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HOW SOCIAL AND HEALTH SERVICES, POLICE FORCES AND JUDICIAL AUTHORITIES CAN WORK TOGETHER TO TACKLE ABUSE AGAINST OLDER WOMEN



A SAFER LIFE FOR ELDERLY WOMEN

TRAINING OF PROFESSIONALS AND IMPLEMENTATION OF COOPERATION MECHANISMS
TO COUNTER VIOLENCE AND ABUSE AGAINST OLDER WOMEN

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Introduction

The present document has been drafted as a result of one of the objectives of the project SAFE - A safer life for older women: training professionals and implementing cooperation mechanisms for combating violence and abuse against older women. According to Objective 1 - Multi-agency set of procedures for intervention in cases of violence and abuse of older women, Task 8, a draft document has been produced, based on the Reports from all partner countries, and using also case studies to find pathways for interventions and protection of victims, compiling the findings, evaluation results and making conclusions for a draft procedure and practical guidelines.

Each partner country organized at least three collaborative local groups with more than 100 professionals working in the area of violence/ abuse prevention and intervention, involving a considerable number of institutions/ organizations (Finland 6, Greece 7, Italy 9, Portugal 10 and Romania 18).

Also, a dedicated tool (an interview guide) has been piloted in all of the project countries (Finland 11 respondents, Greece 10, Italy 9, Portugal 19, Romania 12), focusing on incidents of violence, neglect and abuse.

Country	No. of questionnaires	Violence suspicion	Violence
DGASMB	12	1	0
Finlanda	11	2	9
Grecia	10	9	0
Italia	9	0	0
Habilitas	12	3	1
Portugalia	19	0	4

The results have been summed up in the present draft of Multi-agency set of procedures for intervention in cases of violence and abuse of older women.

1. Older women, victims of violence - modalities of identification, in different settings

This chapter aims to identify the way that the practitioners in the field of prevention perceive the modalities of identification (tools used/ screening procedures) of victims of violence - older women, in different settings (home care, residential care etc.).

1.1. Legislation in the matter

The main resource for the professionals working in the field of violence prevention, elderly care and care institutions is the legislation in the matter. It is the first and most important document deciding if an instance can be considered an abuse or not, according to the law of a specific member state. Also, there are specific standards, working methodology, working procedures, but all of them are reporting themselves to the existing law.

1.2. Theoretical models from the specialized literature and from day to day practice in the field

Theoretical models should offer a deeper understanding on violence and, specifically, on violence against elderly people, with a particular emphasis on elderly women.

The respondents didn't mentioned a particular theory, but rather referred to the general training from universities/ courses. One important issue emphasized by the research is that most of the attendees to the interviews stated that there are no vocational education programs one can take, especially when it comes to the issue of violence/ abuse against older women. In general, the practitioners implement relevant theories and models on which they have been trained during their studies.

Most often, the appearance of violence against elderly women seemed to be related to: degenerative conditions like dementia, which may lead to aggressive behavior, over loaded and stressed (in)formal carers, substance abuse(especially in the families of elderly women - instances when their adult children acted violently against them after substance abuse) and, very rarely, to their spouse or intimate partner (this is almost unknown, because they do not use dedicated service centers and often don't receive home).

Two types of abuse can be identified in day-to-day practice: external and internal. **External abuse** refers to elderly who had been abused or aggressed in/ by their families, or being victims of different abuses which resulted in the fact that they lost their homes; as a result, they are being brought to nursing homes or different protection measures are being instituted for them. **Internal abuse** is referring to instances when the elderly people from residential care centers are being abused by other residents or by some staff members. The second one is perceived as more difficult to be identified and dealt with.

1. 3. Risk assessment and using the screening tools

In spite of the fact that the utility of using risk assessment instruments on all patients/clients can't be denied, this is not as common as it is agreed it should be. In most of countries one common thing can be noticed: there are no specific tools available for all the specialists in the field; professionals, however, can identify signs of abuse, violence, exploitation, based on their patients' background and medical history. Still, in some countries the specialized services are using dedicated instruments for risk assessment not only with the risk groups, but on all in-care residents. There are also instruments like RAI, which are in use just for the new clients who are in need of service assessment. The interRAI Assessment Instrument, used in Finland on a large scale (by approx. 26% of the home care services) is a multi-disciplinary resident assessment tool, which includes indicators for neglect and abuse (like, for e.g.: the client is afraid of a family member or a carer; the client is exceptionally untidy; the client has inexplicable injuries, fractures or burns; the client is being neglected, battered or abused; motion of the client is prevented by any reason). Also, another instrument that is going to be used in Finland, in connection with RAI is RAISA.

1.4. Case referrals from specialists in different settings

The inter-institutional collaboration plays a very important role in both identifying the victims of violence in different circumstances and in the intervention process. For instance, the social services of the hospitals, when an elderly woman is being hospitalized and there are suspicions that she could be a violence victim, they undertake the case for follow up and further support. The same is with the police officers or with other specialists, who might be just the first piece of the intervention mechanism. This can be a plea for the importance of the inter-institutional collaboration.

A little bit more complicated is when it comes to home care situations, where violence incidences can't be detected so easily and the intervention is more difficult. For example, when community social workers identify a potential case of abuse or neglecting that an old woman is the subject to, they try to motivate family members or relatives to take care of her, or inform them that the case might be referred to the public prosecutor or to other intervention services.

To conclude, the participants to the research showed not only that it is crucial to collaborate with other specialists from other institutions or professional areas, but also that the home care environment should receive more attention from the social work system and from the policy makers.

1.5. Self-identification and/ or identification as a victim by a family member, neighbor or acquaintance

This is possible mainly as a result of the prevention/information campaigns, raising awareness or sensitivity campaigns, presenting to the general public the knowledge and

information about abuse, which is greatly needed for older persons. This information can be distributed via leaflets, flyers, posters, public announcements at the TV and radio broadcast stations, or posted in visible places like hospitals, family doctors offices, legal medicine institute, social clubs for elderly persons, public pensions' offices, residential care centers for elderly people, but also in police stations or even in schools, faculties or churches.

Conclusions/ Recommendations:

In spite of the fact that all the participants to the collaborative local groups (CLGs) agreed that violence against elderly women is an existing social phenomenon, it also obvious that it is a phenomena very difficult to be reported. This is not only because of the lack of knowledge or instruments in the social services interacting with the elderly, but also because of the beliefs and stereotypes of the society about violence, that prevents the victims from asking for help or reporting the abusers.

Another fact that must be considered is that violence and abuse to elderly women are rather difficult to prove, because of the factors that may come un in the whole process - things like age, medical and especially mental condition of the victim, motivation of the abuser, social and financial status, existing or non-existing social and medical services, resilience to violence or abuses.

In the process of identifying the victims of violence, and especially the older women from different settings (home care, residential care etc.), of a crucial importance can be the existence and availability of a screening tool that can be recognized, administered and used by most of the practitioners. This tool must be simple, easy to use and understand, and filled in in a very short amount of time. This tool may constitute an initial evaluation/ assessment and, if there is any sign of a potential violence/ abuse incidence, it may constitute the base that the respective specialist could use when he/ she decides to have the case referred to another specialist for a deeper analysis and intervention.

Also, an awareness or information campaign was perceived as being of a great help for the elderly people, since they may learn how to recognize the violence/ abuse incidents and also how to behave when such incidents come up.

2. Assisting the victim. Intervention services and professionals to intervene

The current chapter refers to services and professionals to intervene in violence/ abuse against elderly women. With the collaborative local groups participants were also discussed topics like: the order of intervention, the chain of services which intervene and monitor the case, confidentiality, procedures and ethical aspects of the intervention.

2.1. Public services from central and local level

They have the main responsibility in terms of policy-making and providing the general frame in order to ensure the intervention in the right time, and also to grant the safety of the victim. The main social actors, depending on country and socio-cultural context, can be summed up as follows:

- **the judicial system** (justice departments/ probation/ public prosecutor/ public attorneys/ lawyers (making the arrangements to issues the protection order, to place the victim to a safe shelter and starts the investigation in order to identify the offender and to submit the case to the legal system));
- law enforcement officers (state/ local police and similar) - intervene when they are notified that there are instances of violence.
- **service centers from the city/ municipality level** - community social services or social welfare; health care services - including hospitals, emergency or residential care institutions. They provide a large variety of activities like: assessing service needs; support in different life situations; intervention and support in elder abuse cases; day time and leisure activities for the elderly; support and activities for informal carers; short-term care; long-term care; responsibility to recognize, safeguard, intervene, protect, report and refer to intervention services, including in elder abuse situations; information, guidance on different services, counseling. Also, there are the institutes for legal medicine, which are responsible with providing the proof of violence to the judicial system.
- **public services from the central level** - for e.g., ministries (of interior, of labour, of health, of education etc.) or subordinated institutions or agencies specialized in topics like Gender Equality (promoting anti-discrimination, equality, women's participation); specialized in policy making - elaborating the laws, normatives, working methodologies -, but also offering services like: counseling centers, shelters for victims of violence, 24/7 phone lines for victims of abuse and/ or violence.
- **vocational/ professional training** - social welfare departments/ units, and also medical/ nursing, psychology, law (providing education in (elder) abuse theory and practice).

In each of the previously mentioned institutions there are professionals involved, with different responsibilities in recognizing and reporting and referring the cases of abuse to other institutions in the field, aiming to protect the victim and to submit the offender to the legal system (starting with the social workers, staff from public residential care facilities, nurses, medical doctors, physiotherapists etc., and ending with the coroner. Also, here can be mentioned carers like legal guardians or support administrators, appointed by the legal system to support the elderly persons with cognitive or other impairments; they can file, on behalf of the ward, a criminal or a civil complaint in case of abuse or breaching of a human, legal, contractual right of the elderly.

2.2. Private institutions/ organizations

Private institutions/ organizations (including FBOs - faith-based organizations) in elderly care, social welfare, violence prevention and human rights are other important actors in this area. They play an important role in policy-making or adapting the policies to the real needs in the field, or even as a watch dog; also, providing services and intervene in the right time (they are less bureaucratic and more flexible): shelter/ residential care, leisure activities, home care, rented flats for older people with mental conditions, counseling, legal advice, support services. Here also can be mentioned private institutions like hospitals, universities or professional/ vocational schools.

2.3. Home care settings

In the home care settings the intervention might be considered as very delicate, since the violence can be proved rather difficult; however, the authorities who are financing the social services granted in the home care settings have the main responsibility to monitor the case, and also to recognize and intervene when necessary. This is also true for any specialist entering in contact with the elderly person and noticing an abuse/ violence instance.

2.4. Intervention chain

The aim of the intervention chain could be defined in the following goals: finding an adequate and efficient solution for the victim, adapted to the needs of the persons in situation of violence/abuse, in the shortest time possible, aiming to prevent the relapse.

The participants on the collaborative working groups identified the following **professionals and institutions who intervene** in instances of abuse/ violence against elderly women, depending the severity and the complexity of the case: municipality social service or regional protection office (through the social workers, psychologists, specialized inspectors, social mediators, home care workers), police, health system (family doctors, specialists providing homecare services, nurses, medical doctor/forensic specialist), public prosecutor/ lawyers/ judges.

Obviously, this chain is not fixed, since the order of intervention can sometimes start with a phone call at the emergency services (112), or at the specialized services like 24/7 free to call lines, or at the initiative of some dedicated services like centers for abused women.

Also, depending on religious beliefs on the individual, priests or clerical staff can also play a role in the intervention chain, advising the victim, the family or the oppressor to do the right thing, or providing counseling and support on their way to the recovery.

The discussion cannot be considered complete until the distinction is made between the two categories involved: not only the victim, but also the offender. And here is an important role that the probation services and also the centers for offenders can play in preventing the further recurrence.

The participants to the local collaborative groups agreed that, disregarding the professional or institutional responsibilities in the matter, all who recognize elder abuse are responsible to intervene and refer to appropriate services. Also, there has been an agreement on the necessity to have a social worker as case manager or responsible, and on the issue of the case monitoring, which needs to be done by the social welfare services and, correspondently, by the (proximity or local) police/ law enforcement/ probation officer.

Another important aspect, which unfortunately is many times neglected, refers to the follow up of the case. The support for those affected and the preventive measures against violence should not end with the report of the case and with the intervention of other professionals. Professionals involved in the case management of elderly women victims could be involved in continuing to maintain contact and follow up the cases. This follow-up measure has proven to be valuable and effective because it builds trust between the victims and the professionals and, on the other hand, it is also important for the perpetrators, because they notice that there is still public attention to their family, so they cannot simply go back to their prior violent or abusive behavior.

There could be also an **intervention network in the community**, which could include not only the institutions and NGOs who are offering services in these areas, but also in other areas that are more general - like the pension authorities, senior citizens' clubs, elderly people helplines, other public or private organisms representing the elderly, NGOs providing food or other supplies, organize volunteer community groups to support elderly people etc.

Also, the prevention issue must be taken seriously in every community, knowing that it is far more effective and cheaper than intervention. Communication/ awareness raising campaigns can be of a real help not only to learn how to recognize the abuse/ violence instances, but also what to do in order to obtain protection and limit the abuse. And here can be mentioned the importance of media/ press in reporting and promoting pro-active messages.

2.5. Ethical Guidelines, Safety and Confidentiality Procedures for the Victim to be Assisted

The ethical guidelines, safety and confidentiality procedures for the victim to be assisted are accordingly to the national/ local legislation and to the specific areas of intervention, aiming to respect and follow the minimal quality standards for the social services provided. For instance, in some countries it is mandatory to report an instance of violence/ abuse, even if the victim's consent is lacking, while in others the situation could be different. Also, these procedures are often different from one institution to another.

One common idea is that, when it comes to the issue of violence/ abuse against the elderly, it is every professionals' or institutions' duty (if not required by law, at least by the common sense) to act immediately after recognition. The action might imply, depending on country, cultural context and other similar things, to inform the victim on the availability of

dedicated services, to refer the case to specialized intervention services or to file an official report.

There are, however, some critics to the legislation referring the privacy issues; this may be seen or felt sometimes by different professionals assisting the victim as an impediment to the exchange of information between health and social care operators, because in some certain cases the time or the speed of information being transmitted from one specialist to another could be crucial in intervention and also in the follow up.

Conclusions/ Recommendations:

In spite of the fact that there are obviously differences between the countries, the cities, institutions and organizations involved, there are some common things that may be considered as very important: the obligation to report or to intervene when an abuse/ violence instance is observed, noticed or suspected, the possibility to refer the case to other specialist that may assist her better and the need to have an improved follow up of the case.

Also, as it was emphasized at chapter 2.5, the limits imposed by the existing legislation referring the privacy issues could be improved, in order to allow to the different professionals assisting the victim to exchange the information that will allow them to assist the victim better, to intervene faster and to work in a pro-active way, aiming to prevent further reoccurrence. It is implicit, however, that this must include a different level of access to information for the institutions, organizations and even for the different professionals involved in the intervention process.

3. Analyzing the needs of professionals and VET educators/ teachers/ trainers working in this field

Violence and abuse in elderly women is a fact that front line professionals like social workers, psychologists, medical staff are facing on a regular base. Considering this, the importance of having well prepared and effective professionals becomes obvious. The present chapter is focusing on the needs identified by such professionals and of VET educators/ teachers/ trainers working in this field.

3.1. Training

The main need identified is referring to the training, in both directions: theoretical and practical. There is an acknowledged need to strengthen the knowledge of all professionals working with older people, in enabling them to recognize the abuse, to know how to prevent, to intervene, but with a special focus on the specificity of abused older women (learning how to distinguish their specific needs, how to deal with issues like cognitive impairment or non-self-sufficient, or with practical situations like the ones when the abuse is taking place in a domestic context). This need for vocational education is

perceived as being continuous, and for all relevant professionals, as well as for the society or the community as a whole, by raising awareness activities, so that everyone should know how to recognize abuse and to report such incidents.

3.1.1. Theoretical training

This must aim to developing and consolidating the professional competencies, through the means of continuous formation of the specialists working with the elderly women which are victims of violence. Professionals, especially the ones working with the elderly women, need to develop and consolidate their competences not only in schools, but also afterwards, by their continuous formation.

The formation must bring together theories with practical issues they face in the every day life, with study cases and practical examples that will help them to learn what do to, how to react and behave in situations like in the home or residential care settings, communicating with elderly persons, dealing with cases which are so complicated that the staff feels helplessness.

3.1.2. Practical training

This refers to the way that the professional working with the elderly should behave in both day-to-day situations and also in crisis. Considering the fact that there are not common procedures of intervention, the way of intervention depends mostly on the employee. Even whether he/ she may ask support from other specialists, there may be instances when even the required assistance may come up with a considerable delay, or may be refused, so the employee must know how to deal it in the best way for the beneficiary. This is even more true in situations where the specific legislation, procedures or an official network of services undertaking these cases may be lacking, or in instances when the offenders are family members of the victims, or appointed care workers. Basically, this need for training may be defined as filling the gap that has been created by the lack of knowledge, of what to do in critical situations, and by the fear to intervene in instances like this.

3.2. Reliable tools they could use in day-to-day professional life

Most participants to the collaborative local groups agreed that gaps existing in the applicable legislation, the lack of clear working procedures, lack of clear roles of each institution with responsibilities in the area of prevention and intervention, combined with the usage of a slightly different terminology to describe each incident by different professionals involved, may lead to misunderstandings and mishandling of cases and may have a direct impact on their work. Moreover, in some areas, participants stated that they observe overlapping services, while in some other areas, there are not available services at all.

The main issue at this particular point, however, remains the fact that there are not clear, validated guidelines and standard operational procedures to be followed, when such

incidents happen. There is an obvious need for a risk assessment tool (screening/routine enquiry model) that can be applied to all patients'/clients' situations, not only targeted to risk groups.

3.3. Services

One of the things that can be noted in most of the countries implementing the project is the lack of dedicated services for abused older people, and particularly for older women, as well as the lack of such dedicated facilities (buildings/ shelters/ centers). This can be seen better in instances when the dedicated staff, like social worker should work with the assigned cases, but the community center/ service is over loaded and the beneficiaries are not receiving the best care possible. To this contributes also the fact that there are no clear and common protocols about working with the abused elderly people, there are several professionals responsible in the same time, so often nobody undertakes the responsibility for the case. And this can be also seen in the referral process of these cases, when abused elderly often can't be referred to other services because there are not dedicated services for this category.

3.4. Facilities

This issue is related to the previous one. The participants perceived that it is important to exist not only dedicated services, but also dedicated premises/ facilities for this kind of beneficiaries. In spite of the fact that there was a certain progress in this respect, there is still a lack of adequate shelters for the victims of the violence, which can be provided by the responsible institutions, in partnership with the existing NGOs from the community.

3.5. Inter-institutional collaboration

This issue is referring to the need of strengthening the collaboration between the institutions/ organizations that are providing services for the victims of violence, from both public and private sector. This can be done by:

- signing protocols/ agreement partnerships between the public institutions providing these services;
- creating a common strategy for prevention and intervention;
- elaborating and/ or harmonizing and adopting a common working procedure at a local/national level in the field of domestic violence, that will be accessible to and used by everyone;
- enlarging the network of collaborators (internal/ external) in the field of violence prevention;
- elaborating a common database that will provide access (on a different level, accordingly to their responsibilities in the field) to all the institutions involved in the intervention process, in the instances of violence.

3.6. Legal frame

In spite of the fact that there is a legislation referring to the issue of violence/ abuse in all of the countries involved in the project, this is far from being perfect or complete. Some of the things that were indicated by the interviewed professionals in the field are: a legal framework dedicated to the issue of elder abuse/ violence; a legal framework to protect both victims and employees, such as social workers, that are working with them (to provide support/ protection for the social worker, at his/her work place); specific legislation referring to in-care patients that are abusing other elderly patients, or becoming aggressive with the staff, or to elderly with a psychiatric diagnose which cannot be isolated in their decompensation moments, to prevent abuse against other patients or the staff; national standard operational procedures for abuse/ violence cases.

Conclusions/ Recommendations:

In spite of the fact that most of the needs of the professionals (like social workers, psychologists, medical staff etc.) and of VET educators/ teachers/ trainers working in this field are rather obvious, it is very clear that they can't be met unless there is a strong political determination and an open attitude from all (or most) of the institutional actors in the field. However, there are also things that can be changed - for instance, trainings can be organized for the ones willing to improve their knowledge and skills in working with the abused elderly; also, some procedures, or risk assessment tools (screening/routine enquiry models) can be drafted and made available for professionals working in the area of violence/ abuse prevention. Also, at least some un-informal networks can be created, to offer the possibility to collaborate and learn from each other in the effort to fulfill the needs of the beneficiaries in the best, fastest and most effective way possible in the existing social and cultural context.

4. Future solutions

The last section of the present document contains the possible solutions to the existing needs of professionals (like social workers, psychologists, medical staff etc.) and of VET educators/ teachers/ trainers working in the field of violence and abuse prevention and intervention, as they have been identified by the participants of the collaborative local groups.

4.1. Training

The training programs must lead to improving and deepening the knowledge, abilities and emotional capacity that are needed to understand and provide support to the victims of abuse/ violence. This need was perceived as being so important, than some of the

participants proposed that it should be a compulsory course for all professionals working in the field of violence/ abuse prevention and intervention. Also, it has been proposed as an option for the decision makers and strategy consultants.

The training programs should have an adapted curricula for every country/ cultural context, but all must contain a part of theories, that will define and describe the instances of abuse/ violence against elderly women, good practices, models of intervention, the responsible (f)actors (e.g. institutions/ specialists) and their roles in the intervention process. Also, it should have a practical part – with open discussions, group exercises, case studies, role play, where practical examples and cases of violence will be emphasized and discussed.

The content of such training can be wide and comprehensive, but it should include at least the following: what is abuse/violence, what it consists of, how to recognize it, and in particular what types of violence/abuse exists and what they consist of; how to read the signs of abuse/violence, learning to observe and identify the symptoms; learning to ask the right questions that allow the victims to open up, to promote the unveiling of violence, protecting their self-determination, sensitivity and vulnerability, and not victimizing them; how to prevent the violence/ abuse; how to intervene when there is a specific situation of violence/abuse and, in particular, which people to refer to; presenting the specific law(s) protecting the victims, reporting obligations for the staff of the health and social care structures; which are the support services and structures of the territory and how to use them in case of elderly violence/abuse.

The participants also identified the need to include in the training programs elements that will help them to develop their efficacy to collaborate with other specialists from the existent institutions, as a part of the prevention and intervention activities in the field of violence prevention. In this respect, a training course addressed to different specialists or professionals could be the starting point for the creation of a multi-professional network.

4.2. Services

Improving the existent services can focus at least on the following aspects: establishing the adequate number of residential services that are necessary for a community; adapting them to the pathologies of the elderly; elaborating and disseminating written instructions to all the work places; establishing a mobile unit for intervention in case of an emergency in the field of domestic violence (a multi-disciplinary intervention team); creating and promoting programs and services that will support the independence of the elderly people.

4.3. Facilities

Building, creating or establishing new, adequate facilities that will respond to the identified needs from each community should become at least one of the priorities for the future. In the mean time, the referral process of the violence/ abuse cases remains one of

the important issues, because indeed may solve at least part of the problems. But, in the same time, it is a delicate matter, since it has to deal with very complex and extremely vulnerable cases, such as victims of violence/abuse. The lack of available protection services, especially proper accommodation shelters for abused elderly women is one of the biggest challenges (in many cases, the only available shelters are for women victims of violence in general, but these buildings are not being adapted for the needs of the elderly - for e.g., they do not have elevators or specialized medical staff to take care of elderly persons).

4.4. Inter-institutional collaboration and collaboration between professionals in the field of prevention

This issue is somehow related to the previous one. One solution would be to create or reinforce a community network, that will ease the partnership between institutions and organizations. Also, establishing an integrated system of intervention will enable all the relevant actors to collaborate and use the existent resources, facilities and specialists in an effective manner.

But before this, developing and implementing common intervention protocols could be a very important step. Then, standard operational procedures, referral pathways and clear job descriptions, made by qualified professionals and implemented in all units, will support field workers to do better their work. To some opinions, these procedures will work best if they would have been designed at the national level, leaving to the local the freedom to decide, according to the needs of their own citizens.

Also, it has been stated the importance of creating and developing some inter-professional working groups, sharing expertise on elder abuse and on gender-based violence, because these professionals need to know each other's responsibilities and limits of professions and, in the same time, they need to know to whom they can refer their cases in order to maximize the benefits of intervention. For this purpose, interdisciplinary meetings (including the ones for case management) should take place on a regular base, trying to find the best solution for the victim, and also for the offender (to prevent further reoccurrence of violence). The importance of these kind of meetings lays in the possibility to exchange the knowledge and expertise among professionals, experts in working with older persons (including those skilled to intervene in case of cognitive impairment), with those working in the anti-violence or violence prevention centers, shelters, community workers, VET teachers and also with the policy makers.

4.5. Research-based policies

Participants to the collaborative working groups mentioned the existence of a gap between the scientific research and public policies elaboration process. It has been stated the importance of conducting field researches, in order to identify the local needs, as, until the present days, it is an acute lack of precise data and exact information about

violence/abuse/neglecting in elderly women. This kind of research, and not the politician's intuition, should be the base of the policy making process.

The policies should aim to harmonize the European and International legal framework regarding elderly abuse/violence, with a specific reference to women victims, to the national ones, and the national ones to the local contexts, accordingly to the needs that were identified by the means of research.

Action plans and standard operational procedures for every involved actor are needed to both national and local level, and also to the institutional level, containing the necessary information for the implementation of these policies and for evaluating the concrete actions in the field. It has also been indicated the utility of connecting neighboring communities, in order to have a better and most effective use of their resources, acting in this way for the best interest of the case. A common referral process and clear job descriptions should, in this case, be implemented in every service.

Also, the policies must contain precise indications regarding the evaluation process, which must be done in order to reassure the quality of the services provided and also the equity, in terms of the provision. There must be very clear who is doing what, in which extent and how is the whole process be evaluated.

To sum up, some of the **characteristics of such a potential public policy** could be:

- a. The law must be clear, adapted and being brought to the actual context on a permanent basis. For this purpose, the systematic data collection on violence against elderly women will be encouraged and supported.
- b. Action plans will be created at national, regional, local and institutional level, with responsible institutions and allocated resources.
- c. The main focus will be on prevention, rather than on intervention; however, intervention will be supported and clearly regulated, and anti-discrimination measures for elderly women will be imposed in all social and political spheres.
- d. The public policies will aim to reducing the bureaucracy.
- e. The policies must refer to both the victims and the aggressors/ perpetrators. For **the victims** will be aimed to provide fast access to quality services, to establish effective social, psychological, legal and economic support for all elderly women who have experienced violence. Regarding the **aggressors**, the legal frame will aim to prevent further recurrence and to grant the safety of their victims. For this purpose, some of the solutions could to oblige them to attend to counseling/ medical treatment (if the necessity is proven), and to establish a national database with aggressors.
- f. The policies will aim to facilitate the inter-institutional collaboration, creation of an intervention network at community level, involving all institutional elderly care services and professionals. For this purpose, a memorandum of understanding among different services/ professionals will facilitate the access to high level expertise in case of abuse for the front-line professionals. Also, it is necessary to adopt similar/ common methodologies

for all the institutions who intervene in violence situations could be adopted, with clearly defined responsibilities and competences of the actors involved at the national, regional and local level, and also with their interaction pathways.

- g. Continual awareness raising through effective media campaigns, involving the mass media communication means, will be promoted and supported by the state organisms.
- h. Formation and continuous training of staff will be an important part of this kind of policy. For this purpose, the integration of human rights education into curricula and into the training programs will be encouraged for all specialties from the humanistic sciences, and for the health and social care professionals should be compulsory part of curriculum, not just a voluntary course. Also, vocational schools will be encouraged to insert in their curriculum training modules expressly dedicated to the issue of elderly abuse, inside of the module dedicated to the care quality. Finally, the policy should introduce an elderly abuse training obligation for the accreditation of health and social care structures.

4.6. Budgeting in accordance to the identified needs

The public policy proposed will aim to allocate the budgets in accordance to the identified needs at the local level. Also, the regional and national budgets will support the local budgets, in order to ensure access to the quality services in the shortest time possible. The policy will not only include recommendation to allocate a budget that is according to the identified needs, but also sanctions is measures to provide these budgets are not being taken. These resources can also be allocated through public-private partnerships, EU/ EEA or other international funds, or from other sources.

Budgeting should be sustainable, to reassure the continuity of quality care services. Also, it should include financial aid and housing for elderly women who are victims of violence, to prevent losing their autonomy if they are hosted for a long time in shelters, without lengthy administrative, bureaucratic procedures.

4.7. Public awareness campaigns

The policy will put a special emphasis on raising the awareness of the general public, by having a pro-active approach: rather than waiting for the victims to contact the professionals, the last ones will produce leaflets or make phone calls to offer support, since the victims of domestic violence are sometimes afraid or too depressed to seek for help. Also, by public awareness campaigns the general population can be educated, and the public may learn what is acceptable or not in their public or private relationships, being known that sometimes such behaviors might be considered as “normal”, or that the victims often do not report such cases to avoid the stigmatization.

Conclusions/ Recommendations:

Establishing an integrated system of intervention, that will enable the authorities to collaborate in an efficient and effective manner, can be considered as highly important. However, it is also important to take into account the cultural and local differences and contexts, so the local approach, research-based, is mandatory.

Also, it has been highlighted the importance of a compulsory and periodical training for all professional working with older people, as well as disseminating a culture of zero-tolerance against discrimination, violence, and abuse towards older people. This should begin with interventions targeting students in schools, and continue on their way to becoming professionals and activating in the health or social care areas.

Last, but not the least, has been mentioned the importance of inter-institutional collaboration, case referrals and allocating budgets accordingly to the identified needs of the community.

.. forced you to give money, belongings or property or forced you to buy things against your will? (financial abuse)	YES	NO	Did not answer	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Daughter/daughter in law <input type="checkbox"/> Son/son in law <input type="checkbox"/> Other family member(s) <input type="checkbox"/> Someone else known closely <input type="checkbox"/> Neighbour <input type="checkbox"/> Paid help or caregiver <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know
.. threatened you with violence or to harm you physically/emotionally? (threats)	YES	NO	Did not answer	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Daughter/daughter in law <input type="checkbox"/> Son/son in law <input type="checkbox"/> Other family member(s) <input type="checkbox"/> Someone else known closely <input type="checkbox"/> Neighbour <input type="checkbox"/> Paid help or caregiver <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know
.. hurt you physically? (e.g. by hitting, kicking, burning or throwing a hard object at you) (physical abuse)	YES	NO	Did not answer	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Daughter/daughter in law <input type="checkbox"/> Son/son in law <input type="checkbox"/> Other family member(s) <input type="checkbox"/> Someone else known closely <input type="checkbox"/> Neighbour <input type="checkbox"/> Paid help or caregiver <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know
.. made intrusive actions of sexual nature such as for example telephone calls, sent text messages, mails or e-mails to you which humiliated you or you felt they violated your dignity? (sexual harassment)	YES	NO	Did not answer	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Daughter/daughter in law <input type="checkbox"/> Son/son in law <input type="checkbox"/> Other family member(s) <input type="checkbox"/> Someone else known closely <input type="checkbox"/> Neighbour <input type="checkbox"/> Paid help or caregiver <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know
.. touched you in a sexual way against your will, talked to you in a sexual way that made you feel uncomfortable or tried to force you into sexual activity? (sexual abuse)	YES	NO	Did not answer	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Daughter/daughter in law <input type="checkbox"/> Son/son in law <input type="checkbox"/> Other family member(s) <input type="checkbox"/> Someone else known closely <input type="checkbox"/> Neighbour <input type="checkbox"/> Paid help or caregiver <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know

.. prevented you to meet friends or acquaintances, making your own decisions or participating leisure activities? (violation of personal rights)	YES	NO	Did not answer	<input type="checkbox"/> Partner/spouse <input type="checkbox"/> Daughter/daughter in law <input type="checkbox"/> Son/son in law <input type="checkbox"/> Other family member(s) <input type="checkbox"/> Someone else known closely <input type="checkbox"/> Neighbour <input type="checkbox"/> Paid help or caregiver <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Do not know
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2. Now, please tell me if there is or have been any further negative events occurring between you and someone you didn't expect and who caused you some harm or suffering. You can also describe some event about the forms mentioned above.

event 1: summary (use her own words)

event 2: summary (use her own words)

3. Client's/patient's own assessment (0 = no effect, 5 = great effect)

a) On a scale of 0 to 5, how much do you think your current health is affected by the domestic violence you have experienced?

Assessment _____

b) On a scale of 0 to 5, how much do you think your current well-being is affected by the domestic violence you have experienced?

Assessment _____

c) On a scale of 0 to 5, how much do you think your current safety is affected by the domestic violence you have experienced?

Assessment _____

d) What kind of help would you hope to receive?

