

MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

Risk Factor Checklist and Case Management Tool for cases of violence against older women

Co-funded by
the European Union

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Coordinated Multi-Agency Response to Violence against Older Women

Deliverable 2.2: MARVOW 2.0 Risk Assessment Methodology and Risk Assessment Development Tool

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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). At least three facets of coercive control are identified: intentionality or goal orientation in the abuser (versus motivation), a negative perception of the controlling behavior by the victim, and the ability of the abuser to obtain control through the deployment of a credible threat (Hamberger, L. K., Larsen, S. E., & Lehrner, A., 2017).[1]

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, 2021). However this understanding can be expanded to the killing of older women by a family member, not exclusively by an (ex) partner.

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.

1 *Coercive control in intimate partner violence. Aggression and Violent Behavior,* 37, 1–11. doi:10.1016/j.avb.2017.08.003

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).

Abbreviations

DV.....Domestic violence

EASI .....Elder Abuse Suspicion Index

EIGE .....European Institute for Gender Equality

EU .....European Union

GBV .....Gender-Based Violence

IPV .....Intimate Partner Violence

MARVOW .....Multi-Agency Response to Violence Against Older Women

MS.....Member State

REAMI .....Risk on Elder Abuse and Mistreatment Instrument

WHOSEFVA ...Working with Healthcare Organizations to Support Elderly Female Victims of Abuse

TISOVA.....Training to Identify and Support Older Victims of Abuse

WHO.....World Health Organisation



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. Therefore, although older women may become victims of violence, it is not common for them to receive support from specialised services. Training, coordinated 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 "dynamic", namely it is a variable which changes together with the situation.

This document describes the methodology used for a MARVOW 2.0 Risk Factor Checklist to be used in addition to existing risk analysis tools and that is flexible enough to fit the needs and cultural contexts of different EU countries. It is to be used as a complimentary tool to pre-existing tools already in place in each country and cannot be used on its own. Its aim is to provide guidance to frontline professionals so that they can improve the assessment and management of cases of

violence against older women by identifying specific risk factors. Frontline professionals may include those working in healthcare services, social services, homecare services, residences / nursing homes for older people, police, judiciary, helplines for older people and for domestic violence, victim support services, perpetrator programmes and others.

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 the numbers may be much higher as only about 1 in 23.5 cases of violence against older persons is reported (Storey, 2020).[2] Thus, violence against older women is recognized internationally as a pervasive public health problem.

While violence against older women also includes violence by professional caregivers and in institutional contexts, the MARVOW 2.0 project and the MARVOW 2.0 Risk Factor Checklist described in this document focus on violence by intimate partners and family members with their specific gender and relational dynamics.

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.[3] The life expectancy of women in Europe also continues to rise - in 2022, the life expectancy of women in the EU was 84 years.[4] herefore, 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 (UN, 2015).[5]

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 was 1.142, 469 of whom were perpetrated by intimate partners.[6] There is no detailed data from the European Union on femicide or on this

2 *Risk factors for elder abuse and neglect: A review of the literature in Aggression and violent behavior,* 50, 101339.
3 https://www.touteleurope.eu/societe/les-plus-de-65-ans-en-europe/
4 https://www.insee.fr/fr/statistiques/6047775?sommaire=6047805#:~:text=En%20moyenne%20dans%20l'UE,65%20%25%20dans%20les%20pays%20baltes
5 Available at https://sdgs.un.org/2030agenda
6 https://eige.europa.eu/sites/default/files/documents/20223656_pdf_mh0922324enn_002.pdf

public health problem for all Member States (no data from Bulgaria which is a partner country in MARVOW2.0, or from 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.

Femicide against older women in the MARVOW 2.0 project countries

Older women appear to be a high-risk category of femicide and forced suicide in all the partner countries.[7]

In Austria, for example, the number of femicides against older women is high. The association AÖF (Autonomous Austrian 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, 30% in 2023 and in 2024 over 50% (latest data available).[8] In Cyprus, there were a total of 19 femicides between 2019 and 2023 and French women aged over 70 are particularly exposed to femicide: 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).[9] 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 in 2018. In Spain, official statistics state that of the 57 intimate partner femicides committed in 2023, 8 victims were older than 60. This percentage (13,8%) is actually very close to the mean of 14% of older women (60+) among intimate partner femicide victims in the last 10 years, with no clear tendency observed. In Bulgaria, there are no official statistics on femicides in the country. Data is collected from media monitoring conducted by NGOs. There were a total of 41 femicides against women 60 and older between 2020 and 2025 (37%). Their number grew dramatically during this period - from 26% in 2020 to 46% in 2022 and 50% in 2024. One in three murders of an older woman was committed by a partner/ex-partner.

Detection of violence against older women as well as an efficient risk-assessment are often obstructed by the denial or shame of the victim and an 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.

7 The expression of "forced suicide" is used when a victim of domestic violence commits suicide because of this situation. https://psytel.eu/PSYTEL/psy-documents/Suicides_forces/2022-SF_Eur_Guide_FR3_221228_web.pdf
8 https://www.aoef.at/index.php/zahlen-und-daten/femizide-in-oesterreich
9 https://www.insee.fr/fr/statistiques/6047799?sommaire=6047805

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 often not systematically disseminated to relevant professionals.

MARVOW, MARVOW 2.0 and other relevant EU projects

The MARVOW 2.0 project builds on the rich experiences of the Multi-Agency Response to Violence Against Older Women Project (MARVOW 1.0), a 30-month long 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 roundtables and asked about the awareness of domestic violence in this population group. They stated that older women experienced sexist and institutional violence. Although some of the professionals are trained to detect violence and assess risk, 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 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 against 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 actions 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 a complex situation because of age-related vulnerability
- consult with a responsible person or agency, such as specialised victim services, adult protection services, police services
- document what they hear and see
- act in coordination with other relevant professionals, services or agencies
- be aware of the risk factors for violence in older women and in perpetrators (Pillemer 2016, **Appendix 1**)
- **know about the MARVOW 2.0 Risk Factor Checklist and that it should only be used in combination with another risk assessment tool by professionals trained in risk assessment.**



Methodological process for the risk factor checklist

The main objective of the MARVOW 2.0 Risk Factor Checklist is to provide frontline professionals who come into contact with older women who may be or are victims of violence with a checklist in order to assist in the assessment of risk factors, reporting and management of cases, and who already use a risk assessment tool. The fundamental function of a risk assessment tool/instrument is to guide professionals through a standardized process to ensure that specific signs of enhanced risks of violence against older women are identified, including femicide and/or forced suicide.[10] **It is to be used as a supplementary checklist to the risk assessment tools being used in the partners' countries.**

Scope of this **MARVOW 2.0 Risk Factor Checklist**: target group are women 60 years or older who are victims of violence perpetrated by a person they are familiar with. Since older women may

10 Forced suicide refers to the ultimate act of a victim of severe and repeated psychological abuse within the couple. See https://psytel.eu/PSYTEL/psy-documents/Suicides_forces/2022-SF_Eur_Guide_EN3_221228_web.pdf

be subjected to the same types of violence (e.g. physical, sexual, psychological, economic, stalking and online violence) and are exposed to the same risk factors as younger women, standard validated risk assessment tools need to be applied. The **MARVOW 2.0 Risk Factor Checklist additionally and exclusively focuses on specific age-related risk factors that apply to older women.**

Although we recognise that **older adults diagnosed with dementia** have increased vulnerability to violence against them (Rogers 2023), the MARVOW 2.0 Risk Factor Checklist does not apply to older women victims with neurological deficits due to the need for specialised expertise. Inclusion of violence prevention and response for women with dementia is something that a future proposal may build on, in addition to the current project.

Creating the MARVOW 2.0 Risk Factor Checklist

The MARVOW 2.0 Risk Factor Checklist 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.

A total of 21 roundtables with 309 professionals were conducted to ensure input related to existing practices and tools in all the partner countries (September – December 2023). The majority of participants were not aware of any specific screening, risk assessment or case management tools for older women who are victims of violence. Risk assessment tools for violence against women and girls are used in most countries, however few of these tools are consistently applied across the country. The lack of tools tailored to the specific needs of older women is noteworthy. Participants emphasized 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.

Pre-existing tools

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

We also worked with the Elder Abuse Suspicion Index, (EASI), and with the Risk on Elder Abuse and Mistreatment Instrument (REAMI) methods:

EASI is to be used by doctors. It holds 6 questions that might press for further investigation and referral: “The aim of EASI is to improve doctors’ ability to detect elder abuse, in order to encourage clinicians to investigate further or to ask the patient’s permission to refer them for a specialist

assessment by social services, adult protection workers, or specialised police services."[11]

REAMI has a list of 22 items that are signs of abuse as well as risk factors of abuse: "The REAMI supports professionals to prevent and assess elder abuse. The instrument 1) includes signs of abuse as well as risk factors of abuse, 2) is evaluated by the users as a short and to the point instrument which can be completed in time-demanding work environments, 3) the concept of perpetrator is left open in the questions, 4) refers to the physical, psychological and social environment of the older person and 5) has good psychometric qualities."[12]

We used this work 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 2**.

Data protection

In establishing the methodological development of such 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 frontline or specialised domestic violence services or between several service providers must be carefully planned, implemented, and evaluated regularly. The law of each country has to be considered. 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 the exchange of relevant information about the case, to improve coordinated referrals and case management for survivors and perpetrators. It is recommended to establish data-sharing systems which comply with the General Data Protection Regulation (GDPR regulation) on personal data protection and national data protection laws (MARVOW project).

External Review

After developing the MARVOW 2.0 Risk Factor Checklist, the project team sought a review from an external expert who assessed the work very favourably, particularly highlighting the inclusion of five columns that provide different perspectives or confirmations of the respective risk factors. This, she noted, significantly enhances objectivity from an empirical standpoint.

Several points for consideration were discussed. The rationale behind focusing on women aged 60 and over was questioned, referencing the World Health Organisation standard that old age begins at 65. According to the expert, 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 Project's experience which shows that in some partner countries, 60 is the retirement age and marks significant life changes and challenges.

11 https://www.mcgill.ca/familymed/fr/recherche/ressources/ressources-complementaires/easi
12 https://www.sasto.be/reami

The expert also argued that including mental or psychiatric illnesses 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 checklist. She reiterated her concern that the age of 60 is too young for the specified criteria.

Discussed was also that the identification of 3 risk factors will lead to action. This relatively low number was decided by the MARVOW 2.0 project consortium to enable higher rates of detection of situations in need of referral to case management. This cut-off point was to be revised after the pilot implementation in the trainings and case management meetings.

Testing

A key stage in developing the new tool was testing it with frontline professionals during the **MARVOW 2.0 Training** for Professionals on Violence Against Older Women, which took place between October 2024 and March 2025. The training sessions involved professionals from various sectors, offering insights into challenges when applying the tool.

Training for professionals on Violence Against Older Women: Program Design and Reach

The training program, detailed in a Trainer Manual and accompanying PowerPoint presentation (D3.1), was designed as a guide for trainers leading workshops for professionals encountering older women victims of abuse. Testing and implementation occurred from October 2024 to March 2025, reaching a total of 415 professionals across participating countries, significantly exceeding the initial target of 210 participants (30 per country). The training's cross-professional nature, involving women support services, shelters and health services, legal, social workers, police, and counsellors, was particularly impactful.

The training covered four main thematic areas in the field of violence against older women in general and the methods of MARVOW2.0:

- Risk assessment, including femicide and suicide risks.
- Case management in coordinated multi-agency collaboration.
- Working with older perpetrators of intimate partner violence (IPV) against older women (survivor-centered approach).
- General Data Protection Regulation within multi-agency collaboration.

Content delivery emphasized interactivity through exercises and group work, with trainers having flexibility to adapt sessions to local contexts.

These sessions provided an opportunity to address the challenges professionals face when implementing the tool, particularly when working with older victims of violence and in the context of multi-agency cooperation. These practical tips, strategies, and insights enriched the tool's development to meet real-world needs.

Summary of testing

Following the pilot implementation with frontline professionals across all partner countries, it became evident that no consensus or empirical standard could be established regarding the number of risk factors that should trigger action. Many professionals felt that identifying just three risk factors was too common to serve as a reliable threshold.[13]

Therefore, while using the MARVOW 2.0 Risk Factor Checklist, professionals should also consider the results of their country's or service's main risk assessment tool and follow its specific guidelines for action.

Additionally, when risks related to potentially life-threatening situations (such as femicide or suicide) are identified, some may appear more urgent than others. These risks must be assessed in the context of the woman's individual circumstances—including her environment, living conditions, and support system—drawing on the professional's judgment and experience.

Feedback from the pilot implementation also showed a need for an additional YES/NO answer in front of each risk factor.

Key Needs and Recommendations

We have used the following feedbacks to improve the MARVOW2.0 Risk Factor Checklist:

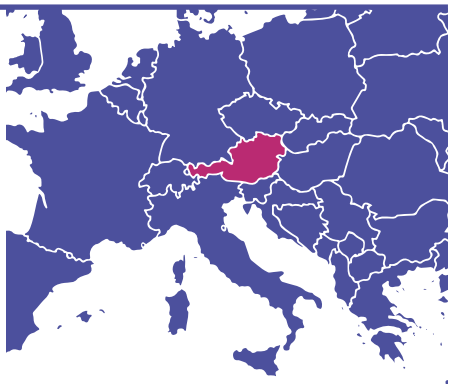
- Need for guidance on addressing gender-based violence against older women: This includes both understanding the specific nature of violence against older women and how to use the checklist effectively.
- Deepening intervention tools: Professionals suggested addressing specific issues like child-to-parent violence.
- Adapting the tool to the work environment: The checklist should be simple and easy to use for professionals with limited time for additional risk assessment.
- Immediate action system: Implementing an immediate action system for high-risk cases is crucial. This includes risk assessments that account for threats of murder and weapon possession.

13 The Elder Abuse Suspicion Index (EASI) developed to raise doctors' suspicion about elder abuse suggests "a response of yes on one or more questions may establish concern". EASI, Feb. 21, 2006. https://ageingdisabilitycommission.nsw.gov.au/documents/tools-and-resources/for-professionals/Elder-Abuse-Suspicion-Index-EASI.pdf

- Strengthening knowledge of multi-service collaboration: The tool can be an opportunity to better understand other local agencies and their responsibilities, emphasizing the need to raise awareness about the multi-agency approach. This could then lead to a clear national and local coordination mechanism to define each institution's duties, responsibilities, deadlines, and resources.

National contexts and possible use/ application of the MARVOW2.0 Risk Factor Checklist in the partner countries

AUSTRIA



There is currently no gender-specific risk assessment tool designed for older women in Austria. Therefore, the development of a Risk Factor Checklist and Case Management Tool tailored to this group represents a significant step forward. Recent progress in Austria provides a strong foundation for this innovation. Following extensive advocacy by victim support services and organisations such as the Violence Protection Centres, the Austrian judiciary has begun to systematically integrate scientifically validated instruments, including the Campbell Danger Assessment, ODARA and DYRIAS, into its decision-making processes. A recent directive from the Ministry of Justice stipulates that these instruments must be considered, particularly when making decisions about pre-trial detention.[14]

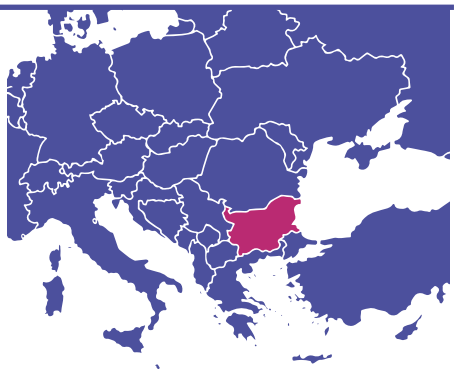
Building on this development, the MARVOW 2.0 Risk Factor Checklist and Case Management Tool offers an opportunity to strengthen risk assessment practices for older women, whose specific needs and experiences are often overlooked. When used alongside validated tools, the Checklist can support professionals in their practical work and contribute to a more comprehensive assessment process.

The following recommendations apply to the use of the MARVOW 2.0 Risk Factor Checklist and Case Management Tool in Austria:

- Use the Risk Factor Checklist alongside validated risk assessment tools that are already in use. Those frontline professionals who are already conducting risk assessments and are familiar with established tools should use the Checklist in conjunction with these instruments.
- Integrate the checklist into risk assessment procedures. Additionally, use the Case Management Tool to encourage consistent and coordinated practices.

14 Erlass des Bundesministeriums für Justiz vom 24. Jänner 2023, „Sicherheitspolizeiliche Fallkonferenzen (§ 22 Abs 2 SPG): Veraktung der Protokolle und Verwertbarkeit verfahrensrelevanter Inhalte“.

BULGARIA



In Bulgaria, there is no specific tool for risk assessment of gender-based violence against older women. Moreover, most of the tools used by public institutions (police, courts, municipalities) are gender-neutral. The reason is that the Bulgarian legislation against domestic violence is gender-neutral and does not treat domestic violence as gender-based violence.

A positive trend in the country is that more agencies and services are paying attention to the assessment of the risk of domestic violence. The Police have developed their own checklist that is used by all frontline police officers. This is a key tool in identifying high-risk cases. The Court system has also recently developed a risk assessment checklist, which aims to identify and assess the possible risks of recidivism and escalation of violence. The risk assessment provides a picture of the situation in which the victim is and is a prerequisite for imposing the most appropriate protection measures. Various social support services for vulnerable groups in the community have developed internal risk assessment tools, but there is a lack of research and evaluation of their effectiveness and evidence-based approach. Women's NGOs that provide Victim Support Services demonstrate the greatest progress in the process. Based on their practice, they use tools that are gender sensitive and to the greatest extent reflect women's vulnerability to violence in intimate relationships. However, there is still a lack of practice in applying specific tools to older women, which is a serious gap in the social support system.

The MARVOW2.0 Risk Factor Checklist has the potential to be applied by frontline professionals, in addition to their basic risk assessment tools, when they have contact with older women. It is reported as useful by social workers in existing social services for older people and by professionals from Victim Support Services. The police officers who participated in the project trainings and case management meetings were also positive and found the checklist useful in their work on cases involving older women.

CYPRUS



In Cyprus, risk assessment for intimate partner violence is carried out by the Police according to Article 21 of Law 2021 (N. 115(I)/2021) on the Prevention and Combating of Violence against Women and Domestic Violence, and Articles 20 and 21 of Law N.51(I)/2007 (Rights, Support and Protection of Victims of Crime). It adopts a structured approach based on professional judgement (approach combining the use of guidelines and tools for risk assessment that are flexible, and professional judgement of a trained practitioner). The risk assessment protocol was developed using several validated tools as examples of good practice, including the SARA, DASH, B-SAFER, but adapted to the needs of the Cyprus context. The risk assessment tool aims to assess risk associated with the specific situation

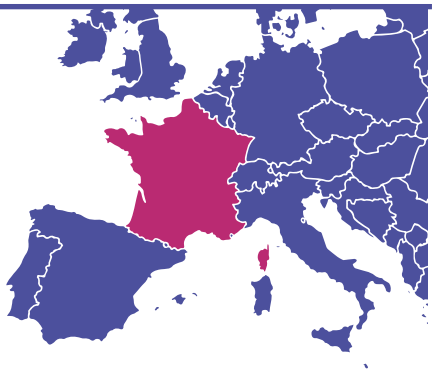
of the victim and the perpetrator, as well as that of other family members (such as children or parents).

Risk assessment also is informally carried out by the social welfare services when investigating cases of family violence, but this takes place mainly in cases where children are involved, either as victims or as witnesses of intimate partner violence. The assessment is carried out based on professional judgement and experience. The Association for the Prevention and Handling of Violence in the Family (SPAVO) also carries out risk assessment with victims of domestic violence that use their services.

Within this context, the MARVOW2.0 Risk Factor Checklist can be used as a supplement to the risk assessment protocol used by the Police, given that it does not include risk factors specific to older women. Furthermore, given that the Social Welfare Services are responsible for the welfare of elderly people, and within the framework of their duties, assess the needs of vulnerable groups, the checklist will serve as a valuable tool to assist them in identifying risk among older women and inform protection measures.

The MARVOW2.0 Risk Factor Checklist can also support multi-agency cooperation by providing a common language for risk evaluation for older women among the police, social welfare officers, health professionals, and specialist support services.

FRANCE



In France, the MARVOW 2.0 Risk Factor Checklist is to be used as a supplement to the tools already in place such as the Grille d'évaluation du danger (Police, Law Enforcement), the Grilles de repérage pour l'évaluation du risque de maltraitance intrafamiliale (Haute Autorité de Santé, all frontline professionals), as well as the French version of the Women Abuse Screening Tool (health professionals). For more tools, see **Appendix 4**. Professionals will bear in mind that there is a lack of common grounds and policies connecting violence against women (sexism) to age-related issues, and that violence against older women is a new upcoming topic. They will need to get specific training on all aspects and specificities regarding older victims and older perpetrators, in order to grasp the full scope of issues and potential solutions.

France has adopted a series of Laws and measures aiming at all victims of domestic violence and covering all aspects of VAWG. The most recent global one is the Law of 30 July 2020 aiming at protecting victims of domestic violence. They are not targeted towards a specific group age.

France has passed a Law for the protection of older people, on 8 April 2024. It includes: *"A unit for collecting and processing alerts in the event of mistreatment of vulnerable elderly or disabled people is set up at the departmental level. These units will have to centralize reports sent to the national helpline 3977. Anyone with knowledge of facts constituting mistreatment can report them."*

GREECE



In Greece, the implementation of the MARVOW 2.0 Risk Factor Checklist would fill the gap of a gender –specific risk assessment tool specifically tailored to the needs of older women who are suffering from violence and abuse; fostering and embedding, at the same time, the currently available tools and procedures addressed to cases of domestic violence.

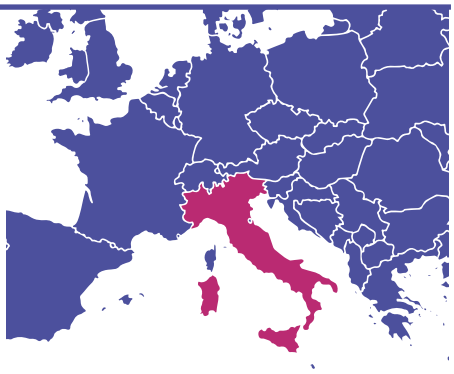
Notwithstanding the recent legal and policy improvements on the topic of gender and domestic violence, the issue of violence against older women is still being treated as gender – neutral. More specifically, there is absence of gender-specific risk assessment tools specifically designed for older women. The Hellenic Police operates its own risk assessment tool without any sensitivity to older women. This tool and process, being gender-sensitive, does not take into account the age factor and the corresponding needs and vulnerabilities older women are struggling with. Moreover, this risk assessment process / tool and its results is not subject for sharing to the other services and agencies involved. The Criminal Justice System does not follow any risk assessment checklist and, as a result, decision-making regarding the danger is based on professional judgement and experience. Similarly to the Police, each Victim Support Service, either public or NGO, uses its own risk assessment tool, which in most cases are gender-based; lacking though the age-sensitivity, as well as evaluation of their effectiveness. Only few NGO's, such as UWAH, are using both gender-sensitive and age-appropriate tools, following research and evidence-based approaches regarding both the implementation and the evaluation of such tools.

Consequently, and according to professionals' feedback, used as a supplementary checklist, the MARVOW 2.0 Risk Factor Checklist would enhance the prevention and treatment of violence against older women through:

- Enlightening the gender-based aspect of violence against older women
- Reflecting older women's needs and rights, strengths and vulnerabilities
- Tackling the underestimation of the phenomenon in general, and of specific types of violence that are common in this age group (e.g. financial abuse, restriction, isolation, excessive use of sedatives etc.).
- Timely and precisely identifying and assessing the possible risks of recidivism and escalation of violence
- Identifying high-risk cases with accuracy and universality
- Enabling decision-making processes
- Imposing the most appropriate protection measures

- Developing a common language and understanding among all professionals involved
- Fostering multi-agency collaboration
- Promoting specialised professional training and capacity-building.

ITALY



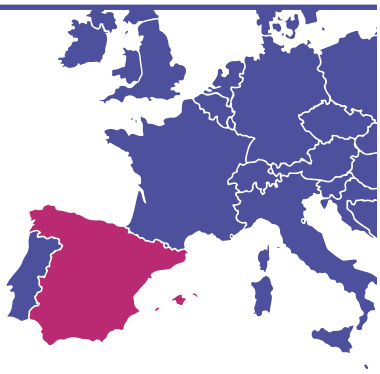
In Italy, the implementation of the MARVOW 2.0 Risk Factor Checklist would enhance and integrate existing tools and procedures currently used in cases of domestic violence, particularly in the absence of risk assessment tools addressing violence against older women specifically. Italy has a well-established legal framework to address violence against women, primarily guided by the National Strategic Plan on Male Violence Against Women, Law No. 119/2013 (Urgent provisions on safety and combating gender-based violence) and Law No. 69/2019 (*Codice Rosso*). These frameworks enable protection, risk assessment, and multi-agency cooperation but are generally focused on women of all ages without taking into consideration age-related vulnerabilities. Regarding elder abuse, Italy has several regional initiatives and social protection measures through its national health and welfare system, but violence against older women remains an under-recognized issue. There is no unified national tool that addresses the intersection of gender- and age-based violence.

The MARVOW 2.0 Risk Factor Checklist, therefore, has strong potential for application in the Italian context as it can:

- Complement existing tools used by social workers, healthcare providers, law enforcement, women support centers, providing a common language for risk evaluation for older women.
- Support multi-agency cooperation, which is already encouraged under national VAW strategies but often lacks specific protocols for risk assessment for older women.
- Foster capacity-building and professional training, helping practitioners understand the specificities of age-related dynamics in abusive relationships.

Italy's decentralized health and social care system, alongside its active civil society network (e.g., women support centers, women shelters, and elder support services), offers a strong infrastructure where the MARVOW 2.0 Risk Factor Checklist could be piloted and scaled up with cross-sectoral collaboration. In conclusion, while Italy has made significant strides in combating gender based violence, the application of the MARVOW 2.0 Risk Factor Checklist would be a timely and strategic enhancement, enabling professionals to address the unique risks faced by older women and contributing to more inclusive and comprehensive protection systems.

SPAIN



As in the other partner countries, there is no specific tool for assessing the risk of gender-based violence against older women in Spain.

Different services and agencies use different standardised risk assessment instruments for gender-based violence. VioGén, the Comprehensive Monitoring System for Gender-Based Violence Cases (*Sistema de Seguimiento Integral en los casos de Violencia de Género*) is Spain's national system for police risk assessment, monitoring, and protection in cases of gender-based violence. Created in 2007 under Spain's Organic Law 1/2004, it helps the police evaluate each victim's risk level, assign protective measures, and track cases over time as situations change. It has just been updated to VioGén-2 a few months ago and is complemented with region-specific protocols for social services in some autonomous communities, adapting the tools to local coordination structures and contexts.

Other judiciary services and a few victim support services and perpetrator programmes use different editions of the Spousal Assault Risk Assessment (SARA), while most victim support and frontline services that are part of coordinated multi-agency responses or local roundtables against gender-based violence use freely available standardised risk assessment tools such as the RVD-BCN (*Protocol de Valoració del Risc de Violència de Parella Contra la Dona*), which was created and validated by the Barcelona roundtable against gender-based violence (and is similar to early versions of the SARA). Some specialised services (forensic services, healthcare, shelters, NGOs) may use the EPV-R (*Escala de Predicción del Riesgo de Violencia Grave contra la Pareja – Revisada*) or validated international screening tools like the Danger Assessment (DA, J. Campbell) or DA-5, adapted for Spain in some regions.

Within this context, the MARVOW 2.0 Risk Factor Checklist can be used as a supplement to these different risk assessment tools and protocols which do not include risk factors specific to older women.

It can also guide case-management meetings in teams or in different coordinated multi-agency structures and local roundtables against gender-based violence in cases of older victims and/or perpetrators.

Feedback from the pilot implementation of the checklist in Spain has been very positive, recognizing its value in structuring the identification and discussion of risk factors specific to older women both in individual assessments and team discussions or multi-agency meetings.

Finally, it can be used in different public and private services for the welfare of older people (residencies, home-visit and tele-assistance services, etc.) to assist professionals in identifying risk among older women and inform protection measures.

MARVOW2.0 Risk Factor Checklist for the identification of older women victims of violence

The MARVOW 2.0 Consortium strongly suggests the use of the risk factors/questions in combination with nationally used tools given the complexity of the phenomenon and the lack of a single risk assessment instrument that integrates all 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 found psychometric limitations throughout all the tools (Santos-Rodrigues, 2022).

As a reminder, here is a short extract from the Training Manual on supporting older women survivors of violence (Working with Healthcare Organizations to Support Elderly Female Victims of Abuse, WHOSEFVA).

Forms of violence against older people:

Physical violence – infliction of pain or injuries on an older person, use of physical coercion and physical or drug-induced restraint

Psychological or emotional violence – infliction of mental anguish on an older person Financial or material violence – illegal or improper exploitation or use of funds and/or resources of an older person

Sexual violence – non-consensual sexual contact of any kind with an older person

Neglect – refusal or failure to fulfill caregiving obligations.[15]

15 https://marvow.eu/wp-content/uploads/2020/05/WHOSEFVA_MARVOW_Manual_2022.pdf

The MARVOW2.0 Risk Factor Checklist

About the checklist

WHAT

This checklist is applied when a situation of violence is detected, in order to assess the specific risk factors for older women and to implement more effective protection and support measures in the case management phase. It is not a detection tool. It is to be used as a supplementary checklist to the tools pre-existing in the partners' countries when a situation of violence has been detected. Its aim is to estimate the specifically age-related risks of femicide, suicide, harm and impact on the victim's physical and mental health. The risk factors indicators present in the checklist are used to evaluate the level of danger.

WHO

It is to be used by frontline professionals in contact with the victims. Frontline professionals may include those working in healthcare services, social services, homecare services, residences / nursing homes for older people, police, judiciary, helplines for older people and for domestic violence, victim support services, perpetrator programmes and others.

WHEN

Frontline professionals will fill in the checklist during or after their time with the older woman. Only address these questions with the woman if you are sure she is safe and that no one will listen or intervene during the conversation.

HOW

Once the checklist has been filled, the frontline professional will share their findings and concerns with their supervisor and/or team, in order to estimate the risk level and potential further action (Case Management).

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. Do not investigate it on your own, act within a team of professionals.

How to use the checklist

- The checklist follows **three steps**: Complete your usual risk assessment tool, complete the MARVOW 2.0 Risk Factor Checklist, manage risk.
- This checklist is to be used in cases of (possible) violence against older women (60 years or older)
- It should only be used in addition to a validated general domestic violence risk assessment instrument since it only addresses risk factors specific to older women

- The checklist should not be used with older women who are not able to understand or answer the related questions due to cognitive impairment, dementia or other illnesses, including severe psychiatric conditions, that might not have been diagnosed (in this is the case, please share your concerns with a medical professional specialized in geriatrics and/or dementia)
- For every risk factor, please indicate whether it has been present in the relevant time frame (according to the standard risk assessment instrument you use, e.g. the last 6 months) or not or whether the factor has not been assessed or there is no information available (YES/NO/N/A in column 1)
- For each risk factor that has been present, please comment on what exactly you yourself have observed (column 2), what the older woman has reported (column 3) or what other persons have reported (column 4) as well as if any increase in frequency and/or severity has been observed or reported (column 5).

STEP 1. COMPLETE YOUR USUAL RISK ASSESSMENT TOOL

The first step is screening for violence with pre-existing specifically designed tools, e.g. your usual risk assessment tool.

If a high risk case is identified in Step 1, proceed directly to Step 3.

STEP 2. COMPLETE THE MARVOW 2.0 RISK FACTOR CHECKLIST

Name and capacity of frontline professional completing the checklist:

Identification of the woman (name, age, situation, any relevant details, in line with Data protection):

Name of the pre-existing risk assessment tool used:

Date and place of completing the MARVOW2.0 Risk Factor Checklist:

Timeframe:

RISK FACTOR	AREAS TO EXPLORE	YES	NO	no information available	not assessed – N/A	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 AGE-RELATED	• Psychiatric treatment, medications • Changes in sleep, appetite, concentration, memory problems or difficulty communicating								
FUNCTIONAL DEPENDENCY/ DISABILITY	• Poor mobility • Physical impairment, needs for special medical equipment (wheelchair, walker, etc.) or medical products • Changes in vision • Changes in hearing								
MEDICAL ISSUES	• Illness • Lack of medical treatment • Limited access to medical examination • Perpetrator/carer not reporting serious symptoms or changes in condition								
ENVIRONMENT	• Tensed atmosphere in the home • Damaged objects in the victim's home/room								
HYGIENE AND MEDICAL ASSISTANCE	• Use of physical and chemical restrain								
FINANCIAL DEPENDENCY[16]	• Victim does not have access or not able to manage her finances, e.g. pension, other source of income, property rights • Lack of adequate income or finances								

16 "Financial independence requires financial ability, reflecting financial literacy and self-efficacy, combined with financial resources (financial capability) and decision-making power and control over those resources. Financial independence is noted to provide individuals with the resources, opportunities and agency to lead fulfilling lives, irrespective of their background or identity." cf. https://eige.europa.eu/newsroom/news/whats-gender-equality-got-do-financial-independence?language_content_entity=en p.20

RISK FACTOR	AREAS TO EXPLORE	YES	NO	no information available	not assessed – N/A	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
FINANCIAL ABUSE	• Disappearance of valuable items from the home (jewellery, objects...) • Unpaid bills								
LACK OF SOCIAL/ FORMAL SUPPORT FOR THE VICTIM	• None or low involvement in social services • Controlled access to phone and electronic devices • Erosion of bonds between generations in the family • Not close to her children or siblings • Family (especially children) does not identify, minimises or justifies the abuse, does not support the older woman in related needs and / or is allied with the perpetrator								
INAPPROPRIATE/ INCONVENIENT HOUSEHOLD LIVING ARRANGEMENTS	• Shared housing with perpetrator, other family members (no privacy, safety) • Inappropriate conditions (accessibility, special needs)								
ADHERENCE TO TRADITIONAL SOCIAL GENDER NORMS	• Victim does not recognise/identify the violent behaviour • Victim minimises violence or justifies it as normal • Victim unaware of the situation because it has been going on for a long time • Victim unwilling to change anything								

RISK FACTOR	AREAS TO EXPLORE	YES	NO	no information available	not assessed – N/A	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
CHANGES IN RELATIONSHIPS	• Sudden appearance of a distant relative she vaguely knows who wants to take care of her, live in her home • Sudden appearance of a new friend or romantic interest – this usually happens with the recent death of a spouse/partner								
PERPETRATOR — Can be the partner/husband/younger perpetrator (e.g. sons), member of the family, please specify:									
DIFFICULTIES / STRESS ADJUSTING TO AGE RELATED CHANGES	• Stress and/or frustration related to (new) role as care giver (inadequate caring and/or coping skills, etc.) • Distress related with dependence, illness, cognitive impairment, etc. • Frustration of not being able to cope • Distress and or frustration related to retirement (loss of social role, prestige, occupation, etc.) • Being at home full time • Loss of driving licence								
ONGOING HISTORY OF PERPETRATING DOMESTIC VIOLENCE	• Previous criminal charges/convictions • Chronification of the abuse								
LACK OF SOCIAL/ FORMAL SUPPORT FOR THE PERPETRATOR	• No social network (family, friends) • None or low involvement in social services (home visits by social workers, regular check-ups, senior care)								
ADDITIONAL RISK	• Weapons or guns in the home • Death threats								

STEP 3. MANAGE RISK

- If high or extreme immediate risk is identified (i.e. possession of weapons or guns, death threats), take immediate action for the protection of the older women, including calling the police and/or relevant services in your context.
- If the risk factors identified in the MARVOW 2.0 checklist (in combination with the result of the standard risk assessment from pre-existing tools) indicate a level of risk, proceed with the MARVOW 2.0 case management tool (see below).
- Ensure that all cases are closely monitored through the multi-agency protocol and therefore the case management tool.
- Follow-up assessments should be carried out to monitor fluctuations in risk – as risk is dynamic and can change rapidly.

MARVOW 2.0 Case Management Tool for a Coordinated Multi-Agency Response

1. Introduction

The **Case Management Tool** describes the procedures and the steps to be followed by professionals based on key principles. This tool is inextricably linked to the ***Risk Factor Checklist*** with a view to ensuring the most efficient interventions possible. Both the above mentioned 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 are 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[17]

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.

17 Based on the main principles of MARAC and CCR.

Advocate for high-quality supportive infrastructure for victims
Provide sanctions and rehabilitation opportunities for abusers.

Figure 1 Key Principles

2.2 Participants[18]

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.

2.3 Coordination

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

A. **Coordination of Case Management Meetings**. The main responsibilities of the coordinator are scheduling the meetings, drafting the agenda, keeping participant lists, sending invitations, and collecting the **Confidentiality Statement for Case Management 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 coordinating agency.

18 Based on the results from WP2 roundtables and focus groups that took part in each partner country.

The Case Management Meetings will be coordinated by the MARVOW 2.0 partner organization at their national, regional or local level. In the absence of a MARVOW 2.0 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[19]

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 will 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.

19 Based on the CCR Steps.

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

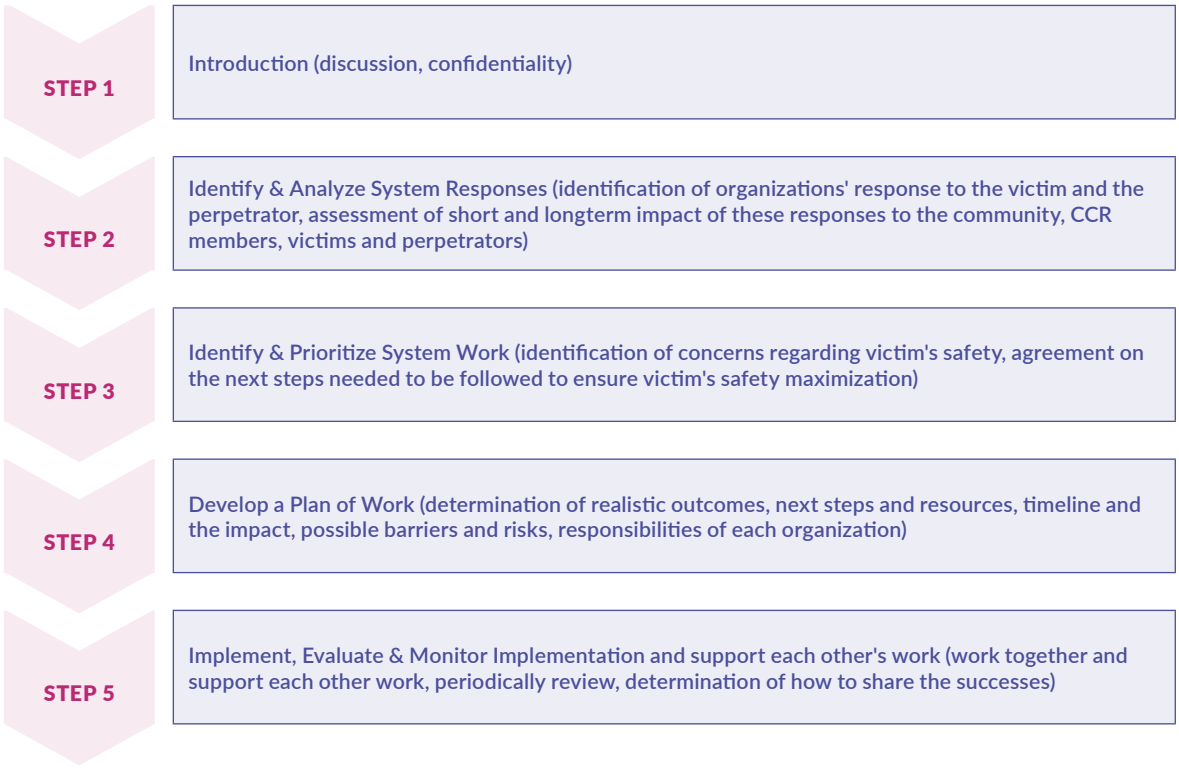


Figure 3 Structure of the Meetings – Main Steps

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.	Action Plan
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 -e.g. 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, materials 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 applies both 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 regardless of age, disability, gender, race, religion or belief, sex, and sexual orientation.

THE OBJECTIVES OF THE MEETING ARE AS FOLLOWS:

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

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

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 Management 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: • psychological or physical health issues • functional dependence • financial dependence • cognitive impairment • past experiences of abuse • low income/socioeconomic status	**INDIVIDUAL LEVEL OF THE PERPETRATOR:** • over-load with care responsibilities • psychological health problems • inadequate coping skills • substance abuse • abuser dependency
RELATIONSHIP LEVEL: • e.g., family disharmony • high levels of financial and/or emotional dependency • lack of assistance	**ENVIRONMENT/COMMUNAL AND SOCIETAL LEVEL:** • 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 bereasonable 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 intact seniors seen in ambulatory settings. It has 6 questions that the GP should ask the older woman, with no space for comments re. risks.
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. Also, not freely available online, only through registering to a training.
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

The following tools were reviewed in the frame of this project through online searching to identify relevant dimensions, domains, themes listed in alphabetical order.

	NAME OF RISK ASSESSMENT TOOL	DESCRIPTION	LIMITATIONS
1.	**B-SAFER Brief Spousal Assault Form for the Evaluation Risk**	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. The purpose of B-SAFER is to "guide and structure an assessor's decision-making regarding a perpetrator's future intimate partner violence risk through evaluation of risk factors that are empirically associated with spousal violence".	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 checklist 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 the Emergency Department or other health care settings.
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 perpetrator programmes**	The DASH adapted for perpetrator programmes 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 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 the perpetrator and the 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; and Part 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.

Appendix 4.
From the Partners

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.

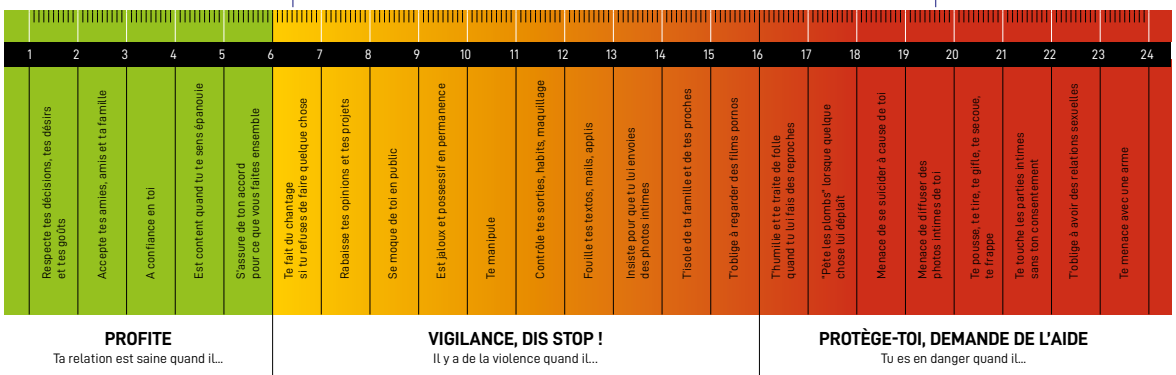
2. Bulgaria, Cyprus

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 questions • Domestic violence specific • No indications about warning signs
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 questions
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

	WOMEN OF ALL AGES		
	NAME OF RISK ASSESSMENT TOOL	**DESCRIPTION**	**RELEVANCE**
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
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
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
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 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**



MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women



Co-funded by
the European Union