MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

# Comprehensive Capacity Building of Professionals Working in Key Services

## TRAINER MANUAL

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Written by: Maria Angeli, Sandra Jovanović Belotić, Giusy De Grazia, Daphne Demetriou, Heinrich Geldschläger, Natacha Henry, Alia Luf, Nina Nikolova, Lucile Peytavin, Svetla Sicheva, Christina Tsaka

Contributors: AGE Platform Europe, ANCI LAZIO, Association of Autonomous Austrian Women's Shelters, Associació CONEXUS Atenció, Formació i Investigació Psicosocials, Association NAIA, Psytel France, Mediterranean Institute of Gender Studies, Union of Women Associations of Heraklion, WAVE – Women Against Violence Europe, WWP EN – European Network for the Work with Perpetrators

Graphic Design: Monika Medvey
Illustrations: Selen Sarikaya
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## TRAINER MANUAL

# Foreword

This manual has been designed as a guide for trainers who will host workshops targeting frontline and other professionals that encounter older women, victims of abuse through their work. Together with the PowerPoint presentation, they form a complete and comprehensive training programme, based on MARVOW and MARVOW 2.0 findings relating to the needs of professionals in the context of multi-agency collaboration in dealing with violence against older women.

The material consists of an introduction and four (4) chapters with different thematic foci: i) Risk assessment, including the risks of femicide and suicide, ii) Case management in multi-agency collaboration, iii) Working with older perpetrators of intimate partner violence (IPV) against older women (survivor-centred approach) and iv) Coordination issues and tools used for data protection. In order to ensure interactivity and therefore active learning and engagement, the content is foreseen as being delivered mainly through **exercises and group work, including a guide to the discussion** for inspiration (the number of questions that get asked during the training will depend on the trainer as well as time restrictions). All proposed activities are presented with **learning objectives** and **expected results** as well as detailed, **step-by-step instructions**.

The training environment and approach should allow for a safe space for all participants. It is recommended to establish ground rules together with the participants before starting the training, so that everyone feels encouraged to communicate freely, especially when it comes to challenging and/or sensitive topics. In order to build rapport among the participants and foster a productive learning environment, it would be best to start the session(s) with one or two icebreaker exercises that may or may not be relevant to the material. It would be valuable to have a quick round of introductions as well as to ask what the participants expect from the workshop.

Trainers are encouraged to prepare thoroughly before delivering the training, by familiarizing themselves with the national framework and processes, and reading through the exercises in order to **properly modify and adapt them, where necessary.** Some chapters include more than one exercise – depending on time restrictions as well as local context, some exercises may be omitted from the workshop(s). It is however highly suggested to do at least one (1) activity per chapter and include all chapters in the workshop(s). The estimated time for a workshop that would include all exercises in this guide is 10.5 hours, excluding time for introductions, icebreakers and breaks (i.e. additional time for the aforementioned needs to be accounted for).

The project is funded by the European Commission, CERV-2022-DAPHNE.

# Resources for the trainer

- **EU. Agency for Fundamental Rights, (2014). Violence against women: An EU-wide survey: Main results.** https://fra.europa.eu/sites/default/files/fra_uploads/fra-2014-vaw-survey-main-results-apr14_en.pdf
- **World Health Organization 2024 – Violence against women 60 years and older: data availability, methodological issues and recommendations for good practice.** https://www.unwomen.org/sites/default/files/2024-03/violence-against-women-60-years-and-older-en.pdf
- **Council of Europe Convention on preventing and combating violence against women and domestic violence**. https://rm.coe.int/coe-convention-on-preventing-and-combating-violence-against-women-and-/16809e40c8
- **Social Care Institute of Excellence. Safeguarding adults: sharing information.** https://www.scie.org.uk/safeguarding/adults/practice/sharing-information/

## RECOMMENDED STATIONARY

- ◯ Flipchart
- ◯ Post-it packs in different colours
- ◯ Pens
- ◯ Markers
- ◯ Printed Handouts (check all ANNEXES)
- ◯ Laptop
- ◯ Projector

# 1. Introduction

According to WHO and the 1995 Action on Elder Abuse, a single or repeated act or lack of action, which occurs within a trusted relationship, and which causes harm or distress to an older person, is considered elder abuse.

Violence Against Women (VAW) is a violation of human rights and a discrimination against women. All acts of gender-based-violence that result in any harm or suffering to women, or threats to such acts, whether these occur publicly or privately, are understood as VAW.

As women grow older, inequality and discrimination against them intensify. Older female victims of violence are in triple jeopardy due to their age, their gender, and the higher probability to experience violence and abuse (when compared to men). Violence against older women is distinct, as it can be characterized by patterns of domestic violence as well as elder abuse. It can occur in various environments, including private homes, hospitals, and in care facilities and perpetrated by an array of individuals, including the victims' close family (partner, children) and volunteer or professional caregivers.

This chapter will allow participants to focus on the particularities of violence against older women and understand the need for specialised support services (ex. crisis hotlines, shelters and safe houses, counselling and therapy, legal assistance) as well as coordinated multi-agency collaboration.

# EXERCISE 1 "What is violence against older women?"

## ESTIMATED DURATION: 30 min

## LEARNING OBJECTIVES

- → **Understand the various forms of violence against women**
- → **Critically assess terms used to describe violence against women**
- → **Recognize violence against older women as part of the broader issue of violence against women**
- → **Comprehend the gendered nature of violence against older persons**

## PREPARATION MATERIAL

- ◯ Post-its, ideally in five (5) colours for each form of violence against women
- ◯ Markers
- ◯ Flipchart

## STEP-BY-STEP PROCESS

1. Divide participants into five mixed-profession groups, assigning them a post-it colour each.
2. Distribute post-it notes to participants (one colour per group).
3. Allow participants 10 minutes to write down specific acts of violence against women, that could be categorized as physical, psychological, financial, sexual, and neglect. Assign a colour to each category. For example, the blue post-it team could be focusing only on physical violence and writing down examples of behaviours showcasing physical violence. The green post-it team could be instructed to focus on psychological violence and so on.
4. Place the post-it notes on the flipchart while reading them aloud to the plenary.
5. Ask if there are any additional forms of violence to be included and if so, add to flipchart.
6. Facilitate a discussion.

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

| |
|---|
| Discuss the vulnerabilities that put older women at a higher risk of abuse/violence compared to older men. |
| Discuss the vulnerabilities that put older women at a higher risk of abuse compared to younger women. |
| Explore how institutions may facilitate the abuse/violence against older women. |
| Discuss stereotypes about older women victims of violence – mistrust of their narratives and experiences, which is reinforced by their age and possible illness; not understanding and not accepting that older women have a need to look after their own needs (including security and good quality of life) just like younger women |

Invite participants to share any remaining questions or clarify any points. Ask participants to highlight anything that stood out, surprised them, or will stay with them.

**Critical overview of forms of violence perpetrated against older women**: According to the Fundamental Rights Agency 2014 Survey on violence against women and WHO (2024) respectively, 5% of the EU women over 50 years old reported physical and/or sexual violence in the year that preceded the survey interview and around 1 in 6 people ages 60+ experienced some form of abuse in community settings during the past year. Given that the population in Europe is ageing and the number of older persons is growing, this is highly problematic. Specific research on violence against older women is scarce and reflects a general lack of awareness and research.

## EXPECTED RESULTS

**Open channels of communication between different stakeholders**

**Gain a common understanding of violence against older women within the broader framework of violence against women**

# EXERCISE 2 "Tennis debate"

## ESTIMATED DURATION: 40 min

## LEARNING OBJECTIVES

→ **Understand the need for specialized services for violence against older women**

→ **Understand the need for coordinated multi-agency collaboration for violence against older women**

→ **Motivate to advocate for specialized services and coordinated multi-agency collaboration within their respective agencies**

## PREPARATION MATERIAL

- ◯ Two rows of chairs facing each other

## STEP-BY-STEP PROCESS

1. Split the participants into two groups of five volunteers.
2. Have the teams sit opposite each other
3. Read the following instructions aloud:
   The debate will consist of two rounds
   The 1st match will be arguments for and against specialized services and
   the 2nd match will be for and against coordinated multi-agency collaboration.

**MATCH 1**

1. Each team will have a few minutes to prepare their arguments.
2. One group will argue FOR specialized, while the other will argue AGAINST, regardless of personal beliefs.
3. Each team has 45 seconds to present their arguments for or against. After 45 seconds, the opponents' time starts.
4. Repeat for a maximum of two (2) more rounds.
5. The audience takes notes on the arguments and any additional comments.

**MATCH 2**

1. Audience members now become debate team members and vice versa
2. Repeat exercise focusing on arguments for and against coordinated multi-agency collaboration
3. Conclude the exercise and open the floor for a plenary discussion.

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

Begin the discussion by highlighting the most convincing arguments as identified by the participants.

Ask participants who they believe they will encounter professionally: those who are FOR or AGAINST specialized services and coordinated multi-agency collaboration.

Ensure participants understand how to articulate the need for specialized services and coordinated multi-agency collaboration for addressing violence against older women and counteract arguments against the aforesaid.

## EXPECTED RESULTS

**Increased awareness of the need for specialized services and coordinated multi-agency collaboration**

**Strengthened arguments in favour of these needs, enabling participants to influence their colleagues effectively**

**Identify opposing sentiments in order to be able to counteract them**


# 2. Risk assessment in cases of violence against older women, including femicide and suicide

This chapter aims to explain how to proceed with risk assessment when working with older women who are victims or are at risk of violence, in order to increase the identification and reporting of cases, keeping an eye on high-risk cases to prevent femicides and suicides.

The fundamental function of a risk assessment tool is to guide professionals through a standardized process to ensure that signs of violence are identified. The present tool is based on existing tools regarding violence against women used in the respective countries of the partners who took part in this project as well as on risk factors from previous projects (TISOVA and WHOSEFVA www.whosefva-gbv.eu). These previous projects have identified four fields of violence against older women: individual, relationship, community and society.

The present tool should be integrated into the existing daily work routine of the professionals. That is, the present tool should be used additionally to any existing risk assessment routines in place locally.

# EXERCISE "Risk assessment tool & roleplay"

## ESTIMATED DURATION: 90–120 min

## LEARNING OBJECTIVES

- → **Understand a standardized approach to detect and report cases of violence against women aged 60+**
- → **Explore how to use the risk assessment tool as an additional resource to existing risk assessment processes**
- → **Understand how risk assessment links with follow up processes**
- → **Better understand the signs of violence against older women**
- → **Understand how to facilitate a safe space for older women victims of violence so that they can feel comfortable to share their experiences**

## PREPARATION MATERIAL

- ◯ Risk assessment checklist hand-out
- ◯ Case studies: The trainer can use an example from their local context or use the scenario provided in ANNEX 2 of this chapter.

## STEP-BY-STEP PROCESS

1. Introduction of the session by the trainer
2. Split the participants in groups of 3-4 (adapt according to number of participants), making sure that they are mixed in terms of profession.
3. Give each team a case study (see ANNEXES) OR have the team brainstorm about a case that one of the professionals knows well.
4. Give each participant a handout of the risk assessment checklist (See ANNEX).
5. (Optional) Briefly explain the risk assessment tool (objectives, development, content, procedures, etc.)
6. Explain that:
   - If 1–3 risk factors are marked, continue to monitor the situation closely.
   - If more than 3 risk factors are reported, participants proceed to MARVOW 2.0 case management flowchart[1].
   - If you believe the victim is in imminent danger, call social services and/or police services.

1 See *Risk Assessment Methodology, MARVOW 2.0*

7. Have each group choose which 'role' from the case study each participant will take onboard, including also the role of the older woman
    - Explain that each group needs to role play the scenario of the case using questions that pertain to the risk assessment tool in order to better understand the older woman's situation.
    - Complete the risk assessment checklist, discuss within their group and come to conclusions regarding the follow-up processes.
8. Each group will present their case study and conclusions.

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

| |
|---|
| How has the exercise helped you familiarize yourselves with performing the risk assessment? |
| How has the exercise helped you gain skills in improving risk assessments for older women? |
| What challenges do you foresee in implementing this risk assessment in your daily work? |
| Other issues? |

## EXPECTED RESULTS

| |
|---|
| **Improve the skills of professionals in performing risk assessments using a standardized methodology** |
| **Improve skills of professionals in linking risk assessment with possible ways forward after the risk assessment** |
| **Work in a coordinated multi-agency capacity** |
| **Get a broader view on potential situations** |

NOTES

- 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). For instance, "psychological health issues" ticked by all 3 = 1 risk factor. "Psychological health issues", "financial dependency" ticked by one or more equals = 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 by 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<br><br>Psychiatric treatment, medications | | | | |
| **FUNCTIONAL DEPENDENCY/ DISABILITY** | Dependency in everyday activities (dressing, bathing, mobility, eating, etc.)<br><br>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<br><br>Finances controlled by others e.g. legal guardian although victim has no neurological deficits diagnosed | | | | |

| 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 by whom | Comment on whether there is an increase in frequency and/or severity of risk factors observed or reported |
|---|---|---|---|---|---|
| **PSYCHOLOGICAL VIOLENCE** | Victim is disrespected<br>Victim is suffering from controlling power dynamics: who makes the decisions, who is consistently in a more advantageous position<br>Victim experiencing coercive control, tension, fear,<br>Victim has poor or conflictual relationship | | | | |
| **LACK OF SOCIAL/ FORMAL SUPPORT FOR THE VICTIM** | No social network, family, friends<br>None or low involvement in social services<br>Contact with others controlled | | | | |
| **INAPPROPRIATE/ INCONVENIENT HOUSEHOLD LIVING ARRANGEMENTS** | Shared housing with perpetrator, other family members (no privacy, safety)<br>Inappropriate conditions (hygiene, accessibility, special needs) | | | | |
| **VICTIM DOES NOT RECOGNISE/ IDENTIFY THE VIOLENT BEHAVIOUR, OR IF IDENTIFIES THEN MINIMISES OR JUSTIFIES IT AS NORMAL** | | | | | |

| 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 by whom | Comment on whether there is an increase in frequency and/or severity of risk factors observed or reported |
|---|---|---|---|---|---|
| **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)<br>None or low involvement in social services (home visits by social workers, regular check-ups, senior care)<br>Perpetrator economically dependent on the victim | | | | |
| **PERPETRATOR'S PAST HISTORY OF WITNESSING VIOLENCE** | | | | | |
| **PERPETRATOR'S HISTORY OF PERPETRATING DOMESTIC VIOLENCE IN THE PAST** | | | | | |

# ANNEX 2 Case study for risk assessment in cases of violence against older women, including femicide and suicide

PRINT

Maria, a 74-year-old retired schoolteacher has been married to her husband, Andrew, for 45 years. They live together in their suburban home. Maria comes from a wealthy family and has always been well off financially.

Four years ago, her now 68 years old husband retired too. She was looking forward to his retirement, they had a lot of plans, like travelling around the world. In the beginning all was well but there was a change in the relationship as time passed. Andrew seemed to be depressed, but refused to talk about this to Maria, when she tried to.

Maria had an accident 2 years ago, and was bedridden for a long time, requiring care services around the clock. She felt alone, sad and suffered more and more from the changed behaviour of her husband.

Today, she is feeling much better - for the past six months professionals from home-care services continue to check up on her with at-home visits. Maria has recently hired a female cleaner for her home for 2 days per week. This person was very friendly and talkative, and Maria enjoyed spending time with her. They started to talk about private things and for Maria this was a relief. Both, Andrew and her, had few friendships, hardly any family left and, since retirement, the social contacts from work haven't been maintained. There has been an incident once, when Andrew interrupted the women talking, telling the cleaner that she does not do the job she is paid for. Andrew insisted on firing her. Maria was desperate to keep the cleaner but was unsuccessful in convincing her husband.

Besides Andrew's mood changes due to his depression, he has been acting in an aggressive manner, being disrespectful towards his wife, insulting her regularly. The couple's sexual relationship changed a lot and Maria no longer felt attracted to Andrew but she accepted it as part of their marriage and did not complain about it.

Maria has been taking care of their home in terms of maintenance and also financially covers the entirety of the household needs by herself - lately she realized that a huge amount of her money is gone from her bank accounts. Even though she was anxious of his response she brought this up to her husband; he expressed his disappointment because he felt that she was accusing him without a reason, started swearing at her and became aggressive. During the fight, he damaged a door in the house. Maria was afraid of any other further escalation and did not dare to inquire further.

On a scheduled visit from home-care services, professionals saw changes and aggravation in Maria's health condition. In their conversation with her, she told them that she is feeling tired a lot and that Andrew recently gave her some pills to help her sleep and alleviate her feelings of exhaustion. At the same time, they noticed some deterioration in terms of cleanliness of the space, with Maria explaining that the "cleaner moved away", and she wasn't able to secure the services of another cleaner. The home-care service workers asked for a short conversation with Andrew, pointing out the care needs of his wife, especially after the accident she had and the recovery she needs. He was blunt, telling them that he knew what to do and to "stay in their lane".

After this visit, Andrew and Maria had a big confrontation. He was angry and accused her of inciting others against him. When she said that she didn't want her life to be like this, he pushed her so hard that she lost her balance and fell against a table.

During subsequent visits, the professionals from the home-care services saw Maria in increasingly worse condition. During their last visit, they noticed some bruises on Maria's body. Both Maria and Andrew assured that all is well in the home.


# 3. Case management in coordinated multi-agency collaboration

The overall aim of case management in coordinated multi-agency collaboration is to ensure that all involved professionals will be able to assess the victim's safety, provide support and refer incidents to the appropriate agency/ professional/ stakeholder based on effective multi-agency collaboration.

The Case Management Tool that will be presented in this chapter is based on the methodologies of Multi-agency Risk Assessment Conferences (MARAC) and Coordinated Community Response (CCR) for an effective coordinated response to cases of violence against older women. Both models describe multi-agency work based on specific principles and methodology.

The tool describes how professionals from different fields will cooperate with each other, and how Case Management Meetings can run.

We will be looking into:

- Key principles
- Agency attendance in Case Management Meetings
- Coordination in Case Management Meetings and the process of case management
- The process and tools used in the Case Management Meetings.

# EXERCISE "Case management in theory and practice"

## ESTIMATED DURATION: 150 min

## LEARNING OBJECTIVES

- → **Enhance effective coordinated multi-agency collaboration**
- → **Understand case management and its importance**
- → **Understand how to set up Case Management Meetings, who should be involved, how they can be coordinated and what the processes are**
- → **Depict case management tools for professionals and how to implement them**
- → **Identify the main principles of case management that professionals need to keep in mind in their daily work**
- → **Analyse the main challenges and the added value of the Case Management Meetings for professionals**

## PREPARATION MATERIAL

- ◯ Pen and paper
- ◯ Print-outs of the case studies
- ◯ Print-outs of the Case Management Tool

## STEP-BY-STEP PROCESS

**Introduction to the session and presentation of the main learning objectives. (5')**

**1st CASE STUDY – individual case management (30') ANNEX 1 for participants**

1. Split professionals into three groups – each group needs to be made up of professionals from the same field
2. Give out hand-outs with the 1st case study
3. Give a general description of the case study
4. Allow the teams to go through the case study in detail in their groups
5. Ask each team to give you their perspective regarding the case management based on their mandate/profession.
6. Initiate discussion by comparing the team responses, focusing on the language used and their approach. (Use the information in ANNEX 2 for facilitators for support)

**Presentation Slides**

1. Flow Chart (10')
   - Describe the general flow of case management (slides) – the Case Management Meeting (on which this exercise and material is focused on) is one part of this flow chart.

2. Main Principles of Case management (10')
   - Refer to the main principles that professionals need to keep in mind in their daily work life (slides).
   - Give specific examples of the principles from the field, to make the principles relevant and relatable.
3. Participants in case management meetings (5')
   - Show the list of participants from the Case Management Meeting slides.
   - Clarify that this is not a fixed list, but it can be adjusted based on the national context and the needs of each case.
4. Coordination of Case management meetings (10')
   - Clarify the distinction between coordination of the case management meeting and coordination of the process.
   - Explain the main roles of the coordinator in each case – regarding the coordination of the Case Management Meetings, the coordinator is only responsible for the procedure of the meeting, the forms to be completed and the minutes.
5. Structure & Tools (20')
   - Describe the main steps of the Case Management Meeting
   - Describe the tools (agenda, confidentiality statement, case description, agencies involved, case specifics, activity planning, meeting results) and how professionals can use them
6. Effective and Ineffective Practice examples (20')
   - Through the presentation of the two examples (see PowerPoint slides), facilitate a discussion in plenary and ask participants to share examples that depict a good/effective and ineffective practice. The aim is to prove the added value and benefit of the multi-agency collaboration.
   - The facilitator can prepare and use additional case studies (optional) which will be analysed in plenary and will help the facilitator to give a clear picture of the implementation of the case management meetings.

**2nd CASE STUDY – coordinated multi-agency collaboration (25–30')**

1. Split the participants into small groups of professionals from different fields.
2. Use the 2nd Case Study from Annex 1 Participants (already handed out at the beginning).
3. All professionals need to work together on a specific case of violence against older women, using the tools and methodology reviewed earlier.
4. Instruct them to answer as many questions from Annex 3 Questions as they can.
5. In the end they will have the opportunity to discuss the case management and find the common pathway.
6. The aim of this collaborative exercise is for professionals to put theory into practice, and for the facilitator to answer any questions.

**Closing – Feedback (20')**

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

| |
|---|
| Ask participants to discuss how the process of implementing multi agency case management was for them |
| Probe participants for any questions they many have |
| Discuss with them the added value of following this new approach and what needs to change in their service/agency in order for such an approach to be successfully implemented. |
| Why is coordinated multi-agency collaboration important? |
| What benefits did you identify when using multi-agency collaboration? |
| What are the principles that professionals need to keep in mind to collaborate more efficiently with professionals from other fields? |
| How important is it for all involved professionals to ensure a common understanding amongst them? |
| How can this common understanding be achieved? |
| How do the case management meetings help monitor and evaluate case management and decision-making processes for next steps? |
| How can we achieve better coordination of multi-agency collaboration meetings? |

## EXPECTED RESULTS

| |
|---|
| **Participants understand the main principles of case management and how they can be incorporated in their daily work** |
| **Participants understand how to set up and coordinate a Case Management Meeting** |
| **Participants understand how to use the tools and collaborate at a multi-agency level** |

# ANNEX 1 Case study for risk assessment in cases of violence against older women, including femicide and suicide

PRINT

### 1st Case Study

**Helen,** 75-year-old woman, resides in a rural area with limited access to healthcare and social services. She is in the early stages of dementia, which causes cognitive impairment. Her primary caregiver is her 45-year-old daughter, Giota. Helen faces several risk factors, including rural isolation, dependence on her daughter, and her dementia.

Helen experiences multiple forms of violence. Psychological violence is perpetrated, as Giota frequently belittles and insults Helen, exacerbating her anxiety and confusion. This also results in Helen having low self-esteem and feeling scared and isolated. Neglect is another form of violence Helen experiences. Giota neglects Helen's medication needs, which leads to a deterioration in her health and an escalation of her dementia symptoms. Physical violence also occurs occasionally. There are instances where Giota handles Helen roughly, causing minor injuries and instilling fear in her.

### 2nd Case Study

**Katerina** is 65 years old, recovering from a mild stroke she suffered a year ago, and is currently facing intense psychological, economic abuse, and neglect from her nurse, Naya.

Katerina, a widow for five years, has three children who live in other cities. Due to distance and professional obligations, her children cannot provide the daily care she needs. Therefore, after their mother's health deteriorated, they hired Naya to take care of her. For the first three months, the relationship between Katerina and Naya was smooth. However, recently, the situation changed dramatically. Naya began to exhibit violent behaviour, yelling at Katerina daily, and calling her "useless" and "a burden." She often raises her voice and blames Katerina for forgetting things or making mistakes, which exacerbates Katerina's anxiety and confusion due her health condition. At the same time, she started exploiting Katerina's financial situation, withdrawing large amounts of money from her bank card without her permission. Katerina also noticed that Naya was not fulfilling her professional duties, leaving Katerina without the necessary care, while also making mistakes in the dosage of her medication, which the nurse was managing. Katerina's health began to deteriorate, and she started experiencing frequent anxiety attacks.

Katerina decided to contact the police during a heated confrontation with Naya, where Naya threatened her with physical violence but did not act on it. The police, after receiving the call and intervening, informed Katerina of her rights and accompanied her to the police station, where she filed a complaint against Naya for abuse and economic exploitation.

### 3rd Case Study (optional use, focuses on IPV)

Maria, a 74-year-old retired schoolteacher has been married to her husband, Andrew, for 45 years. They live together in their suburban home. Maria comes from a wealthy family and has always been well off financially. She had an accident 2 years ago, and was bedridden for a long time, requiring care services around the clock. Today, she is feeling much better, yet professionals from home-care services continue to check up on her with at-home visits. Maria has recently hired a female cleaner for her home for 2 days per week.

Maria has been taking care of their home in terms of maintenance and also financially covers the entirety of the household needs by herself - lately she realized that part of her money is gone from her bank accounts. Even though she was anxious of his response she brought this up to her husband; he expressed his disappointment because he felt that she was accusing him without a reason, started swearing at her and became aggressive. During the fight, he damaged a door in the house.

On a scheduled visit from home-care services, professionals saw changes and aggravation in Maria's health condition. In their conversation with her, she told them that she is feeling tired a lot and that Andrew recently gave her some pills to help her sleep and alleviate her feelings of exhaustion. At the same time, they noticed some deterioration in terms of cleanliness of the space, with Maria explaining that the cleaner moved away, and she wasn't able to secure the services of another cleaner. The home-care service workers asked for a short conversation with Andrew, pointing out the care needs of his wife, especially after the accident she had and the recovery she needs. He was blunt, telling them that he knew what to do and to "stay in their lane".

During subsequent visits, the professionals from the home-care services saw Maria in increasingly worse condition. During their last visit, they noticed some bruises on Maria's body. Both Maria and Andrew assured that all is well in the home.

(Longer version available in ANNEX 2 for Risk Assessment)

# ANNEX 2 for case management in multi-agency collaboration – facilitators

## (FOR TRAINERS)

### 1st Case Study

### RISK FACTORS ANALYSIS

**Rural isolation**

- Limited Access to Help: Living in a rural area means Helen has limited access to healthcare services, social workers, or community support groups that could intervene or help.
- Transportation Issues: The distance to the nearest town or clinic makes it difficult for Helen to seek help independently, especially given her health condition.

**Primary caregiver dependence**

- Reliance on Giota: Giota is Helen's main caregiver, therefore Helen has no alternative source of care. This dependence creates a power imbalance, with Giota having significant control over Helen's wellbeing.
- Lack of Awareness: Helen may not fully understand her situation or know how to seek help due to her cognitive decline and the absence of external support systems.

**Dementia**

- Cognitive Impairment/Cognitive Challenges/Cognitive Disability: Helen's dementia makes it harder for her to remember incidents of abuse or articulate her experiences. This can lead to underreporting and makes it easier for Giota to deny or minimize the abuse.
- Behavioural Changes: Dementia can cause behavioural changes in Helen that Giota finds challenging to manage, potentially triggering abusive responses from Giota due to frustration and lack of coping strategies.

### DIFFERENT PROFESSIONAL NARRATIVES

**Law enforcement officer / Police officer:**

**Language used:** Victim, perpetrator, incident report, protective custody, probable cause.

**Perspective:** Focus on immediate safety, evidence collection, and legal procedures & aspects.

**Social worker:**

**Language used:** Survivor, abuser, safety plan, trauma-informed care, support services.

**Perspective:** Long-term welfare, emotional and practical support, holistic approach.

**Healthcare provider:**

**Language used:** Patient, injury assessment, mandatory reporting, mental health assessment, referral.

**Perspective:** Physical and mental/cognitive health care, identifying signs of abuse, referrals.

## 2nd Case Study

For the last exercise involving a case study, follow these steps and structure:

### Case Description

- **Main characteristics of the case**
  - Forms of violence:
    - Psychological Violence (verbal abuse, yelling & threats of physical violence)
    - Economic Violence and economic exploitation
    - Neglect
- **Risk factors analysis (for the facilitator)**
  - Isolation (lack of support system, isolation also from her family)
  - Dependency (due to her health condition and age)
  - Economic exploitation
  - Health deterioration due to stroke (possible confusion /lack of clarity) and mental health challenges (anxiety, stress, fear and insecurity)

Teamwork / discussion on the form of multi-agency collaboration meetings, the issue of coordination, the functionality of the meetings, the tools that will be used, decisions, etc.

## 3rd Case Study

### Steps and structure:

- **Forms of violence:**
  - Psychological Violence (verbal abuse, threats, determent & gaslighting)
  - Physical Violence (suspicion of physical violence & drugging without a medical prescription & bellicosity e.g. breaking the door)
  - Economic Violence and economic speculation/ extortion
  - Neglect
- **Risk factors analysis (for the facilitator):**
  - Isolation (Alienation & isolation also from any kind of system support)
  - Dependency (due to her health condition, age & social perceptions of the right way to respond to her role as a wife)
  - Economic exploitation
  - Mental health challenges (anxiety & fear/prevent herself from being alone again)
  - Deterioration of physical health (recovery from a major injury & aggravation of physical health)
  - Not accepting and/or acknowledging the situation & requesting support – asking for help (invisible violence – suspicion & not clear reports – difficulty in providing an appropriate response from support services-home-care services

# ANNEX 3 for case management in multi-agency collaboration – questions

PRINT

## 2nd Case Study Handout (Questions)

### Initial Response and Assessment

- ◯ What are the different forms of violence that the older woman is experiencing from the person perpetrating the violence?
- ◯ How has Katerina's health condition made her more vulnerable to these abuses?
- ◯ Why is it crucial for the police to be involved in this case from the beginning?
- ◯ How should healthcare professionals assess physical and mental health to document the impact of the abuse?
- ◯ What role should healthcare professionals play in assessing and documenting Katerina's health deterioration and medication mismanagement?
- ◯ What role do health workers play in monitoring Katerina's long-term recovery and ensuring she receives proper medical care?

### Coordination among Professionals

- ◯ How can effective communication and coordination be established among police, healthcare providers, social workers, and victim support services?
- ◯ What strategies can be implemented to ensure effective communication and coordination among the different agencies involved in Katerina's case?

### Provision of care and support

- ◯ What immediate care and support services should be provided to Katerina to ensure her safety and well-being?
- ◯ How can healthcare professionals ensure that Katerina receives the correct medication and medical care moving forward?

### Challenges in multi-agency collaboration

- ◯ What are the potential challenges in achieving effective multi-agency collaboration in this case?
- ◯ How can these challenges be addressed to ensure a coordinated response?

### Coordinating and follow-up

- ◯ What ongoing monitoring should be implemented to ensure Katerina's safety and well-being?
- ◯ How can follow-up actions be coordinated among different professionals to track Katerina's progress and address any new concerns?

### Support for Katerina's children

- ◯ How can professionals involve Katerina's children in the care process, considering their distance and professional commitments?
- ◯ What support can be provided to Katerina's family to help them manage and understand the situation?

### Handling perpetrator programs

- ◯ What challenges might arise in enrolling Naya in a perpetrator program, and how can they be addressed?
- ◯ How can the effectiveness of Naya's participation in the perpetrator program be monitored and evaluated?

### Resource allocation and access

- ◯ What resources are necessary to effectively manage this case, and how can they be accessed?
- ◯ How can professionals ensure that Katerina has access to all the services she needs, despite potential resource limitations?

### Education and training

- ◯ What training might professionals need to better handle cases of violence against older women and multi-agency collaboration?
- ◯ How can ongoing education and support be provided to professionals to improve their response to similar cases in the future?
- ◯ What preventive measures can be put in place to avoid similar cases of violence against older women in the future?


# 4. Working with older perpetrators of intimate partner violence (IPV) against older women (survivor-centred approach)

This module covers working with perpetrators, with a specific focus on older perpetrators of intimate partner violence (IPV) against older women. This topic is important because recognising, reporting and referring cases of violence against older women requires focusing not only on victims' experiences of violence but also on profile and characteristics of perpetrators.

There is a need to motivate professionals to include the perspective of perpetrators of violence against older women in risk assessment and case management processes to ensure victim safety and prevent recidivism. Raising their awareness can help overcome attitudes and stereotypes regarding older perpetrators and towards perpetrator programmes – such as the assumption that it is too late for older perpetrators to change their attitudes and behaviour and, therefore, there is no reason to work with them.

# EXERCISE 1 "Working with perpetrators: motivations and principles"

## ESTIMATED DURATION: 35 min

## LEARNING OBJECTIVES

→ **Raise awareness of frontline professionals about the needs and benefits of working with perpetrators of violence against older women**

→ **Counteract arguments against working with older perpetrators and dispel stereotypes (both regarding older perpetrators and older women)**

→ **Understand the concept of survivor-centred approach in working with perpetrators – needs-based, survivor-oriented, stakeholder engagement approach**

## PREPARATION MATERIAL

- ◯ Flip chart/Whiteboard
- ◯ Markers

## STEP-BY-STEP PROCESS

1. Brainstorming – On the flipchart or whiteboard write "Paying attention to perpetrators of violence against older women" and two columns "Why yes" and "Why not".
2. Participants give their reasons pro and con and the facilitator notes them down in the two columns respectively.
3. The facilitator summarizes the reasons why it is important to work with perpetrators of violence against older women in order to ensure the protection of survivors. He/she also pays special attention to the arguments against working with perpetrators, especially if an increase in the risk to the victim's safety is indicated. If applicable, reference may be made to the Istanbul Convention Art. 16 (if the Convention has been ratified locally).
4. Presentation of the concept of survivor-centred approach in working with perpetrators – needs-based, survivor-oriented, stakeholder engagement approach.

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

What do professionals consider as barriers to working with the perpetrator (expectation that the situation will get worse, the violence will escalate and the risk to the victim will increase)?

What are the stereotypes about older perpetrators of IPV against older women - for example, they cannot change?

## EXPECTED RESULTS

Have a better understanding of working with perpetrators in the context of a coordinated approach to prevent and combat violence against women

Identify the benefits of working with perpetrators toward risk reduction and challenge barriers and stereotypes

Be motivated to include the perpetrators' perspective/factors related to perpetrators in their work

Understand how to involve older perpetrators of IPV against older women in their work

# EXERCISE 2 "World café: perpetrators of violence against older women"

## ESTIMATED DURATION: 90 min

## LEARNING OBJECTIVES

→ **Improve the knowledge of frontline professionals about the different types of perpetrators of violence against older women – (ex) partners, other family members, other (professional) caregivers**

→ **Learn about the characteristics of older perpetrators of IPV against older women and the types of violence that can be exercised by each type of perpetrator and how these types of violence can be manifested**

→ **Explore ways that the different manifestations of violence exercised by the different perpetrators can be reduced**

## PREPARATION MATERIAL

- ◯ Flip chart/Whiteboard
- ◯ Markers
- ◯ Three (3) tables
- ◯ Pre-prepared three (3) white flipchart sheets, each titled "(ex) partner", "child/family member", "professional caregiver" respectively. On each sheet are four (4) additional concepts: characteristics; behaviour/types of violence; needs; strategies to stop/reduce the violence.

## RESOURCES FOR THE TRAINER

- Data from national studies on the different types of perpetrators of violence against older women.
- MARVOW Project Replication Guidelines. https://marvow.eu/wp-content/uploads/2020/05/MARVOW_Replication-Guidelines.pdf
- Practitioner Understandings of Older Victims of Abuse and Their Perpetrators: Not Ideal Enough? The British Journal of Criminology, 2024, 64, 620–637. https://academic.oup.com/bjc/article/64/3/620/7289076
- Perpetrators of Domestic Abuse Against Older Adults: Characteristics, Risk Factors and Professional Responses. Durham University (2022). https://www.durham.ac.uk/media/durham-university/research-/research-centres/research-into-violence-and-abuse-centre-for/pdf-files/Perpetrators-of-DA-report-v.5.pdf
- The World Café method. https://theworldcafe.com/key-concepts-resources/

## STEP-BY-STEP PROCESS

1. Arrange three tables in the room and allow enough room for people to move around them. There should be four to six chairs at each table (the number of chairs at each table is the total number of participants in the large group divided by three).

2. Place a flipchart sheet with a different title on each table:
   - first table – (ex) partner
   - second table – child/family member
   - third table – professional caregiver
3. Welcome and Introduction: Begin with a welcome and introduction to the World Café process by introducing the rules that will be used.
   - Participants sit around the table. They choose one person as the "table host" who will act as notetakers and rapporteurs. Each group works on a different type of perpetrator of violence against older women and defines characteristics; behaviour/types of violence; needs; strategies to stop/reduce the violence.
   - At the end of the fifteen minutes, all members of the group, except for the host, move to a different new table.
   - The host stays at the same table, welcomes the next group and briefly introduces them to what happened in the previous round.
   - The same happens a third time, so that all participants go through all the tables.
4. Presentation of results: After the small group work is finished, invite the “table hosts” to show their notes and share insights or other results from their discussions, in the plenary
5. Present “Specific characteristics of older perpetrators of IPV against older women” – relationship dynamics, types of violence used, needs and strategies of reducing the violence.

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

| |
|---|
| How does violence against older women affect them differently depending on the type of perpetrator? |
| What are the different barriers to reporting abuse by older women depending on who the abuser is? How do relationship dynamics and power differentials affect their reporting of violence? |
| What public attitudes can be a barrier for older women to report IPV? |
| What strategies can be incorporated to reduce violence against older women by these different types of perpetrators? |

## EXPECTED RESULTS

| |
|---|
| **Recognize the different types of perpetrators of violence against older women** |
| **Understand relationship dynamics, types of violence used and needs of older perpetrators of IPV against older women** |
| **Identify strategies to reduce violence against older women by different types of perpetrators** |

# EXERCISE 3 "Role play addressing an older perpetrator"

## ESTIMATED DURATION: 80–90 min

## LEARNING OBJECTIVES

→ **Recognize signs and indicators to identify violence against older women through the discourse of male perpetrators (male service user e.g., a man receiving healthcare, or a man attended by social services)**

→ **Develop the skills to inquire male service users about violence against older women**

→ **Understand how to motivate perpetrators of IPV against older women to take responsibility and change**

→ **Understand referral mechanisms of perpetrators to perpetrator programs**

## PREPARATION MATERIAL

- ◯ Flipchart
- ◯ Markers

## RESOURCES FOR THE TRAINER

- ENGAGE Roadmap for frontline professionals interacting with male perpetrators of domestic violence and abuse. ENGAGE project consortium (2019). https://www.work-with-perpetrators.eu/engage/roadmap
- Perpetrators of Domestic Abuse Against Older Adults: Characteristics, Risk Factors and Professional Responses. Durham University (2022). https://www.durham.ac.uk/media/durham-university/research-/research-centres/research-into-violence-and-abuse-centre-for/pdf-files/Perpetrators-of-DA-report-v.5.pdf

## STEP-BY-STEP PROCESS

**1) Identifying signs and indicators (20 min)**

1. Ask participants for signs or indicators of a possible situation of violence against an older woman when interacting with a male service user.
2. The facilitator documents the signs and indicators on a whiteboard or similar.
3. Use the PowerPoint presentation to present any additional signs and indicators of a possible situation of violence against older women, explaining the indicators that emerge in the discourse and in the behaviour of the male service user.
4. Hand out ANNEX 1 with the case study of a perpetrator of violence against an older woman
5. Ask participants to individually mark the indicators they observe in the text of the case study.
6. Participants exchange identified indicators in pairs, small groups, or plenary.
7. Explain to the participants (with the help of the PowerPoint presentation) the context and questions to ask a male service user about a (suspected) situation of violence against an older woman.

**2) Role Play (15min)**

1. Hand out ANNEX 2 with the general and specific funnel questions
2. Split in groups of three for the role-play.
   - One participant is the perpetrator from the case study. Participants who play the perpetrator are asked to neither act too closed off (totally denying the violence without any acknowledgement) nor too "easy" and quick in admitting the violence and taking on responsibility.
   - The second participant plays the professional and asks the man about his (possible) use of violence against the older women using the funnel questions (worksheet 2) as examples or inspirations (not as structured interview guideline).
   - The third person is asked to observe the interview and give feedback, and to possibly back up or jump in for the interviewer if needed.
3. Feedback round by all participants
   - Perpetrator: how it felt to take on that role, and which questions the professionals asked helped them to move towards admitting the violence and taking responsibility and which moved them away and made them close down.
   - Professionals: what was helpful / worked and what was difficult / didn't work
   - Observer: share observations
4. Closing: The facilitator resumes which strategies and questions were / are helpful to promote perpetrators' admitting to their violence and taking responsibility for it (e.g., starting from their experience, emotions and concerns, asking about other people's perspectives and effects on them, especially children, etc.).
5. The facilitator provides information about programmes for perpetrators of domestic violence available in the local community, reminds of the goal of these programmes and their importance for keeping the victims safe and supporting perpetrators to change (referring to the information provided in the first session of this module). They encourage participants to refer perpetrators to the programme, following locally specific pathways. In some cases, this will mean that the service provider can mandate a perpetrator to undergo a programme, while in other cases this means motivating men to self-refer (e.g. by agreeing with the perpetrator to make a call to the programme). The facilitator recommends that trainees get in contact with the local perpetrator programme and get information on the possible referral routes.

   Facilitators should provide information on what kind of perpetrators can be referred to the existing programme in the local community (only men or also female, perpetrators of violence against their partners or against other family members, etc.), and distribute some informational materials for participants (if available). Ideally, these materials can be handed to perpetrators when making the referral.

   Facilitators also highlight that when referring men to the programme it is important to identify possible barriers to get in contact with the perpetrator programme and normalise seeking help (e.g. by highlighting that many men do it and feel benefits; sometimes it is hard to make the first move, what would be helpful that you actually do that).

   It is important to flag that service providers should work toward collaboration with the perpetrator programmes that they are referring men to (providing them with relevant information about the perpetrator, violence, information about the victim if available, and cooperation while the perpetrator is in the programme).

## TIPS FOR DISCUSSION IN PLENARY

It is important to acknowledge the varied emotional impacts interacting with a (potential) perpetrator can have on a worker/professional (especially female workers with lived experience of GBV) and how these might predispose them to certain types of working relationships with a man.

Highlight that in the ENGAGE project and other research, perpetrators said it was ok to be asked about their violence directly, as long as this was done respectfully and without judging them.

Participants will probably point out that many men will deny their violence and not admit to it when being asked. While this might be true, some will admit to it and can be offered help to stop their violence and even if asking might not have the desired outcome this time, it still sends a message to (potential) perpetrators that this is an important issue and that they can talk about it in our service.

## EXPECTED RESULTS

**Recognize signs and indicators of a situation of violence against an older woman in the discourse or behaviour of a male service user**

**Feel comfortable about interacting with a male service user about a suspected situation of violence against an older woman in a way that's safe for the survivor**

# ANNEX 1 for working with perpetrators: Case study Andrew and Maria (contd.)

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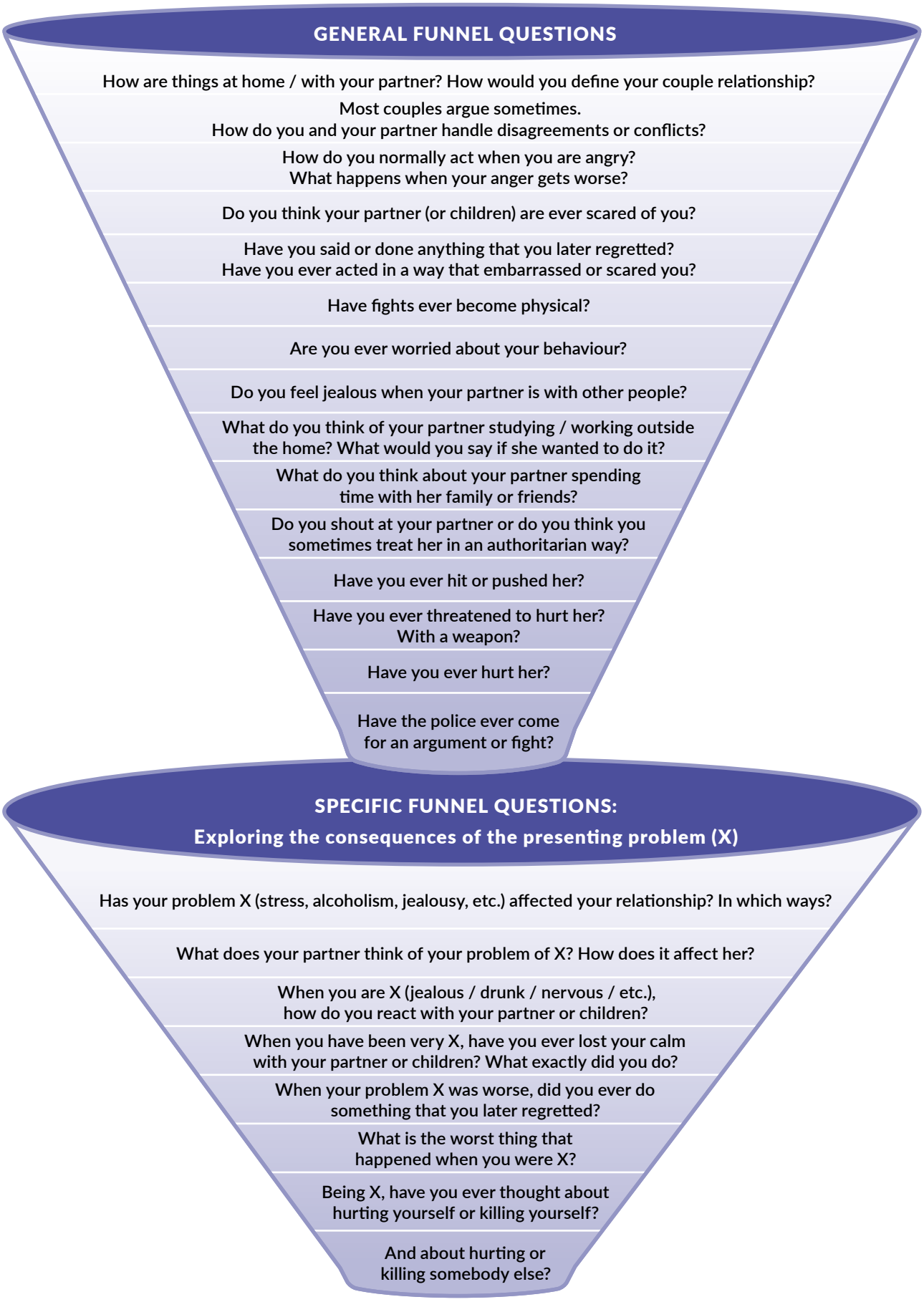
Andrew (68), a retired construction worker who has been married to his wife Maria for 45 years, presents to the primary health care centre in the suburban area where they live. He tells his GP that lately he has started to worry about forgetting things like appointments, taking his medicine for diabetes or some news he's heard on the radio.

During the appointment he mentions to his doctor that he has also been feeling "a little down" after his retirement 4 years ago and especially after his wife's accident 2 years ago. He complains about her not "being the same" as before the accident and not fulfilling her duties anymore. When asked to explain this further, he refers to maintaining the household and to sexual relationships and says that sometimes he has had to insist on Maria doing "her part". Andrew says he doesn't like any external help, like the cleaner or home-care service for Maria, to come to their home: "I don't want anybody to poke around in my place".

Inquired further about his depressive feelings Andrew says that "this is not the retirement I imagined", that his pension is "ridiculous" and that he's tired of having to ask Maria for money for some "extras", explaining (with some resentment) that her pension is far higher than his and that she comes from a rich family. There have been some arguments between them about financial issues and he is afraid Maria might leave him since he's "not always reacted the best way". It upsets him when Maria tells him that she feels less happy in the relationship and very tired, generally. He has tried to "calm" her by giving her pills so she could sleep better.

When the doctor directly asked about Andrew having suicidal thoughts when "feeling down" Andrew admits that if Maria divorced him "there would be no reason to go on", but that he wants her and the relationship to be "as before".

# ANNEX 2 for working with perpetrators: Funnel questions (ENGAGE project roadmap)




# 5. Data protection and GDPR within multi-agency collaboration

Where there are concerns about the safety of an older woman, the sharing of information in a timely and effective manner between organizations is crucial to improving decision-making. Although individual front-line services are already required to take steps for data protection in their daily safeguarding work, they may not be fully aware of the importance of enhanced information sharing and data protection when it comes to multi-agency collaboration. As is the case with individual services, in multi-agency collaboration compliance with the General Data Protection Regulation (GDPR) which forms part of the national data protection regime and places a range of duties and responsibilities on organisations that store and share sensitive data, will need to be ensured. From the GDPR principles to the different types of personal data, this training provides an overview on relevant legislation and good practices to ensure multi-agency collaboration is GDPR compliant and prevents data breaches at all times.

# EXERCISE "GDPR and multi-agency collaboration"

## ESTIMATED DURATION: 2 hours – 2.5 hours

## LEARNING OBJECTIVES

→ **Become aware of the importance of data protection within multi-agency collaboration in the context of intimate partner violence (IPV) and violence against women (VAW)**

→ **Learn about EU and national legislation focusing on data protection**

→ **Learn about the main types of data being shared within the context of multi-agency collaboration (i.e. health data, criminal data)**

→ **Learn how to correctly share the different types of data within the multi-agency in real-world situations and how this sharing can be GDPR compliant, preventing data breaches**

→ **Develop GDPR compliant information protocols that can complement existing work within multi-agency collaboration**

## PREPARATION MATERIAL

◯ Print-out real-life scenarios to understand coordination and data protection issues in practice

- ANNEX 2 – Case Study: Domestic Abuse in Northern Ireland, ANNEX 3 – additional information for trainer

◯ Print-out data protection tools, preferably coming from involved victims' support centres

- Sharing Information Record 2019 - England and Wales version: https://safelives.org.uk/resources-library/gdpr-and-information-sharing/
- Data (Information) Sharing Log included in Information Sharing Guidance 2019 – England and Wales version: https://safelives.org.uk/resources-library/gdpr-and-information-sharing/
- ICO's Data Sharing Checklist: https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing/data-sharing-a-code-of-practice/annex-a-data-sharing-checklist/

## RESOURCES FOR THE TRAINER

- The General Data Protection Regulation (GDPR): Regulation (EU) 2016/679
- National legislation and guidelines on data protection in relation to violence against (older) women
  - Familiarization with how each actor involved in protection/safeguarding of survivors and case/risk management collects, stores and shares data and how these processes are GDPR compliant
- https://www.scie.org.uk/safeguarding/adults/practice/sharing-information/
- https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/data-sharing/case-studies-and-examples/
- https://news.sky.com/story/amp/domestic-abuse-victims-put-at-risk-after-data-breaches-revealed-their-locations-to-alleged-abusers-12970704

## STEP-BY-STEP PROCESS

1. **Step 1**: Assess participants' knowledge of data protection issues and GDPR by administering a questionnaire to each participant (See ANNEX 1). The questionnaire needs to guide the discussions under Step 3 and 4, so there is no need to mark the answers and return the checked questionnaire to the participants
2. **Step 2**: Split the team in groups of 5. Make sure that you put together participants who are more knowledgeable on the GDPR with participants who are less aware of data protection issues as well as relevant legislation. Make these arrangements by quickly reviewing participants' responses under Step 1. Ask each group to discuss their current practices in terms of data protection and GDPR by answering the following questions:

    1. What data does your agency currently collect?
    2. How is this data collected?
    3. Where is this data stored?
    4. Do you already share data with other front-line services? If so, how?
    5. How do you ensure that you are always GDPR compliant?

3. **Step 3**: Facilitate a discussion in plenary on step 2, so every participant is made aware of each front-line service's GDPR practices
4. **Step 4**: Give each group a real-world scenario (see preparation material) - ask them to read through and identify bad and good practices/ effective/ineffective practice in terms of data protection in each scenario.
5. **Step 5**: Facilitate a team discussion on the identified bad/ineffective practices that breach data protection. Participants should explain why those practices are not GDPR compliant. Then, facilitate a team discussion on the identified good/effective practices, how and why they are compliant with GDPR.
6. **Step 6**: Discuss whether good/effective practices can be used in the multi-agency processes.
7. **Step 7**: Provide participants with a range of data protection tools (see preparation material) so they can familiarize with GDPR-compliant practices.
8. **Step 8**: Open up the discussion in the plenary on how an information sharing protocol could look like in the local context of multi-agency processes.

## PROPOSED GUIDE FOR DISCUSSION IN PLENARY

| |
|---|
| Why and how do data protection issues emerge within the multi-agency? What are some of the key data protection challenges facing the multi-agency? |
| In what way can a misuse of data harm the victim? |
| Why is the GDPR an important piece of legislation and how can it prevent data protection issues? |
| How can the multi-agency collaboration be affected in case of GDPR non-compliance? |
| Are some key services able to compromise data protection more than others in multi-agency collaboration? Why do you think this is so? What changes can they make to remain compliant with GDPR? |

Would the multi-agency collaboration benefit from having a data protection officer? Could someone from the involved key services be asked to fulfil this role alongside their statutory responsibilities? Or is it best to appoint a dedicated officer?

What types of data are normally involved in the multi-agency collaboration? Are all types needed for successful case management? If not, which types of data needed are the ones absolutely necessary to be exchanged among key services?

Can you think of any case in which your service succeeded in ensuring data protection? What were the key success factors behind it?

Can you think of any case in which your service failed in ensuring data protection and compromised the victim's support?

What are the practices that are most suited to data protection? Did you learn about these practices from your experience or the real-life scenarios which were presented to you?

Would you be able to implement these practices in your service right away? Or are changes needed to successfully implement them? What type of changes?

Can these practices be embedded into the multi-agency collaboration? How?

Did you find the materials and tools used during the workshops helpful for ensuring data protection? If so, why/why not?

Can those materials and tools be used as they are in the local context? Or do they need to be changed to be GDPR-compliant? If so, how?

Are you aware of any other data protection tool that could be used by the multi-agency collaboration?

## EXPECTED RESULTS

**Understanding the importance of ensuring coordination and data protection in multi-agency procedures**

**Identifying good practices in data protection processes in multi-agency collaboration and understanding how to implement them in practice**

**Familiarizing themselves with different data protection tools that can ensure data protection when sharing sensitive information among different organisations**

# ANNEX 1 for data protection – GDPR assessment questionnaire

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Please provide brief answers to the following questions on GDPR and data protection.

| | |
|---|---|
| What is GDPR? | |
| Who is impacted by GDPR? How? | |
| What obligations does the GDPR place on your front-line organisation? | |
| What guidelines should your organisation adhere to comply with the GDPR? | |
| How would a GDPR breach affect your service users? | |
| What are the penalties for GDPR breaches? | |
| What is consent? | |
| Would you be able to operate without consent? In which cases? | |

# ANNEX 2 for data protection – case study: Domestic abuse in Northern Ireland

PRINT

## CASE STUDY: DOMESTIC ABUSE IN NORTHERN IRELAND

**Instructions:**

Read the following case study carefully and identify and highlight the practices related to GDPR breaches. Consider how these practices could have been improved to ensure compliance with GDPR and better protection for the victims. What specific GDPR principles were violated in this case? How could the agencies have ensured better data protection for the victims? What are the potential consequences of failing to comply with GDPR in cases involving individuals experiencing vulnerabilities?

**Background and Details of the Case:**

In 2019, a multi-agency collaboration in Northern Ireland aimed to address domestic abuse against older women. This collaboration included social services, healthcare providers, and law enforcement agencies. The goal was to improve the safety and well-being of the victims by sharing information that could help identify and support them more effectively. The multi-agency approach involved collecting different sets of personal data from various sources, including medical records, social service reports, and police records, even when not directly relevant. This data was then shared among the participating agencies without anonymization to create a comprehensive profile of each victim. A lot of staff from the related agencies were involved in the process and all had access to the data.

# ANNEX 3 for data protection – case study additional information for trainer

**BREACHES:**

*(The breaches should only be visible for the trainer, given that the groups need to discuss and identify them)*

1. Failure to Anonymize Data
    - Personal data of older women victims was shared among agencies without proper anonymization, leading to potential identification and stigmatization. This meant that sensitive information such as names, addresses, and health conditions was accessible to a broader group than necessary.
2. Excessive Data Collection
    - More data than necessary was collected and shared, violating the principle of data minimization under GDPR. The excessive data collection included sensitive information that was not directly relevant to the purpose of protecting the victims. For example, detailed health records and unrelated personal histories were included in the shared data sets.
3. Inadequate Data Protection Training
    - Staff involved in the data sharing lacked proper training on GDPR compliance, leading to mishandling of personal information. The agencies did not invest in adequate training for their employees on data protection principles and practices, resulting in poor handling and storage of sensitive data.

Despite the good intentions behind the multi-agency collaboration, these practices compromised the privacy and security of the victims' personal data. The agencies involved were found to have failed in their responsibility to protect the data adequately.

**Outcome and Impact**

Following a review by the Information Commissioner's Office (ICO), the involved agencies were required to improve their data protection policies and practices. Training programs were implemented to ensure staff understood GDPR requirements. The case underscored the importance of protecting sensitive data in multi-agency collaborations, particularly when dealing with vulnerable groups like older women victims of abuse.

MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

Co-funded by
the European Union