the hierarchy and the definition of tasks in the institutions involved are factors that greatly determine the nature and the potential of multi-agency cooperation. A willingness and ability to analyse these differences without prejudice and perceive and utilise their potential are a prerequisite for successful development work within a joint project. This basic attitude consistently characterised the project work for the »Violence against Women and Children« Curriculum, the focus always being on exchange of opinion and communication between the participating institutions. These were the premises that enabled the participants to draft a further education and training concept that could be adjusted to the specific circumstances of the individual hospitals while striking a balance between available time resources of hospital staff and the lecturers' commitment to provide comprehensive information.

The hospital level

TOP-DOWN PRINCIPLE

The implementation of a further education and training project in a hospital always has to be based on a resolution by the hospital management and a clear management commitment to the project. The manifold experiences collected in implementing Vienna's »Violence against Women and Children« Curriculum show that the hospital management's readiness to assume responsibility for programme implementation was an important factor for securing the curriculum's success in the individual hospitals.

BACKING FROM THE DIFFERENT LEVELS OF MANAGEMENT

In order to enhance the staff's readiness to participate in the training programme it is important to convince the management levels of the different specialist departments of the practical use of a training measure by providing them with adequate information about the project and securing their involvement in its implementation.

CLEAR POSITIONING IN THE INTEREST OF THE VICTIMS

An important general requirement is a clear position statement by the hospitals which communicates their proactive approach to the issue of violence against women and children, both to hospital health professionals and to women and children experiencing domestic abuse. Introducing obligatory special training in this field is a strong signal on the part of the hospital managements which not only encourages their staff to take the issue of victim protection seriously, but also signals the managements' willingness to support their staff in their daily work and expand their resources. The life-size figures mounted in the lobbies of the participating hospitals during the Project Weeks provided information on violence against women and children and visualised the topic as a public issue, conveying the message: »The staff of this hospital want to call attention to this issue because violence against women and children is not a private matter and the victims must be assured that they can count on the best possible help and support«

ESTABLISHMENT OF VICTIM PROTECTION GROUPS

The establishment of victim protection groups is recommended to provide a lasting anchor for anti-violence work in hospitals. The hospital managements should initiate the establishment of such groups, commissioning the individual specialist medical departments to delegate a representative to the victim protection group. An important aspect is the participation of the full range of health professionals, i.e. clinical, nursing and therapeutic staff. Depending on the size of the hospital and its specialist departments the victim protection groups can be set up in primary care, A&E, gynaecology, psychiatry and internal medicine departments or outpatient centres. The members of the victim protection groups should be health professionals with special training in dealing with victims of violence and should regularly undergo pertinent further training, ensuring that they possess specialist know-how that they can pass on to their colleagues at the hospital as required. In this sense, victim protection groups are designed as a central contact institution within the hospital, forming an important contact point for the hospital staff, assuming responsibility for organising internal training programmes (e.g. introduction of the Curriculum, follow-up workshops, networking with in-house training services), establishing and promoting contacts with external agencies, collecting information on the issue of domestic abuse and making it available to the hospital staff.

Many hospitals have already set up child protection groups, in view of the fact that providing help and support to abused children requires very specific professional expertise and is governed by special legal framework conditions. Regular exchange of information between hospital-based child protection and victim protection groups on specialist services and resources in general as well as specific case histories is important to ensure comprehensive help and support for victims of violence.

The project: experiences and recommendations

»Society must not turn a blind eye to this issue.«

Statement by Astrid Engelbrecht, Director of Nursing, Krankenhaus Wien-Hietzing (formerly Lainz

»In the nursing area we have successfully enhanced staff awareness of domestic abuse. As a result, people find it easier to address the issue if they have the impression that a person has been experiencing abuse. We endeavour to create a situation in which the woman feels at ease, trying to see her either alone or with just one other person present. All information material such as folders, stickers, etc. is available in concise format and everyone knows where to find it. It is the information that counts, both the information we can give victims and our own information about where to get targeted support in a specific situation. In my opinion this is very important, because searching wastes a lot of energy that could otherwise be put to good use.«

Specific framework conditions for the planning and implementation phase

Staff-related factors

- **Survey of the status quo**
  Prior to planning further education and training measures, a staff survey aimed at establishing the staff's level of knowledge and experience in dealing with victims of violence may be expedient to assess training requirements and map out a training concept that accommodates their specific needs.

- **Broadly based team of programme lecturers**
  The participation of representatives of different welfare and support agencies in compiling the contents of the training programme pays due regard to the fact that several different types of institutions are involved in providing support to victims of violence. Indeed, cooperation between the police, victim protection agencies, youth welfare organisations and health care institutions is of central importance, particularly in the provision of acute intervention services. Well-orchestrated information on the objectives and activities of the different institutions represents an important component of the curriculum: it raises the training participants' levels of awareness and information about extramural agencies and, as a result, enhances their cooperation with these agencies.

- **Multi-agency approach**
  Victims of violence who turn to a hospital for treatment come into contact with different medical and professional disciplines in the context of their examination and treatment. These »contact points« start with their registration at the admission desk in the outpatients centre and include different medical examinations during primary care and specific aftercare services or admission for inpatient treatment. To promote early identification of abuse cases and targeted care for victims of violence, the training measures should be addressed to the entire range of hospital health professionals including clinical, nursing and therapeutic staff and should be organised so as to ensure their joint participation.

Content-related factors

- **Practice-oriented presentation of content**
  The contents of the curriculum should be interdisciplinary in nature. Besides theoretical background information on the issue of violence against women and children they should also contain practical instructions on dealing with abuse victims within the context of day-to-day hospital operations. It is important to present the contents in a well-organised and concise format. The curriculum is a first step towards communicating basic information and promoting awareness of the issue among hospital health professionals. The information must include contact addresses, telephone numbers and e-mail addresses in order to make it easier for staff to establish contacts with other agencies. The concrete benefits of cooperation between hospitals and external agencies must be clearly emphasised. In addition, it is important to include legal information (for instance the relevant legislation regarding sexual and physical violence and the legal framework regarding the status of the individual groups of health professionals).

- **Methodological variety**
  The training programme should be based on interactive methods and each training unit should include sufficient scope and time for follow-up questions and discussion after the presentation of the content.

- **Availability of training and information materials**
  To ensure effective transfer of knowledge it is essential that participants receive written lecture handouts. Moreover, information material prepared for the training programme such as leaflets or pocket-size check cards with the contact details of relevant victim protection and crisis intervention agencies has proved its practical use in daily work.

  As a general rule, training and information materials should be simple in design to ensure easy use and ready availability.

  The design of the evidence collection kit prepared for the training programme implemented in Vienna was also guided by this concept. The accompanying checklist, the self-explanatory step-by-step examination procedure and the clear layout of the info sheets have proved highly successful.

Relevant organisational factors

- **Size and schedule of the training programme**
  The size and schedule of the training programme must be designed to pay due regard to the circumstances and possibilities of the hospital staff and must be coordinated with the hospital management. In the case of the curriculum implemented in Vienna a block training approach proved most expedient. The training units were offered in two morning sessions within a single week (keeping the time interval between the two blocks short).

- **Coordination within the hospital**
  Planning and implementing the training programme requires the availability of a suitable infrastructure such as lecture rooms and technical equipment; moreover, the programme must be publicised and the staff invited (for example via hospital's internal e-mail server). Appointment of a programme moderator responsible for facilitating the event is recommended. The persons charged with these tasks should be contacted and involved in the preparations at the planning stage. To this end, agreements regarding the distribution of competences must be concluded with the respective hospitals and the required appointments made.

- **Coordination of all project participants**
  In a project of the scope and size of the »Violence against Women and Children« Curriculum, coordination between the project participants, the agencies involved in lecturing activities and the respective competent hospital organisation departments is absolutely essential. This task should be assigned to a specially appointed project coordinator.

- **Corollary and follow-up surveys**
  The efficiency and effectiveness of the training measures can be tested by questionnaire during the training itself and following its conclusion. Further measures like in-depth training on the issue of violence against women and children (for instance workshops, coaching) can be planned as the need arises.

Relevant ancillary factors

- **Formulation of care and treatment standards**
  In order to ensure the practical operability of victim-specific care and treatment plans, guidelines governing the effective implementation of the plans within hospital structures have to be formulated. Victim protection groups set up at the hospitals may well assume a key role in coordinating and implementing such plans, as experience with existing victim protection groups at two Vienna hospitals, the SMZ Ost and the Wilhelminenspital, shows.

- **Improving the database on domestic abuse**
  The work of the victim protection groups also helps to improve monitoring and documentation of abuse incidents. A secondary effect is that this also promotes staff awareness of incidents of domestic violence and their frequency.

- **Hospital-internal networking**
  The »Violence against Women and Children« Curriculum showed that inter-departmental cooperation within hospitals is a key success factor for ensuring that victims of violence are provided with the best possible care and treatment. Regular exchange of information between the individual departments and groups of health professionals is of central importance in this context.

- **Extramural networking**
  Key elements of patient management besides the provision of acute treatment include referral of patients to services and agencies providing follow-up care and support and cooperation between the hospital and the respective agencies. The 24-hour support services in particular are very important cooperation partners in this field, as the »Violence against Women and Children« Curriculum showed. Notably Vienna's Emergency Hotline for Women – a round-the-clock service via which victims can contact a professional expert and ask for accompanying services or immediate care or get an answer to more general questions – has proved its worth as an important resource. A knowledge of the working methods of the police, the youth welfare offices, the forensic medicine system and victim protection groups also facilitates further cooperation.

- **Hospital-internal multipliers**
  Representatives of clinical and nursing staff with expert knowledge on the issue of violence against women and children act as multipliers within their professional group as well as conveying the message to the outside that this issue has to be taken seriously. These persons are also qualified to act as lecturers or to conduct seminars that promote a critical discourse on domestic violence within their own groups of health professionals and in the hospital in general.

The project: experiences and recommendations

Additional measures

- **Establishment of general standards**
  The establishment of general hospital-internal standards to be applied in diagnosing, treating and documenting cases of violence (database) is a key prerequisite to ensure efficient victim protection.

- **Regular public relations work**
  Hospitals can employ a number of different public relations activities to increase awareness of the abuse issue among the public at large. These measures could include exhibitions and poster presentations on the squares in front of hospitals or in hospital lobbies, not only visibly addressing the issue of violence against women and children but also emphasising the importance of appropriate attention and support for victims of abuse.

- **Creation of support structures**
  Health professionals who attend to women and children experiencing abuse and have to cope with the effects of domestic violence also need support and guidance to strengthen their reserves and enable them to deliver good practice. Clinical supervision, coaching or internal case management groups provide a framework for staff support.

- **Integration of the issue in professional education and training**
  The integration of domestic violence issues in the education and training of clinical and nursing staff and other health professionals is important to guarantee efficient victim protection.

Further suggestions

- Raising general awareness of the issue and the effects of domestic violence and extending action programmes to include further aspects such as female genital mutilation, abuse of the elderly, abuse of disabled people, abuse and misuse of drugs and alcohol, abuse and prostitution, abuse of migrant women and abuse of homeless people.

- Producing information materials in different languages

- Integrating agencies and institutions specialising in the problems of different target groups

- Promoting public recognition of hospitals that pursue a particularly proactive approach (awarding prizes)

PARTICIPATING PERSONS AND INSTITUTIONS

Violence against women and children as an issue to be confronted in health care was visualised during the 2001 Project Weeks by placing life-size figures in the lobbies of outpatient centres located in the participating hospitals

Diagnosis:
Fractures of different age of the lower arm and thigh

Statement by the patient:
Child was shaken because it stopped breathing

Be alert to the signs of abuse, because far too often child abuse remains in the dark.

Diagnosis:
Cuts across the sternum, abdominal injury caused by blunt object, bruised face (frontonasal contusion), bruised hip

Statement by the parents:
Fell down a flight of stairs at home

Be alert to the signs of abuse, because far too often abuse of women remains in the dark.

Participating persons and institutions

Project management

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Dr. Wilhelm Marhold, Vienna Hospital Association – Directorate General, Director General
Dr. Karin Spacek, Head of Municipal Department 57
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Organisation

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Andrea Brem, Department 57, RSW, Vienna's Women's Refuges
Dr. Andrea Berzlanovich, Institute of Forensic Medicine, Vienna
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Hospitals

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Dr. Helga El Hadad-Jenny, Medical Directorate
University Professor Dr. Reinhard Krepler, Medical Director
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Anton Kopinits, Director of Nursing

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Dr. Ursula Denison, Gynaecology and Obstetrics Department
Astrid Engelbrecht, Hospital Manager, Director of Nursing
University Professor Dr. Friedrich Gschnait, Medical Director

KRANKENHAUS RUDOLFSTIFTUNG
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Matron Josefa Stich, Director of Nursing
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Ursula Stribrny, RGN, Accident Surgery Department
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University Professor Dr. Michael Wagner, Head of the A&E Department

Appendix

1 Source: Hellbernd, Hildegard et al. (2003), Projekt S.I.G.N.A.L., quoted acc. to: Österreichischer Frauengesundheitsbericht (2005),Vienna, p. 45

2 The grammatical forms used in this handbook reflect the fact that perpetrators of physical and/or sexual violence against women and children are usually men.

3 Wimmer-Puchinger, Beate/Regina Lackner (1997), Gynäkologische und sexuelle Kurz- und Langzeitfolgen von sexuellem Mißbrauch in Kindheit, Jugend und Erwachsenenalter, LBI für Frauengesundheitsforschung, im Auftrag des BM für Familie und Umweltschutz, Vienna

4 Walby, Sylvia (2004), The Cost of Domestic Violence, University of Leeds, in: http://www.womenandequalityunit.gov.uk/research/cost_of_dv_research_summary.pdf, quoted as of 25 October 2005

5 Bundesministerium für Familie, Senioren, Frauen und Jugend (1999), Aktionsplan der Bundesregierung zur Bekämpfung von Gewalt gegen Frauen Berlin

6 Hellbernd, Hildegard et al. (2003), Häusliche Gewalt gegen Frauen - Gesundheitliche Versorgung: Das S.I.G.N.A.L.-Interventionsprogramm, Berlin

7 Final Report of the Group of Specialists for Combating Violence Against Women (June 1997), EG-S-VL(97)1, Strasbourg

8 Unicef, Innocenti Digest Nr. 6 (June 2000), Domestic violence against women and girls, Florence, p. 4

9 Bundesministerium für Familie, Senioren, Frauen und Jugend (2004), Lebenssituation, Sicherheit und Gesundheit von Frauen in Deutschland, Berlin

10 Foa, E. et al. (2000), Effective Treatments for PTSD, Practice guidelines from the International Society for Traumatic Stress Studies, New York, London; Flatten. G. et al. (2004), Posttraumatische Belastungsstörung – Leitlinie und Quellentext, 2. Auflage, Stuttgart, New York

11 Bans on entry in Austria in 2002: 3,944; in 2004: 4,764; in Vienna in 2002: 1,388, in 2004: 1,945.

12 This summary is based on the following source: Fessel-GfK Institute (2001a), Gewalt gegen Frauen und Kinder, Executive Summary, unpublished project report, Vienna

13 Participation in the survey differed in the two hospitals; 53 persons from the Kaiser-Franz-Josef-Spital and 153 from the SMZ Ost returned the questionnaire. The following summary gives an overall overview of the results; for differences in the two hospitals please consult the actual study: cf. Fessel-GfK Institute (2001a)

14 These data relate to the 41 per cent of respondents who stated that they had been confronted with children or young people who were victims of violence in the course of the past year.

15 These data relate to the 56 per cent of respondents who stated that they had been confronted with female victims of violence in the course of the past year.

16 The following summary is based the survey: Fessel-GfK Institute (2001b), Gewalt gegen Frauen und Kinder, Pflegepersonal/Ärzte, text of report, Vienna

17 This chapter summarises the results from the feedback surveys conducted by the Vienna Hospital Association as well as feedback and statements by project participants and experts involved in compiling the handbook. It also integrates the information gathered in a round-table feedback discussion with the Curriculum lecturers on 21 Oct. 2005 in Vienna; the following persons took part in this round table: Veronika Berger, Karin Dietz, Susanne Hirsch, Adelheid Kröss, Margit Liebhart, Hannelore Pöschl, Karin Spacek and Ursula Stribrny; moderation: Birgit Buchinger, Ulrike Gschwandtner, Solution, Salzburg.