MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

Risk assessment methodology and Risk assessment development tool

Co-funded by
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MARVOW 2.0 Risk assessment methodology and Risk assessment development tool
Deliverable 2.2

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Glossary

Coercive control refers to a pattern of domination that includes tactics to isolate, degrade, exploit and control victims, hindering women's development, their ability to exercise citizenship, and the well-being of families, communities and society. It includes components such as coercion, sexual coercion, intimidation, regulation, surveillance, limiting resources and outside support, degradation, control and isolation (Stark, 2009).

Domestic violence (DV) refers to all acts of physical, sexual, psychological or economic violence that occur within the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim (CoE [Council of Europe], 2011).

Femicide refers to the killing of a woman by an (ex) intimate partner and the death of a woman as a result of a practice that is harmful to women (EIGE).

Gender-based violence (GBV) refers to violence that is directed against a woman because she is a woman or violence that disproportionately affects women (CoE, 2011).

Intimate partner violence (IPV) refers to any pattern of behaviour that is used to gain or maintain power and control over an (ex) intimate partner. It encompasses all physical, sexual, emotional, economic and psychological actions or threats of actions that have a harmful impact on another person.

Perpetrator refers to a person who commits acts of domestic or intimate partner violence. It is recognized that perpetrators of violence are predominantly men, while survivors are mainly women. Within this document, the term "perpetrator" refers to men who use violence unless otherwise indicated.

Survivor refers to any person who has experienced domestic violence or intimate partner violence. It is similar in meaning to "victim" but is generally preferred because it implies resilience. Within this document, "survivor" refers to older women unless otherwise indicated.

Violence against older women refers to any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women aged 60 and older 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 (Violence Against Women and Girls Resource Guide, Brief on Violence against older Women, The World Bank, 2016).

Note re. **age**: in the source Violence Against Women and Girls Resource Guide, Brief on Violence against older Women, "old" starts at 50 because the study covers countries where life expectancy is low.

For MARVOW2.0 we consider 60 as a turning point into "old" as in some partners' countries this is the set age for female retirement with its subsequent life changes, and often the beginning of a higher risk of health issues and neglect.

Abbreviations

EU: European Union

MARVOW: Multi-Agency Response to Violence Against of Older Women

Introduction

Older women experience violence which is rooted at the intersection of sexism and ageism. It comes from the deep-rooted belief that the life of older women is less worthy. This translates into different forms of violence in different settings: from domestic violence, through violence in institutional settings, to structural violence that leaves older women outside of the support system. But although older women may become victims of violence, it is not common for their cases to reach support services. Training, multi-agency work, awareness-raising and advocacy is needed to mainstream the topic of violence against older women and to provide tools for improved prevention and response. Risk assessment is one of the crucial steps in managing cases of violence against women and domestic violence. Risk is a variable which changes together with the situation.

This document describes the methodology used for a Risk Assessment Development Tool that is flexible enough to fit the needs and cultural contexts of different EU countries. The aim is to provide guidance to frontline professionals so that they can improve the detection and management of cases of violence against older women. Violence against older women is defined 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 (Violence Against Women and Girls Resource Guide, 2016).

The most recent analysis of studies about violence against older persons including both women and men found that 15.7% of all older persons had experienced violence (Yon, Mikton, Gassoumis, & Wilber, 2017). This translates to 1 in 6 of adults who are over

60+ years of age who have experienced violence (WHO, 2022). Note that that the numbers may be much higher as only about 1 in 24 cases of violence against older persons is reported. Thus, violence against older women is recognized internationally as a pervasive public health problem.

Violence against older women: For the MARVOW2.0 project we focus on older women being victims of violence by an intimate partner (i.e. domestic violence) or a family member.

We will bear in mind the risk of violence by staff, caregivers in private settings or institutions for older persons, although this is not gender-specific.

It is crucially important for frontline professionals to have the skills to detect and respond to violence against older women as it is a complex phenomenon that is often underreported and overlooked.

Need for risk assessment and case management tools specific to older women

The population of older persons in Europe continues to increase, with 21 % of the population in Europe over 60 years old[1]. The life expectancy of women in Europe also continues to rise – in 2022, the life expectancy of women in the EU was 84 years[2]. Therefore, it is key to ensure the wellbeing of this increasing number of older women, including their right to a life free of violence, in accordance with the Sustainable Development Goals.

Yet violence against older women remains undetected and often overlooked, and in the worst cases, results in femicides. Femicides continue to persist throughout Europe. In 2021 (latest data available), the total number of femicides in Europe were 1,142 victims, 469 of whom were victims of homicide perpetrated by intimate partners[3]. There are no detailed data from the European Union on feminicide or on this public health problem for all Member States (no data from Bulgaria country partner as well as Belgium, Denmark, Ireland, Luxembourg, Poland, Portugal, Romania) but we do have some data from specific countries in Europe. Sweden had a 120 % increase in femicides in 2018 compared to 2017, while Estonia and Slovenia saw a 100 % increase in 2015 and 2020 respectively. Comparing data for the two-year pandemic period with 2019 shows that Greece, Slovenia, Germany and Italy saw a significant increase in femicides.

In Austria, for example, the number of femicides against older women is high. The association AÖF (Autonomous Austria Women Shelters) collects data from media coverage to create statistics of femicides in the country and it shows that in 2019 14 % of all femicides were against women 60 and older, in 2020 it was 33 %, in 2021 this was 29 %, growing to 34 % in 2022 and 30 % in 2023 (latest data available)[4]. In Cyprus there were a total of 19 femicides between 2019 and 2023 France women aged over 70 are particularly exposed to feminicide: they are the 2nd most exposed age group after the 30-39 age group. In the over-70 age group, out of 125 couple-related deaths, 102 victims were women and 21 % of these women were aged 70 or over at the time of the crime; 22 % of perpetrators were aged 70 or over (15 % of victims were aged 80 or over and 16 % of perpetrators 80 or over)[5]. In Greece, there was a high increase in femicides in 2021 of 187.5 %, from 8 incidents in 2020 to 23. In Italy, 100 cases of femicide were reported, up from 54 officially I 2018. In Spain, official reports state 45 women were murdered by an intimate partner, and 15 women were murdered by a family member.

Detection of violence against older women is often

1 https://www.touteleurope.eu/societe/les-plus-de-65-ans-en-europe/
2 https://www.insee.fr/fr/statistiques/6047775?sommaire=6047805#:~:text=En%20moyenne%20dans%20l'UE,65%20%25%20dans%20les%20pays%20baltes
3 https://eige.europa.eu/sites/default/files/documents/20223656_pdf_mh0922324enn_002.pdf
4 https://www.aoef.at/index.php/zahlen-und-daten/femizide-in-oesterreich
5 https://www.insee.fr/fr/statistiques/6047799?sommaire=6047805

obstructed by the denial or shame of the victim and the improper assessment by professionals (Vanden Bruele, 2019). The ethical struggle professionals face when they suspect violence in older women may also impede assessment or the response. This struggle refers to the unintended consequences the victim may face when a professional reports, for example the victim will no longer have a caregiver if the caregiver is the perpetrator, and/or she will be transferred from her home to a nursing home because of the reporting.

In addition to the lack of data on violence against older women, there is a lack of tools to detect and manage such violence. Even existing materials and training courses on violence against women of all ages are not systematically disseminated to relevant professionals.

MARVOW, MARVOW 2.0 and other relevant EU projects

The MARVOW 2.0 project builds from the rich experiences of the MARVOW project, a two-year EU project from September 2019 to March 2022 with a project team of six partner organisations in four European countries: Austria, Estonia, Greece and Germany. For more info see the project website at www.marvow.eu.

The follow-up project MARVOW 2.0 focuses on coordinated multi-agency work and closing the gaps in regard to risk assessment, case management, work with older perpetrators of violence and prevention of femicides against older women. This project encompasses a consortium of 10 organisations from 7 countries (Austria, Bulgaria, Cyprus, France, Greece, Italy, and Spain), including 3 network organisations.

Professionals working with older women were invited to round tables and asked about the awareness of domestic violence in this population group. The professionals stated in round tables in the implementation countries that older women experienced sexist and institutional violence. Although some of the professionals are trained to detect violence, the tools used are not adapted to the cases of older women. Generally speaking, the issue of violence perpetrated upon this population group is a social and political issue in all of the implementation countries participating in MARVOW 2.0.

In addition, project reports and tools from previous EU projects 'Working with Healthcare Organizations to Support Elderly Female Victims of Abuse' (WHOSEFVA) and 'Training to Identify and Support Older Victims of Abuse' (TISOVA) were also integrated.

Responsibility and role of frontline professionals towards prevention of violence in older women

It is the responsibility of all professionals who work or who are in contact with older women to act on any suspicion or evidence of violence and pass on their concerns to a responsible person or agency. Professionals should, wherever possible, seek the consent of the adult before acting. A lack of consent, however, will not prevent safeguarding action being taken, especially in cases where others are or may be at risk if nothing is done, or where it is in the public interest to act because a criminal offence has occurred. The safeguarding procedures must be followed in all cases.

In this role, frontline professionals are to:

- respect the needs of older women who are in the complex situation of violence in this vulnerable age group because of dependency
- consult with a responsible person or agency, such as specialised victim services, adult protection services, police services
- document what they hear and see
- do not take action alone
- recognise that risk assessment and case management take place in a team setting with a multiagency approach
- be aware of the risk factors for violence in older women and in perpetrators (Pillemer 2016, Appendix 1)

Methodological process for the risk assessment development tool

Main objective of the risk assessment development tool: the tool is to be used by frontline professionals who come into contact with older women who may be or are victims of violence in order to assist in improving the detection and reporting of cases. The fundamental function of a risk assessment tool is to guide professionals through a standardised risk assessment procedure to ensure that signs of violence are identified.

Scope of the risk assessment tool: target group are women victims of violence by known perpetrators (ex. Partners, family members, carers, etc.). Examples: 1) perpetrator is part of the family (i.e. husband, adult child), 2) there is an expectation of trust between the victim and the perpetrator (i.e. senior care facilities personnel).

The Marvow 2.0 risk assessment tool needs to be used together with another standardized risk assessment tool, as Marvow 2.0 tool contains risks which are usually overlooked in general risk assessment tools, and which are specific for older women victims of gender-based violence. Therefore, it cannot be used as a stand-alone risk assessment tool.

Although we recognise that **older adults diagnosed with dementia** have increased vulnerability to violence against them (Rogers 2023), the risk assessment methodology does not apply to older women victims with neurological deficits due to the need for a specialised expertise. The aim is to address violence prevention and response in women with dementia at a later stage in a separate proposal, when there is more experience on the subject.

Methodology of the Risk Assessment Development Tool

The Risk Assessment Development Tool has been created within the methodological framework of MARVOW 2.0 which included desk research, international impact assessment, roundtables with practitioners, systematisation of gathered information and documents, systematisation of existing risk assessment tools for violence against women/domestic violence and specifically for older women and/or older people affected by violence. Roundtables with professionals were conducted to ensure input related to existing practices and tools in all the countries (September – December 2023). A total of 21 roundtables with 309 participants were performed. The majority of participants were not aware of any specific management or detection tools for older women who are victims of violence. Risk analysis tools for recognizing and preventing violence against women and girls are used in all countries, however none of these tools are consistently applied across the country. The lack of tools tailored to the specific needs of older women is noteworthy. Participants emphasised the lack of adaptation to the particular circumstances of older women, including differentiated considerations such as the importance of the extent of neurodegenerative damage. An internal transnational report was created within the project to draft results of the roundtables and feed further work on risk assessment and case management.

Next, we mapped the risk factors of victims and perpetrators of violence against older women identified in the TISOVA (https://wave-network.org/training-to-identify-and-support-older-victims-of-abuse-tisova/) and WHOSEFVA (http://whosefva-gbv.eu/de-de/) projects at up to four levels: individual,

relationship, community and societal levels. This information was used to create a database of questions based on systematisation of risk factors and available tools. Further details on the tools reviewed can be found in the Appendix. We also tried to create a draft version of a Barometer of Violence Against Older Women (see Appendix) but this proved difficult with regards to psychometric properties of the dimensions to include and was therefore not continued. Another approach was then pursued by the project team, to create a Risk Assessment Development Tool (see next section).

In establishing a methodological development of a tool, it is important to keep in mind the importance of data protection, as sensitive data about older women as victims of violence is being documented, and potentially of perpetrators. Any data collection initiative by support or perpetrator services or between several service providers must be carefully planned, implemented, and evaluated regularly. Data security includes preventing unauthorized access to information. Given the complex safety risks in this work, such databases may need to be stored on separate servers with tight security within and between different service providers, to maintain privilege and confidentiality. Yet, in order to protect older women, it is vital that agencies involved increase their data flow about the case, to provide better coordinated referrals and follow ups for survivors and perpetrators. It is recommend to establish data-sharing systems which complies with the GDPR regulation on personal data protection (MARVOW project).

External Review

After developing the risk analysis method, the project team sought a review from an external expert who assessed the work very favourably, particularly highlighting the inclusion of three columns that provide different perspectives or confirmations of the respective risk factors. This, she noted, significantly enhances objectivity from an empirical standpoint.

The expert raised several points for consideration. She questioned the rationale behind focusing on women aged 60 and over, referencing the WHO standard that old age begins at 65. According to her, most mental health problems in old age typically commence at 65 or 70, making the age restriction to 60 years questionable. Despite this, we opted to maintain the age threshold at 60, drawing on MARVOW's experience which shows that in some partner countries, 60 is the retirement age and marks significant life changes and challenges.

It has also been asked as to why it is proposed that 3 risk factors will lead to action. After much reflection, the MARVOW2.0 project consortium suggests that 3 risk factors will lead to action. This figure of 3 (rather than 4 or 5) was chosen to enable higher rates of detection of situations in need of referral to case management. Meanwhile, 1-3 risk factors mean the situation needs close monitoring. Tests during the projects training and case studies will help find a common ground.

Furthermore, the expert argued that including mental health disorders as additional risk factors for potential violent assaults by caregivers contradicts the semi-restrictive application of the method. Although we advise consulting a geriatric doctor in such cases, she suggested that freedom from mental disorders should not be a prerequisite for this tool. She reiterated her concern that the age of 60 is too young for the specified criteria.

Another issue still to be discussed during the testing stage of the tool is the handling of exemplary questions to help guide the use of the tool. Initially, we included some exemplary questions. However, placing a few examples directly below the table seems incomplete and potentially confusing. The expert, supported by parts of the project team members, suggested that it would be beneficial to include exemplary questions or even a concrete interview guide in an appendix. This would serve as a best practice recommendation for using the tool. Currently, we have deleted the exemplary questions altogether.

MARVOW 2.0 Risk assessment development tool for identification of older women victims of violence

The MARVOW 2.0 Risk Assessment Working Group recommends to first screen for violence and if signs of violence are detected to use nationally used risk assessment tools in combination with the risk assessment tool which focuses on risks of violence especifially for older women. This recommendation responds to the complexity of the phenomenon and the lack of a single risk assessment instrument that integrates all of the needs of various frontline professionals. This is due to the fact that some frontline professionals do not have the time or skills required to perform a comprehensive risk assessment, yet they recognize certain potential signs of violence may be present. This finding has also been documented by other researchers in the field that no gold standard exists despite numerous attempts to try to develop such tools (Van Royen et al. 2020). In fact, a recent review of seventeen existing assessment tools that found psychometric limitations throughout all the tools (Santos-Rodrigues, 2022).

The content of the tool follows a 3-step process (tool to be formatted by a graphic artist once content is final):

Name of frontline professional completing the form:

Date of risk assessment:

Step 1.

First step is screening for violence (with specifically designed screening tools). If screening is positive, then risk assessment should be made in Step 2.

Step 2.

Use a national risk assessment tool together with the Marvow 2.0 risk assessment tool. Complete the Marvow 2.0 assessment of risk factors on behalf of the older woman (defined as 60 years or older) you are in contact with related to the last four weeks in order to assess current risk and prevent any risk occurring in the future. It is very important to recognise violence against older women as early as possible and to respond effectively. This tool contains information about possible risk factors that may help alert you to the fact that abuse or neglect is taking place.

They may be relevant to any older female adult at risk, whether living in their own home, residential or nursing home, or who is receiving services in other community settings.

Every type of violence is serious and you as a frontline professional can make a real difference in the identification and reporting of suspicion of violence. You are a crucial professional to conduct this violence identification and risk assessment. Once the risk is identified, do not manage risk it on your own, act within a team of professionals.

Please beware of the fact that the MARVOW 2.0 project is not meant for older women who cannot answer questions or lack basic communication skills. Older women may suffer from a mental health condition, cognitive impairment, dementia or illness that has not yet been diagnosed. Please share your concerns with a medical professional specialized in geriatrics and/or dementia care.

Table of risk assessment

- Column 4 (increase and frequency) is optional.
- A box ticked in the Risk factor line counts as 1 even if it has been ticked in all 3 columns (comments by frontline professional, older women herself, witness), and also if it has been ticked just in one column. *For instance, "psychological health issues" ticked by all 3 = 1 risk factor. "Psychological health issues", "financial dependency" ticked by one or more = 2 risk factors.*

RISK FACTOR	Areas to explore	Comment on what risk factor(s) has been observed by you as a frontline professional	Comment on what risk factor(s) has been reported by the older woman	Comment on what risk factor(s) has been reported by another person and whom	Comment on whether there is an increase in frequency and/or severity of risk factors observed or reported
PSYCHOLOGICAL OR MENTAL HEALTH ISSUES	Symptoms of depression, aggression, anxiety, fear Psychiatric treatment, medications				
FUNCTIONAL DEPENDENCY/ DISABILITY	Dependency in everyday activities (dressing, bathing, mobility, eating, etc.) Physical impairment, needs for special medical equipment (wheelchair, walker, etc.) or medical products				
FINANCIAL DEPENDENCY	Victim does not have access or not able to manage her finances, e.g. pension, other source of income, property rights Finances controlled by others e.g. legal guardian although victim has no neurological deficits diagnosed				
PSYCHOLOGICAL VIOLENCE	Victim is disrespected Victim is suffering from controlling power dynamics: who makes the decisions, who is consistently in a more advantageous position Victim experiencing coercive control, tension, fear, Victim has poor or conflictual relationship				
LACK OF SOCIAL/ FORMAL SUPPORT FOR THE VICTIM	No social network, family, friends None or low involvement in social services Contact with others controlled				
INAPPROPRIATE/ INCONVENIENT HOUSEHOLD LIVING ARRANGEMENTS	Shared housing with perpetrator, other family members (no privacy, safety) Inappropriate conditions (hygiene, accessibility, special needs)				

RISK FACTOR	Areas to explore	Comment on what risk factor(s) has been observed by you as a frontline professional	Comment on what risk factor(s) has been reported by the older woman	Comment on what risk factor(s) has been reported by another person and whom	Comment on whether there is an increase in frequency and/or severity of risk factors observed or reported
VICTIM DOES NOT RECOGNISE/ IDENTIFY THE VIOLENT BEHAVIOUR, OR IF IDENTIFIES THEN MINIMISES OR JUSTIFIES IT AS NORMAL					
VICTIM'S PAST HISTORY OF WITNESSING DOMESTIC VIOLENCE	Witnessing domestic violence in the past, e.g. as a child				
VICTIM'S PAST EXPERIENCE OF DOMESTIC VIOLENCE					
PERPETRATOR'S SOCIAL ISOLATION	No social network (family, friends) None or low involvement in social services (home visits by social workers, regular check-ups, senior care) Perpetrator economically dependent on the victim				
PERPETRATOR'S PAST HISTORY OF WITNESSING VIOLENCE					
PERPETRATOR'S HISTORY OF PERPETRATING DOMESTIC VIOLENCE IN THE PAST					

Step 3.

If risk factors are being observed or reported, proceed to the MARVOW2.0 case management tool.

The question of how many risk factors would be necessary to take action is subjective, until more research on the usability of this tool has been developed and more evidence is obtained. After much reflection, the MARVOW2.0 project consortium suggests that 3 risk factors will lead to action. This figure of 3 (rather than 4 or 5) was chosen to enable higher rates of detection of situations in need of referral to case management. Meanwhile, 1–3 risk factors mean the situation needs close monitoring. Tests will help find a common ground. Meanwhile action should be taken as soon as the professional feels there is enough suspicion for referral to Case Management.

If you believe the victim is in danger, call social services and/or police services.

MARVOW 2.0 Case management tool for coordinated multi-agency coordination

1. Introduction

The **Case Management Tool** is implemented in the framework of *Deliverable 2.2. Upgrade of Risk assessment methodology and Risk Assessment development tool of WP2*. The **Case Management Tool** describes the procedures and the steps needed to be followed by professionals based on key principles. This tool is inextricably linked to the **Risk Assessment Tool** with a view to ensuring efficient interventions to the greatest extent possible. Both the abovementioned tools will be a part of the **Manual of Operation for Coordinated Multi-agency Collaboration (MOCM)**.

The overall aim of this **Case Management Tool** is to ensure that all the involved professionals will be able to assess the survivor's safety, provide support to the older woman and refer the incident to the appropriate agency/professional/stakeholder based on an effective multi-agency collaboration. The main sources of this **Case Management Tool** are Multi-agency Risk Assessment Conferences (MARAC) and Coordinated Community Response (CCR) for an effective coordinated response to cases of violence against older women. The tool below is formed based upon these models and aims to ensure the maximization of victim's safety and a more direct and structured response from engaged professionals.

2. The case management meetings

2.1 Key principles[6]

KEY PRINCIPLES FOR MULTI-AGENCY COLLABORATION
Recognize and appreciate different organizational cultures
Respect differences, but seek to establish common technical standards, for example in the assessment of dangerousness.
Identify practices that negatively affect victims and/or lead to secondary victimization.
Seek to identify frequently occurring problems at the case level that require systematic change.
Create an approach focused on victim's safety.
Use protocols that enhance victim's safety.
Enhance networking among service providers.
Advocate for high-quality supportive infrastructure for victims
Provide sanctions and rehabilitation opportunities for abusers.

Figure 1 Key Principles

2.2 Participants[7]

AGENCIES/SERVICES AND PROFESSIONALS THAT PARTICIPATE IN THE MULTI-AGENCY COLLABORATION MEETINGS
Police
Public prosecutor's office, Criminal judges, Family courts / district courts
Health care facilities
Social Services
Victim protection facilities
Perpetrator programs
Addiction support facilities
Psychiatric institutions

Figure 2 Participants – Agencies/Services and Professionals

This is not a fixed list, but each partner country is going to adjust the participant list at their national level taking into consideration the differences and needs of distinct national, regional and local ecosystems.

6 Based on the main principles of MARAC and CCR.
7 Based on the results from WP2 roundtables and focus groups that took part in each partner country.

2.3 Coordination

The issue of coordination is two-fold, taking into consideration that it is divided into two categories:

A. Coordination of the **Case Management Meetings**. This regards the coordination of the meetings, and the main responsibilities of the coordinator are the appointment of the meetings (setting the meetings), drafting the agenda, keeping participant lists, sending invitations, and collecting the *Confidentiality Statement for Case Counselling Intervention Meetings (see 3.2.)*, preparation of all the useful tools, such as the case description, the agencies involved, the case specifics, the activity plan, and drafting the summary of the meeting based on what was discussed during the meeting. The coordinator will be responsible for collecting in advance the *Case Description (3.3.1.)*, in order to provide the appropriate information to all participants through the agenda.

   The Case Management Meetings will be coordinated by the MARVOW II partner organization at their national, regional or local level. In the absence of a MARVOW II organization locally, then the coordination can be set up based on the following options:

   1. The organization that brings the case to the Case Management Meeting.

   2. In rotation, to ensure that all the organizations will coordinate the meeting at least once.

   3. Ad hoc, namely in the first scheduled meeting the participants will decide who is going to coordinate the meetings. However, certain issues might arise, such as the possibility of different organizations simultaneously wishing to have the coordination, or all of them none of them taking responsibility.

B. Coordination of the process. This regards the coordination of the whole process regarding the intervention with the survivor and the perpetrator, the multi-agency collaboration and the referrals. Therefore, this coordination needs to be defined at the national level in order to be adjusted to the national needs and legal framework.

2.4 The Structure of the Case Management Meetings[8]

The meetings should take place at least once per month, and the duration of the meeting should be approximately 2 hours. During the **Case Management Meetings**, different cases will be discussed, giving priority to high-risk cases based on the Risk Assessment, but with no exclusion of other cases.

Mandatory Initial bilateral meetings with the services/ professionals that are going to participate in the Case Management Meetings need to be held before the beginning of the Case Management Meetings. These meetings are mandatory because key principles, roles, and responsibilities will be clearly defined in order to ensure that everyone is on the same page. At the end of the meeting, the services/ professionals need to sign the "Confidentiality statement for Case Counselling Intervention Meetings" *(see 3.2.)* in order to ensure their eligibility to participate in the Case Management Meeting.

8 Based on the CCR Steps.

The Case Management Meeting will take place based on the following steps:

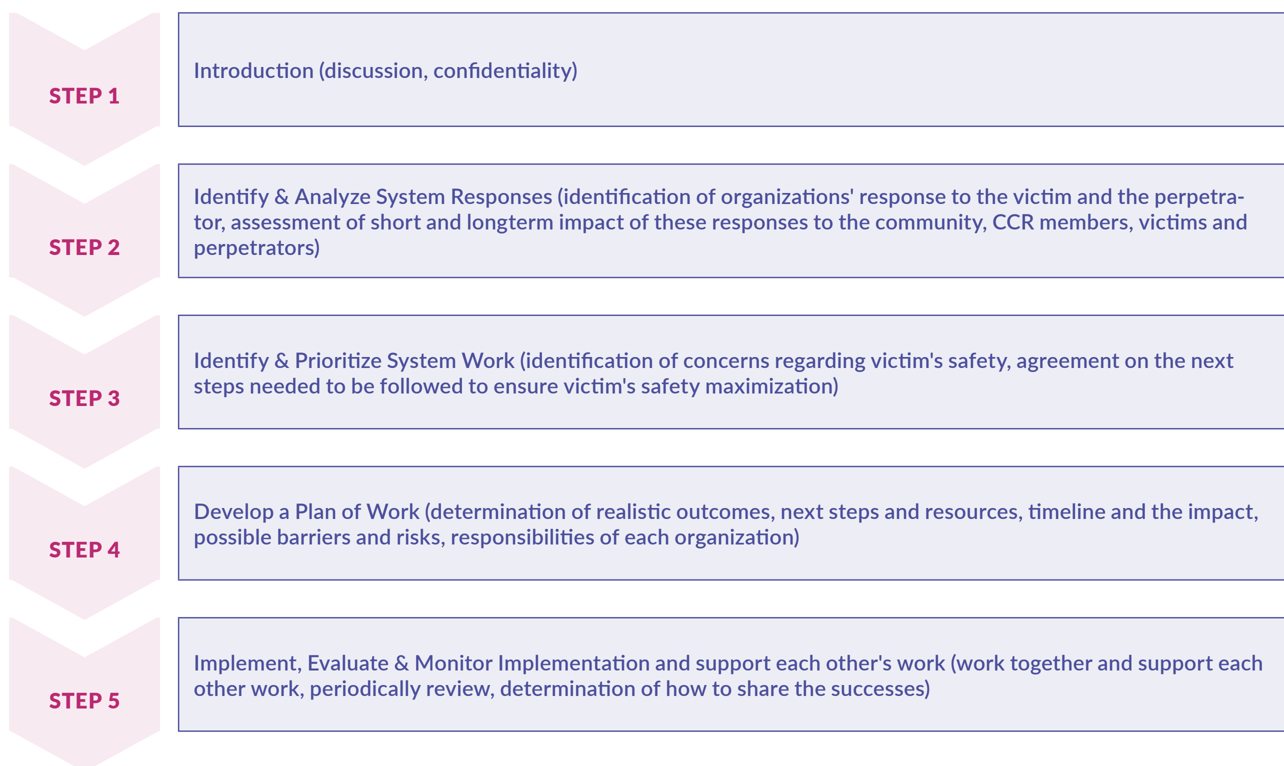

Figure 3 Structure of the Meetings – Main Steps

3. Useful tools for the Meetings

3.1 Suggested Agenda

Case Name/Number:		Date:	

1.	First-time attendees fill in Consent Form and Pre-questionnaire
2.	Introduction of all attendees
3.	The facilitator reads out the confidentiality statement
4.	Confidentiality statement signed by all attendees
5.	Introduction to Case (short description of the case/cases to be discussed in order to indicate to the stakeholders which case needs attention)
6.	Information sharing about the case
7.	Risk assessment
8.	Counselling procedures and perpetrators counselling – treatment;
9.	Activity Planning
10.	Collective supervision and sharing of experiences
11.	Attendees fill in the post-online survey, once, after the whole process.
12.	Any other issue.

3.2 Confidentiality Statement for Case Counselling Intervention Meetings

Case name/ Identification:	*name, country initials, a/a -eg. Maria, EL1*
Country:	
Region:	
Date:	
Hosting Partner:	
Facilitator:	

The MARVOW II partners require that meeting 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. To participate, participants 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 II project partnership.
- The meeting should focus on violence against older women 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:

I. To share information to increase the safety, health and well-being of victims;
II. To share information to improve the management of perpetrators;
III. To improve the capacities of the agencies involved;
IV. To improve support for staff involved in cases of violence against older women;
V. 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

3.3 Case

3.3.1 Case Description

Case name/ Identification:	*name, country initials, a/a -eg. Maria, EL1*
Country:	
Region:	
Introduced by:	*Agenda*
Status:	

Case Description

3.3.2 Agencies involved in case

AGENCY	PRESENT/ABSENT	COMMENT

3.3.3 Case specifics

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 of perpetrator:	
Support:	
Actions are already taken before the MARVOW II meeting:	
Barriers or gaps identified:	
Priorities to be addressed:	

3.4 Activity planning

During Case Counselling Intervention Meetings, the participants from all engaged agencies should come up with a set of actions/ decisions regarding the management of the case of violence against an older woman.

RISK/GAP IDENTIFIED	DECISION/ ACTION	AGENCY RESPONSIBLE	TIMELINE

3.5 Meeting Results

Summary of results and outcomes

[Please give an overview of the actions taken and the results derived for the case based on the Case Counselling Intervention meeting. After every meeting, the coordinator will be responsible for the Meeting Results. This will be a document including the summary of what was discussed during the meeting, the main outputs, the risk factors that were analysed, any changes regarding the last risk assessment, the participants, and whether any new members were invited together with information about why they were invited, what was their involvement, etc., and the next steps and responsibilities for every participant as they were agreed on the meeting." This document will be common for every partner and will be circulated to everyone who participated in the meeting to ensure that everyone is on the same page.].

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Appendices

Appendix 1.
Risk factors for violence against older persons

Risk factors may appear on four different levels (Perttu 2018, Pillemer 2016):

INDIVIDUAL LEVEL OF THE VICTIM:	INDIVIDUAL LEVEL OF THE PERPETRATOR:
• psychological or physical health issues • functional dependence • financial dependence • cognitive impairment • past experiences of abuse • low income/socioeconomic status	• over-load with care responsibilities • psychological health problems • inadequate coping skills • substance abuse • abuser dependency
RELATIONSHIP LEVEL:	**ENVIRONMENT/COMMUNAL AND SOCIETAL LEVEL:**
• e.g., family disharmony • high levels of financial and/or emotional dependency • lack of assistance	• lack of support services and information • tolerance of aggressive behaviour • ageism • lack of standards in healthcare and social services

Appendix 2.
Risk assessment tools related to violence against older people

	NAME OF RISK ASSESSMENT TOOL*	DESCRIPTION	LIMITATIONS
1.	**Elder Abuse Suspicion Indix (EASI)**	EASI was developed to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. Consists of 6 questions.	The EASI has been validated only by family medical practitioners of cognitively intactseniors seen in ambulatory settings.
2.	**Harm to Older Persons Evaluation (HOPE), not yet published**	Comprehensive risk assessment and case management tool with a section on victims, a section on perpetrators and section on case management.	Tool requires training prior to use.
3.	**Risk on Elder Abuse and Mistreatment Instrument (REAMI)**	REAMI has 22 items and includes signs of abuse as well as risk factors of abuse and is evaluated by the users as a short and to the point instrument which can be completed in time-demanding work environments.	Tool created for use by health professionals.

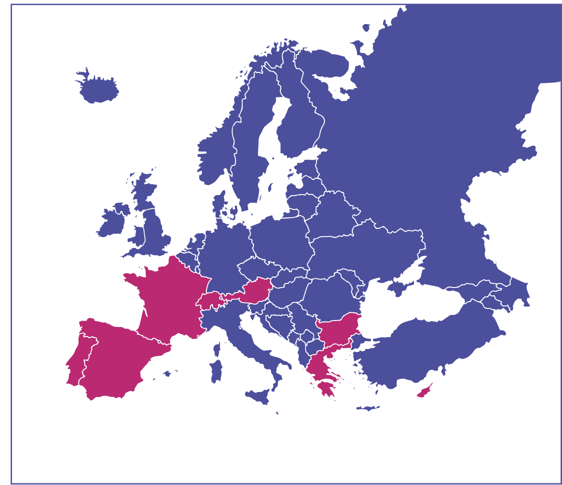
* excluded tools: screening tools; tools specific to only one perpetrator-for example caregivers only; tool specific to one type of violence against older persons-for example financial abuse.

Appendix 3.
Overview of risk assessment tools, not age specific

	NAME OF RISK ASSESSMENT TOOL	DESCRIPTION	LIMITATIONS
1.	**B-SAFER Brief Spousal Assault Form**	The B-SAFER is a condensed version of SARA. It is a structured risk assessment instrument designed to identify persons who are at risk from intimate partner violence. B-SAFER is constructed specifically for police officer use because of their role as frontline responders in domestic abuse incidents. SARA has been considered time-consuming for police officers to complete. Therefore SARA's 20 items were reduced to 10 items in the B-SAFER. The B-SAFER 10 items are divided into two subsections: Perpetrator Risk Factors (items 1-5) and Psychosocial Adjustment (items 6-10). Each subsection has an option to note an additional risk consideration that the assessor believes may be important to a particular case.	Risk assessment tool developed specifically for criminal justice professionals so not applicable for frontline professionals
2.	**Danger Assessment**	The Danger Assessment (DA) is a structured clinical assessment tool that was originally designed for use by emergency room nurses to assess the likelihood of intimate partner homicide The DA is comprised of two parts. The first is a calendar on which the victim indicates the severity and frequency of instances of domestic violence that she experienced within the last 12 months. The second part is a 20-item of risk factors that are related to intimate partner homicide. Both sections are completed in collaboration with the victim.	20-items may be too lengthy for frontline professionals and the tool requires completion with the victim, and older women may not be willing or able to respond.
3.	**DANGER ASSESSMENT-5 (DA-5)**	The DA-5 is a shorter version of the DA consisting of 5 questions and is a risk assessment that identifies victims at high risk for homicide or severe injury by a current or former intimate partner.	The tool was designed to be used when intimate partner violence has been identified in
4.	**DASH Risk Assessment Checklist**	The DASH risk assessment checklist is based on research of e.g. indicators of homicides. The form can be filled in by any public official who works with a victim of violence, and includes questions about financial, psychological and physical violence and as well as threats.	Training on this risk assessment tool is needed before it can be used
5.	**DASH adapted for perpertrator programmes**	DASH consists of three checklists. The first checklist is the Perpetrator version of the DASH Risk Assessment Checklist and is to gather information from known or suspected perpetrators. The professional can then combine this with information from or about victims or use alone if there is no information from victims, in order to assess levels of risk to specific victim(s) from a specific perpetrator. There is a separate, shorter version of this checklist to use to combine the information from both in paper form. Those working with victims should continue to use exactly the same DASH checklist for work with victims. Practitioners can then combine the information from/about perpetrator and victim into the third person version. The 24 questions correspond to the questions for the victim in the DASH for victims, re-phrased for asking the perpetrator. The second checklist is to use for recording additional information from/about perpetrators, particularly to find out about other women he may be a risk to. The third checklist is a third person version of the main Risk Assessment Checklist, to provide the professional with a paper version of the online version to use to combine information from and about perpetrator and victim to obtain a comprehensive enhanced picture of current risk.	Specific to perpetrators only
6.	**Domestic Violence SAFETY ASSESSMENT TOOL (DVSAT) by New South Wales government for Intimate Partner Violence**	The DVSAT is to identify the level of threat to victims of domestic violence. It has two components: Part A: Risk identification checklist; andPart B: Professional judgement	This tool is specific to domestic violence only.

	NAME OF RISK ASSESSMENT TOOL	DESCRIPTION	LIMITATIONS
7.	**Domestic violence screening inventory (DVSI, DVSI-Revised)**	The Domestic Violence Screening Inventory (DVSI) is a 12-item risk assessment tool that is designed to assess the likelihood of the occurrence of intimate partner violence. It includes items pertaining to domestic violence, criminal history, current employment, relationship status, treatment history, and information on the current offence. The DVSI provides the evaluator with a risk score that is used to determine the offender's risk level relative to other offenders.	This tool is specific to perpetrators only.
8.	**DyRiAS Intimate Partners**	DyRiAS assesses the current potential risk of a male individual committing a serious act of violence against his female partner or former partner. DyRiAS provides the professional with the confidence of working at a state-of-the-art level of risk prognosis and relevant scientific research. A total of 39 questions guide the professional through the program. After information has been entered, a risk report is automatically generated and made available to the user.	This tool is specific to male perpetrators only.
9.	**Ontario Domestic Assault Risk Assessment (ODARA)**	The ODARA is a 13-item actuarial tool that includes the domains of criminal history, number of children, substance abuse and the barriers that victims face in terms of accessing support (Guo and Harstall 2008; Hanson et al. 2007). The ODARA is used to predict future violence against a spouse, as well as the frequency and severity of the violence (Millar 2009).	This tool is specific for use by police officers, victim services, domestic violence case workers, and probation and correctional services.
10.	**Spousal Assault Risk Assessment (SARA)**	SARA consists of 20 items which focus on criminal history, psychosocial adjustment, spousal assault history and information on the alleged offence. Information for this tool is collected from a number of sources, including from the accused, the victim, standardized measures of psychological and emotional abuse, and other records such as police reports (Kropp 2008). The evaluator considers the items and determines whether the accused is at low, medium, or high risk of causing imminent harm to their intimate partner or to another individual	Some items are not appropriate for older women, for example the question on pregnancy
11.	**(Domestic) Violence Risk Assessment Guide (DVRAG)**	DVRAG is a 14-item risk assessment tool designed to assess the risk of intimate partner violence recidivism among male offenders with a criminal record for intimate partner violence (Rice et al. 2010). The offender's score is converted into a percentile score, which is then compared against similar offenders.	It is recommended that the DVRAG only be used when the assessor has access to detailed clinical or correctional data of the offender. It is also recommended that the assessor have access to the psychosocial history of the offender.
12.	**Violence Risk Appraisal Guide (VRAG)**	VRAG is a 12-item risk assessment tool that was designed for predicting violent recidivism and is used in a number of capacities including with patients in forensic and non-forensic settings, sex offenders, and offenders in prison (Hilton and Harris 2005). It is used by clinicians, courts, and parole officials (Guo and Harstall 2008). It includes items relating to demographics and childhood history, and includes a psychiatric assessment.	Tool requires a great deal of time, access to offender history and ability to conduct clinical assessments
13.	**Woman Abuse Screening Tool (WAST)**	There is a short and long form. The short form consists of 2 questions: • In general, how would you describe your relationship? (no tension, some tension, a lot of tension) • Do you and your parner work out arguments with: no, some or great difficulty? An additional 6 questions then posed for more information, for the complete WAST	Tool is more a screener than a risk assessment tool.

Appendix 4.



The Risk Assessment Working Group requested information from partner countries on what tools are being used at national, regional or local level for risk assessment in violence against older women.

1. Austria

In Austria to protect women and girls against gender based violence, most women's shelters and women's specialised services work with Campbell, DyRiaS or ODARA.

Individual federal states have developed their own tools at state level and are recommended by the respective funding organisations; at least in Upper Austria.

Another tool measures the risk factors in accordance with a decree issued by the Ministry of Justice.

With the exception of Vienna, the police in Austria use ODARA. ODARA is an instrument that was originally developed for the police. As ODARA was not applicable in 40% of cases, a new tool was developed and has been in normal operation in Vienna since January.

ODARA can be used in the following cases:

- Only for intimate partners
- If there has been an assault
- If a dangerous threat was made and a weapon was also carried on the body.

A newly developed tool has been used in Vienna since January: The police in Vienna now work with the tool Proteekt.

NEUSTART, the organisation most frequently commissioned with mandatory offender work in Austria, uses its own tool. This tool contains both statistical and dynamic elements, totalling 25 questions. The tool is not validated.

2. Bulgaria, Cyprus

No tool identified at this time, therefore a recommendation for a tool for frontline professionals that is easy to use and training on the tool would be highly beneficial.

3. France/Switzerland

	Women of all ages		
	NAME OF RISK ASSESSMENT TOOL	**DESCRIPTION**	**RELEVANCE**
1.	**DANGER ASSESSMENT CHART FOR DOMESTIC VIOLENCE HEARINGS** **Hubertine Auclert Centre/Observatory on violence against women**	Link: https://www.centre-hubertine-auclert.fr/egalitheque/publication/grille-evaluation-du-danger-lors-dune-audition-pour-violences-conjugales This danger assessment grid is intended for security forces (police/gendarmerie) in contact with women who are victims of domestic violence. The document contains 13 danger criteria that can be identified from a series of questions to be asked during a hearing for reported acts of violence (complaints, reports)...	• Too many question • Domestic violence specific • No indications about warning signs

	Women of all ages		
	NAME OF RISK ASSESSMENT TOOL	**DESCRIPTION**	**RELEVANCE**
2.	**TOOL TO HELP IDENTIFY DOMESTIC VIOLENCE 2022 HAS** **(Haute autorité de santé)**	Link: **https://www.has-sante.fr/upload/docs/application/pdf/2022-11/outil_daide_au_reperage_des_violences_conjugales.pdf** Key figures, 2 questions for patients, useful contacts, etc. Used by doctors. Indicates the attitude to adopt and the questions to ask in the event of suspicion or systematic detection. You may find it difficult to broach the subject. You can ask the question using the following examples or rephrasing them in your own words: • how are things at home/with your partner? • do you think you have been subjected to violence (physical, verbal, psychological, sexual) in your life? 8 out of 10 women think it is normal to discuss these issues with their doctor". To normalise the subject, you can specify that you raise this issue with all your patients.	• Just 2 questions on warning signs
3.	**EVALUATION OF THE SITUATION OF VICTIMS OF DOMESTIC VIOLENCE** **Ministry of the Interior (Police services)**	Link: **https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwiM1_a8hp2BAxX_SvEDHT2jDVsQFnoECBMQAQ&url=https%3A%2F%2Fmobile.interieur.gouv.fr%2Fcontent%2Fdownload%2F119708%2F959869%2Ffile%2Fgrille-d-evaluation-du-danger-violences-conjugales.pdf&usg=AOvVaw2wv5MotkAbCvsDAqf4L9CI&opi=89978449** The aim of this questionnaire is to highlight warning signs in order to assess the situation of danger and to offer the victim appropriate solutions in terms of protection and social support. It will also help the victim to become aware of the danger they are in.	• Too many question
4.	**WAST (WOMAN ABUSE SCREENING TOOL) – THE FRENCH VERSION OF A SCREENING TOOL FOR DOMESTIC VIOLENCE AGAINST WOMEN** **Santé publique France, 2021**	Link: **http://beh.santepubliquefrance.fr/beh/2021/2/pdf/2021_2_2.pdf** Materials and methods - A case-control study was carried out in the Forensic Medicine Department of the Clermont-Ferrand University Hospital and in two Women's and Family Rights Information Centres. Female victims and non-victims completed the WAST questionnaire (8 questions) and a questionnaire on their level of comfort in completing the latter during the study and during a hypothetical consultation with their GP.	• 8 questions • Easy to score
5.	**REPÉRAGE ET ACCOMPAGNEMENT EN CENTRE D'HÉBERGEMENT ET DE RÉINSERTION SOCIALE (CHRS) DES VICTIMES ET DES AUTEURS DE VIOLENCES AU SEIN DU COUPLE** **Anesm 2018**	Link: **https://www.has-sante.fr/upload/docs/application/pdf/2018-09/violences_chrs_recommandations.pdf** • Accommodation and social reintegration centre (CHRS) • Recommendations for gathering informations / warning signs • Domestic violence	• Too long • Warning signs, no questions but advice, recommandations
6.	**"ELISA KIT"** **from Miprof (Interministerial mission for the protection of women against violence and the fight against human trafficking)**	Link: **https://arretonslesviolences.gouv.fr/je-suis-professionnel/violences-sexuelles** • For health and social care professionals • This training kit consists of a short film entitled "Elisa" and an accompanying booklet. • This kit deals with the consequences of sexual violence and the impact of systematic detection on female victims. Defining violence and its consequences, advice on how to deal with it, series of questions, etc.	• Questions extracted from the film • Access to the document is via an online form

Women of all ages

	NAME OF RISK ASSESSMENT TOOL	DESCRIPTION	RELEVANCE
7.	**LE VIOLENTOMÈTRE (THE VIOLENCEOMETER)** **Hubertine Auclert Center**	Link: **https://www.centre-hubertine-auclert.fr/sites/default/files/medias/egalitheque/documents/violentometre-maj-10072019-print.pdf** A prevention tool adapted by the Centre Hubertine Auclert at the request of the Conseil Régional d'Île-de-France, the violentometer was designed at the end of 2018 by the Observatoires des violences faites aux femmes de Seine-Saint-Denis et Paris, the association En Avant Toute(s) and the Mairie de Paris. Presented in the form of a ruler, the Violence Meter shows what is and what is not violence by means of a coloured scale: • 3 segments to assess whether your relationship is healthy: "Enjoy", "Be vigilant, say stop" and "Protect yourself, get help" • Referrals to 2 help services: 3919 and the En Avant Toute(s) chat service To be distributed from September 2019 in all secondary schools in the Île-de-France region	• Simple • No questions • Too many indicators
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 Respecte tes décisions, tes désirs et tes goûts Accepte tes amies, amis et ta famille A confiance en toi Est content quand tu te sens épanouie S'assure de ton accord pour ce que vous faites ensemble Te fait du chantage si tu refuses de faire quelque chose Rabaisse tes opinions et tes projets Se moque de toi en public Est jaloux et possessif en permanence Te manipule Contrôle tes sorties, habits, maquillage Fouille tes textos, mails, applis Insiste pour que tu lui envoies des photos intimes T'isole de ta famille et de tes proches T'oblige à regarder des films pornos T'humilie et te traite de folle quand tu lui fais des reproches "Pète les plombs" lorsque quelque chose lui déplaît Menace de se suicider à cause de toi Menace de diffuser des photos intimes de toi Te pousse, te tire, te gifle, te secoue, te frappe Te touche les parties intimes sans ton consentement T'oblige à avoir des relations sexuelles Te menace avec une arme **PROFITE** Ta relation est saine quand il... **VIGILANCE, DIS STOP !** Il y a de la violence quand il... **PROTÈGE-TOI, DEMANDE DE L'AIDE** Tu es en danger quand il...		
8.	**RECOMMENDATION FOR GOOD PRACTICE – IDENTIFYING FEMALE VICTIMS OF DOMESTIC VIOLENCE – HOW TO IDENTIFY/ASSESS** **HAS (Haute autorité de santé)**	Link: **https://www.has-sante.fr/upload/docs/application/pdf/2019-09/fs_femmes_violence_reperer_092019.pdf** To make it easier for general practitioners to implement the recommendation to systematically ask all patients about the existence of past or present domestic violence, in 2022 the HAS Recommendations Impact Commission asked for support from the behavioural sciences team at the Interministerial Directorate for Public Transformation (DITP). A trial was carried out and resulted in the development of an effective and popular tool to help identify domestic violence.	• 10 simple questions • Warning signs • Domestic violence specific

Seniors women and men – Violence within institutions

	NAME OF RISK ASSESSMENT TOOL	DESCRIPTION	RELEVANCE
1.	**DR MATTHIEU PICCOLI – SELF-CREATED TOOL (AP-HP PARIS HOSPITALS)** **Maltraitance chez les personnes âgées, DU PSYCHIATRIE DU SUJET AGE, April 2023**	Statistics on prevalence in France and worldwide at home and in EHPAD / definitions / identifying risk factors / 3977 activity report / special cases (e.g. restraint) / advice for professionals faced with exhaustion / policy and organisational recommendations in hospitals / contacts	• Warning signs • No questions • Advice and recommendations

	Seniors women and men – Violence within institutions		
	NAME OF RISK ASSESSMENT TOOL	**DESCRIPTION**	**RELEVANCE**
2.	**MANAGING THE RISK OF ABUSE IN CARE HOMES, METHOD, BENCHMARKS, TOOLS** **Comité national de vigilance contre la maltraitance des personnes âgées et adultes handicapés (National watchdog committee against abuse of the elderly and disabled adults), Ministère des solidarités December 2008**	Link: **https://sante.gouv.fr/IMG/pdf/guide_gestion_des_risquesPAPHetab__2_-2.pdf** This guide is designed as a tool to help you put in place to manage the risk of abuse. It should enable facility managers to • take stock of the methodological principles and main stages the main stages of a risk management approach risks • use examples as a basis for implementing the the risk management approach to abuse	• Warning signs about the environment: staff, layout of premises, etc. • No questions

4. Greece

It was reported that there was limited use of the Danger Assessment (DA-5) Brief Risk Assessment for Clinicians (https://www.dangerassessment.org/) but that this only provides a level of danger for an abused woman of all ages has of being killed by her intimate partner.

5. Spain and Portugal

	GENERAL GBV RISK ASSESSMENT TOOLS USED IN SPAIN	
1.	**SARA**	Spanish translation; Mainly used in Justice services and programmes; Copyrighted
2.	**RVD-BCN**	Risk assessment tool developed and validated at the BCN City Council DV roundtable (in collaboration with the University of Barcelona), similar to SARA but open access, 16 items in 5 sections (perpetrator's history of violence: 5 items, threats and severe abuse: 2 items, aggravating circumstances: 7 items, victim's vulnerability factors: 1 item, victim's perception of risk: 1 item) Link: **https://bcnroc.ajuntament.barcelona.cat/jspui/bitstream/11703/91573/1/10964.pdf**
3.	**EPV-R** (Escala de Predicción del Riesgo de Violencia Grave contra la pareja –Revisada / Risk Prediction Scale for Serious Intimate Violence – Revised)	Tool deveoped at th University of the Bask Country with 20 items on 5 subscales: 1. Personal data (1 item: foreigner?), 2. Situation of the couple relationship (2 items), 3. Type of violence (7 items), 4. Perpatrator profile (7 items), 5. Victim vulnerability (3 items) Link: **https://www.psicothema.com/pdf/3840.pdf**
4.	**VioGen**	Official Risk Assessment Protocol used by the police (Valoración Policial del Riesgo de reincidencia de violencia - VPR4.0) as basis for decision on protection measures, includes 4 categories with 12 factors and 39 indicators: 1. History of violence and assessment of reported espisode (5 factors, 12 indicators), 2. Factors related to the perpetrator (4 factors, 12 indicators), 3. Factors related to victim vulnerability and relationship quality (2 factors, 15 indicators), 4. Perception of the victim of her situation (1 factor, 1 indicator). Link: **https://www.interior.gob.es/opencms/pdf/archivos-y-documentacion/documentacion-y-publicaciones/publicaciones-descargables/seguridad-ciudadana/La_valoracion_policial_riesgo_violencia_contra_mujer_pareja_126180887.pdf**
	SPECIFIC RISK ASSESSMENT TOOL DEVELOPED IN PORTUGAL	
1.	**AGED**	Assessment Guidelines for Elder Domestic Violence with five sections: I. Victim's Risk factors; II. Offender's Risk Factors; III. External, Contextual and Relational Risk Factors; IV. Victim/Context Protective Factors; and finally, V. Institutional Risk Factors. Link: **https://www.tandfonline.com/doi/abs/10.1080/07853890.2018.1562759** Related study: **https://comum.rcaap.pt/handle/10400.26/32831**

Appendix 5.
Exercise to Draft a Barometer Screening Tool on Violence Against Older Women created by MARVOW 2.0 Risk Assessment Working Group

The MARVOW 2.0 Risk Assessment Working Group attempted to draft a Barometer Tool on Violence Against Older Women as a potential tool for the project, based on the existing violentometer developed in 2018 in France presented in the form of a ruler, the Violence Meter shows what is and what is not violence by means of a coloured scale (https://www.centre-hubertine-auclert.fr/sites/default/files/medias/egalitheque/documents/violentometre-maj-10072019-print.pdf) The colors represent green for low risk-monitor, orange for medium risk-closely monitor, and red for high risk requiring immediate attention.

During this exercise, the group members realized that such a short tool would not meet the needs of a risk assessment. Furthermore, the group realized the challenges involved in creating a tool, related to the psychometric properties involved. Therefore, **the group will not continue to develop this screener further**.

ACTION TO CONSIDER	QUESTION TO ASK OLDER WOMAN IN A SAFE ENVIRONMENT	NO	YES	COMMENT
Safeguard the victim: stay in close contact / monitor exposure to potential perpetrator	• She reports feeling isolated • She reports having financial or physical dependence • She reports feeling loneliness, social isolation • She reports whether or not he is in full possession of his physical and mental faculties (neurodegenerative disease)			
Inform the woman that you will speak to supervisor of your team how to safeguard the victim	• She reports she has ever been a victim or witness of violence by someone close to you, physical, sexual or psychological • She reports she has ever felt humiliated or threatened by your partner/carer or family member, or anyone close to you • She reports her partner/carer/family member has monitor her on a daily basis, or control her for example by asking for a control on her financial accounts, monitor her phone calls, voicemails, etc. • She reports feeling overwhelmed a lot of the time by pressure placed on her from a partner/carer/family member or someone close to her. • She reports that a partner/carer/family member deprived her of her basic needs and rights. • She reports an escalation in level of coercive control • She reports she has problems with alcohol, drugs, etc. • She reports he has problems with alcohol, drugs, etc. • She reports her partner/caregiver/family member has a weapon in the house/facility • She reports he has ever threatened to commit suicide or attempted suicide			
Call specialised services to decide how to proceed	• She reports on acts of violence against her increasing in frequency and intensity • She reports she feels depressed			

ACTION TO CONSIDER	QUESTION TO ASK OLDER WOMAN IN A SAFE ENVIRONMENT	NO	YES	COMMENT
Inform the woman that you will contact specialised victim services and **if immediate danger:** call the police and if physically hurt call an ambulance.	• She reports on the dangerousness of the aggressor: history, possession of a weapon, extremely controlling behavior, etc. • She reports she feels depressed and/or has suicidal thoughts • She reports fearing for her life • She reports having made previous suicide attempts • She reports she has already been threatened with murder by her partner/caregiver/family member • She reports she says partner/caregiver/family member has already tried to kill her • She reports on the duration of the violence (old or recent: provoked by an event) • She reports whether he has already threatened other people (children, friends, carers, or animals) • She reports that he has already threatened to kill her or someone else (possession of a weapon)			

MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

Co-funded by
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