



MARVOW

Multi-Agency Responses to
Violence against Older Women

With financial support from the
Rights, Equality and Citizenship
Programme of the European Union



MARVOW Project Replication Guidelines



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**Women's Support and
Information Center**

There is a way out of violence!

This publication has been produced with financial support from the EU's Rights, Equality and Citizenship Program. The content of this publication is the sole responsibility of the MARVOW project partners and can in no way be considered as an expression of the views of the European Commission.

MARVOW Project

Replication Guidelines

4 The MARVOW Project

- 5 Objectives of the project
- 5 The Project's Consortium
- 6 Problem Definition
 - 8 Forms of Violence
 - 8 Risk Factors
 - 9 Gaps in the Support System
- 9 Multi-agency cooperation

11 Methodology

- 11 Implementation of the Project
 - 11 Multi-Agency meetings of the MARVOW project
 - 12 System-Wide meetings
 - 12 Case Counselling Intervention meetings
 - 12 Roundtable Discussions & Advocacy Meetings
- 13 Country profiles
 - 13 Austria
 - 16 Estonia
 - 19 Greece

22 Implementation at local context

- 22 Materials and tools
 - 22 MOOC
 - 23 Training Materials
 - 23 Manual chapter: "Multi-Agency Cooperation Models for Working with Older Victims of Domestic Violence"
- 24 Promising practices of Multi-Agency Cooperation in Austria, Greece and Estonia
 - 24 Emerging Practices of Multi-Agency Cooperation
 - 24 Focus on Violence Against Older Women
 - 25 Prospects of Change in Future Multi-Agency Cooperation
- 27 Recommendations
 - 27 Austria
 - 27 Estonia
 - 27 Greece
 - 28 General recommendations

29 Annexes

- 29 Guidelines for the Implementation of Case Intervention Multi-Agency Meetings
- 32 Guidelines for the Implementation of System-Wide Multi-Agency Meetings
- 35 MARVOW Case Counselling Intervention Meetings – Case Dossier Templates

The MARVOW Project

The MARVOW Project stands for “Multi-Agency Response to Violence against Older Women”. It is an innovative approach to address violence against older women, a dimension of gendered violence that has often been overlooked in the past. In the four partner countries Austria, Estonia, Greece and Germany the project was implemented within two and a half years (September 2019 – March 2022) in the frame of the Rights, Equality and Citizenship Programme of the European Union. It was preceded by two other projects focusing on violence against older women: **WHOSEFVA** “Working with Healthcare Organizations to Support Elderly Female Victims of Abuse” and **TISOVA** “Training to Identify and Support Older Victims of Abuse”.

The focus of the current project lies in implementing multi-agency networks and cooperation between a wide range of stakeholders from relevant sectors that are in contact with older women who experience violence and abuse. These include among others the health care and social sectors with special focus on eldercare, the police and judiciary, victim support services and perpetrator programs as well as local and regional policy makers. According to the outcomes of the preceding WHOSEFVA project, practitioners often do not know how to proceed when older victims are identified, due to a lack of knowledge about their situations and specific challenges.¹

The aims of MARVOW are therefore to impart knowledge on the situation of older female survivors of abuse, to establish and strengthen the bonds and co-operation between different stakeholders and bring them together to work on a multi-agency level to identify the gaps that exist within current systems as well as to



develop innovative and adequate support services for older female survivors of violence and raise awareness on the topic throughout the help system and society.

During the project a needs-based, survivor-oriented, stakeholder engagement approach was used which has increased our understanding of what multi-agency cooperation can look like in different regions to best address violence against older women and support both, survivors and perpetrators.

Just six months into the project the COVID-19 pandemic started, which not only called for new ways to work together within the project partnership and with the stakeholders in the different regions, but also intensified different societal problems, one of those being domestic violence. Lockdowns, the decreased

¹ WHOSEFVA Report

availability of support services and social networks as well as other stress factors such as loss of employment can lead to more violence from partners and family members, especially for women who are already living in abusive relationships or are reliant on abusive family members. This crisis shows the urgent need for resilient health and social systems that also cooperate on a multi-institutional level to support abuse survivors of all ages, so that the epidemic of violence against women can be fought.²

Objectives of the project

The main objectives of the MARVOW Project were to:

- improve the knowledge of stakeholders working in prevention and response to DV on how to identify and respond to older women abuse
- develop a multi-agency cooperation model that creates a systematic response to the needs for protection and support of older women at a high risk of abuse and work with their perpetrators
- implement case conferencing for older survivors of violence to test the multi-agency model
- increase the capacity of stakeholders to address older women abuse in a coordinated manner, guaranteeing that their rights and needs are met
- disseminate the model to other communities for replication.

The Project's Consortium

MARVOW's consortium consists of six partner organisations, including two European networks, from four countries (Austria, Estonia, Greece and Germany):

- **The Austrian Women's Shelter Network (Verein AÖF)** is the network of Autonomous Women's Shelters in Austria. AÖF was responsible for the project coordination and implementation of the activities in Austria. The AÖF office coordinates networking among partners and undertakes information sharing and lobbying together with all groups working in the field of DV and GBV. It also runs the Austrian National Helpline for women victims of all forms of violence. AÖF has worked on implementing the MARVOW model in three regions of Austria (Lower Austria, Upper Austria, and Salzburg).
- **The Union of Women Associations of Heraklion Prefecture (UWAH)** works on the protection of and advocacy for women's and children's rights. It has collaborated with three municipalities in Crete to implement the project activities. UWAH is involved in continuous collaboration with many important stakeholders in Greece, such as the Hellenic Police (Heraklion Department) and the Regional Authority of Crete (Member of the Regional Gender Council) and is also a member of the Heraklion Municipality Gender council.
- **Women's Support and Information Centre (WISC)** was the first woman's shelter in Estonia, offering comprehensive assistance to survivors of domestic violence. WISC collaborates nationally and internationally towards the advancement of women's rights and combating violence against women. The organisation has developed

² Violence against women during covid-19 pandemic restrictions | The BMJ <https://www.bmj.com/content/369/bmj.m1712.full>

close collaborations with important stakeholders such as the Tartu police, the Estonian Social Insurance Board and the Tartu prosecutor's office in order to implement the project in two regions of Estonia: Tartu and Narva.

- **The University of Tartu (UT)** has joined the partnership through the Johan Skytte Institute of Political Studies, which has conducted research on domestic violence in Estonia. UT took on the responsibility of evaluating the project's extensive activities.
- **The European Network for the Work with Perpetrators of Domestic Violence (WPP EN)** is a European network of 65 members from 32 European countries, who practice responsible perpetrator work with a focus on victim and child safety. WPP EN has been contributing its expertise and connections in the field of working with perpetrators of violence, to involve stakeholders in multi-agency cooperation on the national level. The organisation's headquarters is located in Berlin, Germany.
- **Women against Violence Europe (WAVE)** is a European network of around 160 women's organisations in 46 European countries, most of which work as service providers for women survivors of DV and their children. Served by its wide outreach capacity and its long-standing expertise in EU-wide dissemination, WAVE took on the responsibility of disseminating project information and outcomes on the EU level. The organisation's headquarters is located in Vienna, Austria.

Additionally, associate partners and local institutions were involved in the project activities to create solutions that can be applicable in specific contexts for local communities.

In the three implementation countries, Austria, Estonia, and Greece, the MARVOW multi-agency collaboration model was tested. In each of these countries, different levels of policy responses to domestic violence, criminal justice treatment, acknowledgement of DV and abuse against older people in particular, as well as policies and practices related to multi-agency cooperation on the issue, were recognised. The variation of these circumstances has helped to determine how applicable the multi-agency approach would be to diverse communities throughout Europe.

Problem Definition

Older women abuse is perhaps the most underdeveloped aspect of support services for gender-based violence in Europe. With an ageing population in Europe, it is an increasingly important topic that can no longer be neglected by health and social services as well as by society as a whole. Older women experience discrimination and violence not only because of their gender but also because of ageism and age-related illnesses. This intersectionality of sexist, ageist and ableist discrimination makes them a high-risk group to experience violence and calls for approaches and support services that take their special needs into account to guarantee them a safe and healthy life.

The World Health Organization (WHO) (2014 and 2015) defines violence against older women as

“any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering... including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life... this can also include financial abuse, exploitation or deprivation of resources, neglect, and abandonment.”³

3 WHOSEVA)

According to the Fundamental Rights Agency (FRA) survey from 2014, 5% of women in the EU over the age of 60 reported physical and/or sexual violence in the last year, 3% being from a partner. 19% of women over 60 were abused by a partner in their life, but only 14% of women reported their most serious incident of intimate partner violence to the police, so it is widely believed that the number of unreported cases is high.⁴ Those numbers are likely to increase, simply because the population in Europe is aging. The number of people over 65 is projected to increase from 29.6% in 2016 to 51.2% in 2070, of which the majority will be female.⁵

A key finding of the preceding WHOSEVA project was that when victims were identified, practitioners were unsure of how to proceed, due to the multiple challenges presented by older survivors.⁶ This is because older survivors fall into two distinct forms of family violence: intimate partner violence and elder abuse. Furthermore, they might experience violence from professional caretakers in their own homes, in retirements homes or in the hospital. IPV can be a continuation of longstanding spousal abuse or can start only in old age, for example due to age related illnesses such as dementia, where violent behaviour is a common symptom. In either case, older women can face barriers that keep them in the relationship, such as the inability to obtain employment or a sense of obligation to care for their abuser.⁷ When the perpetrators are other family members there are often dependencies due to care needs or of a financial kind which make it difficult for the survivor to report the violence and seek support. Additionally, older people might live in isolation due to having smaller social networks, which can be a risk factor for experiencing violence as well as a barrier to seek support.

Holding perpetrators of elder abuse to account is a challenging task. Perpetrators of elder abuse are a very diverse category (violence can be committed by a spouse, children, family caregiver, caregiver) that fall under different legislative frameworks and require specific intervention strategies. Many existing interventions in the field of domestic violence are difficult to apply in practice when it comes to older perpetrators. For instance, barring (protection) orders, or orders of removal from the house in the case of older people are often hard to implement, due to health issues, dependency and similar issues. Often, existing attitudes of professionals might create additional complexity in already challenging situations. When a perpetrator is an older person, there is a tendency to think that change is unlikely to happen, or that the violence is less severe as perpetrators lose their physical strength. When it comes to perpetrator programmes that support the change of violent behaviour, there is a Europe-wide lack of specialised programmes for perpetrators that don't fall under perpetrators of intimate partner violence (for example, programs for sons/daughters that are violent towards their mothers). Even in cases of IPV, there is a lack of a specialised approach when it comes to older perpetrators and training of the staff. Therefore, a priority is the capacity building of professionals on a targeted intervention on perpetrator's treatment, accompanied with a staged, structured and targeted multi-agency collaboration to achieve the desired output, which is the safety and wellbeing of the survivor.

4 EU. Agency for Fundamental Rights, (2014). Violence against women: An EU-wide survey: Main results. FRA, EU FRA

5 2018 Ageing Report: Europe's population is getting older" Ageing Working Group of the Economic Policy Committee (EPC) and the European Commission's Directorate-General for Economic and Financial Affairs (DG ECFIN) – as compared to people age 15-64

6 WHOSEVA report

7 Seaver, 1996; Wolf, 2000

Forms of Violence

Violence can take many different forms such as physical violence, psychological or emotional violence, financial or material violence, sexual violence, or neglect, which are often interconnected.⁸

Physical violence is defined as any behaviour that can cause physical harm, injury or trauma or make an older person feel unwell. Forms of physical abuse may be strikes or hits, inappropriate use of restraint or forcible feeding. Signs of physical abuse might be more easily recognisable than signs of other forms of violence.⁹

Psychological violence is reported to be the most common form of violence enacted on older women. Under this term, verbal and non-verbal behaviours are summarised, which might cause harm, distress, or fear in short-term or long term. Examples are humiliation, threats, harassment, or isolation.¹⁰

Financial or material violence describes the “illegal or improper use of an older individual’s resources by (...) a person in a trusting relationship”.¹¹ Especially older people with cognitive impairments are at risk of becoming victims of financial violence.¹²

Sexual violence against older people is defined as any sexual behaviour towards them without their consent. It is the least reported form of violence which might be due to the taboo and stigma that is attached to it.¹³ To help older survivors of sexual violence there needs to be a more sensitive approach towards this issue.

Neglect describes the “failure by a responsible person to satisfy essential basic needs of an older person”. This includes medical attention, food and hydration, hygiene needs or other daily activities. Neglect might be intentional, when the victim is harmed intentionally by ignoring their needs, or unintentionally, which might be a result of insufficient knowledge and training of the care giver.¹⁴

Risk Factors

Older women who experience violence are a very heterogenous group, especially as the definition “older” varies greatly in the literature and in the understanding in the field.¹⁵ General assumptions therefore cannot be made, as the situation for a 61-year-old woman living in a city varies greatly from a woman in her eighties living in rural areas, who needs care support from her relatives. What can be said is that there are specific risk factors that make it more likely to experience violence as a woman or as an older person. Risk factors might appear on four different levels:

- individual level of the victim: psychological or physical health issues, financial dependency, past experiences of abuse, ethnicity
- individual level of the perpetrator: overload with care responsibilities, psychological health problems, inadequate coping skills, etc.
- relationship level: e.g., family disharmony, high levels of financial and/or emotional dependency, lack of assistance, etc.
- environment/communal and societal level: lack of support services and information,

8 WHOSEVA report

9 <https://wearehourglass.org/physical-abuse>

10 https://www.cdc.gov/violenceprevention/pdf/EA_Book_Revised_2016.pdf

11 https://www.cdc.gov/violenceprevention/pdf/EA_Book_Revised_2016.pdf

12 WHOSEFVA, p. 15

13 WHOSEFVA, p. 17

14 WHOSEFVA p. 20

15 WHOSEFVA p. 9

tolerance of aggressive behaviour, ageism, lack of standards in healthcare and social services.¹⁶

| Gaps in the Support System

Typically, older victims can receive assistance from women's shelters that usually use a feminist domestic violence approach but do not account for age-specific issues. Women's shelters are often not equipped for the needs of older women or women with care needs. Women's counselling centers are often hard to reach, especially in rural areas, and online counselling is not as accessible due to technical barriers. Ageing resources on the other hand, such as eldercare providers or adult protective services, often lack a gender sensitive approach or do not have specified knowledge on domestic violence and abuse. In summary, it can be stated that there is not enough expertise available on how to deal with the often complex situations that older, female victims of abuse experience and that adequate support services are often missing. The cooperation between victim protection and elderly support in most EU countries is minimal and needs to be established in order to work together with many other agencies (police, healthcare etc.) to come up with services that address the needs for older survivor of gender-based violence that find themselves on the intersection of two or more forms of discrimination such as ageism, sexism or ableism.

Additional to improvements in the healthcare and social system, there needs to be more awareness on a societal level. Violence against older women is still a taboo topic and not widely recognised as a societal problem. Older women are often used to more traditional and patriarchal family and relationship structures where violence is more common. Those two factors make it difficult for them to recognise

their maltreatment and in the next step to report their abuser. Hence, more awareness is necessary. Victims and people around them need to know how to recognise signs of violence and abuse and information on help services needs to be widely and publicly accessible. This will help survivors and people in their social surroundings to report cases of abuse and improve the situation in the long run.

| Multi-agency cooperation

As mentioned above, the cooperation between victim support services and services for older people is minimal throughout the EU. Older survivors often require intervention by several institutional actors at once or are in contact with different services on a regular basis. For example, they might get care support from nurses at home, visit doctors more often due to physical or psychological impairments, visit day centres for seniors, etc. All those actors might be valuable resources to recognise and report abuse, however, there are no multi-institutional cooperation models designed specifically for older women affected by violence.

Lacking institutional frameworks to address the issues of older female abuse survivors results in a failure to meet their needs. Evidence of this arose in the preceding WHOSEVA project, where 96.9% of 327 professionals surveyed (55% nurses, 6% doctors, 10% paramedics, 14% social workers) indicated they have never or rarely participated in training on elder abuse and 96.9% indicated that Multi-Agency Cooperation was a very important issue. To overcome the challenge of an increasing number of older women experiencing violence by their partner, by other family members or by professional caregivers, the situation needs to change. Especially in high-risk or very complex cases, cooperation between the stakeholders involved can

16 WHOSEVA manual p. 55/56

be lifesaving, as dynamics can change quickly and become more dangerous.

MARVOW therefore developed a multi-agency model of cooperation including diverse groups devoted specifically to cases of violence against older women. It is important that both field workers and decision makers are involved, as field workers bring in insights from the daily practice whereas decisionmakers have the possibility to initiate change. Professions that have been identified as important to participate in the MARVOW project are victim support services and DV men's and women's counselling centres, anti-violence and perpetrator programs, senior centres, health care services, eldercare services, the police professionals from the judiciary and, last but not least, policymakers from the local and regional level. The multi-stakeholder approach enhances the cooperation and capacity of relevant professions and increases their efficiency, indirectly improving the reporting of incidents of abuse of older women. In order to comprehensively and fully support older survivors, it is important that the principle of perpetrators' accountability is embedded in all multi-agency interventions. This means that the responsibility for the violence needs to be clearly placed on the perpetrator, and that the focus of multi-agency work should also be on how to hold perpetrator to account. Applied measures toward perpetrators, its implementation and impact should be discussed during the meetings and monitored.

In the project there was a strong emphasis on capacity building, as participants received training on the topic to start forming a common base of knowledge and understanding of the issue of violence against older women and multi-agency cooperation. Although all participants benefit from this additional knowledge, it will be especially relevant for those who deal with survivors in their mainstream professional activities. The increased awareness of the

participants will likely also initiate the debate in their organisations and beyond and will lead to a better understanding of and more attention for violence against older women, also on a societal level.

In the MARVOW meetings the professionals could share experiences, difficulties and best practices which allowed them to learn from each other and build stronger networks of cooperation. They reported that being in personal contact and exchange with each other during the MARVOW meetings will help them in their daily work as they gained a better idea what each organisation does and how they might help each other when dealing with cases of violence against older women.

Professionals working in the field know best where the gaps in the support systems are and might already have ideas on how processes can be improved within their organisations as well as on a more structural level. The use of a needs-based and stakeholder engagement approach will draw from this knowledge and motivate the professionals to discuss with people from other organisations what joint solutions for common problems can look like and how they can be implemented. The solutions then consider perspectives from all different areas of the healthcare system and psychosocial services, which make them more valuable for policymakers to implement.

The situation shows that a multi-institutional approach to cases of elder abuse is effective. Due to the complex situations and the simultaneous lack of awareness of people who work with the survivors, it is imperative to act. A multi-institutional approach benefits all parties involved: the victims of violence as well as the professionals working in victim support services, men's counselling centres, anti-violence programs, senior centres, healthcare services, eldercare services, domestic violence workers etc.



Methodology

Implementation of the Project

The following sections present the different forms of meetings adopted by the MARVOW Project, as well as three country profiles regarding the countries where the project was implemented: Austria, Estonia and Greece.

Multi-Agency meetings of the MARVOW project

Multi-agency meetings in the context of the MARVOW project constituted the backbone of the project methodology. Two types of multi-agency meetings were designed and delivered in three participating countries (Austria, Estonia, and Greece), namely System-Wide meetings based on the CCR model and Case Counselling Intervention meetings based on the MARAC model of cooperation.

Both types of meetings were delivered in eight selected regions:

1. **Austria** (3): Upper Austria, Lower Austria, Salzburg
2. **Estonia** (2): Tartu, Narva
3. **Greece** (3): Heraklion, Rethymno, Lassithi (Ierapetra, Agios Nikolaos)

The meetings aimed to investigate the level and potential of cooperation, as the participating countries hold a different starting point with regard to multi-agency collaboration. For this purpose, **System-Wide meetings** focused on identifying challenges, gaps, and possible solutions in each region, while **Case Counselling Intervention meetings** engaged with case management. The meetings were held either face-to-face or online, based on COVID-19 related measures. The whole process of

multi-agency meetings in all three countries lasted seven months (April – October 2021).

Participation in meetings was based on informed consent, confidentiality, and voluntary participation.

System-Wide meetings

MARVOW partners in Austria (AÖF), Estonia (WSIC), and Greece (UWAH), conducted System-Wide multi-agency meetings, with executives or decision makers of related entities in the 8 selected regions in the partner countries, based on the CCR model. The professionals engaged in these meetings included Local Service providers, Executives, and Decision Makers in the field of healthcare, social work, law enforcement, eldercare, and domestic violence.

The aim of the System-Wide meetings was to discuss the challenges and gaps in the system that must be confronted so that agencies can meet the different needs of both older victims and their abusers, as well as identify opportunities for improved services.

Partners delivered **41 System-Wide meetings** with the groups identified in the eight targeted communities.

Country	Meetings	Participants
Austria	12	103
Estonia	12	113
Greece	17	148
TOTALS	41	364

Each session focused on specific elements of the phenomenon of elder abuse, based on the CCR model, including pattern of abuse, assessment of risk and victim’s perception of danger, the particulars of the case, and coordinated response.

Case Counselling Intervention meetings

MARVOW partners in Austria (AÖF), Estonia (WSIC), and Greece (UWAH), developed Case Counselling Intervention meetings in the eight selected regions, with frontline service providers of related entities in the selected regions in the partner countries, based on the MARAC model. The professionals engaged in these meetings included Local Service providers and Frontline workers in healthcare, victim support, police, eldercare and daycare services, and perpetrator treatment.

The aim of the Case Counselling Intervention meetings was to initiate and/or establish the process of case co-management and deliver effective interventions on cases of elder abuse in the selected regions.

During these meetings (face to face or online), actual cases that have been identified were discussed and documented, including their background, challenges, solutions developed, and ultimate outcomes, and a comprehensive case dossier was created.

Country	Cases Treated	Case Dossiers
Austria	9	9
Estonia	6	6
Greece	16	16
TOTALS	31	31

Roundtable Discussions & Advocacy Meetings

Roundtables at the regional level were held after the conclusion of the MARVOW Multi-agency meetings in the three partner countries so that participants from the different participating regions could share their experiences from the multi-agency meetings and summarise the outcomes and obstacles identified. The **roundtable discussions** were structured in a

similar way in the three countries around four basic strands:

- d. Cooperation Establishment (models, training, established processes)
- e. Data Collection and Exchange/Share of information between agencies
- f. Victim Support for older persons
- g. Holding perpetrators accountable as a response to elder abuse

One Roundtable event was organised in each country, with a total of 43 participants. The main results (suggestions and possible solutions) of the roundtables were put together by the organisers (AÖF, WSIC, and UWAH), and were presented in **advocacy meetings** that the partners pursued with experts and policy makers.

The purpose of the advocacy meetings was to communicate the successful outcomes of multiagency and advocate for scaling them up at the regional and/or national level. In this context, AÖF, WSIC, and UWAH, met with representatives from their respective Parliament, Ministries, and City Authorities, as well as heads of Social services and Law Enforcement, reaching a total of 53 executives.

Country profiles



Austria

Austria has had a pioneering role in Europe concerning the protection from violence and victim protection and is highly developed in terms of responding to cases of violence against women and in particular violence against older women.

The main legislation in the field of domestic violence is the Act on Protection Against Domestic Violence/Security Police Act, which, among other measures, allows the police to evict perpetrators of violence from their home. All victims of domestic violence receive the right of protection and support by this violence protection law. Abuse against older people is also recognised in national legislation. While Austria has an advanced law on domestic violence, older women rarely call the police, and the police is in turn not well trained to deal with the issue of violence against older people.

From 2011 to 2017 MARACs (Multi-Agency Risk Assessment Conferences) were also in place but the Austrian Government ended MARACs in spring 2018, due to several reasons. Since January 1, 2020, only the police can call in case conferences of high-risk situations. The newest development in Violence Protection Law came in September 2021; since then, each evicted perpetrator is obliged to do six hours of “Violence Prevention Counselling”, a development that is viewed critically by victim protection organisations, as six hours is not considered to be enough. Furthermore, there are no guidelines on what this counselling should look like.

Austria has implemented many important violence protection measures: 30 women’s

shelters, six counselling centers for women affected by violence, seven counseling centers for sexual violence, two shelters for women and girls affected by forced marriage and two for those affected by human trafficking. Austria also has a specific phone number for older people seeking help, with limited opening hours, namely “Counselling phone concerning violence and age”, which can be reached via 0699/11200099. It is nationwide and free of charge. Older women who have been victims of abuse can also call the “Women’s Helpline” at 0800 222 555, which is available 24/7. 1.276 older people also have access to the “Red Button” emergency service: when notified through the red button, volunteers offer support to older people.

In Austria, there are nursing homes for older people, but the staff in these organisations are not well trained on the issue of domestic violence or partner violence. Austrian federal law calls for victim protection teams in hospitals made up of trauma specialists, gynecologists, psychologists and nurses working in health-care systems to identify early signs of domestic violence. However, only 10% of hospitals have actually established such victim protection groups.

There are some serious gaps in the support system that are visible in the data: Austria is at the bottom of the EU ranking concerning Gender Pay Gap and Gender Pension Gap. The level of violence against women is alarmingly high and is increasing every year, as do femicides which have almost doubled since 2014.

The subject of violence against older people and women is still not very visible in Austria. There are barely any specific advice centers for older people. There is also a lack of public relations or awareness campaigns. The Ministry of Social Affairs has its own department for senior citizens. Numerous information brochures

on violence against older people have been developed here, but an extensive and offensive campaign against violence against older people is still missing.

Implementation Activities

MARVOW activities have been carried out in Lower Austria, Upper Austria and Salzburg. Lower Austria has just over 1.6 million inhabitants, Upper Austria has just under 1.5 million and Salzburg has 560.000. The regions, and the country as a whole, are the wealthiest of the three project partners.

After the initial mapping of the situation, challenges and the actors concerning violence against older women as well as the existing measures against it in the three regions, the first meetings, in the form of the mutual learning workshop took part. Two took part in Upper Austria with a total of 21 participants. In Lower Austria, five people participated and in Salzburg nine. The second form of meetings were the local trainings, which had to be held online due to the COVID-19 regulations. Austria held six workshops with a total of 40 participants.

In March 2021, the System Wide Meetings and the Case Conference Intervention Meetings started in all three regions. Once a month, the participants met to discuss structural issues in the three-hour long System Wide Meetings in the mornings and worked on real-life cases and case studies during the Case Conference Intervention Meetings for one and a half hours in the afternoon. Many participants took part in both meetings, although the System Wide Meetings were targeted at decision makers and the Case Conference Intervention Meetings were targeted at frontline workers. This was because professionals take on both roles in their organisations or were simply personally interested in both meetings. In Autumn

2021, the last System Wide Meetings were held in person before switching to online again for the last meeting: the cross-regional Round Table where specific demands for policy makers were formulated, which were discussed with them in one Advocacy Meetings where two policy makers took part.

In total, there were 15 System Wide Meetings with 103 participants and eight Case Conference Intervention Meetings with 44 participants in the three regions followed by one Round Table with 14 participants coming from all three regions.

Challenges and Results

The online format that had to be implemented had its pros and cons. On the one hand, participants reported that it was easier for them to participate in the online meetings as they could join from their office or from home. On the other hand, there was less interaction between the participants and the discussion was focused on the facilitator. In any case, it was possible for the facilitator to convey a high level of information, especially about the specifics of violence against older women, family caretakers, risk assessment tools, police intervention, perpetrator programs and femicides in the System Wide Meetings. This broad range of topics was also due to the different focuses the participants had and their points of views they brought in. Many gaps and problems in the support system for older abuse victims and their relatives could be identified and some approaches to solution strategies were mentioned.

In the Case Conference Intervention Meetings, case studies were presented by the facilitators and participants had the chance to bring in cases from their own practical experiences, which was done regularly. After the Case Intervention Meetings ended, the participants partly continued to bring up cases in the System

Wide Meetings, which led to very interesting exchanges and discussions. With such case discussions the problems became more visible, especially to participants who might not have worked with older abuse survivors. Open discussions or Break Out Rooms were often used to discuss experiences or current topics and events related to violence against older people.

Although stakeholders from all important sectors were invited, not all could be motivated to participate in the MARVOW project. There was a lack of participation of professionals from perpetrator programs only in Salzburg they participated on a regular basis. It was tried to have a focus on perpetrator's accountability during all meetings but without the participation of said programs this could only be done to a limited extent. Other stakeholders that were absent in the meetings in Austria were doctors and professionals from the judiciary.

Because participants were changing or varying a lot, this led to the repetition of topics especially in the first meetings. Participants who participated regularly might have been discouraged by this, but the long-term participants developed a good network that is likely to persist beyond the MARVOW project. Participants talked about the procedures of their different organisations which helped others to understand their work and will enable the exchange of knowledge and resources in the future.

Some participants have already developed and implemented ideas which were based on their participation in the MARVOW project. A huge success is that, in Upper Austria, the System Wide Meetings will continue due to the engagement of the women's representative of the City of Wels who will coordinate the meetings in the future. Salzburg also might continue to hold meetings.



Estonia

Estonia has no specific law on violence against women, and there is no explicit intimate partner violence or domestic violence offence. However, numerous forms of violence are criminalised. In domestic violence cases, Articles of the Penal Code apply. The Code of Criminal Procedure (Kriminaalmenetluse seadustik) and the Victim Support Act (Ohvriabi seadus) are two main legislative acts that determine the victims' rights. Victim Support Service is a governmental service available all over the country and coordinated by the Victim Support Department of the Social Insurance Board (SIB). Offices of victim support centres are situated close to police stations. Still, they are independent of the police, a system that works well as it allows more victims to be identified and receive access to the assistance/help/advice needed. Women's support centers (civil society organisations on a contractual basis with SIB) provide support services for gender-based violence victims. The Victim Support Act prescribes the persons who are entitled to victim support services.

Regarding neglect, it can be sued under civil and criminal law. Article 96 of the Family Law Act stipulates that adult ascendants and descendants related to the first and second degree must provide maintenance. This means that adult children and grandchildren are supposed to take care of their parents and grandparents in cases of emergency or when there is a need for long-term care, and vice versa, grandparents are supposed to take care of their grandchildren. Provision of maintenance is foreseen to a person who needs assistance and cannot maintain themselves. Fortunately, there have been legal developments reviewing care obligations, which will hopefully create a

significant change, with the local government providing better welfare services and support, leading to a reduction of the intergenerational care burden.

Since 2015, the MARAC model (A Multi Agency Risk Assessment Conference) was piloted in two regions, and in 2021, there were a total of 19 MARACs in Estonia, at least one in each county. According to the agreement between the Ministry of the Interior and the SIB, victim support services coordinate the MARAC meetings in the regions, led by the police, and always includes a representative from the prosecutor's office, women's support center, local government, and child protection. People suffering from high-risk intimate partner violence are also supported by MARAC volunteers, who numbered just over 60 in 2021. In 2020, a development team of 16 experts was formed to discuss progress made in regions where the model is being used and how to develop the system further.

Existing statistics of elder abuse/neglect prevalence are scarce at national and regional levels. Elder abuse is influenced by multiple risk situations. Abuse is better understood when there is a physical attack or injuries, but psychological mistreatment and neglect perpetrated by the caregiver is also a serious problem. In Estonia, there are around 20.000 caregivers, of which 70% have to work outside the home, causing anxiety and potential depression. In 2020, nearly 4000 domestic violence cases were reported (15% of crimes), and of those 7% was committed by the child or stepchild, however, poor analysis is available regarding the victims' age.

Older people are invisible in national reports. Older people do not report cases of abuse due to shame, poor social networks, low awareness, and low self-esteem. Care needs in families and elder care houses are often not fulfilled due to a lack of resources. There is still a

lack of awareness within the community of the prevalence, nature, and signs of elder abuse. MARACs work only with high-risk cases identified through the DASH tool. Based on the theory, DASH measures intimate partner violence (the average victim is a woman of about 40 years old), but does not respond fully to the specificity of elder abuse, and older people do not get to MARACs often. In Estonia, in 2020 there were near 80.000 older women and men. As for the other peculiarities of Estonia – when lonely older women are left without care, this exacerbates depression and alcohol use.

Implementation Activities

In Estonia, MARVOW was implemented in two regions: Tartu (South Estonia) and Narva (North-East Estonia). All project activities were carried out in parallel in both areas. Since Narva is mostly a Russian-speaking region, most of the activities there were in Russian.

The first task was to identify all the relevant key stakeholders when addressing violence against older people. In Estonia, the initial core stakeholders were: police, victim support, local government social services, women's support centres, hospitals/family doctors, representatives of the Ministry of Justice and Ministry of Social Affairs, and perpetrator services. The latter service provides free of charge counselling and support for those who want to quit their violent behaviour.

Before implementing the MARVOW model in both regions, introductory workshops and comprehensive training on violence against older people and multi-agency cooperation were conducted. In addition, a model of the Coordinated Community Response (CCR) was introduced. This was necessary to ensure the basic knowledge of the issue before starting the process itself.

The MARVOW model foresees participants from two groups: frontline workers (Case conferencing) and decision-makers (System-Wide meetings) from various agencies. In Estonia, the System-Wide meetings in Tartu and Narva were mixed groups. This means that the implementing organisation could not engage high-level decision makers from all the necessary organisations, and therefore frontline workers were also presented. Nevertheless, the discussions were very fruitful and gave numerous insights into the most critical gaps and issues in different institutions when addressing cases of elder abuse.

Since Estonia has functioning periodical MARAC meetings in place, engaging frontline workers (who also are in MARACs) was not as challenging as with decision makers in System-Wide meetings. At first the participants did feel a slight replication compared to MARACs, but since MARAC only addresses high-risk cases, it was acknowledged that, especially with older persons, it is necessary to have case conferences despite the risk level.

Meeting participants agreed that reaching/identifying the older victims who do not receive any services from the local government social services is the most problematic aspect. Still, social workers and other professionals in contact with older people should be trained in the psychology of aging – specifics of aging and how to provide the necessary services in a way that meets the needs of the older person and how to identify abuse and/or neglect.

It was also commonly agreed that it is important to include the issue of older people's needs in all national development plans and strategies. When it is written in black and white, different agencies are required to respond and react. While the meetings were still an ongoing process, the Ministry of Justice presented the draft of the Violence Prevention Agreement 2021-2025 which has listed 14 priority topics,

and for the first time, abuse against older people is also included in a state level document.

Challenges and results

Implementing the MARVOW model during Covid-19 pandemic presented a number of obstacles. First, everything was moved online. Although in-person meetings have their own benefits through direct interaction, online meetings enabled more participants from relevant agencies to engage more frequently.

Engaging the right people (in particular in System-Wide meetings) to participate was the most challenging part. From all the different stakeholders/agencies, the healthcare system was the most difficult to reach. The Covid-19 pandemic put enormous pressure on the healthcare system and doctors were not able to contribute to any extra activities.

Though the process of implementing the MARVOW model took only roughly eight months, in Estonia it has had an impact to initiate systematic changes. In collaboration with Women's Support and Information Centre NPO, Social Insurance Board Victim Support Department has initiated work to better support older people who have experienced abuse. Since the response system is currently based on the DASH risk assessment tool, it is necessary to analyse which questions of the tool do not currently indicate the abuse of older people in the DASH and which questions need to be addressed. Also, a brief justification is required for why and what differences older people need when assessing high risk.

The paradigm in Estonia, in general, is victim-centered. There are programs for perpetrators, but these are rarely publicly spoken about. SIB is operating a help-line for quitting violence since May 2020 (also can turn via email). In addition to counseling, the coordinators deal with the development and

communication of the perpetrators' services, including the collection and further development of information on group counseling and individual counseling. Perpetrators can call themselves and ask for advice on how to proceed. If the person is willing to take steps for change, he is referred to a perpetrator program.

Three programs are designed to curb violence. There is also a 2–3-month program where perpetrators have the opportunity to reflect on their violent behavior and learn non-violent behavior. In the programs, group work is used, two leaders (usually with a background in psychology or social work). Also, perpetrators of domestic violence can seek help themselves from the third sector or the public sector – which they rarely do. Most often, assistance for getting help is provided when criminal proceedings have been initiated (probation, including social programs).

Two main gaps identified in regard to perpetrator work were: 1. Perpetrators are not interested in entering the programs; 2. Current perpetrator programs are not effective. All participants both in Estonian system-wide and case counselling meetings agreed that the focus should be more sifted towards the perpetrator, responsibility-centered approach should be mandatory and there should be long-term studies of currently run programs in order to understand the effectiveness of these programs.

In sum, MARVOW encouraged the SIB Victim Support MARAC team to start working on developing a new approach for risk assessment of older persons and during project implementation SIB monitored and analysed whether the cases of older people reached Victim Support Services.

In the Narva region, MARVOW meetings led to the initiative to organise an information event

and educate people in the local newspaper about the nature of violence against older people.



Greece

With regards to Domestic Violence in Greece, the legislation applies to all victims, regardless of their age. Abuse mostly occurs in three major forms: physical, psychological and sexual abuse. Reference is made to Laws 3500/2006 and 4531/2018 to address/confront the abuse. In Greece, a victim who earns less than 5,500 Euros per year can be represented by a lawyer free of charge. Furthermore, a person accused of a crime can get free legal representation.

In Greece there are more than 53 counseling centres for dealing with domestic violence and more than 40 shelters, however, there are no specialised counselling centers or shelters exclusively for older women victims of violence. Older victims could seek help in organisations that deal with victim support and domestic violence.

A free SOS Helpline operates at a national level (National Helpline 15900). The Union of Women Associations of Heraklion Prefecture (UWAH) operates a 24-hour SOS Helpline (801.11.16000) for calls coming from all over the country. In the Crete region, there are three shelters for the protection of women victims of violence and counselling centers, while there are none in the Lassithi Prefecture. Abuse cases coming from the region of the Lassithi prefecture are referred to counseling centres and shelters at Heraklion.

Regarding the proper management of abuse cases, the first and most important step is to report it to the police or prosecutor's office. All incidents of abuse are ex-officio prosecuted according to the law.

The police then inform those involved in support services/domestic violence organisations in the area, so that the women themselves can contact them, asking for counselling, psychological support or shelter.

There is no compulsory referral of a victim to a counselling center or psychologist. For this reason, it is important that the victim herself is informed, in order to ask for assistance and support from a counsellor or victim support service. It is of vital importance that the social services, health professionals in hospitals or even any bystander, report the case to the authorities (police or prosecutor's office) to initiate a social services investigation for a complaint and/or to verify the suspected abuse. This is the reason UWAH is organising study visits to a number of social services, hospitals and police in the region, to share information and establish fruitful collaboration.

UWAH provides psychological support as well as shelter for survivors, who can stay in the shelter for up to eight months. All services are provided free of charge.

Finally, in Greece, there are only a few organisations involved in working with perpetrators that provide treatment from a psycho-social perspective. The perpetrators attend therapeutic psychological sessions through the process of criminal mediation, to deal with their violent and aggressive behavior. The number of abuse cases handled by the authorities cannot be verified. Even in cases where an organisation reports a case of abuse, this organisation rarely receives answers about the course of the incident, since the prosecutors do not have an obligation to keep them

informed. Professionals in the field need additional support in understanding and applying the concept of perpetrators' accountability and taking an action in this direction. Perpetrator programmes, as part of the accountability framework that changes patterns of violent behaviour, are seriously underdeveloped in the country.

Implementation Activities

In the context of the MARVOW project, UWAH implemented activities in the areas of Heraklion, Lassithi and Rethimnon. The intervention in these territories aimed to formalise a structured working process among local entities which could act as a channel for continuous collaboration – capacity building among all of the “support chain” at a local level. To this extent, UWAH organised a series of System Wide meetings with all respective collaborating entities (social services, police, health services, counselling centres) and organised 17 meetings with 148 participants.

The main aim was to attune all entities' knowledge of the phenomenon and its properties (Gender Based Violence and Elder Abuse), and thereby to facilitate a constructive collaboration on cases and actions to be pursued. In parallel, the Case Counselling meetings took place in the three areas of intervention where 16 cases of elder abuse were analysed. The aim of the Case Counselling Intervention meetings was to initiate and/or establish the process of case co-management and deliver effective interventions on cases of elder abuse in the areas of intervention. During these meetings (face to face or online), actual cases were identified, discussed and documented, including their background, challenges, solutions, and ultimate outcomes, and a comprehensive case dossier was created.

Challenges and results

The main outcome of these meetings was the need for constant capacity building of engaged staff (frontline officers) about the phenomenon (GBV and Elder Abuse), the need of a cross professional training of the professionals about the different aspects of case mitigation, and the need of a structured protocol of operation accompanied by the use of an online platform of cases available to all frontline professionals.

The main difficulties UWAH faced were the absence of a structured methodology of collaboration among professionals of different disciplines, the large knowledge gap existing among professionals, the lack of capacity for personal data protection, and the complete absence of knowledge about perpetrator work. These difficulties frame the field of opportunities for the actors engaged in the policy planning and implementation; opportunities to fill the gap and organise the local “safety network” at a regional level.

For this reason, UWAH organised a series of advocacy actions aimed at regional and national level policy makers, signifying the need and proposing the mode for future activities. The advocacy aimed to upscale the findings of the MARVOW project in Greece, and the policies needed to be in place as to better mitigate the problem. The advocacy of UWAH included regional level stakeholders (the chief of police in the Heraklion area, the chief of police at Lassithi, the deputy Governor of the Crete Regional Authority, the Members of the Hellenic parliament representing the Heraklion area, the engaged policy makers at the Central Administration (namely the Dep. Minister of Social Policy and Solidarity) and the structural information of the Hellenic Parliament.)

Overall, the results of the MARVOW implementation in Crete – Greece could be summarized as follows: there is significant priority for the increase in the capacity building of frontline professionals at a regional level about elder abuse and the need for a coordinated plan of action to mitigate the phenomenon. Front line professionals need to talk “the same language” about the phenomenon, to reach the same level of understanding and be able to act accordingly.

The exhaust of the legal options that the “victims” hold and the option for perpetrator work capacity building for professionals are the key pivotal options for immediate action. A structured protocol for multiagency (CCR) should be introduced, combined with a structured and impactful capacity building programme and tool for cross professional training, and accompanied by the introduction and use of an online platform of case management shared among professionals.

Another key priority is the awareness raising of all engaged professionals about the peculiarities of elder abuse and the need for perpetrator treatment in cases where the victim is not able to or does not want to leave the residence. The use of specialised shelters for elder abuse does not prevail as a preferred option, rather the need for “dynamic” intervention and the use of the legal options exhaust for the implementation of the Protection Order, meaning the perpetrator can be forced to leave the residence where the elder victim stays.



Implementation at local context

This chapter firstly presents the main materials and tools that were created during the project and are available for third parties who are interested in replicating the project. Secondly, the promising practices collected in the implementing countries are presented, and to conclude a list of recommendations, both general and country-specific, is available.

Materials and tools

| MOOC

MARVOW offers multiple materials and tools that are useful for the replication of the project. MARVOW delivered an update to the existing massive open online course (MOOC) on the WHOSEFVA website. The MOOC is designed to assist a variety of stakeholders, including

healthcare organisations and their staff (healthcare professionals, doctors and nurses in different healthcare settings and social workers), as well as social care and DV workers. The main objectives of the MOOC are to introduce the topic of elder abuse, make the audience familiar with the key terms, concepts and approaches to prevention of violence against older persons and women, educate participants on the perspective and needs of older victims and survivors, and build the capacity of domestic violence, social and healthcare professionals to work with older persons and female survivors of violence. Several topics are integrated into the course, such as information about the project and background of the issue, risk factors and consequences of elder abuse, special issues, and professional work.

MARVOW has contributed a video lecture (including assignments) on the topic of multi-agency cooperation, which will constitute the 19th chapter of the MOOC. The lecture will be translated into German, Russian, Estonian, and Greek. The WHOSEFVA MOOC, which is linked to the WHOSEFVA website, will also be linked to the MARVOW website. The WHOSEFVA website will not require any registration; however, the MARVOW website will require people to register in order to take the course, for feedback collection purposes. The course does not offer any ECTS/certificates of completion. Lastly, the MOOC is self-paced, i.e. no specific dates are suggested.

Find the course here: <http://www.whosefva-gbv.eu/>

| Training Materials

The developed training materials are an overview of two existing Multiagency cooperation models: MARAC (Multi-Agency Risk Assessment Conferences) and CCR (Coordinated Community Response). The materials were prepared thanks to the active participation of the partners. The contents of the materials have the following structure: introduction of the MARVOW project, an overview of MARAC, an overview of CCR and a comparative analysis of the two models. The overview is done in a similar manner for both of the models and touches upon key components, such as definition of the model, its main focus, requirements for success, agencies required in a steering group, list of tasks/activities for the steering group, and possible agenda for meetings. The concluding part of the document allows for an overview of similarities and differences between the two models. The main goal of the developed materials is to provide a theoretical basis for the local trainings that will be implemented by the partners in their countries. The materials are easy-to-grasp and are targeted towards local stakeholders without deep

knowledge on the issue of elder abuse and multiagency cooperation. They are translated into all partner languages and Russian in order to be more available to the stakeholders in different local contexts.

Find the training materials here: [Training Materials on Multi-agency models | MARVOW Project](#)

Manual chapter: “Multi-Agency Cooperation Models for Working with Older Victims of Domestic Violence”

Building upon the evaluation of the adapted model’s implementation, and further developing what was created with the WHOSEFVA project, an additional chapter is being added to the WHOSEFVA manual, which will include resources on multiagency cooperation and on working with older victims. The chapter will go into detail explaining what multiagency cooperation is, why it is important, as well as what the different forms of it are and how these work – client-based and system-based. Subsequently, the challenges that arise in multiagency cooperation will be discussed, followed by an introduction to the MARVOW model, which links together the client-based and the system-based approaches, in a way that these reinforce and improve each other. Once this chapter has been completed, it will be available as part of the WHOSEFVA manual.

Find the WHOSEFVA manual here: [HOME \(whosefva-gbv.eu\)](#)

Promising practices of Multi-Agency Cooperation in Austria, Greece and Estonia

The monitoring and evaluation efforts in the context of the MARVOW project aimed to identify the promising practices and document the multi-agency cooperation process in the three participating countries (Austria, Greece and Estonia).

The monitoring and evaluation of multi-agency cooperation was informed by MARVOW questionnaires, focus groups, mutual learning workshops and system-wide and case-counselling intervention group meetings. In this section, the outcomes of the monitoring and evaluation efforts are presented in a reflective manner drawing upon the key observations made throughout the project implementation.

During the multi-agency cooperation process in the MARVOW project, we identified emerging and promising practices of holding the cooperation meetings in several targeted regions, directing women's support organisations' attention to violence against older women, and marking the need for further cooperation.

Emerging Practices of Multi-Agency Cooperation

As described in the previous sections of this document, the MARVOW partners blended two types of multi-agency cooperation meetings such as system-wide meetings based on the CCR model and case counselling Intervention meetings based on the MARAC model of cooperation. The project partners used both models to accelerate the collaboration between different organisations.

The system-wide meetings were conducted with senior decision-maker professionals and the case counselling intervention meetings

with frontline professionals. This approach lies at the core of the unique nature of the MARVOW multi-agency cooperation model. This was done in order to enhance the breadth and depth of the interaction between the senior and frontline professionals. Each of these meetings had a specific purpose. The discussions with senior staff aimed to identify the institutional gaps in service provision and the meetings with frontline professionals focused on gaps in their day-to-day practices. The meetings with senior and frontline professionals were held in parallel and the results from each meeting were fed into subsequent MARVOW meetings. The input from the senior staff was used to inform the frontline professionals about the institutional gaps and vice versa.

During 2020 – 2021, the MARVOW partners conducted 71 meetings with 466 professionals (both senior and frontline) and on average, brought together six different organisations in each meeting. Although it was not always easy to bring senior decision-making professionals to a discussion table, the assessments showed, on average, at least two senior professionals being present at the meetings. In some meetings, they were substituted by their representatives. The vast majority of participants in all meetings were frontline professionals.

Our observations show that the MARVOW project facilitated the emergence of two important practices, namely facilitating the discussions between different types of organisations and bringing together senior and frontline professionals to focus on violence against older women. This was one of the main differences that the MARVOW project made if we account for the lack of existing cooperation practices in all participating countries.

Focus on Violence Against Older Women

Older women survivors of violence are experiencing more than one form of violence. As

discussed above, older women are usually subjected to institutional or personal violence simultaneously whilst being physically or financially vulnerable. This underlines the importance of providing integrated and holistic support to older women survivors and bringing together a broad range of stakeholders.

A Stakeholder mapping exercise in the MARVOW project showed that the organisations that are expected to provide a support service to older women survivors of violence are mainly women victim organisations. Despite their power and expertise, they cannot always adapt to the needs of older women and respond to the complex nature of violence against them. The service available to older women is not always informed by specificities of violence against older women. The evidence of this arose in our monitoring and evaluation data demonstrating that 75% of professionals engaged in MARVOW (n 73/98) have never or rarely attended any professional training on violence against older women. The majority of professionals stated that they do not have or have never used formal protocols and policies when providing service to older women. The same observation was made in MARVOW's predecessor project WHOSEFVA, where 96.9% of 327 professionals indicated they `never` or `rarely` had participated in training on abuse against older women. However, after attending the MARVOW meetings, participants reported a higher rate of recognising the older women survivors in their everyday practice and using a systematic approach in their work when identifying the older women survivors.

MARVOW desk research has also confirmed that the cooperation between victim protection services and services for older people is minimal throughout the EU. Various organisations in support services might be valuable resources to recognise, report and support older women, but a lack of an institutional framework to address the abovementioned

co-occurring form of violence results in a failure to meet survivor needs.

The MARVOW partners brought the women support services and services for older people in one room and increased the visibility of elder abuse to women support organisations (victim organisations, shelters, non-profits, public social services, and care homes, hospitals, etc.). As a result of these efforts, we saw that the participants reported an increase in their efforts to recognise violence against older women.

“...the meetings helped to pay more attention to the issue of older women abuse in the future.”

“We managed to establish some direct contact and communication with other institutions.”

“...we started to think about the training and further education for the management level professionals.”

This signified the importance of holding co-operation meetings and this little shift meant that the project made a difference on a local level in the participating countries.

Prospects of Change in Future Multi-Agency Cooperation

The MARVOW project managed to create an incentive among the stakeholders to deliver better services to older women. After cooperation meetings, WSIC, AÖF and UWAH conducted roundtables with key stakeholders. During the follow-up meetings, stakeholders and partners created an agenda for future cooperation, which addressed several critical elements of multi-agency cooperation such as:

- Establishing the cooperation – creating protocols, terms of references, guidelines and service co-ordination channels;
- Updating and enhancing a better data flow between agencies by digital solutions;
- Strengthening the victim support services;
- Addressing the perpetrator accountability issue in the services to older women of survivors.

The observations showed that there were several solutions and areas of cooperation that were reoccurring across all participating countries.

Key Themes	Agenda for Future Cooperation
Establishing the cooperation	<ul style="list-style-type: none"> → Designating a point of reference in different agencies and nominating contact points in each partner organisation to improve response and referrals when cases occur. → Establishing regular meetings to discuss individual cases and general improvement points. → Creating a protocol of collaboration and establishing the formal mutual agreements of collaboration. → Bringing more victim organisations in the collaboration and giving them more power.
Updating and enhancing a better data flow between agencies	<ul style="list-style-type: none"> → Updating existing data-sharing platforms and creating new ones to increase the flow of information about the survivor which, in return, will help to provide better coordinated referrals and follow-ups. → Establishing the data-sharing system which complies with the GDPR regulation on personal data protection.
Strengthening the victim support services	<ul style="list-style-type: none"> → Integrating the training on violence against older women into an introductory course for all specialists who have a direct and potential contact with victims. → Conducting a large-scale study on a prevalence of violence against older women. → Increasing knowledge on violence against older women among family nurses and assistants who are the first to come in contact with older women. → Conducting regular training for local government staff, voluntary civil rescuers, the elderly, and the general public as more people are aware of the phenomenon of elder abuse, the more they are willing to intervene and report. → Expand telephone and other available counselling services for violence against older people.
Addressing the perpetrator accountability	<ul style="list-style-type: none"> → Improving the survivor-safety oriented perpetrator programmes. → Establishing the regular exchange between victim protection organisations and perpetrator counselling centers.

One of the critical outcomes of the MARVOW project was stakeholders recognising the gaps in existing cooperation and acknowledging the need to provide better coordinated services to older women survivors of violence.

The promising practice here is the partner organisations' plans to continue the work on the issue of elder abuse and target each of the agenda points in future cooperation.

The abovementioned observations and other findings from the MARVOW projects are addressed in the final MARVOW best practice report forthcoming in 2022.

Recommendations

Based on the implementation of the MARVOW project in the partner countries, recommendations have been made specifically per country, as well as more generally. The country-specific recommendations can be useful for the replication of the project in countries with a similar structure in terms of existing cooperation within different agencies. The general recommendations are relevant for all countries, and should be taken into account by all parties interested in replicating the project.

| Austria

- Coordination of case conferences must be in the hands of NGOs and not in those of the police as special knowledge about DV, GBV and survivors support are needed to have the conferences function adequately. Further binding general guidelines on when case conferences are needed and what they should look like need to be developed.
- Victim protection groups should not only be implemented in all hospitals, but also in retirement and nursing homes. Existing awareness or training projects can be adapted, instead of having to create completely new programs.

- Access to low-threshold social work must be available in all regions. It is recommended to establish departments for social work in already existing facilities for health and medical advice.

| Estonia

- Training on violence should be a solid part of the introductory course for all specialists who have direct contact with victims.
- There should be an information-sharing environment that all specialists have access to.
- There should be regular trainings to develop a network of new responders.
- As older people sometimes refuse help, there should be training for relevant specialists on different ways of approaching older victims.
- There should be survivor-safety oriented perpetrator programmes in place.

| Greece

- There is a strong need for capacity building of frontline professionals on coordinated action against Elder Abuse.
- Coordination should engage specialised NGOs and there should be binding general guidelines on when case conferences are needed and what they should look like.
- There is a need for a coordinated protocol and cross professional training.
- The protocol should be accompanied by the development of a database of cases accessible by all engaged stakeholders.
- Frontline workers (organised by the municipalities – Help at Home programme) need to receive specialised training on how to mitigate incidents of Elder abuse and on how to be connected with local supervising authorities.

General recommendations

Awareness raising and communication:

- A country-wide awareness campaign is necessary to reach all people in all regions and make these communities aware of the issue of elder abuse.
- Information should be accessible to older people; in the form of easy to read for example, and this must be widely and publicly available.

Introductory meetings:

- Ask participants for recommendations on colleagues that would also profit from participation.

Multiagency cooperation groups:

- search direct contact to hard-to-reach stakeholders from the beginning on (e.g. perpetrator programs, doctors, judiciary, etc.). Ask participants to involve people from their professional networks (from same organisations or others).
- Cooperation groups and case counselling intervention groups meetings:
- Agree on regular dates for the meeting (e.g. first Monday of the month).
- Enable flexible participation through the possibility of representation.
- Search direct contact to hard-to-reach stakeholders from the beginning on (e.g. perpetrator programs, doctors, judiciary, etc.)
- Use examples from real-life cases to make topic more tangible for people who might have not worked with older violence survivors
- Involve different professionals from same organization to spread the knowledge

National roundtables:

- bring together professionals from the different regions to exchange their opinions

Perpetrator work:

- Holding perpetrators of elder abuse to account needs to be one of the key principles in all actions, especially in multi-agency work. All stakeholders need ongoing capacity building in understanding and implementing concept of perpetrators' accountability. Likewise, existing measures that tackle perpetrators and specifics in its application on the diverse category of perpetrators of elder abuse need to be further analysed and improved.
- Perpetrator programmes need to be available in all regions in each country, and to comply with the provisions of the Istanbul Convention and standards of survivor-safety oriented perpetrator work. Specific programmes for domestic violence perpetrators (sons, daughters, family caregivers) need to be developed, piloted and prepared for replication. Preventive programmes for professional caregivers that tackle topic of elder abuse and neglects should be developed and implemented.
- Professionals working in perpetrator programmes need to receive specialized training on working with older perpetrators of intimate partner violence. Training should focus on intersections between aging and violence, through gender lens, and provide guidance for practice.

Evaluation:

- Regular evaluation of existing victim support and violence prevention policies and practices, including protective measures and services for victims, assessing their efficiency and level of implementation.

Annexes

Guidelines for the Implementation of Case Intervention Multi-Agency Meetings

1. Introduction to Multi-Agency meetings of the MARVOW project

Multi-Agency meetings will be delivered during the MARVOW project in the partner countries. Two types of meetings will be delivered, namely System-Wide meetings based on the CCR model and Case counselling Intervention meetings based on the MARAC model.

The meetings will be delivered in the selected regions:

- Country: Region:
- Country: Region:
- Country: Region:

The meetings will be held either face-to-face or online, based on COVID-19 related measures, lasting about 2 hours.

1.1. Case counselling Intervention meetings

The MARVOW partners are conducting Case counselling Intervention meetings, with frontline service providers of related entities in the selected regions in the partner countries, based on the MARAC model.

Deadline:

Target groups: Local Service providers – Frontline service providers (healthcare, social workers, police, eldercare, domestic violence etc)

Objective: The aim of the Case counselling Intervention meetings is to initiate the process of case counselling and deliver effective interventions on cases of elderly abuse in the selected regions.

Description:

Multi-agency case counselling Intervention meetings will be convened in the regions of the partner countries.

During these meetings (face to face or online), actual cases that have been identified will be discussed either from the Case study database that was developed in the beginning of the MARVOW project or from incidents that engage the organisations involved in the meetings (present or past incidents).

At least [number] cases will be undertaken. Cases, including their background, issues raised, and solutions developed and ultimate outcomes will also be documented (anonymised to protect the identities of those involved). A case dossier will be created for each case treated.

Country	Cases Treated	Case Dossier
TOTALS		

Outline:

The Case Counselling Intervention Meetings should use the following outline:

- *First time attendees fill in Consent Forms and Pre-questionnaires on 1KA before their first participation in a meeting*
- Introduction of all attendees
- Facilitator reads out confidentiality statement
- Confidentiality statement signed by all attendees
- Introduction to Case
- Information sharing about the case
- Risk assessment
- Counselling procedures and perpetrators counselling – treatment;
- Activity Planning
- Collective supervision and sharing of experiences

Documentation:

- Participant list
- “Case dossier” **per case**
- Photos/Screenshots (and small recording if possible) from meetings
- Consent Forms
- Pre-questionnaire
- Facilitator Report **per meeting**
- Post-online survey

In case of bilateral meetings: Brief report for individual meetings with stakeholders.

2. Practical Advice

Some practical advice to assist partners in the implementation of the meetings.

2.1. Organisational tools

The facilitator should be prepared:

- Before carrying out meetings, the facilitator should familiarize themselves with the materials on the CCR and MARAC models.
- Prepare a **clear agenda** of the meeting as well as set goals and objectives for the meeting and share them with participants before the meeting.
- Share relevant material that can be of use for the meeting with participants ahead of time.

2.2. Creating a safe environment

The facilitator can do the following to create a safe environment in which discussions can flow freely:

- Establish Ground rules of meeting operation, for example:
 - One person talks at a time and they should listen to each other
 - It is essential to be respectful
 - It is essential to keep what is said in the focus group confidential
 - There are no wrong answers, all opinions are welcome
 - Turn off cell phones.
- Establish Internal Decision-making process.
- Ensure opinions sharing and inclusiveness; the facilitator needs to establish an inclusive spirit to all stakeholders and ensure realistic and effective outcomes
- Ensure that participation is voluntary and inform participants on the voluntary nature of participation in meetings.
- Take a non-judgmental approach.

2.3. Practical tips

The facilitator should take into account the following practicalities:

- Ideally, the facilitator will be assisted by another person taking notes.
- Consider making recordings (if there is unanimous consent) and make sure the technical equipment is set up before the focus group starts.
- Ensure freedom of speech and democratic processes within the teams; avoid conflicts and entail a supportive spirit to the process.
- If face-to-face participants should sit in a circle; while, if online, participants should be encouraged to turn on their camera, so that they can better share and react to each other.
- Informed consent: facilitators should explain during the initiation of meetings that information deriving from the meetings will remain anonymous. It should also be explained what will be done with the information/recordings, the process and the value of their participation and that they are not there to be judged or evaluated.

Guidelines for the Implementation of System-Wide Multi-Agency Meetings

1. Introduction to Multi-Agency meetings of the MARVOW project

Multi-Agency meetings will be delivered during the MARVOW project in the partner countries. Two types of meetings will be delivered, namely System-Wide meetings based on the CCR model and Case counselling Intervention meetings based on the MARAC model.

The meetings will be delivered in[number] regions:

- Country: Region:
- Country: Region:
- Country: Region:

The meetings will be held either face-to-face or online, based on COVID-19 related measures, lasting about 2 hours.

1.1. System - Wide meetings

The project partners will be conducting System-Wide multi-agency meetings, with executives or decision makers of related entities at the selected regions in the partner countries, based on the CCR model.

Deadline:

Target groups: Local Service providers Executives/ Decision Makers (healthcare, social workers, police, eldercare, domestic violence etc)

Objective: The aim of the System-Wide meetings is to discuss the challenges, gaps in the system that must be confronted for agencies to meet the different needs of older victims and their abusers, as well as opportunities for improved services.

Description:

Partners will conduct **system-wide meetings** with the groups identified in the targeted communities.

Country	Meetings	Participants
TOTALS		

Each session will focus on specific elements of the issue according to the CCR model, including pattern of abuse, assessment of risk and victim’s perception of danger, the particulars of the case, coordinated response.

Partners will use the Case studies developed during the first months of the MARVOW project for the System – wide Meetings.

Prior to meetings, participants will be given the theme and asked to bring similar cases that they have come across in their work. Participants will then develop strategies that could be used to effectively address these challenges.

The thematic of the meetings would be (indicative structure which can be adapted – see Actions plans of each partner):

- a. Data collection procedures and protocol and Privacy Protection protocol;
- b. Tools to be used at all stages of analysis;
- c. Resources provided; Coordination of teams and operational structure of teams (cases where additional experts needed, what additional training needs to be followed at the “front desk” staff of engaged organizations at local level etc.);
- d. Counselling procedures and perpetrators counselling – treatment;
- e. Structural – institutional barriers which need to be healed; challenges for effective collaboration
- f. Emergency mechanism and procedures;
- g. Monitoring and tracking of the system;
- h. Policy recommendations development for (a) scaling up the multiagency collaboration and (b) to improve the procedures and maximise outcomes.

Outline:

The System-Wide Meetings should use the following outline:

- First time attendees fill in Consent Forms and Pre-questionnaires on 1KA before their first participation in a meeting
- Introduction of all attendees
- Introduction to the Thematic
- Introduction to Case Study(ies)
- Discussion on Gaps and Challenges
- Strategic planning
- Attendees fill in the post-online survey, once, after the whole process.

Survey available in 2021 when the cooperation process is finishing.

Documentation:

- Agenda
- Participant list
- Photos/Screenshots (and small recording if possible)
- Consent Forms
- Pre-questionnaire
- Facilitator Report
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MARVOW Case Counselling Intervention Meetings - Case Dossier Templates

1. Confidentiality statement for Case Counselling Intervention Meetings

- Case name/Identification: Date:
- Country: Region:
- Hosting Partner:
- Facilitator:

The MARVOW partners require that meetings participants agree to maintain the confidentiality and security of all documentation, material and procedures regarding the cases treated during Case counseling Intervention meetings. Please read and affirm your understanding and compliance with the statements below. In order to participate, candidates must confirm and accept the conditions set forth below:

- I understand that the information discussed by the agency representatives, within the context of this meeting, is strictly confidential and must not be disclosed to third parties. This includes during and after case management.
- I understand that all related documentation is retained in a confidential and appropriately restricted manner by the MARVOW project partnership.
- The meeting should focus on elder abuse and a clear distinction should be made between fact and professional opinion.
- All individuals who are discussed at these meetings should be treated fairly, with respect and without discrimination.
- All work undertaken at the meetings will be informed by a commitment to equal opportunities and non-discrimination based on age, disability, gender, race, religion or belief, sex, and sexual orientation.

The objectives of the meeting are as follows:

- To share information to increase the safety, health and well being of victims;
- To share information to improve the management of perpetrators;
- To improve the capacities of agencies involved;
- To improve support for staff involved in elder abuse cases;
- To determine and reduce the risk of harm.

I have read the above statement and AGREE to the conditions thereof.

Name/Surname	Agency	Email	Signature

2.2. Agencies involved in Case

Agency	Present/Absent	Comment

2.3. Case Specifics

Agency	
Victim's Age	
Victim's Health/ Dependency Status	
Perpetrator	
Perpetrator's Health/ Dependency Status	
Onset of Violence	
Type of Violence	
Living Situation	
Substance Abuse	
Previous Conviction	
Support	
Actions already taken before MARVOW meeting	
Barriers or Gaps Identified	
Priorities to be addressed	



MARVOW

Multi-Agency Responses to
Violence against Older Women



With financial support from the
Rights, Equality and Citizenship
Programme of the European Union



**Women's Support and
Information Center**

There is a way out of violence!