



POLICY RECOMMENDATIONS

Regarding Violence against Older Women in Europe

October 2018

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Introduction

Within the confines of the EU supported WHOSEFVA project, 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 four important international directives on the issue. Based on this assessment, a set of recommendations for further actions to be taken have been identified. These policy documents include:

- The Council of Europe Convention on preventing and combating violence against women and domestic violence. (Commonly referred to as The Istanbul Convention). The Convention was adopted by the Council of Europe Committee of Ministers on 7 April 2011. It was opened for signature on 11 May 2011 on the occasion of the 121st Session of the Committee of Ministers in Istanbul. Following its 10th ratification by Andorra on 22 April 2014, it 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 as part of the EUSTaCEA project ‘A European Strategy to fight elder abuse’, co-financed by the DAPHNE program from the Directorate General Justice, Freedom and Security of the European Commission. EUSTaCEA ran from December 2008 to December 2010 and gathered 11 partners from 10 different countries. The project led to the development of the 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)¹ and the Political Declaration adopted at the Second World Assembly on Ageing in April 2002 marked a turning point in how the world addresses the key challenge of “building a society for all ages”. It focuses on three priority areas: older persons and development; advancing health and well-being into old age; and ensuring enabling and supportive environments.
- CM/Rec(2014)2 of the Council of Ministers – Protection from violence and abuse

Following is a summary of the most important findings and recommendations that have come out of the analysis. This will be followed by a more in-depth description of suggestions, based on the documents described above and the best practice of our partner countries. These recommendations are divided into different focus areas such as specific legislation, training requirements for professionals and suggestions for improved police and healthcare procedure. This report concludes with an in-depth description of each of the partner countries, in terms of the areas in which change is needed.

¹ The 2017 country reports for MIPAA might be helpful in answering some of these questions. The reports can be found at: <https://www.unece.org/pau/mipaareports2017.html>



Summary of Key Findings

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 Report².

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*

² The Council of Europe’s Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO) Baseline Evaluation Report for Austria, Published on 27 September 2017

Best Practices

I. Legislation, specialized bodies and funding

- Laws that address domestic violence against women must be adapted to suit the needs of elderly women (or specialized laws should be adopted to deal with elderly abuse).
- In cases of eviction of the perpetrator, and depending on the situation, the law should guarantee that: a) other relatives able to take care of the elder woman are notified; or b) daily care and support be provided by a trained professional coming in for several hours; or c) the elder woman is placed in a suitable nursing home.
- All types of abuse (physical, sexual, economic, psychological, among others) should be addressed in sections on elderly women's abuse within general laws on domestic violence or in specialized laws (for both criminal and civil law).
- Such laws should provide for the creation of systems enabling swift reaction in cases of abuse and the provision of protection for elderly women, e.g. systems of referral in hospitals, training of medical staff and healthcare professionals, primary healthcare workers, medical professionals, the police and social workers, provision of free medical and psychological care, and placement in nursing homes when needed.
- Laws should require the training of all professionals who might be in contact with elderly victims of abuse. Training should include how to recognize signs of abuse and how to provide required psychological and other forms of assistance to victims.
- Inclusion of domestic violence and elder abuse in relevant national frameworks and strategies developed by different ministries (e.g. crime prevention strategy, health care strategy, human rights strategy, National Action Plans on social inclusion and exclusion etc.) to ensure that these issues are properly addressed in a comprehensive manner.
- Creation of a position to address the needs of the elderly and discrimination against them, including the provision of protection and assistance for all forms of violence.
- Adoption of specialized laws to establish support systems for informal caregivers. Such laws should introduce respite solutions (short stay in residential care, day- and night-sitting services, day care centers with possibility of transportation, substitute care for leave periods) along with compensations and support services for informal caregivers.
- Allocation of funding, in national and/or municipal budgets, for improving elder care services and enhancing capacity to fight elder abuse. This should include: funding of specialized shelters for elder people or units within women's shelter that will work with elderly women; training of staff working with people on a regular basis and employed by different agencies, on issues related to elder abuse and needs of older people; adequate funding for organizations that provide elder care, including adequate salaries for employees.
- Facilitation of coordination between primary health care, long-term care and social services professionals dealing with elderly people, by means of easier access to and sharing of information and systems of (mandatory) referrals, especially in cases of elder abuse.

II. Training, support and working conditions for professional and informal caregivers

- Introduction of comprehensive modules and training (at the national level) that cover violence against older women, including topics related to recognizing and reacting to signs of abuse, for both formal and informal caregivers as well as healthcare workers and social workers. Completing such a module should be compulsory, especially for professionals who frequently deal with elderly people
- Provision of gender-specific training in basic gerontology and geriatrics to primary healthcare workers and social workers.
- Reaching out to informal caregivers (family members, etc.) via different means (e.g. during hospital visits when they accompany elderly people), to invite them to complete courses that address different issues related to elderly care, including the identification of different types of abuse, to provide them with necessary training materials (guidebooks, etc.) and to offer them psychological support if necessary.
- Establishment of channels through which informal caregivers can access information about respite solutions: provision of information on official websites, during visits to elderly homes, in hospitals and other social services provided by relevant professionals.
- Specification of working conditions (working hours, minimum remuneration, social benefits) for professional caregivers working in home care, in laws that deal with elderly care and with references to labor legislation.
- Adoption of employment agreements between professional caregivers and employers based on legislation in the field. Introduction of internal procedures for monitoring working conditions and investigating complaints by employees.
- Introduction of mechanisms through which professional caregivers can file a complaint to relevant authorities about substandard working conditions and/or violations of the signed employment agreement.
- Adoption of service contracts between professional caregivers and elderly people (and/or their relatives), specifying the services to be provided and the working conditions that should be guaranteed. This should be done while making sure that elderly people can understand the terms of such a contract.

III. Licensing, quality standards and quality control (of nursing homes and home care)

- Requirements for obtaining a license to work as an elderly care professional (in a nursing home or domiciliary care) should include completing a course/module on recognizing signs of different forms of elder abuse and providing appropriate assistance in such cases, along with other aspects of care provision to elderly people.
- Adoption by public authorities of mandatory standards for nursing homes and professionals working in the field of elderly care, to ensure a high quality of long-term care. Disciplinary sanctions against professionals upon violation of these standards should be introduced, with a possibility to suspend their license and/or start criminal proceedings in severe cases.
- Regular (unannounced) visits by responsible authorities to nursing homes, to monitor and assess the quality of facilities and provided services, including anonymous interviews and surveys with residents. The findings of such visits should be made publicly available.
- In cases where care is provided by informal caregivers, home visits to assess living conditions and needs of elderly people, as well as to provide informal caregivers with necessary support and training materials should be introduced.

IV. Improvements in healthcare and special support services for elderly people

- Adaptation of the channels through which elderly people can access their personal medical data, to their specific needs and skills (online, during appointments with doctors, on paper).
- Ensuring that elderly people understand how they can access or request the data they need (by health care or social service providers) and provision of regular updates to them by doctors during appointments.
- Introduction of free of charge regular primary prevention and screening programs for elderly people, which should include a gender-specific approach as well as screening for signs of abuse.
- Distribution of personal alarm systems among elderly people, which they can use in case of threat and will connect them to emergency response teams.
- Establishment in hospitals of interdisciplinary victim protection units with staff with specialized training capable of addressing the different needs of older victims.

V. Protection and support services for victims of elderly abuse

- Each case of abuse should be carefully investigated, and the needs of elderly women should be considered to ensure the best possible response to their specific situation. This might involve the provision of support not only to an elderly woman, but also to members of her family.
- Creation of support services and helplines that specialize in helping elderly people, which should be advertised through channels appropriate and accessible for them (TV, leaflets in hospitals etc.).
- Provision of support services in different languages to ensure access by minority groups.
- Provision of free medical and psychological assistance to elderly victims of abuse who might not be able to afford such services. Cooperation with NGOs that work in the field and have expertise in providing psychological assistance to victims of domestic violence, and elderly women in particular.
- Establishment of specialized shelters for elderly victims of abuse (and provision of transportation if necessary) where victims can receive professional care according to their needs. Alternatively, establishment of specialized units for elderly victims of domestic violence within women's shelters and/or nursing homes where victims can receive medical and psychological support as well as be protected from perpetrators of violence.
- Establishment of channels (phone numbers, online forms) through which elderly people or their relatives can report cases of abuse or poor quality of services to the responsible social and health authorities.
- Development of systems that allow elderly victims of abuse to receive adequate and proportional compensation from the perpetrator and, in cases where the obligation to report the case was not fulfilled in time, from the institutions that failed to do so.
- In cases where the police or other relevant authorities fail to protect the victim in a timely manner, reporting of the case to higher level authorities for proper investigation and compensation should be made possible.

VI. Reporting of cases and investigations

- An obligation to report cases of suspected elder abuse to the relevant authorities, and in most severe cases to the police, should be introduced in the legislation relevant to all service providers dealing with elderly people.
- Possibility to report suspected cases of elder abuse anonymously. If it cannot be done completely anonymously, non-disclosure of the name of the reporting person should be guaranteed by the authorities to which the case was reported, and by the authorities who might need to question the reporting person.
- If necessary, and according to relevant laws, measures should be taken by the police, or ordered by court, to protect the reporting person.
- Provision of protection and support services (including shelters or domiciliary care, medical assistance) to victims of abuse, to ensure their safety and comfort in moving forward with the investigation.
- Provision of psychological support to victims of abuse to help them share their case.
- In cases where an older person asks for the closure of an investigation, but the case is reopened due to renewed suspicions of abuse, continuation of the investigation even if the older person asks to close the case again.
- Introduction of rehabilitation programs for abusers of elderly people displaying multiple issues. Programs should be implemented by social services in cooperation with NGOs working in the field of elder abuse and draw upon other rehabilitation programs (e.g. for substance abusers).

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VII. Involvement of Non-Governmental Organizations (NGOs)

- Involvement of NGOs, and especially women's NGOs, that work in the field of violence prevention, and can contribute their practical knowledge on the needs of elderly women victims of abuse to training programs targeted at formal and informal caregivers.
- Involvement of NGOs working in the field of elderly people's rights, elderly abuse and elderly care in the development and implementation of relevant governmental and municipal policies and projects. This would allow drawing upon NGOs' expertise in the field and establishing stronger connections with communities where these NGOs are active, leading to more successful policy and project implementation.
- Establishment of umbrella organizations that work in the field of elderly care and address the different needs of elderly people. Such organizations might serve as good channels for sharing best practices and engaging with different stakeholders, including policy makers.

VIII. Raising public awareness and enhancing elderly people's knowledge of their rights

- Investment of more efforts and resources in advocacy activities and in raising awareness of the issue among the public, including the deconstruction of certain stereotypes such as abuse being a victim's fault and domestic violence being a private matter. Reporting to the relevant authorities in cases of suspicion of domestic violence should be perceived as a duty of each citizen.
- Running of campaigns to advertise laws targeting violence against elderly women, as well as systems in place to protect victims, to ensure public understanding and support, including in taking action in case of suspicion of domestic violence.
- Increased governmental investment and support, to complement the efforts of NGOs working in the field and already conducting targeted public awareness campaigns.
- Focus on improving the knowledge of elderly people of how they can defend their rights, and who they can turn to in case they experience domestic violence.
- Re-framing of the spending budget for elderly care and abuse in terms of well-being of elderly people and quality of employment in the care sector.
- Running awareness campaigns displaying positive messages and examples and including the involvement of men – importance of engaging men to stop violence against women in all campaigns.

IX. Research and data collection

- Encouragement and support to NGOs and researchers who deal with the issues of violence against women and/or elderly abuse and conduct research on abuse of elderly women.
- Collection of data on domestic violence and elderly abuse should be based on cooperation between the police, healthcare and social services to ensure that data is adequately collected, and trends are tracked.
- Establish "statistics working groups" with relevant decision makers and stakeholders, to improve the collection of police and criminal statistics.
- Gender-based violence statistics, including by age group of victims, should be published regularly (such as a monthly basis) on government websites.

Summaries of State-of-Play in WHOSEFVA Partner Countries

I. Procedures for reporting cases of elderly abuse

All partner countries have obligations, principles and/or procedures in place for reporting cases of (or suspicion of) domestic violence. However, how well these are developed varies greatly between country. For example, only Finland makes a distinction between elderly victims and other categories of victims.

Finland, Austria and the UK have legislation in place that requires healthcare providers to develop plans, schemes or units that focus on dealing with victims of abuse. Austria and the UK specifically call for training to support these initiatives. The countries also vary in terms of who potential cases of abuse should be reported to: in Austria, health care providers use specialized units that can choose to refer cases to the police or make other arrangements. However, the actual implementation might depend on the quality of training of the personnel. According to the Austrian partner, **all professionals in the healthcare system, including managers of hospitals, should receive training on elderly woman abuse**, including training on the documentation of injuries. When abuse is suspected (in case of severe bodily injury), healthcare providers are required to report to the police. In 2011, Austria started to establish victim protection units in all hospitals. If adequately established, such units should ensure that elderly victims of violence are protected from negative repercussions. The Austrian medical law further stipulates that doctors have the obligation to report injuries, however only serious bodily injuries such as fractures.

Finland has enacted legislation requiring healthcare organizations to create self-monitoring schemes to identify risk factors, as well as defects in services which could affect the quality and safety of clients/patients. Prevention of elderly abuse is part of the required schemes, which include reporting of possible abuse. These schemes must be transparent to the general public. The Finnish legislation refers specifically to elderly women, stating that when a healthcare provider “has been informed of an older person in need of social or health care services who is obviously unable take care of himself or herself, his or her health or safety in the future, the health care professional or employee must confidentially notify the authority responsible for municipal social welfare.”

The UK has put in place Adult Safeguarding policies, which specify that organizations working with people who might be at risk must have plans to guarantee safeguarding. These plans require a variety of potential responses when abuse is detected, including investigation from a provider or other agency, a disciplinary process, a clinical governance response from within or by external bodies, the involvement of police, staff training or other actions.

Estonia disposes of the least developed system. While emergency medical care staff should report suspected cases of elder abuse to the police, specialized training on the issue is still lacking, and organizations are not required to establish specific procedures for dealing with potential victims.

II. Training programs

The extent to which training programs for formal and informal caregivers address the ability to observe, detect and handle elder abuse varies across countries.

Estonia does not address the issue at all, while in Greece, despite the fact that there are no official comprehensive training programs on elder abuse, some courses that address this topic are offered by the National School of Public Health and the NGO “The Greek Gerontological and Geriatric Society.”

According to law, victim protection units should be established for both children and adults in Austrian hospitals. These victim protection units play a key role in early recognition of domestic violence and in further strengthening the ability of health care personnel to detect signs of abuse. The units are interdisciplinary and should consist in particular of medical specialists in trauma surgery as well as gynecology and obstetrics, nursing personnel and a specialist responsible for psychological and psychotherapeutic treatment. Guidelines as well as documentations and screening procedures for working with female victims of domestic violence exist. However, victim protection units have not been well established in all public hospital in Austria. In addition, not all members of victim protection units are well trained, especially in the field of elderly women abuse.

The establishment and qualification of existing victim protection units are currently being evaluated on behalf of the Ministry of Health, with the results being published at the end of 2018.

In Finland, various NGOs provide training for informal caregivers and some have developed materials (e.g. Handbook) that address the issues of abuse and neglect and provide advices to help identify and prevent abuse. Assessment criteria of the educational programs for nurses take elderly abuse into account. For example, the module “Caring for Older People” (5 ECTS) within the curriculum for nurses and practical nurses graduating from universities of applied sciences lists the ability “to design solutions for age-related specific issues” including abuse, as a learning outcome. However, while education and training for practicing nurses includes topics related to elderly abuse, this training is not systematic and there are no nationwide guidelines associated to it. The trainers are often NGOs that work in the field of violence prevention.

In the UK, Adult Safeguarding policies recognize the need for staff training on identifying signs of abuse and taking action in order to prevent abuse from re-occurring.

III. Public awareness on elderly abuse

Overall, there is a lack of awareness on elderly abuse and a certain reluctance to recognize the existence of the issue.

While Austria has a very effective law on domestic violence, elderly women rarely call the police, and the police is in turn not well trained to deal with this issue.

AÖF is producing a film on behalf of the Ministry of Social Affairs/Department of Seniors, which should be made available at the end of 2018. The film includes five sequences on violence against elderly women and is designed for the training of all medical professionals as well as police officers.

In Estonia, lectures were recently carried out by the Victim Support Department personnel in nurseries and elderly care homes. However, no public awareness raising activities have been conducted on a systematic level, and the idea that abuse is the victim's own fault still persists.

While children's rights and the rights of disabled people are framed as group rights, and violence against women is seen as violation of human rights, the Human Rights approach is rarely used in the context of the rights of elderly people or elder abuse, which might be considered as an indicator that the topic of elder abuse is still a taboo in society, and many cases of elder abuse remain unreported. Elderly people's rights are seen through the frame of fundamental rights and through the ethical principal of care for elderly people.

In the UK, while the issue of elderly abuse, and against women in particular, is acknowledged within certain organizations (e.g. some services specifically for older women are provided and some posters on the topic have been distributed), the wider public is still reluctant to recognize the issue. Similarly, the public and authorities in Greece seem to neglect this issue, and overall domestic violence is seen as an internal family issue.

IV. Support services for elderly victims of abuse

All countries have certain systems, units, and helplines in place that can provide assistance and advice to victims of (domestic) violence.

According to Austrian law, if violence is imminent, the potential victim should call the police immediately via emergency hotlines. There is also a wide range of support services for victims of (domestic) violence, e.g. women's helpline (free of charge, round-the-clock service), Intervention Centers against Violence, women's shelters, among others. An information booklet about the legislation on the protection from violence in Austria is available in 21 languages.

In Estonia, victim's support units exist in each county, and systems of referral to suitable help are in place. Women's support service centers are also in operation.

In Finland, there is one helpline (Suvanto) that specializes in elder abuse (operates twice a week), and leaflets are distributed in health centers and other municipal services in the capital city area. There is a number of other support services that provide help in cases of (domestic) violence and violence against women, with one service targeting immigrant women.

In the UK, certain posters and leaflets that target older women specifically have been distributed. In addition, more general application, websites, TV ads for domestic and sexual violence exist. Some of these are in different languages.

In Greece, the National SOS Life Line provides help in cases of elderly abuse, neglect or disappearance. The telephone number of the line has been widely publicized across the country, online and on television. 1.276 elderly people also have access to the "Red Button" emergency service: when notified through the red button, volunteers offer support to elderly people.

V. Services providing elderly care

In Austria, mobile nursing services are provided by different organizations (Caritas, the Red Cross as well as state-run organizations) to elderly people who need care. However, caregivers are not all sensitized on GBV or trained to address the issue, and there is no mobilized group that specializes in promoting the wellbeing of older people. In Estonia, elderly persons' association organize events, activities during daytime, sometimes they have some rooms free of charge to use (rent paid by municipality). In smaller municipalities such activities are rare.

In Finland, the UK and Greece, there are several associations and/or umbrella organizations that are active in the field of elderly care. In Finland in particular, umbrella organizations include a wide range of local and nationwide associations which run different services and address the different needs of older people.

VI. Bodies responsible for dealing with cases of abuse

All countries have bodies responsible for reacting to different forms of discrimination and abuse. In Austria, Finland and Greece, these include Ombudsmen who deal with complaints on grounds of discrimination, regardless of age or gender.

In Austria, each region disposes of „patient advocates”, in addition to the federal “Ombudsperson”, to whom citizens can complain in cases of discriminations and violence. This very powerful institution, the so called “Volksanwaltschaft”, ran an evaluation of all social care homes in Austria in 2017, with the results not being very positive. Since 2012, the organization also runs the “Commission on Human Rights “, whose members dispose of an official authorization to unannounced visiting at all social organizations (care homes, prisons, homes for disable peoples, geriatric homes).

In Greece, the “Commission for Equal Treatment” within the Ministry of Justice/Department of Transparency and Human Rights, deals with the issue of discrimination.

In Finland, except for the Ombudsman, Valvira, the National Supervisory Authority for Welfare and Health - a centralized body operating under the Ministry of Social Affairs and Health - supervises and provides guidance to healthcare and social service providers, including granting the right to practice as a licensed elderly care professional. Finland also has regional authorities (Regional State Administrative Agencies) in charge of directing, licensing and supervising healthcare services and professionals.

In Estonia, two public bodies are responsible for reacting to discrimination and abuse of the elderly: the Chancellor of Justice and the Gender Equality and Equal Treatment Commissioner. In the UK, the Older Persons Commissioner is responsible specifically for ensuring that elderly people's needs are met. In particular, the Commissioner works to raise awareness of and reduce emotional/psychological, physical and sexual, financial, institutional abuse, neglect, discriminatory behaviour and practices.

VII. Legal frameworks

While in Estonia elderly abuse is not recognized in national laws, other countries demonstrate a better legal handling of the issue.

In Austria, the main legislation in the field of domestic violence is the Act on Protection Against Domestic Violence, which, among other measures, allows the police to evict perpetrators of violence from homes. Elderly abuse is recognized in national legislation; however, elderly women rarely call the police, and the police is not well trained to deal with the issue.

The police in Austria also have the authority to evict elderly perpetrators caring for their wife. However, this authority is not all always put into use, due to limited accommodation places available for elderly perpetrators. While providing places for evicted perpetrators is typically not a necessity, the provision of specific places for older perpetrators should be considered.

In Finland, the Social Welfare Act 1301/2014 requires public and private sector organizations to develop publicly available self-monitoring plans, to secure quality of services. Prevention of elderly abuse must be included in these plans. In accordance with this act, workers of social services must report elder abuse or concerns over the safety of an older person, confidentiality provisions notwithstanding, to the municipal authority responsible for the provision of the service. In situations when the risk is not promptly eliminated, the worker must inform the Regional State Administrative Agency (AVI). The Act No. 980 /2012 on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons stipulates that, if a health care professional or a person employed by the social service system of the municipality, rescue services in the area, the Emergency Response Centre or the police, has been informed of an older person in need of social or health care services, who is not able to care for himself/herself, and for his/her health or safety in the future, a health care professional or employee must, confidentiality provisions notwithstanding, notify the authority responsible for municipal social welfare. Currently, the reform of social and health care services is taking place in Finland; in particular, and as of 1 January 2020, counties will be responsible for the provision of such services.

In the UK, a number of acts deal with violence in general and violence against elderly people. These include, in the case of Northern Ireland in particular: Criminal Law Order (NI), Mental Health (NI) Order 1986, Health and Personal Social Services Orders and Health and Social Care (Reform) Act (NI) 2009, Safeguarding Vulnerable Adults, The Family Homes and Domestic Violence (NI) Order 1998. However, the Older Persons Commissioner has made recommendations to the Northern Ireland Assembly (Health and Justice) to improve legislation, which is currently disjointed, and to clarify definitions.

In Greece, elderly abuse committed by a family member is addressed through the Law on Domestic Violence (3500/2006) and its 2018 amendment that covers all components of violence in the family. Elder abuse committed by a person outside of the family is addressed through the Criminal Law (e.g. law 1419/1984 on Rape).

In Estonia, one general 24/7 national helpline provides support to victims of domestic abuse. Similarly, in the UK, the 24-hour domestic & sexual violence helpline provides support to all victims of domestic violence.

In Austria, the national 24/7 women’s helpline is free of charge and available in different languages. The percentage of calls from elderly women has been increasing over recent years (9% of all female callers). In addition, there is one helpline specifically for victims of elderly abuse, which is run by the organization “Pro Senectute.” However, the helpline is poorly financed, which results in very limited consultation hours. The number of the helpline is also not well known.

In Finland, Suvanto helpline specializes in elder abuse (operates twice a week); the 24/7 nation-wide and free of charge Nollalinja helpline deals with domestic violence and violence against women and is staffed with trained and experienced social and health care professionals. In Greece, the 24/7 confidential National SOS Life Line 1065 provides help in cases of elderly abuse, neglect or disappearance.

In Estonia, where the healthcare system is based on health insurance and solidarity principle, medical care is available. Based on diagnosis, psychological help may be provided; however, if the case is not deemed acute, the waiting time may be of 3-4 months. Women’s support centers can provide psychological assistance if recourses are available. Their capacity is however very limited at the moment.

In Finland, public healthcare is available to all permanent residents of the country; it is not free of charge, but fees are reasonable and maximum fees that can be charges are stated in the Act and Decree on Social and Health Care Client Fees. In addition, fees for public healthcare have an upper limit per calendar year, beyond which client are no longer required to pay (this does not apply to short-term institutional care). In addition, short-term free counseling is provided by NGOs.

In the UK, (free) care can be provided by NHS–GP, Out-patient, In-patient as well as Sexual Assault Referral Centre (24-hour service).

In Greece, medical care is available to everyone in public hospitals. Free psychological care is provided by organizations or public entities (social services of local authorities, counseling centers, social services of health authorities, etc.) that deal with the abuse. In addition, social workers can provide psychological support to victims of violence in public open day care centers for elderly people.

VIII. Investigation of cases of elderly abuse

While some countries seem to lack well-established individualized approaches to dealing with elderly abuse, other countries have certain systems in place that allow a quick response to cases of abuse and the protection of victims.

In Greece, public sector social services deal with such incidents, and when these incidents are being investigated by the public authorities, actions are taken on a case by case basis. However, there is no formal procedure due to the lack of shelters for elderly victims of abuse.

In Estonia, when the social welfare department of the local government is informed about a case of abuse, home visits are conducted to investigate the situation. If needed, the police and other organizations and institutions/agencies are informed, and the case is registered. The provision of assistance is based on the principle of case management. Supported housing/Safe house is available,

but it is often difficult to convince victims to leave their homes. A temporary solution is staying at a women's shelter; however, the requirement is that women accommodated should be independent. Different factors leading to the abuse can be taken into account, but this does not always result in differentiated responses.

In Finland, people aged 75 and older can contact their local authority and municipality and request service needs assessment. The local authorities are responsible for comprehensively assessing, together with older persons and, if necessary, people close to them, their needs for social and healthcare services, their physical, cognitive, psychological and social functional capacity, as well as factors related to the accessibility of the environment, safety of housing and access to community services. The Act on the Status and Rights of Social Welfare Clients also stipulates that the local authorities should ensure that a service plan is prepared for an older person. Both the needs assessment and service plan are broad in scope and touch upon numerous issues, including safety and abuse.

In Austria, victims can address complaints for violations of their rights to the patient advocates or to the Ombudsperson and the Commission of Human Rights, as mentioned previously. Local governments are also responsible for controlling the organizations.

IX. Quality of care provided

Most countries lack structured and well institutionalized approaches to ensuring high quality of long-term care. In Finland, various national ethical principles (respect of fundamental rights of clients and patients, equal treatment, etc.), programs addressing older people's rights and qualitative standards of elderly care exist, in order to ensure high quality ageing and services. Many of these are issued by different ministries, but in the form of recommendations. Therefore, they do not have the power of a legislation. Supervisory authorities, Valvira and AVI, also play a role in ensuring high quality long-term care.

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) monitors and inspects availability and quality of health and social care services, ensuring that these services are accessible, well managed and meet the required standards.

In Austria, the Ombudsman published a report in 2017 on the situation in care giving homes (approximately 128 institutions), which demonstrated that a lot of violence against patients is taking place in such institutions.

X. National plans and strategies, and data collection

Countries have put in place different strategies that touch upon domestic violence and/or elder abuse. In Estonia, only domestic violence is addressed; similarly, in Greece elder abuse is not specifically addressed in national frameworks and strategies.

In Finland, domestic violence and elder abuse are included for example in national quality recommendations by the Ministry of Health and Social Welfare. In the UK, the relevant document is the Stopping Domestic & Sexual Violence Strategy 2016.

In terms of data collection, in Greece and Estonia relevant data are not collected. In Estonia, advocacy activities should be conducted to convince policy makers of the importance of the topic, to ensure that the State Statistical Board starts collecting these data in an adequate manner.

In Finland, data regarding elder abuse are collected at the national level, but not in an adequate manner. The latest large-scale prevalence studies were conducted in early 1990s. However, there have been some studies related to crime victimization as well as violence against women, and smaller-scale and qualitative studies on domestic violence and elder abuse are higher in numbers.

XI. Informal care

While Greece has no respite care solutions for informal caregivers put in place, other countries demonstrate better situations, although to varying extents.

In Estonia, apart from support groups for caregivers of elderly people with mental disorder set up in 2018 by the NGO Life with Dementia (and funded by Gambling Tax Fund), a new legislative provision is being developed that will allow home caregivers (family members) to receive an additional five working days of paid leave (minimum wage) a year. However, and if adopted, this provision will only benefit people with employment contracts, while many caregivers have other working arrangements (work as individual businesses, contractors, etc.).

In Austria, many day care centers exist, however most of them located in cities. While the staff at such centers is often insufficiently trained in dealing with abuse of elderly women, some of them have received comprehensive training and are very sensitized.

Finland has a rather well-developed system of compensated informal care (Act on Support for Informal Care the 937/2005). An agreement on the compensated informal care is concluded between the caregivers and the municipality. The services provided for recognized informal family caregivers include compensation paid to the caregivers, off-days for the caregivers and substitute care during leaves, necessary social and health care services for the care recipient, and other services to support informal care. Respite care is seen as a way to ensure that elderly people live at home for as long as possible, and respite care services are paid for by the municipality. Informal carers can also participate in trainings and receive social and health services that contribute to their well-being and allow them to perform care activities.

Similarly, to Finland, in Northern Ireland informal care is based on a legislative act – The Carers and Direct Payments Act (NI) 2002. Local Health Care Trust together with Social Services carry out assessments to determine whether an informal carer is eligible for respite, which can take the following forms: short stay in residential care, day/night sitting service, day care, holidays. Direct payments are also available. Regulation and Quality Improvement Authority (RQIA) lists services available for informal carers.

XII. Working conditions and protection of professional care givers

Working conditions and protection of professional care givers differ across countries. In Austria, a legislation regulating working hours and social protection is in place, however there is a lack of enforcement of this legislation. Some institutions might underpay their staff and making profit might be more important than ensuring the quality of services.

Estonia also displays challenges in this area. Employees are protected by legislation, in the form of employment contracts, however, professional carers are often overloaded as they have to take care of a large number of patients, and their salaries remain low.

In Finland, comprehensive and detailed legislation is the basis for the relations between employers and employees, and collective bargaining and collective agreements play an important role.

In Northern Ireland, the Regulation and Quality Improvement Authority (RQIA) makes sure that health and social services are well managed and meet the required standards.

In Greece, each municipality has a home support unit, which are staffed with social workers who take care of elderly people who live at home but need help in supporting themselves. The administration is responsible for ensuring proper working conditions for these professionals, and supervision is carried out by municipalities.

XIII. Remedies and compensation

The availability to elderly victims of abuse of effective remedies and possibilities for receiving adequate redress differs between countries. In the UK and Greece, such remedies are lacking.

In Estonia, there are services that help elderly victims of abuse to recover. NGO-run women's support services also counsel elderly people, and local government social services get involved, and when possible offer protected housing for victim.

In Finland, Victim Support Finland, contacted by a victim or the police with victim's consent, provides personal support and advice to victims of crime, and the police also take part in and co-fund victim support activities. The police are obliged to inform crime victims of their right to receive compensation from state funds for any personal injury, property damage or other economic loss, and help with filing the compensation request if needed. They can also provide information on other forms of support offered to crime victims. If an abuser is convicted of an offense for which he might be sentenced to imprisonment, he will be ordered to pay a surcharge to the victim.

XIV. Funding for elder care and prevention against elder abuse

Most countries demonstrate a lack of funding available for elder care and the prevention of elder abuse. In Estonia, there is no targeted budget line for this.

In Greece, public sector professionals should be trained more on issues of elder abuse, and investments should be made to improve multi-agency collaboration.

In Finland, municipalities are responsible for the provision of elder care, and funding is based on transfers from the central government, taxes raised by municipalities and fees paid by users. The range and quality of services provided therefore varies between municipalities. The lack of public spending in this field is demonstrated by the fact that elder abuse is quite widespread (based on a 2016 study on elder abuse conducted by the National Supervisory Authority for Welfare and Health). In addition, and while the 2017 UN Human Rights Council review indicates that violence against women remains a problem in Finland, the recommendation to increase the financing of measures to combat VAW could not be taken on until now (although certain resources have been increased). The number of government-funded women's shelters remains insufficient in Finland, and these are not always appropriate for elderly women; besides physical accessibility, issues include staff's lack of knowledge on the issue of elder abuse, as well as living conditions, such as noise caused by children.

Austria does not dispose of data on funding specifically dedicated to the support of elderly victims of abuse. In 2006, the Research Institute for Conflicts published a study on the costs of violence against women in Austria; due to limited data, costs were estimated at 78 million Euros, which remains an underestimate. An EU Study however indicates that the costs of domestic violence in Austria amount to 3.7 billion Euros each year. The European Added Value Assessment estimates the total cost of gender-based violence against women in the EU in 2011 to be around €228 billion Euros (1.8% of the EU GDP). This amounts to about 450 Euros per European citizen per year, and about 3,700 billion Euros in Austria.

XV. Protective measures

Estonian, Finland and Greece lack measures aimed at raising awareness among medical staff, care workers and informal carers on how to detect elder abuse. For example, in Finland there is no obligatory training in elder abuse in curricula of health and social care professionals.

In Estonia, no measures are put in place to protect persons reporting abuse from retaliation. In Finland, it is possible to report a case of abuse anonymously, and certain protective measures such as restraining orders can be applied.

In Northern Ireland, the Public Interest Disclosure (NI) Order (1998) protects workers who 'whistle blow'; however, additional protection is needed, and it may help increase the number of reports made. In Greece, decisions on protective measures are taken by means of judicial procedures.

XVI. Access to personal medical data

Countries have systems in place to ensure that patients have access to their personal medical data. In Greece, health care records are protected by medical confidentiality for every patient.

In the UK, every individual has the right to access medical reports and their health records.

In Estonia, medical data is accessible via e-Health platform. However, most elderly people do not have Internet access or lack the skills to use the digital health care record information system. They expect to receive information from family doctors, but time dedicated to one patient by a doctor is very limited. To address this issue, the Mental Health Strategy for 2016-2025 sets a goal of increasing the duration of appointments of family doctors with older people.

In Finland, citizens also have the right to receive personal medical data from the service provider. Like in Estonia, most of the personal medical data is now available in the national digital healthcare system 'Kanta Service'. If an older person is unable to use the platform, the records will be provided to him/her on paper.

In Austria, all patients who have a social insurance dispose of an "E-card", on which all medical data are registered by the health care systems. However, not all data are saved; particularly sensitive data such as HIV status and sexual orientation are for instance not saved.

XVII. Investigation of cases of elder abuse

In Greece, cases of elder abuse are not investigated properly.

In Estonia, each claim about abuse is investigated by the police; however, elderly victims are not always willing to cooperate, and might ask to close investigation once the feeling of fear has disappeared.

In Finland, elder abuse cases rarely come to the attention of the police and are investigated or taken to court; only the most serious crimes are reported.

In Northern Ireland, Adult Protection/ Safeguarding coordinators in local Health and Social Care Trusts play a coordinating role in investigating elder abuse concerns. The police and Regulation and Quality Improvement Authority (RQIA) might also conduct investigations. However, since legislation is interpreted different by local authorities, some vulnerable adults might be put at risk.

XVIII. Primary prevention and screening programs

Countries mostly lack gender-specific primary prevention and screening programs for older people; however, screenings related to certain issues and non-gender-specific screenings for older people are available.

In Finland, public and private care providers conduct screenings using RAI (Resident Assessment Instrument), which include an indicator related to abuse.

In Estonia, there are free of charge screening programs for breast cancer, and colorectal cancer, which are conducted for different age groups on a yearly basis. The Estonian Health Insurance Board has developed a plan (2017-2027) in which it identified specific health problems of elderly people. In addition, for evaluation of health needs of elderly people, the InterRAI model/tool was piloted in Tartu. This tool has been added to the list of services that are funded under annual GP (to harmonize family doctors, general practitioner) budget per patient. However, this tool is not currently integrated into the software used by GPs. In the overall cost methodology for GP patients, funding for age groups 50-69 and over 70 years is higher than for other patients.

Austria has several manuals for trainings on GBV targeted at doctors and professionals in the health care sector (AÖF has produced several manuals - https://www.aeof.at/images/10_links/implement_train_EN_web.pdf) and for women's health care systems, especially for gynecologists and midwives (http://gbv-response.eu/wp-content/uploads/2017/03/00_manual_response-english_web.pdf), as well as one official template for documentation of injuries. However, there is no specific screening program for elderly people and elderly women victims of violence.

XIX. Gerontology and geriatrics training

In Finland and the UK, primary healthcare workers and social workers are not trained in basic gerontology and geriatrics, while such training is provided in Greece.

In Estonia, geriatric health care topics are included in all medical studies (doctors, nurses, caregivers) and can vary annually. However, topics related to recognizing and responding to signs of abuse are absent from health care workers training in all countries.

In Austria, health care workers are trained by the victim protection units in all hospitals; the management is responsible for the trainings. In addition, the Ministry for Women's Affairs has been working on integrating the issue of GBV in the curriculum of all health care professions, but the process has been very difficult and slow.

XX. Multi-sectoral cooperation

To varying degrees, countries have included mechanisms that aim to improve coordination of primary healthcare, long-term care and social services for older people.

Estonia has set a goal of increasing the efficiency of cross-sectoral cooperation in assisting elderly people (safe living environment, violence-free ageing). According to the Mental Health Strategy (2016-2025), primary care specialists should promote a lifestyle that contributes to the good mental health of elderly people. Early diagnosis of mental disorders and physical illnesses, including signs of abuse, are among the priorities of the strategy. Help should be provided to abused elderly people, and they should have access to psychological help if needed.

In Finland, the digital healthcare record system Kanta allows different healthcare providers to monitor patient's medical history. However, different databases are used in the healthcare and social care sectors. Also, strict data protection policies sometimes make the coordination of actions between different actors complicated, for example when different NGOs as well as public and private sector organizations are involved in cases of elder abuse.

In Greece, the new Local Health Medical Units – TOMY have been established in all cities, to provide primary healthcare to the population. Medical staff has been trained to diagnose and treat signs of abuse, among both older and young people.

In Austria, the coordination of healthcare workers is done within victim protection units.

XXI. Training of informal care givers

In most countries no training is available for informal care givers, or training is conducted on a voluntary basis. In Estonia, the costs of care are high and care givers often lack the necessary knowledge, which may result in lower quality of care provided. In addition, most informal care givers are of older age themselves, and thus face their own health problems.

In Finland, training for informal caregivers, provided mainly by NGOs, is voluntary and is only available in some parts of the country.

To a certain extent, the UK is an exception as social services carry out carers assessments in order to determine how being a carer affects them, and what training would suit their needs. Organizations such as the Alzheimer's Society deliver trainings to those caring with someone with dementia, etc.

XXII. Government-Civil Society cooperation

While Estonia and Greece lack cooperation between government and civil society in addressing elder abuse, in the UK this is done via the Regional Steering Group.

In Finland, municipalities and NGOs cooperate actively in providing health and social services to older people. This includes the development of policies and practices for the prevention of elder abuse in communities.

Most countries demonstrate a lack of support for research on violence against elderly women. For example, in Finland, discourses on domestic violence and elder abuse remain gender-blind; thus, there is no support for research on the specific topic of abuse of elderly women.

XXIII. Services for victims, and rehabilitation of perpetrators

In terms of services for victims of elder abuse, rehabilitation arrangements for abusers of older persons, efforts to encourage health and social service professionals as well as the general public to report suspected elder abuse, inclusion of handling of elder abuse in training of care professions, Greece demonstrates a situation where none of these are implemented.

In Estonia, the situation is a bit better, with efforts to encourage health and social service professionals and the general public to report suspected abuse.

In the UK, similar efforts as well as services for victims of elder abuse are in place. The latter include Action on Elder Abuse, Age NI – advise and advocacy services, Local Health Trust campaigns and Elder Abuse Recovery Service, one-to-one peer support process to help individuals re-engage in community life and help keep them safe in the future.

In Finland, while training of caring professionals does not include handling of elder abuse, support services for victims of elder abuse are available, in particular older people are encouraged to use services of shelters, which are now funded by the government. Rehabilitation arrangements for abusers are also available and are usually organized in cooperation with social services, services for substance abusers and/or special programs provided by NGOs. In addition, professionals in Finland are obliged to report elder abuse, and general public may contact social services of their municipalities if they suspect elder abuse, including via an anonymous digital form offered by some municipalities.