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WHOSEFVA – Working with Healthcare Organizations to Support Elderly Female Victims of Abuse - JUST/2015/RDAP/AG/VICT/9320

EVALUATION REPORT

2018

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WP4 – Output 4.2

WHOSEFVA – Working with Healthcare Organizations to Support Elderly Female Victims of Abuse - JUST/2015/RDAP/AG/VICT/9320

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I. Introduction

The Working with Healthcare Organizations to Support Elderly Female Victims of Abuse (WHOSEFVA) project sought to improve the response to potential elderly victims of abuse in health and social care settings.

The driving principles of the WHOSEFVA project is that the capacity of domestic violence organizations can be increased so that they can improve healthcare responses to older women who are victims of abuse and in so doing comply with the desires of the EU. This was to be achieved by improving the ability of medical providers to be able to respectfully and discreetly identify possible victims and provide them the support needed. The project also sought to develop best practices for health care providers that could be disseminated across Europe using various methods.

Specific objectives of WHOSEFVA were:

- To improve the knowledge of health care professionals on how to recognize and treat domestic violence, especially among older women via an updated training programme
- To support healthcare organizations to create standards and procedures from the point of view of victims' safety and legal protection via protocols that can be implemented in different healthcare settings
- To increase the capacity of domestic violence organizations to cooperate with healthcare providers and provide more accessible and sustainable training on serving elderly female domestic violence victims via training and the development of a Massively Online Open Course (MOOC) based upon the developed training programme
- To increase the capacity of domestic violence organizations to advocate for needed healthcare policy changes at the national level through training and technical assistance.

Activities undertaken to achieve these objectives include the following:

Train-of-Trainers ToT

Within the project, several internal education actions were held in order to increase capacities of DV organizations and empower the partner organizations to conduct the trainings for the health and social care professionals in their countries. The total amount of participants was 37.

Local trainings for health and social care professionals

As a result of the ToT's, staff from WHOSEFVA partners were able to train 281 participants in the five partner countries. Over 30% of the participants came from hospital settings and the rest from local Health Centers/Units. The trainings aimed to introduce the tools developed in the project to professionals and to test the validity of the developed training manual (described below).

Mutual Learning Workshops MLWs

Project partners also conducted Mutual Learning Workshops with health care/social care workers to test the training manual that was developed; to introduce the issue of elder abuse; andto collect feedback regarding Best Practice Protocols. WHOSEFVA partners conducted 11 Mutual learning Workshops with 327 professionals.

Online Course

An online course on identifying and responding to elder abuse for health and social care professionals was also developed within the project. The course "Five Signs of Elder Abuse"

is available in 6 languages on the WHOSEFVA website and Youtube. It is comprised of 18 video lectures and 4 quizzes. The online course was created to serve as an easily accessible, simplified and interactive extension of the Training Manual.

Training Manual

A training manual was developed to guide health care professionals on identifying and supporting older victims of violence (especially older women). The manual was designed to be applicable to professionals who are working in a wide range of healthcare services that older persons use including health centers, hospitals, geriatric services and home care. It includes eight chapters that provide a sufficient overview of elder abuse, its identification and prevention, including challenges of working with the victims in health care settings.

Best Practice Protocols

Two partners implemented the EASI screening tool (Elder Abuse Suspicion Index © (EASI) in Finland and in Greece and one partner conducted specific training about the screening tool in Latvia VoiVa, FI has trained 39 professionals from Malmi hospital to use the EASI tool and within two pilots 26 EASI forms were completed. UWAH, GR did trainings in three healthcare centres/units and conducted 53 EASI forms, from which 13 cases were identified as suspicious for abuse. MARTA LT conducted trainings at Pauls Stradiņš Clinical University Hospital where 8 healthcare professionals learned how to use the EASI tool.

Focus groups

Within the current project, focus groups were a mechanism to gather and record the experiences, information and feedback from older women, participants, interviewees, and facilitators. WHOSEFVA partners conducted 19 focus groups with 171 people in total. The data conducted was used in developing the training program for the local health and social care providers and in finalising the Training Manual.

Policy Recommendations

WHOSEFVA policy recommendations were developed to identify changes that should be made to improve national approaches to elder abuse, with a special emphasis on how to make healthcare systems more response to the needs of victims. The recommendations were based in part on 4 international directives on the issue as well as interviews and experts in the field. There recommendations were used as the main tool to conduct the advocacy campaign by partners.

Advocacy meetings

Policy recommendations were presented at advocacy and community meetings in all partner countries, to health and social care policy makers. In total WHOSEFVA partners conducted 13 advocacy meetings with 229 participants.

Evaluation Summary

Strengths

- All project deliverables were completed
- Nearly all targets for training activities were exceeded: 57 professionals were trained on the best practice protocols (goal 50); 171 older people were interviewed or participated in focus group to give insight into the issue and feedback on WHOSEFVA developed materials (exceeding the goal of 150); 327 Health and social care professionals were trained or participated in mutual learning workshops

(exceeding the goal of 210); 281 health and social care professionals were trained based on the training manual (exceeding the goal of 210)

- The desired training participants were reached (for example, over 90% of trainees came from healthcare settings)
- The training materials that served as a basis for the manual were positively assessed by participants, both in terms of increasing knowledge on the topic of female elder abuse and
- Extensive advocacy efforts were carried out based on policy recommendations that were developed during the project – reaching 229 people (exceeding the goal of 60)
- The screening protocols were administered to 64 older women, 18 of which were suspected to be victims of some sort of abuse (28.1%).

Weaknesses

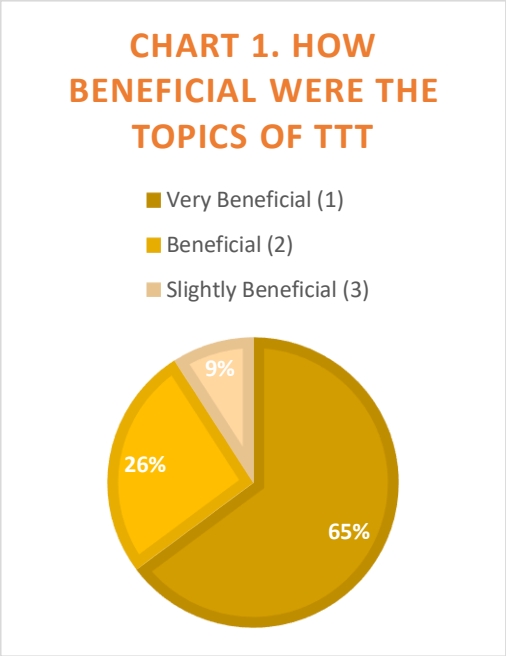
- Delays in development of the training manual limited its use during the project and slowed down other project activity
- The Online course was delayed in its development, so that only 5 students have participated in the course to date as opposed to the targeted 100.
- Only 2 of the partner countries (Finland and Greece) were able to fully implement and test the best practice protocols for healthcare

II. Capacity building actions for WHOSEFVA Partners

Internal capacity trainings between partners was an important shaping action in WHOSFEVA project, meant to improve the capacity of DV organizations to work with medical professionals and advocate for improved healthcare policy. If successful, this internal training had the potential to amplify the effects of WHOSEFVA activities. Therefore, significant effort was assigned to the development and execution of these internal trainings. WHOSEFVA project contains capacity building activities, including the Train the Trainers workshops, Mutual Learning Workshops, training for the health and social care settings and tr. This chapter overviews the results of the evaluation of the main capacity building activities.

The trainings were prepared and conducted by the VoiVa expert Sirkka Perttu.

Second set of trainings included the TtT trainings on political advocacy and policy analysis (Hector C. Pagan UT; WS1.8 – M9), how to lead Elderly DV Support training for health care professionals (Sirkka Perttu, WS 2.4 – M9) and conducting the evaluation actions (Giorgi Davidovi, UT; WS 4.2 – M9).

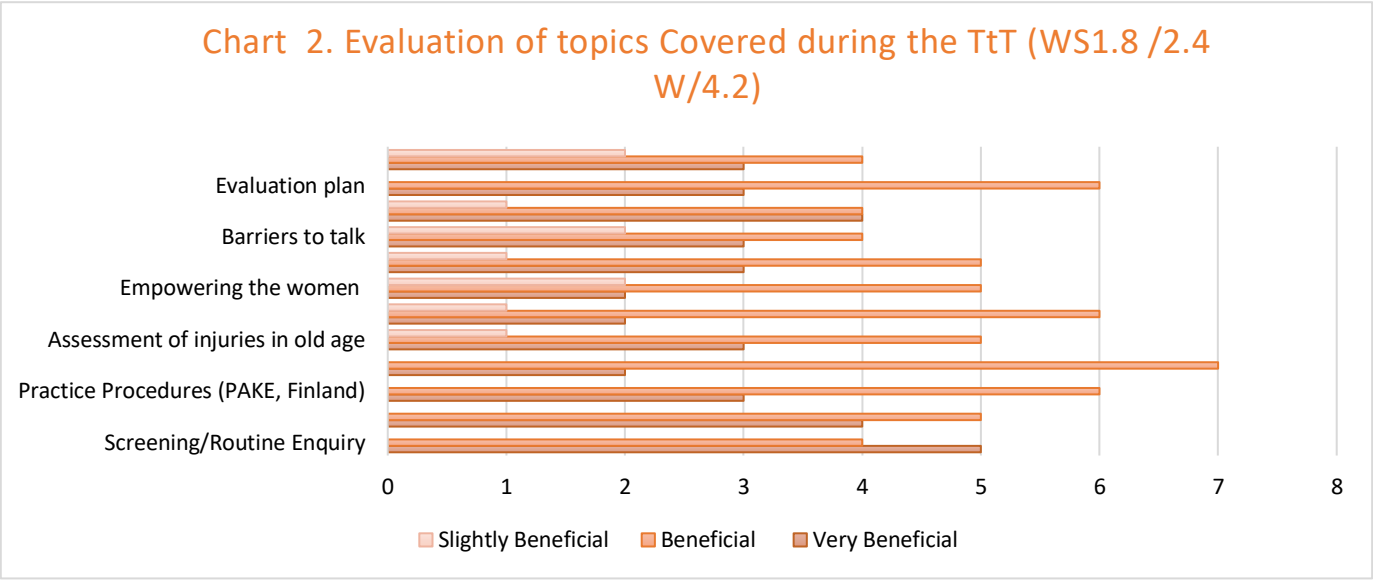


The trainings were evaluated by the WS4 coordinator. A post-training evaluation form covering the topics of the session was developed for each training. The training evaluation forms were developed in cooperation with experts from leading organizations of WS1 and WS2. WS4 team collected the data from the five TtT sessions:

1. WS1.2 Train the Trainer for DV organizations;
2. WS1.3 Train the Trainer on conducting mutual learning workshops;
3. WS1.8 Train DV workers on political advocacy and policy analysis;
4. WS2.4 Train the Trainer on how to lead elderly DV support training for health care professionals;
5. WS4.2 Train partners on how to collect local evaluation data.

The total number of TtT participants was 37 (34 female and 3 male participants), thus WHOSEFVA project reached the aim to train 18 staff members of DV organizations during the TtT sessions. According to the evaluation materials, the satisfaction with the TtT sessions among the DV/health care organizations of WHOSEFVA was high. More than 95% indicated that the content of the TtT sessions was highly beneficial or beneficial, thus the intended positive impact was reached. TtT helped partners to understand better the idea of Mutual Learning Workshops and how to conduct them; how to plan and execute the focus groups and gather the input from potential victims; All the participants also agreed that the policy analysis session was highly beneficial to understand and develop the national level policy recommendations.

During the first set of TtT (WS 1.2/1.3 M4) most beneficial topics were gender issues defining violence against older women and multi-agency cooperation for building trust, however all participants agreed that the most important was better understanding of the good practice



protocols. Overall, most of the respondents found almost all topics to be beneficial or very beneficial (see Chart 2).

All respondents replied that main need for taking forms and procedures into active use would be for technical support, such as providing the guidance for further actions, and templates and spreadsheets to track the progress of implementation.

All the participants noted that the atmosphere in the training was warm, relaxed and supportive. Respondents expressed their will to use all the topics from the TtT session in their mutual learning workshops. The importance to acquire basic knowledge on elder abuse was stressed.

Almost all of the participants had previous experience in teaching. This contributes to the successful utilization of the TtT materials and implementation of the WHOSEFVA actions covered during the TtT sessions.

The data from the first set of TtT evaluation of was used to determine the critical topics for the first mutual learning workshop (MLW) by WS2 expert Sirkka Perttu. The topics also formed the baseline for the training manual developed in the later stage of the project.

The feedback from the second TtT showed that all the topics were rated highly (see figure 2). The participants rated the screening/routine enquiry, accessibility and good care, policy advocacy and analysis as most beneficial. For the MLW topics 95 % respondents mentioned that identification of violence and how to offer the help was the most important.

The respondents mentioned identification of violence, scheme of work, home care needs as the most crucial topics that should be represented in the manual. All the respondents find Multi-agency cooperation presented by Helsinki team very important and stressed the importance of including it in the training manual as most of WHOSEFVA partner countries are still facing major challenges regarding the multi-agency cooperation on elderly female abuse.

All the respondents had an experience of conducting the policy advocacy campaign and working with policymakers to change the policies or legislations. Half of the respondents already had an idea what will be the focus of their national policy recommendations after the policy analysis training. Nevertheless, 40% of respondents replied that they still would need assistance in further development of national policy recommendations. It should be noted that

over 70% of participants said they need more support to better understand the EU directives, process of developing the policy recommendations, and using the correct terminology.

Further assistance to conduct local evaluation was important to all participants. However, it was hard for the respondents to specify the local aspects of evaluations in which they would need more support in from lead partner of evaluation.

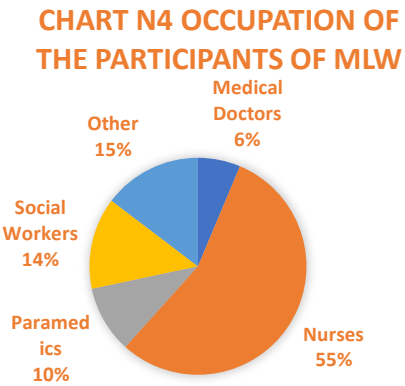
III. Mutual Learning Workshops

Partners conducted Mutual Learning Workshops with health care/social care workers. The workshops included workers from shelters/women's services/elderly services, medical professionals of health centers and hospitals (doctors, nurses, first aid personnel) and administrators of health care organizations. The main goal of the Workshops were to focus on relevant themes, including cultural attitudes that might affect the care process, especially in terms of elderly female victims of violence. The workshops sought to identify needs that are currently faced by health care providers or other specific concerns. The workers from shelters/women's services shared gender and age-specific issues and treatment methods of psychological trauma; medical professionals shared effective medical care practices toward older victims of violence. The workshop used case studies and creative methods (role-plays, dramas, etc.). While the mutual learning workshops were used as a platform to interact with social and health care professionals, it was also used to test the trainings manual and materials and to collect feedback for developing Best Practice Protocols. Thus, the objectives of the Mutual Learning Workshop (MLW) were:

1) to discuss challenges that the growth of the elderly population (ageing population) brings to the health care system and services.
2) to give basic knowledge on elder abuse
3) to raise awareness of a human rights/women's rights perspective in elder abuse
4) to share knowledge on how professionals working with traumatized older victims of violence can maintain own wellbeing

WHOSEFVA partners conducted 11 Mutual learning Workshops with 327 professionals from health and social care settings (285 female and 43 male) in total:

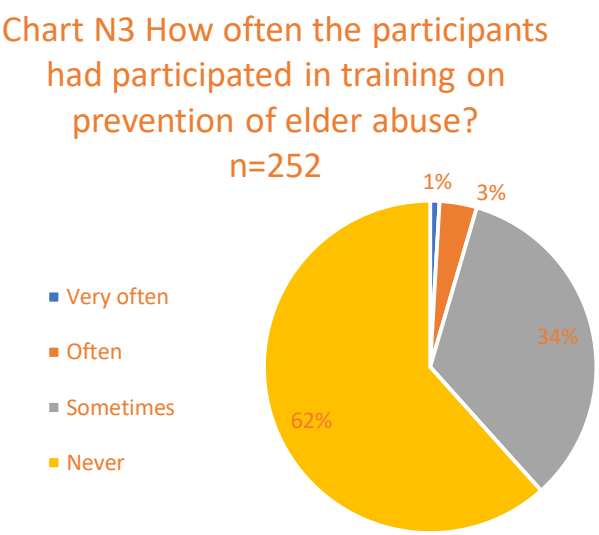
- Vienna, Austria conducted by AÖF, 26/06/2017 (23 participants) and 11/09/2017 (28 participants)
- Heraklion, Greece conducted by UWAH, 31/05/2017 (37 participants) and 15/06/2017 (23 participants).
- Latvia conducted by Marta, 25/05/2017 (20 participants)
- Helsinki, Finland conducted by WLF, 12/09/2017 (25 participants), 21/09/2017 (36 participants), 12/10/2017 (26 participants), 26/10/2017 (8 participants).
- Northern Ireland, UK conducted by KWC, 23/08/2017 (6 participants)
- Tartu, Estonia conducted by WSIC, 14/12/2017 (95 participants).



Most of the participants came from healthcare settings (86 %) such as hospitals and emergency rooms. The remaining 14% were from social care and home care settings (See chart N3)

Partners trained 327 participants during the mutual learning workshops and exceeded the goal of 210.

To evaluate the effectiveness of MLW workshops in increasing knowledge on the topic, pre and post tests were conducted by the local evaluators. The templates for this were developed by the WS4 leader (UT) and was translated into the national languages by the local evaluators. Many participants (62%) had never attended a training on the topic before. IN this regard, MLWs were used as an awareness raising tool as well.



The main purpose of the pre and post evolution was to understand how knowledge and attitudes of social and health care professionals changed regarding elder abuse

- **Level of Problem of Elder Abuse in their Country**
  According to pre-tests of MLW participants, only 29% of 218 participants indicated that they considered elderly abuse as a serious problem in their country. After the -MLWs, **35% of participants completely agreed** that elder abuse in a serious problem in their country. Thus, according to the data collected there was increased awareness and sensitization to the issues after the MLWs.

- **Familiarity with Elder Abuse in their Work.**
  Before the MLWs, out of 219 surveyed participants **58%** considered themselves very familiar or moderately familiar to the elder abuse. After the MLWs the post evaluation surveys showed that **74.5% of participant completely agreed or agreed** to the statement that they are more aware and more familiar to the elder abuse issue in the context of their work. This comparative indicator showed that the change in the knowledge of health and social care professionals is visible and they become more aware about the topic after the MLW.

- **Importance to Recognize the Older Victims of Violence in Their Work**
  Indicator registered as the one that changed the most positively before and after the workshop. Before the MWL **only 77% agreed** that recognition of elderly abuse was important to recognize in their work when after the trainings **91% completely agreed or agreed** to the statement that recognition is important.

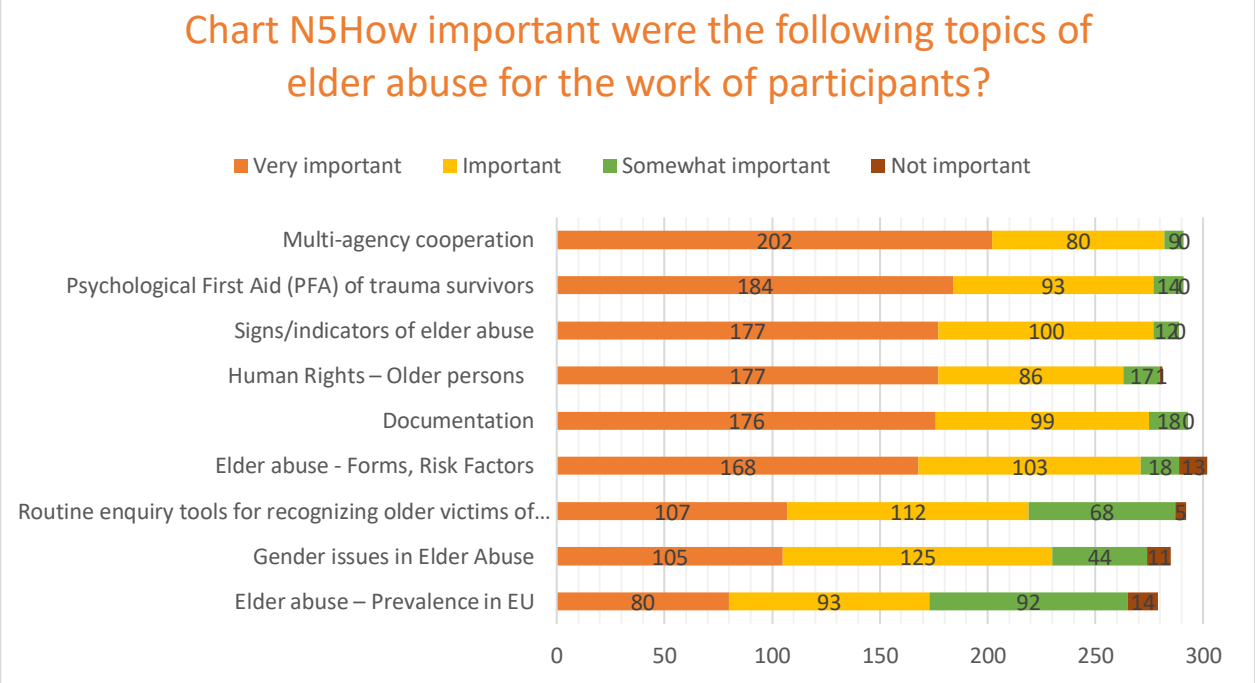
- **More Conscious of the Violence Experienced by their Clients/Patients**
  The change in attitude was visible in terms of health and social care professionals understanding the importance of asking and paying attention to the violent experiences of elderly clients/patients. Before the MLWs only 35% of participant said they should pay attention and ask about the violence every time. After the MLW, 85.6% completely agreed or agreed that they must ask more about the violence experiences of clients/patient in suspect cases.

The indicators tested before and after the MLWs showed that was change in attitude of participants towards the elderly female abuse.

The results from post evaluation reports showed that 94 % of the participants identified the domestic violence against elderly as an important issue to address. In terms of overall satisfaction of MLWs, 96 % of participants found it very useful to attend the mutual learning workshops. Furthermore, 92% of participants completely agreed with the statement that the logistics for the workshops were arranged well by the organizers.

Facilitators of the MLWs were selected from the WHOSEFVA project partners. The facilitators received the ToT within the WHOSEFVA. From the MLWs, WHOSEFVA partners identified the overall situation in the health and social care system regarding elderly abuse, about how health/social care setting are dealing with the issue. The results were integrated in the initial version of the training curriculum (WS2.10).

During the MLWs WHOSEFVA participants identified the topics that were the most important for their work with female elders. Signs and indicators of elder abuse were referred to as an important topic by 95.8% of participants. More than 95 % agreed that the most important issue was multi agency cooperation; followed by Psychological first aid (90%); The topics identified as being most important were included in the training manual and curriculum developed during the project.



The discussions during the MLWs showed that experiences with elderly female victims of abuse was one of the main concerns of MLW participants identified by the surveys. As the results of the interaction with the professionals, WHOSEFVA team learned that in most of the cases elderly victims do not want to report violence (to police, to family); they do not recognize violence as violence; victims usually deny the abuse and blame themselves; they do not want to change their lives; they do not want to demand help or better treatment; they are often in a dependent relationship with abuser (as caretaker or caregiver). Multi-agency cooperation was identified as one of the major challenges to tackle for the health and social care settings. There is a need to better professional exchange of experiences among different agencies and creating the case management system. Participants mentioned that it will be important to have clear responsibilities regarding the suspect or abuse case of elderly women. That also includes the

developing the institutional structures and procedures, such as good documentation forms and intervention protocols; safety/ quality standards and clear regulations for procedures and supervision and monitoring of cases.

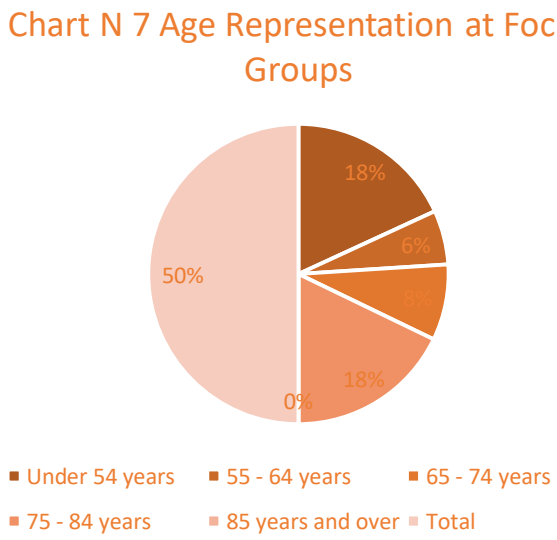
IV. Focus groups with Older Women

WHOSEFVA partners in each country gathered and recorded the experiences and perspectives of older women to give more in-depth understanding of the issue. The first set of support/focus groups or interviews were devoted to providing insight on their expectations and what would be the best treatment experience. The second set of focus groups served obtained feedback from older women on the WHOSEFVA program. The third set of focus groups/interviews helped the team obtain feedback about the products developed under the project. Collected knowledge from focus groups were used by WHOSEFVA staff while developing the training materials/manual for health and social care professionals.

To evaluate the focus groups, the WS4 team developed a report template and evaluation form. The repot templates were filled by the facilitators of the focus groups, while the evaluation forms were filled by the participants. Local evaluators translated the post-evaluation forms into the local languages and collected evaluation results.

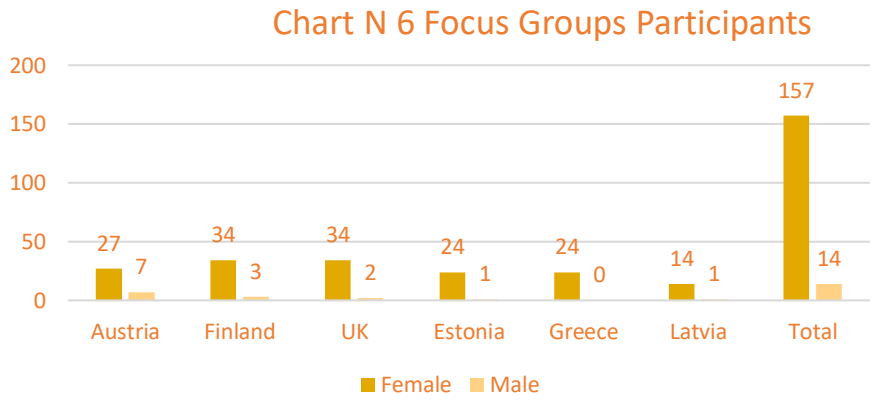
WHOSEFVA partners conducted 19 focus groups with 171 people (157 female and 14 male) – exceeding the original target of 150:

- Vienna, Austria, conducted by AÖF, 06/06/2017 (2 participants) and 13/07/2017 (3 participants) 26-27.06.2018 (29 participants)
- Bangor, Northern Ireland, UK, conducted by KWC, 12/06/2017 (16 participants). 20.03.2018 (20 participants)
- Tartu, Estonia, conducted by WSIC, 22/09/2017 (6 participants), 12/10/2017 (11 participants), 26/10/2017 (8 participants)
- Heraklion, Greece, conducted by UWAH, 11/10/2017 (7 participants), 11/10/2017 (7 participants). 06.05.2018 (10 participants)
- Helsinki, Finland, conducted by VoiVa, 07/06/2017 (9 participants). 14.11.2018 (6 participants), 04.04.2018 (3 participants), 07.03.2018 (4 participants), 7.02.2018 (5 participants), 25.05.2018 10 (participants)
- Riga, Latvia, conducted by Marta, 14/06/2017 (5 participants). 29.05.2018 (10 participants)



70% of participants fell into the age categories of 65-74 and 75-84. 18% (32 participants) were identified as victims/survivors of the domestic violence (See chart N7 for age breakdown). This means that some of the other participants could have been victims of domestic violence but were not identified as such by the partners. The breakdown of the 157 female and 14 male participants by country is indicated in chart N6, which shows that they were for the most part evenly distributed, ranging from 8.9% (LV) to 21.7% (Finland and UK). Partners identified 27 potential victims out of all 171 participants.

More than 95% indicated that the focus groups were not emotionally tiring, and they did not feel any discomfort during the meetings. This tells that the facilitators of the focus groups/interviews were able to deal with a highly sensitive issue professionally and sensitively. The facilitators were selected from WHOSEFVA partner organizations. The facilitators were trained (WS 1.2/1.3/2.4/4.2) during the 1st and 2nd project meetings in Heraklion (M4) and in



Tartu (M9).

According to these results, more than 95 % of the participants agreed that the atmosphere was warm and friendly during the focus groups/interviews and they felt that they could share experiences and opinions. They felt that they were respected in the group/interviews. They referred to atmosphere as "open; supportive; trustful; and warm".

Based in part on the focus groups, the training manual (described below) was developed, in particular the signs of elder female abuse. This helped the manual developers to target this issue in the further trainings and finalizing the manual. The signs for different types of abuse are identified below.

Psychological and Verbal Violence (Family and caretakers)	Being infantilized, not taken seriously Deprivation of liberty Being left alone, locked away, excluded, isolated, ignored Verbal assaults, being harsh, yelling, daunting, blackmailing Mobbing and stalking
Sexual Violence	Strong sexual violence against older women could be identified (husbands) Cases of Patients entering other patients' rooms at night
Physical Abuse	Personal stories (husbands and sons)
Emotional Violence	Emotional abuse from husbands and fathers in early childhood (later forced them to marry) Restricting life, controlling (also social life), forcing what to do / wear, threatening
Institutional / Structural and Financial/	Invisible and often overlooked, lack of high-quality care Violence in nursing homes: people are not able to move and choose freely

Economical Violence	Women are often economically dependent on men Partner or Children having power over, controlling and limiting an older person's use of money

Experiences of focus groups participants in seeking help from social and health care services demonstrated that the most frequented services used by elderly abused women is emergency, police, health care services, crises telephone, helplines, crisis intervention, psychosocial emergency service, health centre. Conducing the focus groups/interviews brought the perspective of older victims of violence to the project actions by gathering knowledge about their experiences in seeking help from (social and) health care services; the best support/treatment the need so elderly people; their points of view of important issues/aspects of training for professionals. In manual chapters 8 addressed in detailed the lessons learnt from focus groups and personal experiences of elderly people.

V. WHOSEFVA Training Materials

As the WHOSEFVA project was implemented, training materials were developed in English and eventually translated into partner languages to be used in local trainings as described below. The training materials consist of 9 power point slides that cover topics such as Elder abuse/Violence against older women – Forms; Gender issues in elder abuse; Elder Abuse/Ageism and Sexism; Elder Abuse and dementsia; Abuse of older women – Long-term suffering and stigma; Elder Abuse as a Challenge in Social Services – Supporting older women; Assessment of markers and symptoms of possible elder abuse and neglect; Screening/Routine enquiry in elder abuse; Elder Abuse Suspicion Index (EASI). The training materials have a similar structure to the training manual and can be used as a companion to the manual when carrying out training. The quality and value of the materials are described in the section below on local trainings – based upon feedback from training participants. These slides are on the WHOSEFVA and WAVE websites and will continue to be made freely available in the future.

VI. Best Practice Protocols

An important aspect of the WHOSEFVA project was the development of protocols that could be implemented in healthcare settings to screen for potential elderly victims of domestic violence. The protocols were to be developed and then tested on site in actual healthcare facilities, to assess their effectiveness in identifying victims and in their ease of use for medical professionals.

WHOSEFVA experts developed the protocols based on information gathered from the Mutual Learning Workshops, earlier European Union funded projects and Emergency Care Procedure (PAKE). The decision on which screening and identification tool to use was deliberated among the project partners since the very beginning of project. WS2 leader experts conducted research on existing identification tools and presented the overview of them during the project meeting in Vienna (M16).

The decision was made by the WHOSEFVA consortium to use the EASI screening tool (Elder Abuse Suspicion Index © (EASI) as it was the most valid tool for the WHOSEFVA project partners. EASI had not been implemented before in any of the partner countries.

The capacity of screening tools to detect potential abuse was particularly important as many professionals struggle to recognize elder abuse. The Elder Abuse Suspicion Index (EASI) was developed by Yaffe et al. (2008) following a review of the literature on elder abuse, a consideration of obstacles to recognizing elder abuse, an examination of existing screening tools and the characteristics of screening in use by physicians. The EASI was validated for enquiry by family physicians of patients in their offices aged 65 and over. Family physicians reported that the EASI is simple to use and can be administered quickly. The data collected in the MLWs and focus groups with potential elderly victims of domestic violence supported the partnership's decision to use the EASI tool. According to the data the signs of violence addressed by the screening tool were registered as most frequent abuse cases by partners.

EASI is a simple screening tool of six questions, developed for competent older people who must understand the questions for it to be effective. Moreover, many older adults who experience abuse are cognitively impaired, socially isolated and frail, and they may have complicated and dependent relationships with their abusers. Assessment of suspected elder abuse should begin with an assessment of capacity. One of the main reasons why the EASI tool was chosen by the WHOSEFVA partnership was the content of the EASI questions. The questions and structure of the EASI tool is following:

- **Question 1: Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals? (Dependency)**
  This question is not a screening question but shows a possible dependency of an older person and so identifies a risk. A positive answer does not suggest possible abuse.
- **Question 2: Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with? (Neglect)**
  Neglect refers to situations in which the basic needs of an older person are not being met by someone who is responsible to provide care or assistance.
- **Question 3: Have you been upset because someone talked to you in a way that made you feel shamed or threatened? (Psychological/Emotional abuse)**

Psychological/Emotional abuse of older person can be verbal or non-verbal that appears in behaviour. Actions intended to inflict mental pain, anguish or distress on an older person.

- **Question 4: Has anyone tried to force you to sign papers or to use your money against your will? (Financial abuse)**
  Financial abuse can be actions of illegal or improper use of an older person's money, property or assets or theft, coercion, fraud, exploitation, pressure in connection with wills, property or inheritance.

- **Question 5: Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically? (Physical/Sexual abuse)**
  Physical abuse causes most often bruises, cuts and contusions.
  Sexual violence against older people has been largely ignored. Majority of older victims of sexual violence are women.

- **Question 6: Doctor: Elder abuse <u>may</u> be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months? (Observational)**

The EASI was developed to raise a doctor's suspicion about elder abuse to a level at which it might be reasonable to propose a referral for further evaluation by social services, adult protective services, or equivalents. While all six questions should be asked, a response of "yes" on one or more of questions 2-6 may establish concern. The EASI was validated for asking by family practitioners of cognitively intact seniors seen in ambulatory settings.

Because of the sensitivity of the question asked in the EASI screening tool meant that partners were supposed to go through the process of validating the translation of the tool into their languages. WSIC (EE); UWAH (GR) and VoiVa (FI) went through the process of translating the tool twice, comparing the translation and sending it to Yaffe et al. and receiving the approval to apply the tool in selected healthcare settings. AOF and KWC did not translate it because it was already available in German and English languages. The screening tool was not implemented in Estonia, Austria, Latvia or the UK. The reasons for this were the difficulties with governmental and institutional regulations that made it hard to implement the EASI tool there

Two partner countries implemented the EASI tool (in Finland and in Greece) and one partner conducted specific training about the screening tool (Latvia). The experiences of all three are described below

VoiVa FI

The EASI screening tool (Elder Abuse Suspicion Index © (EASI) was translated into Finnish by the medical expert team of Malmi hospital in December 2017 according to the protocol given by Professor Mark Yaffe. The EASI tool was piloted in Malmi hospital emergency room during 15-21 January 2018 and 4-17 June 2018.

Malmi hospital is a pioneer in Finland in development of the protocol for medical examination of assaulted patients (called PAKE) in 2002 and is now in use all over Finland in medical emergencies. PAKE is used for patients who are known to be victims of violence. It is not an identification tool. Since the EASI tool has never been implemented in Europe,

Malmi hospital agreed to be a pioneer in introducing the first scientific tool for suspicion or identification of older victims of domestic violence in emergencies in Finland.

Before piloting the medical expert team did one month follow-up of Medical Examination Protocol of Battered Patient (PAKE) in emergency unit to see how and how often the protocol was used for older patients. The result was that only one 61 years old patient came to emergency for being assaulted by his grandson. This confirmed the team's belief that older victims of domestic violence are rarely recognized in emergency healthcare settings. Therefore, it was decided to use the EASI tool for screening purposes.

It was decided that EASI tool will be used for asking about violence over 75 years old seemingly competent patients who come to emergency for some reason. According to research that is an average age when older persons' health and ability in daily activities start to decrease. These are known as one of the risk factors for domestic violence among older people.

For the first pilot (15-21 January 2018) the staff of emergency and short-term units were trained by their superiors. For the second pilot (4-17 June 2018) the staff was trained by WHOSEFVA expert (Sirkka Perttu). EASI tool training was held in Malmi hospital 23 and 30 May 2018. In total 39 professionals were trained to use EASI tool.

In two pilots 26 EASI forms were completed. From them 5 patients (19.2%) indicated that they were suffering from at least one form of violence mentioned on the instrument. This included threats and physical and sexual violence. Two patients (older women) refused to answer the questions; one of them was escorted by her adult son and the other one admitted to being a victim but she refused to talk about violence and didn't want any help either. Thus six out of 27 or 22.2% of women screened might be victims – this is a significant amount.

10 out of 39 professionals working in the emergency setting completed feedback questionnaires. Respondents reported that violence is a very sensitive issue for the patients.

In the advocacy meeting held in 6 November 2018 it was decided that Malmi hospital will continue the implementation of EASI tool in daily practice of emergency and short-term units where part of the patients are referred from emergency.

UWAH GR

In order to arrange the pilots, UWAH executives in collaboration with the Regional Health Authorities in Crete (7th YPE), that have supported and participated in WHOSEFVA from the beginning of the project (due to an existing bilateral MOU of collaboration), chose the following units to pilot the EASI Protocol:

- Health Care Centre in Arkalochori of Minoa Municipality (unit at Heraklion prefecture)
- Health Care Centre in Heraklion (unit in urban area)
- Local Health Unit in Heraklion (unit in urban area)

The main idea was to incorporate findings both from urban and rural areas of Heraklion prefecture under the given time frame of implementation, so as to maximize outcomes.

The timeframe for the piloting of the EASI was set to two months, (August and September 2018). The target group for the pilot implementation was decided to be patients over 65 years old.

The first step of the process was to deliver a brief training to the units' personnel on the use of the forms, as well as implement interviews with the responsible of each unit. Both the implementation of the training and the interviews (3 in total) were delivered in July 2018 by UWAH's social worker and psychologist, namely Ms. Eleftheria Deligianni and Mrs. Meltini Fragioudaki.

During the piloting the EASI form and the accompanying form were used in 53 cases of patients, and more specifically for 38 female patients and 15 male patients. From these, 13 cases of female patients were identified as suspicious for abuse/violence – 34.2%. Among these, there were also reported physical injuries, such as abrasions, bruises and one bone fracture.

The age target group extended, as the EASI was also used at a few cases that the patients were younger.

10 professionals in total from the units completed feedback questionnaires after the end of the pilot process. In UWAH's contact with the professionals during the process, all engaged professionals stated that EASI was helpful as well as simple and easy to use. In some cases, professionals indicated signs of abuse. Some professionals stated that their tight timeframe with the patient and their busy schedule, made the use of any tool not always possible. On question about how many cases of elder abuse were identified during the implementation of EASI, 6 out of 10 said that they never came across such cases. Although rest of the 4 noted that they faced such cases they did not specified the type of injuries and never referred to other institutions.

MARTA LT

WHOSEFVA Latvian partners MARTA were not able to fully implement the EASI screening tool in the selected health care setting - Pauls Stradiņš Clinical University Hospital because of the long administrative process of accepting the tool in the hospital. However, they conducted trainings with the health care professionals regarding the screening tool. 8 professionals participated in the training on Best Practice Protocols. Most of the participants were from the hospital where the training took place – medical doctors nurses, patient support workers, social workers and one lawyer.

The goal of the training was to provide information about the EASI tool, the value of its implementation in Latvia and discuss practical possibilities for implementing the tool in the Hospital.

During the training specialists were introduced to the results of focus groups with elderly women that were held in Latvia. The training clearly showed that one of the few people that elderly women could trust in telling their story of suffering from violence are health specialists, in most cases family doctors. During the training participants discussed the benefits derived from the EASI tool implementation in Greece and Finland and were encouraged to do so in Latvia. One of the obstacles for implementation of the tool cited by participants was the perceived lack of human resources that would be responsible for addressing he domestic violence issue of elderly patients.

The discussion showed that we need to create alliance with health sectors. Strong multi-agency cooperation can provide victims of abuse with assistance that is not within the competence of the hospital. Feedback regarding the EASI tool was that the questionnaire was too long. For health care professionals in Pauls Stradiņš Clinical University Hospital it would

be important to have a shorter tool to conduct the screening of potential elderly victims of the violence.

To support the better implementation of the EASI implementation, UWAH (GR); MARTA (LT) and VoiVa (FI) conducted the local trainings on implementing protocols for identifying and supporting elderly female victims of abuse (WS 2.8). In total was conducted 4 trainings with 57 health and social care professionals in the health setting which were involved in the implementing the EASI tools under the WHOSEFVA project. In the framework of the WHOSEFVA project, this exceeded the goal of training 50 participants. But the trainings were only implemented in three countries. The reason why rest of the WHOSEFVA partners did not do the training were obstacles related to the implementation of the Best Practice Protocols itself.

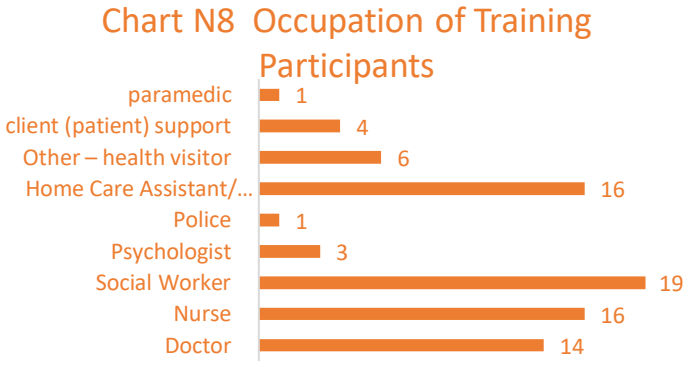
VII. Local Training with Health and Social Care Settings

WHOSEFVA partners conducted trainings for local health and social care professionals using the training materials developed during the project. The trainings sought to introduce the identification tool to professionals and to test the validity of the developed training manual.

In total WHOSEFVA partners trained 281 participants, exceeding the original goal of 210. In total 12 trainings were conducted instead of the 6 planned. Out of 6 WHOSEFVA partners, only UWAH , KWC, MARTA and VoiVa conducted the trainings.

Over the 30% of training participants came from the hospital and rest of the participants from local Health Centers/Units.

18 % of the participants of the trainings were social workers; 15 % home care givers and the rest were professionals at hospitals including nurses and doctors (See chart N5)



Nearly half of the participants (44 – 42.7 %) had never participated in trainings on violence against older persons before. With the exception of the UK, where the picture was completely different – half of the participants (14– 45.1 %) reported that they often take part in trainings on elder abuse.

UK over 95% of participants found very beneficial the following topics of the training: Prevalence of violence against older persons; Special features of elder abuse; Older women as victims of violence; Approaches to violence against older persons; Assessing signs/markers of violence against older persons; How to support older victims of violence. All the participant strongly agreed to the statement that if they notice that the safety of an elderly person is in danger, it is their professional duty to report it. This indicates the readiness to address the suspicious cases of elderly female abuse.

In the cases of UWAH (GR) and MARTA (LT), the training covered additional topics, including; long-term suffering and stigma; complex and historical trauma; dementia issues; transtheoretical model of change; the most beneficial for the participants in two partner countries were screening of elder abuse (43.6%)

It is important to mention that around 80 % many participants wished there were more practical information (like phone numbers, addresses, names of crisis centers), where to call and refer patients, when the patient does not need hospitalization, but it is dangerous for victim to return home. This issue raised the idea that strong multi-agency cooperation was needed to provide support to the elderly victims.

VIII. Training Manual

Within the framework of the project, according to output 2.2 a training manual was developed. The manual provides a guide to working with older victims of abuse. The manual deals with terminology used when talking about violence against elderly women and provides information on future challenges. Development of the manual started from the very beginning of the project. At the kick off meeting (M4) VoiVa (then WLF) expert Sirkka Perttu conducted a TtT workshops and the materials of TtT was used as the baseline of the training manual. The structure of the manual was established by the second project meeting in Estonia (M9). Afterwards, the manual development expert team started to create its content, incorporating the findings from MLWs and focus groups.

The purpose of the manual is to support trainers working with professionals from social care, health care and victims' support services, providing them with the latest knowledge regarding the needs and concerns of older persons who are victims of abuse.

The manual is divided into eight chapters:

- **Chapter 1**: What Is Violence Against Older Persons? The chapter provides background to the issue of violence against older persons by introducing the definitions and terms in the field and the forms of elder abuse.
- **Chapter 2:** Approaches to Violence Against Older Persons. This chapter introduces different angles of violence against older persons by describing situation of European populations and provides a picture of the prevalence of elder abuse and its explanations through different theoretical perspectives to the issue.
- **Chapter 3:** Complexity of Violence Against Older Persons. The chapter aims to describe the unique characteristics of violence against older women – which makes it more difficult to address then other types of abuse. This includes a discussion of what aging in society might bring to the life of older persons and women in particular.
- **Chapter 4**: Risks and Consequences of Violence Against Older Persons. It introduces what is known about risk factors that can indicate the potential for abusive relationships. The chapter also describes the short and long term effects that abuse can have on women and older persons. The chapter concludes with a description of protective factors that can be instrumental in preventing elder abuse from developing.
- **Chapter 5**: Working With Older Victims of Violence. This part of the manual highlights issues on how to take into account the situation of older women.
- **Chapter 6**: Addressing Violence against Older Persons in Health Care Settings. This chapter builds upon the previous sections and describes how they can be used within health care settings. This includes challenges for identifying and intervening in elder abuse using the assessment, examination and screening instruments developed in this project.
- **Chapter 7**: Professional Challenges in Working with Older Victims of Violence. Current chapter covers topics such as Risk and protective factors for vicarious traumatization, secondary traumatic stress, compassion fatigue and burnout of professionals.
- **Chapter 8**: Conducting Training for Social and Health Care Professionals. This chapter gives some clues on conducting training with social and health care

professionals, for example by introducing the lessons learned through the activities of the WHOSEFVA project.

As the manual was only completed at the end of the project, it is difficult to evaluate its usefulness for health and social care professionals and this can be seen as an important flaw within the confines of this project.

However, the training materials the manual was based upon were used in various WHOSEFVA trainings, which were favorably rated, as described above. Several sections of the manual were included in direct response to feedback from training participants. This includes the most important issues in the work of health and social care professional in elderly female patients. The content of the manual was also reviewed by several external experts. All of whom approved of the guide. The manual was peer-reviewed by Assistant Professor Jose Ferreira-Alves, School of Psychology, University of Minho, Braga, Portugal.The subsections on Elder Abuse Suspicion Index (EASI), Self-Administrable Elder Abuse Suspicion Index (EASI-sa) and Elder Abuse Suspicion Index in Long-Term Care were reviewed by Professor Mark J. Yaffe, McGill University and St. Mary's Hospital Center, Canada.The subsection on Risk on Elder Abuse and Mistreatment Instrument© (REAMI) was reviewed by Professor Dr. Liesbeth De Donder, Vrije Universiteit Brussels, Belgium. The manual is robust, at the end of every chapter there is long and extensively referenced with around 300 cited sources from peer-reviewed journals, EU data and studies by relevant organizations such as the EU Fundamental Rights Agency. The manual is also well integrated into other WHOSEFVA activities, it was based upon training materials developed and administered in the project and includes a section that makes direct use of WHOSEFVA project activities (such as the policy recommendations and the testing of protocols that were carried out in Greece and Finland). The training manual has also been used as a basis for the online course "Five Signs of Abuse" that is described below.

Furthermore, it appears that the manual will continue to have impact beyond the life of the project. WHOSEFVA partner WAVE has disseminated the MOOC and Training Manual on social media platforms regularly, particularly during key international dates which relate to the elderly. The Training Manual is freely available on the WHOSEFVA website, which will remain online with no termination date. During the annual WAVE Conferences, print and online versions of the manual will be made available to share with participants. WAVE will also promote the materials at various events and conferences around Europe that they regularly attend.

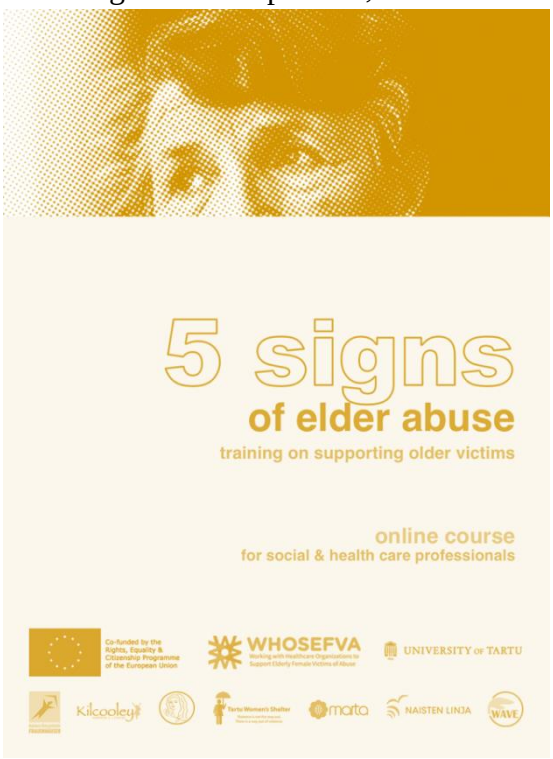
IX. Massive Open Online Course

Within the framework of the project, according to output- 2.3, an online training course was created. The University of Tartu led development of the course based on its competence in creating online university course content. The course was based on the WHOSEFVA Training Manual and materials (slides). An important aim of the course was to create an easily accessible set of video lectures that would be understandable for both professionals and a broader audience.

In developing the course, the Manual was simplified and visualized in short video lectures, where the material is presented in a clear way making use of graphics and acted vignettes where appropriate. The course itself is named “Five Signs of Elder Abuse” in order to have an easy catchy title.

The course can be accessed on the WHOSEFVA project webpage by the following link http://whosefva-gbv.eu/mm4-en. It consists of a Corse Welcome video that introduces the WHOSEFVA project and issue of elder abuse in general. It then has four blocks of video lectures, four quizzes and registration and feedback forms. Each block has 4-5 lectures and one quiz (short test with a question-based on the content of video lectures). Altogether there are 18 lectures that reflect the main aspects of the Training Manual covering the following topics:

1. About the term of elder abuse;
2. Current situation in Europe;
3. Gender & Human rights perspectives to the violence against older persons;
4. Violence against older people & dementia;
5. Physical violence;
6. Psychological violence;
7. Financial violence;
8. Sexual violence;
9. Neglect;
10. Assessing signs & Markers of violence;
11. Assessment & examination procedure;
12. Challenging situations in emergency care settings;
13. Screening of violence against older persons;
14. Ethical issues;
15. Risk & protective factors;
16. Safety planning;
17. Coping strategies & barriers for help-seeking;
18. Professional challenges.



Another important feature of the online program is that it has been agreed by the partners that the content is supposed to be available in all partner languages and relevant for the local contexts of the issue. That assumed not only the full translation of the course in six languages, but also designing it in a way that students from different parts of Europe would find it relevant for their country. Although the project participants come from different backgrounds, the online

course was designed to be generally applicable to different countries while still considering WHOSEFVA partner country specifics.

The online course relies on many of the same sources as the training manual, such as the Survey on violence against women in EU (2012) carried out by the EU Fundamental Rights Agency (https://fra.europa.eu/en/publications-and-resources/data-and-maps/survey-data-explorer-violence-against-women-survey).

The video lectures were uploaded on the YouTube platform so that it would be as accessible as possible. The platform allows the use of subtitles in multiple languages and is quite user friendly. Although they are located on the YouTube site, the lectures themselves are inserted on the course's webpage so that there is no need for students to open any new links or windows.

In terms of course development schedule, the course has been designed during the last months of the project (August – November M22-24). This mainly happened since it was entirely based on the Training Manual that was finished with a delay. When the content of the Manual was available for use and further adoption for the purposes of the online course, the project was close to the end. The transcripts in English were developed and edited in the period from August till November. At the same time the process of recording voice overs was launched in August and continued until November. At the same time the course was translated into the five partner languages in October

Mentioned above significant shift in the schedule resulted not only in late launch of the course, but also in limited of promotion and dissemination. However, marketing of the course has continued beyond the end of the project. As of 31 January – 5 people have taken the online course, which is below the targeted 100 people. WHOSEFVA partners and specifically WAVE will continue to disseminate the course and it will continue to be widely available.

X. Policy Recommendations

Developing the Policy Recommendations

WHOSEFVA partners worked on developing the policy recommendations from the very beginning of the project. The WS1 leader (AÖF) was supported by UT in carrying out the policy analysis ToT during the project meeting in Tartu (M9). During the trainings partners were also introduced to the model of developing the policy recommendations for the WHOSEFVA partner countries. At the ToT on policy analysis (WS 1.8) partners agreed on the process to be used for developing the policy recommendations.

- As the first step, UT with AÖF identified the most relevant international directives and created a questionnaire based upon them These include:**The Istanbul Convention:** The Council of Europe Convention on preventing and combating violence against women and domestic violence. Entered into force on 1 August 2014.

- **The European Charter of rights and responsibilities of older people in need of long-term care and assistance**, created via the project „A European Strategy to fight elder abuse" which was funded by the European Commission's Daphne III Programme. December 2010. 11 partners from 10 different countries. The project developed a European Charter of rights and responsibilities of older people in need of long-term care and assistance.

- **Madrid International Plan of Action on Ageing (MIPAA)** adopted at the 2nd World Assembly on Ageing in April 2002. Focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments. Partner country reports on status of implementation from 2017 were also consulted.

- **Recommendation CM/Rec(2014)2 of the Council of Ministers – Protection from violence and abuse** focused on the promotion of human rights for older persons

An analysis of the situations in six partner countries was conducted to assess how closely the existing national legal frameworks and operating environments align with these four important international directives. Based on this assessment, a set of recommendations for further actions to be taken were identified.

While collecting data on local level, most WHOSEFVA partners consulted other experts and used the internal organization expertise. UT and AÖF also incorporated some findings from mutual learning workshops and other activities of the WHOSEFVA project.

Four WHOSEFVA partner countries (Estonia, Austria, Finland, Greece) have ratified the Istanbul Convention and transposed it into their national legislation. However, only two countries, Austria and Estonia, have started to implement the actual written laws, with Austria being far ahead in doing so. Thus far, five key elements have been identified:

1. **Improved legal definitions for criminal offenses linked directly to domestic violence**: As an example, Austria has created a comprehensive list of criminal offenses and extensive legal and psycho-social court assistance to victims of violent crime and sexual offenses.

2. **Improved methods for identifying victims of DV:** Austria has established reporting obligations for medical professionals to help victims disclose abuse and be supported.

3. **Improved methods for assessing the outcomes of DV cases**: Better collection of data on the number and outcome of cases of violence against women across different sectors must be developed – currently none of the partner countries are doing this adequately.

4. **Funding to train key actors in the criminal justice system:** The situation in Estonia has demonstrated that even when legislative acts have been amended, implementation remains limited if the culture, awareness and attitudes of judges, police and prosecutors is not also being addressed. This lack of understanding can lead to a smaller percentage of cases being taken to court. In Austria for example, only the police have integrated teaching on violence against women and domestic violence in their curriculum, which does not address the specific needs/concerns that arise when dealing with elderly victims.

5. **Increased Involvement of Civil Society in reform efforts:** Although it has only started to implement changes in 2018, Finland's approach has been to establish a specific action plan for implementing elements of the Istanbul Convention. NGOs have been written into the plan to be included in implementation efforts. Austria has set up an inter-ministerial working group together with women's NGOs, in view of implementing and improving the recommendations of the Istanbul Convention and GREVIO Report.

Based on the conducted analysis and collected data from the partner countries, the WHOSEFVA developed the following recommendations:

- A step-by-step procedure to raise awareness of risks factors when suspecting or witnessing elder abuse.
- Complaints must be taken seriously, and the older person as well as the person reporting elder abuse must be protected from negative repercussions.
- Trainings must systematically integrate the capacity to observe, detect and handle even the most "invisible" types of elder abuse and discrimination. These must be targeted at a wide range of stakeholders such as caregivers, elder abuse helplines, doctors or the police.
- The importance of trainings and standards for risk assessments must be emphasized

As the added value of the policy recommendation for the European Union, WHOSEFVA partner organization WAVE will be using the material to advocate on international level for policy improvements tackling the elderly female abuse. WAVE is using the policy recommendations with other deliverables such as MOOC and Training Manual on social media platforms regularly, particularly during key international dates which relate to the elderly. The WHOSEFVA website will remain online with no termination date, so all materials continue to be available for free. A During the WAVE Conference, the above online version of policy recommendations is promoted and shared, and print versions of the manual made available to share at various events and conferences around Europe. Policy recommendations continues to be disseminated and WAVE will continue to work closely with AGE Platform Europe and share project results during their roundtables and through their mailing list.

As planned, the WHOSEFVA policy recommendation document was used as the main tool to conduct the advocacy campaign by all the partners. The recommendations were presented at

the advocacy and community meetings where the policy makers and decision makers in health and social care setting were informed about the policy aspect of elderly female abuse in their country.

Advocacy and Community Meetings

In total WHOSEFVA partners conducted 13 advocacy meetings with 229 participants coming from health and social care settings, public state organizations and non-governmental organization operating in the field of elderly abuse.

AÖF conducted 1 advocacy meeting on 12.11.2018 with 52 participants

On the meeting few very important topics were touched upon. For instance, Michael Felsberger has introduced aspects of violence against elderly from the perspective of the police. WHOSEFVA expert, Maria Rösslhumer has presented the results of WHOSEFVA training programs and policy data collected. Pastoral-ethical considerations for elderly people in the hospitals were also discussed by hospital representative Katharina Schoene.

KWC conducted 1 advocacy meeting on 21.06.2018 with 97 participants

It was a meeting with local policy makers on which the overview of the WHOSEFVA project was done with a focus on training manual and its current stage of development. Policy recommendations and relevant legislations for the UK case were closely discussed and participants agreed to continue cooperation for further developing of support services for elderly female victims of domestic violence.

MARTA conducted 1 advocacy meeting on 14.08.2018 with 7 participants

Within the meeting, key elements in the agenda were safe shelter for elderly women in life dangerous situations and functioning crises intervention in cases of violence. Participants included: Iluta Lāce, Zane Zvirgzdiņa, Lelde Vaivode – experts from MARTA Centre; Maksims Ivanovs, the director of Social Service Department, Ministry of Welfare; Dace Kļaviņa, the director of legal department, Ministry of Welfare; Martins Moors, director of the Welfare Department of the Riga City Council; Anatolijs Aleksejenko, the director of Housing and Environment department of the Riga City Council. Riga City Council representatives told about limitations and difficulties of the offering support for elderly women.

The discussion was about possible crises intervention program that would be based on the real needs of the victim. The discussion was concluded by the agreement to continue the development of the ideas of possible support from Riga City Council to anonymous shelter.

UWAH conducted 4 advocacy meeting on 20.09.2018; 26.09.2018; 28.09.2018; and 19.10.2018 with 24 participants in total.

Meetings included participants like Ioannis Michelogiannakis, Member of the Greek Parliament; Elisabeth Lothe - First Secterary (Political), DHM; Ann Havnor & Polyxeni Anastasiou, Executives from the Embassy of Norway in Greece; Eleftherios Avgenakis, Member of the Greek Parliament, General Secretary of “New Democracy” Party; Nikos Igoumenidis, Member of the Greek Parliament, Ex-Governor of the 7th Regional Health Authority of Crete. All the meeting with Discussion focused on Domestic Violence & Elder Abuse, providing an overview of WHOSEFVA Project. Special asttention was dedicated to

Presentation of Manual & Policy Recommendations. At the advocacy meetings participants agreed to continue cooperation for further developing of support services for elderly female victims of domestic violence.

VoiVa conducted 4 advocacy meetings with 34 participants.

Four advocacy meetings were held in Finland (17 January, 12 March, 1 June and 6 November 2018). They were multi-agency meetings and gathered decision makers and other professionals from social and health care, home care, older persons' service centers, vocational education, police and public prosecutors' office. Also several medical experts' team meetings were held (5 February, 12 March, 8 May and 22 May 2018). Press releases were published on VoiVa's web page (www.voiva.fi). In all the meeting Whosefva project was introduced.

- Advocacy meeting on 17.01.2018

The aim of the meeting was to assess current situation of the basic education and continuing training of the social and health care professionals regarding international and European recommendations and regulations. Participants included: Health care teachers (3) from Helsinki Vocational College, Unit of Welfare; Director of the Syystie Comprehensive Service Centre; staff from the Kustaankartano Comprehensive Service Centre; Home Care Manager, Social and Health Services of Northern District, Helsinki city; Senior Social Worker, Gerontological elderly care, Helsinki city. The chair has been MSc Sirkka Perttu, WHOSEFVA - project.

- Advocacy meeting on 12.03.2018

The aim of the meeting was to review the current situation of Best Practice Protocols used in hospital's emergency and assess the future development needed regarding older victims of violence. Participants included: Participants: Public prosecutors (2) from Prosecutor's Office of Helsinki; Chief Inspector, Helsinki Police Department; Senior Ward Physicians (2) (Geriatrics and First Aid); Deputy Chief Physician (emergency); Nurse Managers (2); Head Nurse of emergency; Home Care Manager, Northern Service District, Helsinki city; Senior Social Worker, Northern Service District, Helsinki city. The chair has been MSc Sirkka Perttu, WHOSEFVA -project.

- Advocacy meeting on 01.06.2018

The aim of the meeting was to discuss recommendations on elderly care and elder abuse, developed in WHOSEFVA – project from the Finnish perspective. Participants included:

Health care teacher from Helsinki Vocational College, Unit of Welfare; Home Care Manager, Social and Health Services of Northern District, Helsinki city; Supervisor, Kustaankartano Comprehensive Service Centre, leisure activities; Senior supervisor, Activity Centre for Informal Caregivers, Nortnern Northern District, Helsinki city. The chair has been MSc Sirkka Perttu, WHOSEFVA-project.

- Advocacy meeting on 06.11.2018

The aim of the meeting was first of all, to discuss the results of the EASI piloting in January 2018 and June 2018 and the feedback of the professionals. The meeting has also touched upon

the planning of the next steps for implementing EASI tool in Malmi hospital's daily work. Participants included Director Physician of Malmi hospital; Chief Inspector, Helsinki Police Department and staff from Malmi hospital). The chair has been MSc Sirkka Perttu, WHOSEFVA-project.

WSIC conducted 2 advocacy meetings with 15 participants.

- Advocacy meeting on 05.12.2017

Agenda of the meeting started from discussion on domestic violence issues, including general statistics on domestic violence, possible change over time and discussion on why domestic violence is not diminishing. It was also touched upon the issue of elderly violence and overview of project WHOSEVFA as well as discussion on the Pärnu pilot project, which introduces removal of the perpetrator from home. Among the participants were: Minister of Justice Urmas Reinsalu; Adviser to the Criminal Law Department of the Department of Justice of the Ministry of Justice Anne Kruusement; Department of Equity Policies of the Ministry of Social Affairs Airi Mitendorf; Deputy Director General of the Police and Border Guard Board Krista Aas and Senior Commissar; Department of Prevention and Prosecution Bureau of the Development Department Kadri Ann Salla; executive manager of Women`s Support and Information Center NGO Pille Tsopp-Pagan and social worker of Women`s Support and Information Centrer NGO Egle Ups; Deputy Secretary General of the Ministry of Internal Affairs, Police and Migration Policy Raivo Küüt and representatives of Prosecutor's Office Jako Salla and Margit Pärn.

- Advocacy meeting on 18.04.2018

The meeting was dedicated to issue of victims of Intimate Partner Violence and focused on history of personal intimate partner violence, action on effective ways to reduce intimate partner violence in different countries and overview of existing international projects that help victims get out of the vicious circle of intimate partner violence. The meeting was concluded with a discussion involving specialists from the Ministry of Social Affairs, the Ministry of Justice and the Ministry of the Interior. The debate has been moderated by Liisa Oviir, chairman of the women's Association of the Riigikogu.

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WHOSEFVA – Working with Healthcare Organizations to Support Elderly Female Victims of Abuse - JUST/2015/RDAP/AG/VICT/9320

UNIVERSITY OF TARTU

Tartu Women's Shelter
Violence is not the way out.
There is a way out of violence.

Autonome Österreichische
FRAUENHÄUSER