

Elder abuse in Italy: a national overview*

Report prepared in February 2008 by Maria Gabriella Melchiorre and Giovanni Lamura for a European review on “High quality care for the elderly and the prevention of elder abuse”, coordinated by Bridget Penhale (University of Sheffield, UK)

1. Extent and characteristics of elder abuse in Italy as reported by recent research

The starting point is that so far no national study on elder abuse has ever been carried out in Italy. Therefore, information on the situation characterizing this country can be gained only indirectly, by referring to different sources which deliver snapshots of aspects somehow related to the topic, but fail to provide a comprehensive, in-depth picture of it.

1.1. The Silvernet Study

A first source of information, of epidemiological nature, is represented by the “**Silvernet Study**”, a survey carried out on 4,630 recipients of home care services aged 65 or older (Ogioni et al 2007). Although the focus of this study was not elder abuse, the use of a data collection tool such as the Minimum Data Set for Home Care, an internationally validated instrument for multidimensional assessment of the older person’s status, allowed to estimate the presence of “**signs of potential abuse**”. In particular, the study identified the presence of following signs: 1) the older person is fearful of a family member or caregiver; 2) unusually poor hygiene; 3) unexplained injuries, broken bones, or burns; 4) older person appears neglected or mistreated; and 5) signs of physical restraint (e.g., limbs restrained, bed rails used, or constrained to a chair when sitting). The **core findings** of this study show that almost 10% of respondents reported abuse, the mean number of signs of potential abuse per person being 0.1 (range: 0–3). The big majority of them, however, referred to this in terms of use of **physical constraints** (6,6%), which not always can be considered a form of abuse (although Italy reports higher rates of constraints use than other European countries, probably reflecting the absence of an effective national legislation on this topic: Ljunggren et al. 1997); follow poor hygiene (2.6%); are fearful (0.7%), neglected or mistreated (0.3%), and present unexplained injuries, broken bones, or burns (0.2%). Despite the positive fact that such estimations represent the first attempt in Italy of throwing light on the prevalence of this otherwise very “invisible” phenomenon, several limitations reduce their relevance and generalizability, such as: the fact that the five typologies of signs were not specifically validated on an Italian population; the non representativeness of the sample; the exclusion from the study of financial and sexual abuse; the absence of information on perpetrators.

1.2. The national survey on women’s safety

Carried out by ISTAT (the Italian national institute of statistics) in 2006, this survey provides interesting, although partial information on the **prevalence of violence and mistreatment against women aged 16-70** (ISTAT 2007). The respondents’ age range chosen by the survey shows that elder abuse represents also for this statistical source only a “marginal” topic, although its representativeness and large sample size (over 25.000 respondents randomly recruited across the country) accounts for the reliability of its findings. For this reason, no detailed data by age group are still available (including older women aged 60-64 and 65-69), but it should be underlined that, once more in-depth analyses will be published, they will allow to infer about the prevalence of many different types and sub-types of abuse (such as physical, psychological – in terms of isolation

* Address for correspondence: INRCA, Dept. Of Gerontological Research, Via S. Margherita 5, 60124 Ancona, Italy; tel.: 0039-071-8004797; e-mail: g.lamura@inrca.it or g.melchiorre@inrca.it).

and “attempted” isolation – sexual, financial, control, berating, stalking and intimidations), types of perpetrators, severity, duration over time, long-term consequences of abuse (such as reduced self-esteem and self-confidence, sensation of impotence, sleep disorders, anxiety, depression, difficulty in concentration, recurrent physical pains, difficulty in managing children, suicide fantasies and self-punishment) and, last but not least, protective factors. The main limitations of this study should however also be kept in mind, i.e. besides the exclusion of over 70 year old, the focus on women only, the exclusion of institutional settings and the de facto exclusion of neglect.

1.3. Studies based on EU-funded projects of the “Daphne II Programme”

A certain number of smaller studies focusing, if not exclusively, at least partially on the issue of elder abuse, has recently become available in Italy, too, thanks to the European input deriving from the approval of some EU-funded projects within the “Daphne II Programme”, running for the period 2004-2008 and aimed at “supporting organizations that develop **measures and actions to prevent or to combat all types of violence** against children, young people and women and to protect the victims and groups at-risk”¹. Although their reduced budget and focus on “measures and actions”, rather than on research, have evident limits on the possibility to deliver scientifically rigorous findings on the prevalence of the phenomenon, it is worthwhile to mention their main contents and results, summarized as follows:

- a) a 3-country study (Ireland, Italy and UK), carried out in 1998-2000 on “**Recognition, prevention and treatment of abuse of older women**” (Barnes-Holmes et al. 2000). This project consulted, per country, a sample of 50 women aged over 60 and 25 professionals (professional carers, social workers etc.), comparing the main types and frequency of the abuse episodes reported by the sample of victims (mainly financial, and secondarily physical or psychological) to those reported by the professionals (mainly psychological and financial, and secondarily physical). Two further dimensions considered by this study were the identification of main perpetrators – equally identified by victims as family members, professionals and neighbours or strangers, while professionals reported a higher rate of family members and a lower frequency of professionals – and the kind of assistance provided/found as well as type and impact of actions taken following mistreatment;
- b) a 3-country study (Italy, Lithuania and Sweden), conducted in 2004-2008 under the title “**Care for carers**”, aimed at formulating suggestions and guidelines to prevent abuse in the caregiving of older women affected by Alzheimer or other forms of dementia (Istiss 2006). Although this project did not aim at quantifying the prevalence of the phenomenon within this specific area, but rather at identifying (by means of focus groups) guidelines and suggestions for practitioners and policy makers to prevent and tackle it, it delivers for the first time within the Italian context interesting insight on the fact that abuse does indeed takes place when family caregivers of demented older women feel overburdened in their role;
- c) a 4-country study (Belgium, France, Italy and Spain), carried out in 2006-2009 as a “**Transnational action for data gathering on older women at risk of financial abuse**”. This project, currently on-going, aims at collecting quanti-qualitative data on financial abuse of older women, both at home and in institutions, by means of a two step methodology: 1) quantitative survey on a total of 1.000 older women to identify major typologies of financial abuse; 2) a qualitative study on a restricted sample of volunteers to analyse risk factors. These data are further integrated by an analysis of existing legislations to propose suggestions to remove existing dysfunctions in this field (<http://www.daphne-toolkit.org/prjFiche.asp?prj=20052071&lang=EN>).

¹ For further details concerning the Daphne II Programme refer to the program’s website in: http://ec.europa.eu/justice_home/funding/2004_2007/daphne/funding_daphne_en.htm.

- d) An 8-country study (Austria, Belgium, Finland, France, Germany, Italy, Poland and Portugal), conducted in 2007-2009 under the title “**Breaking the taboo: empowering health professionals to combat violence against older women within families**”. Recently started, this project aims at developing and promoting specific supports for older people, especially women, who are recipient of home care services, in case they experience domestic abuse. Currently on-going, the project has two core target groups: the general population, to be reached by means of a sensibilisation campaign; and professional care/counselling staff, for which a specific checklist will be developed for detecting and dealing with elder abuse.

A further research project, however funded by the EU within the Public Health program, is “**PHASE: Public Health Action for a Safer Europe**”, aimed at carrying out, among other things, a sub-project on **interpersonal violence**. This represents a “mapping exercise” aimed at collecting documentation across the 27 EU Member States on the size and nature of this phenomenon, through an inventory of studies and public health reporting schemes as well as violence prevention programs in Europe, in order to identify most effective interventions. No evidence is however yet available from this projects, which is running between 2007 and 2009

The most essential remark that could probably be made with regard to the variety of these projects – a remark which however is not relevant to the Italian context only, but to all EU-countries – is that it would be helpful to have a sort of “**clearing house**”, where all the findings deriving from different single projects could be compared and integrated, in order to gain a more comprehensive and “cleaner” picture of the studied phenomenon.

1.4. Data on abuse in institutional settings

A further indirect source of information is represented by traditional **criminal statistics** (distinguished by age groups) or **police reports**, whose relevance however in Italy mainly concerns the detection of abuse in **residential care settings** (being the analysis of data referring to domestic settings usually left up to the users of such sources, and in particular to their interest and ability to disaggregate these data according to age). It is indeed a reality that the form of elder abuse which is most frequently presented in the Italian press and public debate is the one perpetrated towards older persons living in residential care facilities, usually following the periodic inspections carried out by the special units of the Italian police (NAS) devoted to safeguard the citizens’ health (Prospettive Assistenziali, 2001, 2002, 2004). This can be explained in connection with the difficulty to detect household-based abuse, especially for the general tendency of victims of not reporting mistreatment performed by their own relatives, which in the context of Italian “familistic” culture still prevailing today would represent a sort of “betrayal” very difficult to accept (thus usually taking place only when a definitive break in kin ties is taken into account).

The detection of elder abuse in residential care takes in Italy traditionally the peculiar form of nation-wide blitz-inspections by the above-mentioned police units, taking place almost on a yearly basis, reaching over 1.200 facilities in 2001, 400 in 2002 and 685 in 2003. They revealed each time several situations of mistreatment and/or neglect (in form of lack of hygienic conditions, insufficient care personnel, expired medications, rotten food, up to cases of “de facto” kidnapping), leading sometimes to the closing of the inspected facilities. Taking for instance the last available wave of 685 controlled facilities in 2003 (Prospettive Assistenziali, 2004), 21% of them have shown irregular situations, almost 10% of cases having a penal relevance and 3% leading to a closure of the facilities.

An aspect which however these inspections might fail to detect in its real entity is the **(ab)use of constraints in residential settings**, for which however other studies have clearly shown the higher rates observed in Italy compared to other countries (Ljunggren et al. 1997), particularly in regions

such as Emilia-Romagna (where 52% of institutions employs them regularly) and Liguria (39%), accompanied by a widespread use of psycho-pharmaceuticals (Cester 1995).

2. Understanding elder abuse: the role of different risk factors

Following the distinction operated by the sources of information described in the previous paragraph, the role played by different risk factors in increasing the prevalence of elder abuse can also be analyzed by distinguishing between the domestic and the institutional settings.

2.1. Risk factors for elder abuse in domestic settings

2.1.1. Evidence from the Silvernet study (cf. § 1.1 for details)

The already mentioned epidemiological study “Silvernet” on signs of potential abuse among users of home care services (Ogioni et al 2007) identifies one major group of factors associated with a higher risk of abuse or neglect, i.e. the **presence of one or more behavioral symptoms**. Behavioral symptoms were indeed present when participants exhibited one or more of the following symptoms in the three days before assessment: wandering; verbally abusive; physically abusive; socially inappropriate behaviour; active resistance to care. All these symptoms were positively and significantly associated with the presence of signs of potential abuse, with the only exception of wandering, which was negatively associated with it. The study shows also that, after exclusion of participants with physically abusive behaviour and wandering – the behaviours which might be considered most problematic – the association between behavioural symptoms and potential abuse remained still consistent and statistically significant, including a higher use of physical restraints as the most frequently observed sign of potential abuse (6.4% of all sample).

2.1.2. Evidence from the Daphne II project “Care for carers” (cf. § 1.3.b for details)

The above mentioned “**Care for carers**” project, focused on the prevention of abuse in the context of caregiving of older women affected by dementia (Istisss-Onlus, 2006), identifies two different sets of risk factors, one relevant for victims and one for perpetrators:

- main risk factors concerning **victims**:
 - o older age (the older the victim, the higher the risk of abuse);
 - o female gender;
 - o presence of physical frailty (e.g. incontinence) and cognitive deterioration (e.g. dementia and behavioral symptoms: 80% of abused/neglected older people are women suffering from Alzheimer);
 - o possessed assets;
 - o previous episodes of abuse (syndrome of “dethroned patriarch”);
 - o co-residence;
- main risk factors concerning **perpetrators**:
 - o co-residence;
 - o age of caregiver;
 - o alcoholism or drug abuse within family;
 - o physical or mental problems;
 - o social exclusion (unemployment) ;
 - o caregiver’s burden (stress, anxiety, depression) due to caregiving role;
 - o ignorance concerning available supports;
 - o financial dependence from victim.

A further aspect revealed by this study is the possibility of **abuse situations perpetrated by the cared for older persons towards their caregivers**. This can generate tensions and negative emotions in caregivers, which can be then “back-released” on the cared-for. Both these types of

abuse are strictly correlated, so that it is crucial to train caregivers in using appropriate techniques to control tensions and prevent possible breakdowns and escalations.

Another area of interest concerns those forms of **abuse perpetrated against** those categories of paid caregivers with a “lower” status, such as **migrant care workers**, especially if vulnerable in terms of legal rights due to the lack of a residence or working permit. The employment of migrant care workers by families to take care of their dependent older members might, however, under certain circumstances lead to also to situations of **abuse in the other direction** (i.e. towards the older person). This occurs since the role of these care workers is very much interwoven with that of the caring family members, often overlapping with other traditional gender-based and migration-related inequalities, such as low salary, linguistic difficulties, precarious employment and illegal status, all aspects which can increase tensions and therefore the risk of abuse on the cared-for older person.

2.1.3. Evidence from the national survey on women’s safety

The few data already available from the national survey on women’s safety (ISTAT 2007) show that the lowest rates of reported “abuse during the life course” affect women aged 55-70, while “abuse during the last 12 months” includes women aged 45-70 (see Table 1).

Type of abuse	Physical or sexual		Physical		Sexual	
	All life	Last 12 months	All life	Last 12 months	All life	Last 12 months
% on all women aged 65-70	20.0	0.8	9.6	0.3	15.1	0.5

Relevant risk factors for long-term abuse (i.e. occurred during the life course) are associated to the marital status (divorced, separated and unmarried women showing higher rates of abuse), educational level (women with higher education reporting abuse more frequently) and the type of occupation (higher rates reported by women in higher professional positions). Regional and territorial differences are also evident, higher risks of abuse being observed in the North and Center of the country but especially in metropolitan areas.

2.1.4. Evidence from different initiatives and agencies

Another source of information to infer about possible risk factors is represented by the data collected through **initiatives and agencies providing** courses, information campaigns, free insurance programmes, advice and support in case of elder abuse-related problems (Casasola 2005, Colmo 2006). Although they do not allow to derive even rough estimations on the prevalence of the phenomenon in the country, due to their spatial or temporal limitations, they do allow to infer that most victims are usually represented by **older women – especially belonging to the oldest-old age groups**. The details of some examples referring to three major Italian metropolises are the following:

- "Telephone for Abused Elderly" (TAM), Milan: in the period February 2000- January 2002, the older persons who contacted this service were in 70% of case women, 36% aged between 70 and 80 and 38,5 % over 80 (Politiche sociali news, 2003);

- “Experimental Support Service for Older Victims of Violence and Crimes” (SAVER), Rome: 73% of the users of this service were women, 34% aged 66-75 and 45% over 75 (Agenzia d'informazione Auser, 2007);
- “Support Service for Older Victims of Violence”, Turin: requests of help come mainly from older people living alone (71% of all requests), women (70%) and in 78% of cases aged 70-89 (Agenzia d'informazione Auser, 2007).

The evidence provided by all these experiences as well as by the studies mentioned above outlines therefore some **crucial areas** where particular attention should be paid in order to reduce the risk of elder abuse within domestic settings, such as (Pigatto 2007):

- the suitability of the physical environment (where the older person lives) to meet the changing needs deriving from increasing disability;
- the isolation and lack of support network by the older person and his/her family;
- the (lack of) well-being non only in the older person, but also in the family caregivers most heavily involved in his/her care;
- the availability of information, counselling and training opportunities to support these primary caregivers in ensuring an appropriate care without forgetting their own quality of life.

2.2. Risk factors for elder abuse in institutional settings

As far as residential care settings are concerned, potential risk factors have been identified, in the first place, in the **lack of an adequate number of care workers and attendants**, especially if they are instructed to provide mere **custody** (i.e. excluding or underestimating tasks aimed at paying attention to the well-being of the attended older persons) or are **underpaid**. All these factors might indeed lead to situations of burn-out, decreasing interest and motivation for the quality of the work done, psychological (but not seldom even physical) strain and loss of idealism; thus facilitating the development of a sense of impotence and failure for the unfillable gap between the older care recipients' needs (even elementary ones) and the insufficient resources available to the care workers to properly meet them (Caretta, 2001; D'Agostino, 2006; Sandrin, 2004). This should not however hide the fact that, the situation of asymmetric power distribution in favour of the care staff compared to the cared-for residents can lead, under unfavourable circumstances, to unacceptable situations of psychological abuse very difficult to be detected, due to the fear of retaliation suffered by older residents (Canonico, 2004).

The little evidence available for Italy in this area suggests therefore that the **following risk factors deserve particular monitoring**, in order to prevent the occurrence of situations facilitating elder abuse in institutional settings (Pigatto 2007):

- the suitability of the residential facility's architectonic and technological equipments to ensure an user-friendly environment, both from a physical (i.e. disability-adjusted) and psychological (i.e. in terms of privacy, respect of individual choices etc.) point of view;
- the prevention of a “passive” attitude of care workers and of human resource managers;
- the attention to possible situations of burn-out in care workers;
- the systematic supply of training opportunities to the care staff, including the activation of checklists and protocols to detect situations of abuse and guidelines on how to properly intervene to prevent and tackle them.

3. Legal and policy framework: laws, support services and good practice

3.1. Italian legislation on elder abuse

Differently from what occurs in the field of child protection, the **Italian legislation does not consider older people as a subject *per se* deserving specific norms** to safeguard their rights, unless they find themselves in a peculiar status of need which is itself protected by the law, such as for instance in case of poverty, chronic illness, disability, mental incapacity etc. (D'Agostino 2006; Molinelli et al. 2007).

3.1.1. The Civil Code

The Italian Civil Code does not contain any explicit reference to older people.

3.1.2. The Penal Code

Very few articles consider older people within the Penal Code, and this usually occurs only within the larger context of violence and crimes against disadvantaged groups. The most relevant articles are the following:

- **art. 570: violation of obligations to family care:** *“Anyone who... shirks their obligations to care for... their ascendants or spouse... is punished with up to one year’s imprisonment or a fee”*. This article represents a first elementary punishment to punish neglect occurring within domestic settings, and is integrated by art. 591 below;
- **art. 571: abuse of means of correction or discipline:** *“Anyone who abuses of the means of correction or discipline and thus hurts a person who is... under his/her custody for reasons of... care or supervision... is punished with...up to 6 months’ imprisonment in case of risk of physical or mental illness... or up to three to eight years’ imprisonment in case of death”*. This article refers mainly to situations where the reaction of the perpetrator is considered excessive compared to the victim’s behaviour originating it;
- **art. 572: mistreatment of family members or children:** *“Apart from the above cases, anyone who mistreats another family member, or a child under 14, or a person under his/her custody for reasons of... care or supervision... is punished with... up to one to four years’ imprisonment. In case of severe personal injury, imprisonment is increased to four to eight years; in case of very severe injury, seven to 15 years; in case of death, 12 to 20 years. This article applies not only to mistreatments within the family, but also to those against residents in care institutions”*. This article represents the core of the penal treatment of abuse (including elder abuse) occurring not only in domestic, but also in residential care settings.
- **art. 591: neglect of minors or incapacitated persons:** *“Anyone who abandons a minor aged under 14 or a person unable, due to illness, age or other causes, to take care of him-/herself and who is under his/her custody or care, is punished with up to six months to five years’ imprisonment... in case of personal injury to one to six years, in case of death to three to eight years. These punishments are increased if the perpetrator is a parent, a child or a spouse of the victim”*. This article provides, together with article 570 presented above, the framework for tackling neglect within the Italian legislation, underlining the higher responsibility of closer family members in this regard. Furthermore, it clarifies that, with regard to the specific case of neglect of a dependent older person, the penal responsibility occurs even if the incapacitated person does not suffer any damage (Brugnone, 2001);
- **art. 643: circumvention of incapacitated persons:** *“Anyone who abuses of the needs, passions or inexperience of a minor or an psychically incapacitated person, in order to gain a profit for him-/herself or others, by leading them to act in a way which is harmful to them, is punished to two to six years’ imprisonment and a fee of 200 to 2.000 Euros”*. This article integrate previous legal provisions with a specific punishment profile for cases of circumvention.

3.1.3. Other legal norms

Besides the norms of the Penal Codes, other relevant pieces of legislation dealing with phenomena more or less directly connected with that of elder abuse are the following:

- some laws tackling **personal violence**, such as (Barnes-Holmes et al., 2000):
 - o the law against sexual violence (law n. 66/ 1996);
 - o measures against violence within family relations (law n. 154/2001): this law enables for the first time the urgent removal of violent husbands, cohabitants, or other adult relatives from the family home;
 - o application in Italy of the Beijing Platform “Women 2000”, where specific chapters are dedicated to the aspects of violence and human rights.
- the law n. 6/2004, which instituted the “**support tutor**” for persons “who are unable, even temporarily, to take care of themselves”, thus allowing to establish a much quicker and safer way to grant protection to the interests of, among others, dependent older persons, without having to resort to the juridically much more complicated tools of incapacity or interdiction (D’Agostino, 2006);
- the recent norm (Decree of the Prime Minister of 21 June 2007) which allows associations to act on behalf of disabled persons who have become victim of discrimination;
- a general reference, within the core aims mentioned by the law instituting the Italian **National Health Care** system (law n. 833/1978), of the “protection of the health of older people, including the prevention and removal of any conditions which might contribute to their marginalisation”;
- remaining within the health care sector, the art. 29 of the **Deontological Code of Italian Physicians** underlines that “the doctor must contribute to protect the older person, especially when this lives in an environment which is not suitable to his/her own health, or under the risk of mistreatments, violence or sexual abuse, doing his/her outmost to ensure dignity and quality of life to the older person. Including, if this is the case, the ethical and legal obligation to refer to the legal authorities any dangerous situations for the older people, so that appropriate interventions can be undertaken to remove them” (Notizie quotidiane per gli anziani, 2007).

It should be finally mentioned that the recent fall of the Prodi government has impeded to bring to a conclusion the process of approval of two bills aimed, in the first case (Bill Proposal n. 2169) to increase the punishment for the violations of personal rights, when perpetrated against older persons (Progetto di Legge 1595/2006); and, in the second case (Bill Proposal n. 1595), to aggravate the penal treatment of frauds, when again undertaken against minor or older victims (Sannino, 2007).

3.1.4. Provisions applied to institutional settings

As seen above (see § 3.1.2), some of the articles of the Penal Code find application also for acts of abuse perpetrated in a residential care context. In particular, this concerns the articles 571 – which in institutional settings is more frequently applied to tackle cases of mistreatment and of excessive use of constraints – 572 (which is the only article explicitly providing for its application within the residential sector) and 591, mainly referred to especially in cases of neglect, insufficient or low quality of medical or nursing care. Further **articles of penal relevance** are however also frequently applied, in connection with the periodical inspections operated by the police in residential care facilities countrywide, such as (Brugnone 2001; Prospettive Assistenziali, 2001, 2003a, 2004):

- art. 348: **unauthorized practice of a health care profession**: this concerns mainly the nursing profession, sometimes practiced by staff not having the qualification necessary to do it, often employed by care institutions because it is less expensive;
- art. 355 (**non performance of contractual obligations**) and 356 (**fraud in the delivery of public services**): these crimes occur when a residential facilities provides services under the level of

quality agreed with the public authorities, or with different contents than those contractually agreed;

- art. 443: **administration of drugs after their expiring date**: unfortunately this is a not too seldom event, especially in cheaper care institutions;
- art. 605: **kidnapping**: this article finds application each time that the use of constraints goes so far, that occurs also against lucid persons who feel deprived of their own freedom;
- art. 5 of law 283/1962: **detention or delivery of food in bad repair**: again, a phenomenon that still too often occurs in Italian residential facilities.

Other forms of abuse frequently occurring in institutional settings, which do not have a penal relevance but still represent **administrative infringements**, are the following (Prospettive Assistenziali, 2001, 2003a, 2004):

- articles 28 & 29 of DPR 327/1980: lack of hygiene in environments used to manipulate and cook food;
- art. 9 of the Organic Law on Public Security: number of residents higher than the one officially authorised;
- violations of regional laws concerning architectonic requisites of residential facilities, lack of authorizations etc..

With regard to the latter point, it should be underlined that until 1994 the Italian legislation prohibited the opening of a care institution without a previous authorization from public authorities (Brugnone, 2001). In that year the law 480/1994 abolished this norm, and since then Italy is experiencing a legislation void, which allows the indiscriminate proliferation of many invisible, usually quite small institutions to provide long-term care to older people (Brugnone, 2007). The problem is that, even when they are closed by public authorities following controls showing a situation of lack of hygiene or any other infringements of the ones listed above, often they reopen within short time, since according to art. 650 of the Penal Code the fine for this kind of violations is quite low (up to three months' imprisonment or a fine of up to 200 Euros) (Prospettive Assistenziali, 2002).

3.2. Support services and good practices

The role of support services in the field of elder abuse is at the same time a very crucial and delicate one, due to the difficulty met by older people in denouncing the episodes of abuse they suffer from, especially when they are perpetrated by family members or other persons they should in principle trust, such as care staff. Due to the lack of services specifically dedicated to tackle the issue of elder abuse, the few currently available in Italy represent therefore at the same time examples of good practices, as they offer a support particularly needed in the Italian context.

One of the oldest services existing in Italy in this respect is the “**Support service for older people victims of violence**”, started in **Turin** in 1998 (Agenzia d'informazione Auser, 2007). Devised by the local municipality, this service is supported by the public social services and operates through a network of qualified associations and NGOs. Its current structure can count on about 20 volunteers, who intervene across the city to achieve following core goals:

- support victims by providing emergency means to tackle the immediate damage suffered;
- plan an intervention project aimed at reabsorbing the trauma suffered and, if necessary, rebuild around the older victim a network of social support and care able to react to his/her exigencies and prevent isolation.

This service is active between 9:00 to 17:00 from Monday to Friday, while on week-ends, in the afternoon and during the night the line is connected with the Municipal Police headquarters.

One of the main organizations actively involved in the previous example is **A.U.S.E.R.** (Associazione per l'AUtogestione dei SERvizi e la solidarietà), a countrywide voluntary non-profit association which – besides the many services provided through its local branches in form of voluntary home help (mainly company and listening, in some cases also light care), education for older people and other civic activities – manages also phone help line free of charge called **Silver Line** (Filo d'Argento), which is not dedicated to elder abuse, but ends up with collecting many cases of this phenomenon. Among the best examples of local good practices activated in connection to AUSER are the following:

- the “**Experimental Service of Support to older victims of violence and crimes**” (**SAVER**), which the AUSER section of Latium has activated in collaboration with the city of **Rome** to provide legal assistance, psychological support and health and social care, reaching since 2000 over 10,000 older people (Agenzia d'informazione Auser, 2007);
- the “**Observatory to monitor abuses against older people**” in **Treviso**, initiated in 2002 following a series of conferences on this topic which revealed the need for a more active approach, especially against psychological and moral abuse, neglect and isolation (Agenzia d'informazione Auser, 2002);
- the “**Pink Telephone**”, a help-line activated to provide a response to domestic violence and neglect against women, where however approximately 12% of reported cases come from women aged over 60, mainly concerned about financial problems (Barnes-Holmes et al. 2000; Agenzia d'Informazione Auser 2007).

In Milan, a “Helpline for Abused older people” (or TAM: Telefono Anziani Maltrattati) is available since 2000 to listen to victims of mistreatments, through trained volunteers who, supported by a back-office of professionals from different disciplines, aim at providing the best answer to the problem raised by its users. Financially sustained by a local bank and operating under the patronage of the municipal, provincial and regional authorities, this service tries to look for the least traumatic solution for the older person, thanks also to the technical advice and organizational back-up of an ad-hoc committee.

As shown by the “Pink Telephone” mentioned above, there is a variety of initiatives aiming at tackling abuse against women, who end up however to respond to support needs of older subjects, too. They will not be mentioned here, since this would go beyond the purpose of this review, however it should be underlined that the **overlapping of a gender-based and an aged-base phenomena of abuse** represents a reality which has not been systematically tackled by the majority of initiatives currently existing in Italy (apart from the EU-funded projects run within the Daphne II program, as reported above in section 1.3).

Finally, it should be mentioned that very few initiatives aim at providing **training opportunities** to prevent and tackle elder abuse across the country. Small signs of change in this direction can however be recognised in the addition, within already existing academic courses, of some modules dedicated to the topic. This is the case, for instance, of the Master of 2nd Level established by the University of Genoa in “Psychology of geriatric age”, which includes a module on “Rights in older age: areas of protection and uncovered sectors” and one on “Innovative experiences to tackle elder abuse in an international context” (for details cf. www.sdf.unige.it/documenti/bando_master_psicologia_geriatrica.pdf), as well as of the Master of 1st Level activated by the University of Siena in “Legal and Forensic Nursing”, which includes courses on criminology and intra-familial violence (www.unisi.it/did/cperf/bando_master_infermieristica_legale_0708.html).

4. Measures and instruments for preventing and tackling elder abuse

Drawing on the findings and information described above, it is possible to summarise the most relevant aspects to be considered when dealing with the issue of elder abuse in Italy. After a few reflections of general relevance, emerging indications will be distinguished according to the type of setting where elder abuse might occur (domestic and institutional), due to the different the dynamics and actors involved in the two areas.

4.1. Cross-cutting general reflections

A preliminary reflection concerns the fact that, as confirmed also by a recent explorative qualitative study (Daskalopoulos & Borrelli, 2006), the **understanding** of what is meant with “elder abuse” in Italy partially differs from that prevailing in other countries, by characterising it much more in forms of neglect and psychological mistreatment, rather than other (possibly more aggressive) forms of abuse. This does not necessarily mean that these other forms of abuse are not occurring in the country, but rather that there is little awareness about them, or reluctance in acknowledging their existence, due to the low visibility they have traditionally received compared to the much more debated and legislated areas of child or women abuse.

A further observation emerging from the few available data concerns the **lack of systematic, comparable data** able to capture a countrywide picture of the phenomenon, so that, with very few exceptions, even basic statistics on the extent and nature of elder abuse are minimal, if not totally absent (Barnes-Holmes et al. 2000; Pasqualini e Mussi, 2001; Daskalopoulos & Borrelli, 2006). The few available data still allow to confirm that, anyway, elder abuse has a **gendered unbalance**, older Italian women being much more at risk than older men, especially in the oldest age groups.

Lacking is also the legal framework, which does not include any explicit mention of elder abuse as a specific and aggravating form of violence nor of neglect, unless falling under the situation in which the older victim is under “custody” by the perpetrator (artt. 571, 572 and 591 of Penal Code). It is therefore urgent to identify appropriate indicators of forms of abuse occurring outside this legally very limited area, in order to provide more effective detection and prevention tools for practitioners and citizens (ISTISSE, 2006), also targeting neglected sectors such as that of subjects suffering from dementia (Barnes-Holmes, 2000). To this purpose, suggestions have been formulated for the implementation of a **coordinating agency or expert committee**, with the task of collecting, ordering and disseminating information on the issue, also by means of sensibilisation campaigns and initiatives to prevent the phenomenon, improve safety and support quality of family caregiving (ISTISSE, 2006).

Within the Italian context, a crucial role in detecting possible situations of elder abuse is certainly played by **general practitioners** – who reach almost the totality of the population, thus providing the broadest public service network across the country – and by **geriatricians** operating in hospitals and local health districts (Pineo et al 2005). Their possibility to intervene is however often limited by the ability of the normal citizen to find the courage and dignity to denounce relevant episodes, which can be much more effectively supported by **older people’s organizations**, such as for instance the mentioned AUSER (s. section 3.2 above), often in connections with retired people’s trade unions, and the various initiatives promoted by them across the country.

Finally, it shouldn’t be underestimated the importance of **comparative studies and initiatives**, such as those represented by the EU-funded DAPHNE program, which allow to better understand the peculiarity of the phenomenon in Italy, by stimulating a reflection in terms and on aspects which might have not necessarily developed without such an exchange with representatives of other

countries (ISTISSS, 2006). Although language barriers still represent a relevant obstacle within the Italian context, thus limiting a wider diffusion of these international initiatives, these have certainly contributed to start a debate within a still mainly Catholic country, traditionally impervious to critical views on the society's ability to implement values such as intergenerational and family solidarity, respect of older age and similar aspects, whose lack certainly represents one of the core factors leading to elder abuse.

4.2. Domestic settings

4.2.1. About the “invisibility” of elder abuse

A starting reflection when considering elder abuse occurring in domestic settings is that a difficult experience for many older people is to admit that the **perpetrators** are sometimes represented by **close family members** (ISTISSS, 2006). Although this explains at least partially why many victims do not report the suffered abuses, a collateral reflection is however that often this happens also because the distinction of what is abuse and what is not might become blurred in the perception of the involved persons, following **false convictions about what is “normal”** and what is not in order to provide appropriate care, such as for instance about the use of constraints to prevent injuries in the cared-for person (Ogioni 2007).

4.2.2. Family caregiving and elder abuse

The evidence reported above shows that a relevant proportion of the possible episodes of abuse occurring within the domestic setting are at least partly associated with the existence of a **caregiving situation**, whereas one or more family members are involved in the prolonged care of a dependent older person. The burden suffered by the family caregiver, especially when he/she acts in isolation, or has to face particularly challenging situations, such as those of caring for a demented person with behavioral symptoms (Ogioni 2007), can easily lead to abusing episodes, including situations where the victim is the caregiver (and not the cared-for person) (ISTISSS, 2006).

Particular attention should be paid, therefore, to the development and implementation of measures aimed at reducing the burden weighing on the carers' shoulders, in terms of easily accessible and understandable **information** on the symptoms and progression of illness, as well as on the support services and interventions available to face it (Barnes-Holmes 2000). A better knowledge of these aspects can greatly contribute to facilitate caregivers in accomplishing their tasks, thus preventing or anyway reducing the risk of abuses on the cared for person, especially if accompanied by **training** opportunities, detailing how to best deal with constraints, psychological distress and any other aspects potentially affecting the dignity and quality of life of both the older persons and their caregiver (ISTISSS, 2006).

In this respect, the **limited number and extension of different services and supports** for family caregivers represent in itself a structural problem in Italy – especially with regard to the availability of self-help/support groups and counseling services – which needs to be tackled by a more systematic approach within a welfare system so far mainly based on cash-for-care schemes (Lamura et al, 2008). This approach should include the provision of a more **standardized assessment of caregiving situations** – to be included systematically in the multidimensional assessment of the older person in need of care – in order to identify on time possible cases at risk of abuse, and to provide, where necessary, appropriate monitoring, tutoring and supervision through trained staff (Salvioli 2004; Scortegagna 2007). To this purpose, the adoption of **protocols to deal with violence and abuse in an elder care context** could also be helpful to identify appropriate

guidelines and training opportunities for family carers and professionals on how to tackle and prevent the phenomenon (ISTISSS, 2006).

It should be finally underlined that a crucial dimension deserving particular attention concerns the need to provide a more effective framework to allow for a reasonable **balance between paid work and caring responsibility**, a challenge which an increasing number of Italian working women – the traditional back-bone of family elder care in the country – finds difficult to solve satisfactorily, due to the lack of appropriate support services and measures (in terms of flexible working times, care leaves, pension benefits etc.) (ISTISSS, 2006; Polverini et al. 2004). One of the most common solutions which Italian households have found to this problem has been through the private **employment of migrant home care workers**, often on a live-in basis with the older person to care for (Lamura et al. 2006). These migrant care workers are however often exposed themselves to possible situations of exploitation, so that the need to monitor their working and living conditions, and the possible impact deriving in terms of elder abuse represents a new challenge requiring urgent response in the future.

4.3. Residential care settings

As mentioned above in more details in section 2.2, crucial dimensions to be considered in order to prevent elder abuse in institutional settings are, in the first place, the **adequate staffing** of the facilities, not only in terms of a sufficient number of care workers, but also of the right multidisciplinary mix in terms of professions involved in all relevant fields (medical, nursing, psychological, therapist etc.). Furthermore, the staff should be rigorously selected and trained, in order to prevent the presence of personnel who is not adequate – from a psychological or professional point of view - to the delicate work requested from them in long-term care facilities. It should be indeed underlined that the high degree of invalidation of the residents of such facilities prevents them from being able not only to defend themselves from episodes of abuse, but also from reporting them properly to relatives or other persons, thus possibly delaying the evidence of such episodes to the point that over time irreparable damages might arise, especially from a psychological point of view (Prospettive Assistenziali 2005).

Training should furthermore represent a “must” not only at the beginning, but become a permanent task during the whole working career of care staff, in order to prevent loss of motivation and keep a balanced approach to such a difficult and challenging job. The systematic supply of qualification opportunities should include the activation of checklists and protocols to detect situations of abuse and guidelines on how to properly intervene to prevent and tackle them.

Situations of **underpayment** should also be carefully taken into account and avoided, since they are particularly dangerous in terms of reduced motivation, strain and sense of impotence they might induce in the care personnel, thus developing the most likely “humus” for situations of – even partially involuntary – abuse and retaliation towards the older residents (Caretta, 2001; D'Agostino, 2006; Sandrin, 2004). Underpayment and bad working conditions might increase the risk for abusing situations also by promoting a high turn-over of care staff, thus preventing the development of interpersonal and emotionally gratifying relationships between them and the older residents (Prospettive Assistenziali, 2005).

The role of **environmental factors** can also play a role not to be underestimated. This refers not only to the suitability of the architectonic and technological equipments to ensure an user-friendly environment in terms of respect of privacy, individual choices and appropriate handling of individual disabilities; but includes also the location of residential facilities, which should be such as to allow an easy access to relatives and visitors in general, through good transports and/or a

central position (Prospettive Assistenziali, 2005). The possibility to bring and locate within a residents' room personal belongings and effects having an emotional value represents a further, fundamental way to ensure a "warmer" and less "care-dominated" environment, thus reducing the depressing effect of a depersonalised setting.

The implementation of the above mentioned strategies and interventions to reduce and prevent the risk of abuse within institutional settings need however, almost as a pre-requisite, an **efficient system for the systematic control and monitoring** of the quality of care and services delivered within these facilities, which is currently inexistent in Italy (Salvioli, 2004). This system should also include **representatives of older people's and families' organisations**, who could actually already today be co-opted within the inspection committees existing within social (i.e. municipal) and health care authorities (Prospettive Assistenziali, 2005; Pigatto 2007). The implementation of such an integrated strategy would certainly contribute to a significant improvement in the quality of delivered care and to a reduction of the overall risk of elder abuse. But also probably help to reduce the frequency of a peculiar, even more invisible phenomenon of "**institutional abuse**", sometimes perpetrated by residential facilities (or the municipal authorities running them) towards the families of institutionalised older people, who are "more or less formally" asked to provide an "alimony" (in financial form or even by means of care tasks), in order to reduce the overall costs born by the public authorities, which are constitutionally responsible for the care of older people (Prospettive Assistenziali, 2003b).

References

Agenzia d'informazione Auser (2002) Treviso, nasce l'osservatorio sugli anziani maltrattati, 5(14):1.

Agenzia d'informazione Auser (2007) Cambiare passo, sostenere la coesione sociale. N° 2, March.

Barnes-Holmes Y., Barnes-Holmes D., Morichelli R., Scocchera F., Sdogati C., Ockleford E., Morjaria A., Furniss F., (2000) Mistreatment and abuse of older women in the European Community: estimated prevalence, legal and service responses. A review of the situation in three member states. Research Report, Daphne project "Recognition, Prevention and Treatment of Abuse of Older Women" (<http://daphne-toolkit.org/prjFiche.asp?prj=2000125%20&lang=DE>).

Brugnone, E (2001) Maltrattamenti di anziani cronici non autosufficienti ricoverati in strutture di assistenza: rilievi penali, Prospettive Assistenziali, 134, aprile-giugno, Torino.

Brugnone E. (2007) Abbandono e maltrattamenti in strutture di ricovero per anziani: quale legge penale?, *Prospettive assistenziali*, 159:15-19, luglio-settembre, Torino.

Canonico V. (2005) Notizie e curiosità, Bollettino della Società Italiana di Gerontologia e Geriatria, 8:3.

Caretta F. (2001) L'anziano nella residenza geriatrica: qualità di vita e rischio di abuso, *Anziani oggi*, 1:8-20.

Casasola A. (2004) Telefono anziani maltrattati: presentati i dati del 2004. Udine, Provincia di Udine.

Cester A. (a cura di) (1995) Legare i vecchi. EdUP.

Colmo G. (2006) Roma: anziani nel mirino dei ladri. *Agenzia d'informazione AUSER*, 9(40).

Daskalopoulos M.D., Borrelli S.E. (2006) Definitions of Elder Abuse in an Italian Sample. *J Elder Abuse & Neglect*, 18(2/3):67-85.

D'Agostino F. (2006) Bioetica e i diritti degli anziani, Presidenza del Consiglio dei Ministri, Comitato Nazionale per la Bioetica, Roma, 20 gennaio, 33-35 (<http://www.governo.it/bioetica/testi/anziani.pdf>).

ISTAT (2007) La violenza e i maltrattamenti contro le donne dentro e fuori la famiglia - Anno 2006, 21 febbraio 2007 (http://www.istat.it/salastampa/comunicati/non_calendario/20070221_00/testointegrale.pdf).

Istisss - Istituto per gli studi sui servizi sociali (2006) Linee Guida per prevenire la violenza nel caregiving di donne anziane malate di Alzheimer e di altre forme di demenza. Daphne European Programme, Progetto "Care for carers" (<http://www.daphne-toolkit.org/prjFiche.asp?prj=2000125%20&lang=EN>).

Lamura G., Polverini F., Melchiorre Maria G. (2006) Migrant Care workers in long term care: lessons from the Italian case. Paper presented at the AcademyHealth Annual Research Meeting, Seattle, 25-27 June (download in: <http://www.academyhealth.org/2006/607/lamurag.ppt>)

Lamura G., Mnich E., Nolan M., Wojszel B., Krevers B., Mestheneos L. and Döhner H. on behalf of the EUROFAMCARE group (2007) Usage and accessibility of support services for family carers of older people in six European countries: prevalence findings from the EUROFAMCARE study. *The Gerontologist* (in press).

Ljunggren G, Phillips CD, Sgadari A. (1997) Comparisons of restraint use in nursing homes in eight countries. *Age Ageing*, 26(suppl 2):43-47.

Molinelli A., Odetti P., Viale L., Landolfi M.C., Flick C., De Stefano F. (2007) Aspetti medico-legali e geriatrici del "maltrattamento" dell'anziano, *Giorn Geront*, 55(3):170-180 (<http://www.sigg.it/public/doc/GIORNALEART/902.pdf>).

Notizie quotidiane per gli anziani (2007) Dossier-Ferpa sulla violenza agli anziani all'Assemblea Fnp, Editrice Federspensionati srl, Roma, 2007; 10, ottobre (<http://fnp.cisl.it/conquiste07.nsf/d57cba3c60ceac8ac1256c4d0035ddb3/bacd6f4a4e015f9dc1257375003ab676?OpenDocument>).

Ogioni L., Liperoti R., Landi F., Soldato M., Bernabei R., Onder G., on behalf of the Silvernet Study Group (2007) Cross-Sectional Association Between Behavioral Symptoms and Potential Elder Abuse Among Subjects in Home Care in Italy: Results From the Silvernet Study. *Am J Geriatr Psychiatry*, 15(1):70-78.

Pasqualini R. & Mussi C. (2001) Come riconoscere e prevenire l'abuso nell'anziano. [Recognizing and preventing elder abuse]. *Giornale di Gerontologia*, 49:42-47.

Pigatto A. (2007) Appunti sul maltrattamento dell'anziano, *Prospettive Sociali e Sanitarie*, 37(22):6-9.

Pineo A., Dominguez L.J., Ferlisi A., Galioto A., Vernuccio L., Zagone G., Costanza G., Putignano E., Belvedere M., Di Sciacca A., Barbagallo M. (2005) Violenza contro le persone anziane. *Giorn Geront*, 53(3):112-119.

Politiche sociali news (2003) La violenza sulle persone più deboli, purtroppo, esiste. A Milano, da due anni, TAM (Telefono Anziani Maltrattati) è all'ascolto delle vittime di soprusi (http://www.famiglia.regione.lombardia.it/psn/0212_14.pdf).

Polverini F., Principi A., Balducci C., Melchiorre M.G., Quattrini S., Gianelli M.V. and Lamura G. (2004) European Project EUROFAMCARE - Services for Supporting Family Carers of Older People in Europe: characteristics, coverage and usage - National Background Report on Italy. INRCA, Ancona (http://www.uke.uni-hamburg.de/institute/medizinsoziologie/ims2/gerontologie/eurofamcare/documents/nabare_italy_rc1_a4.pdf).

Progetto di legge 1595/2006 (2006) Introduzione dell'articolo 640-quinquies del codice penale in materia di truffa ai danni di soggetti minori o anziani presso la Camera (<http://english.camera.it/dati/lavori/stampati/pdf/15PDL0012680.pdf>).

Prospettive Assistenziali (2001) Comunicato stampa dei Nas sui controlli eseguiti in campo nazionale alle strutture ricettive per anziani, 136, ottobre-dicembre. Torino.

Prospettive Assistenziali (2002) Fatti illeciti in strutture ricettive per anziani e abbandono di ricoverati non autosufficienti: considerazioni sui due ultimi comunicati stampa dei Nas, 140, ottobre-dicembre. Torino.

Prospettive Assistenziali (2003a) Controlli effettuati dai Nas sulle strutture residenziali per anziani: altre allarmanti infrazioni penali e amministrative, 143, luglio-settembre. Torino.

Prospettive assistenziali (2003b) L'integrazione delle rette di ricovero assistenziale da parte degli enti pubblici: un altro imbroglio, 142, aprile-giugno, Torino.

Prospettive Assistenziali (2004) Quarta indagine dei Nas sulle strutture ricettive per anziani: accertate altre gravi irregolarità, 145, gennaio-marzo Torino.

Prospettive Assistenziali (2005) Come prevenire le violenze nelle strutture residenziali per minori, adulti e anziani, 149:1-9, gennaio-marzo, Torino.

Salvioli G. (2004) Quando i servizi per gli anziani sono da migliorare, *Giorn Geront*, 153-155.

Sandrin L. (2004) Aiutare senza bruciarsi. Come superare il burn-out nelle professioni di aiuto, Edizioni Paoline, Milano.

Sannino S. (2007) Gli abusi sugli anziani in crescita. Norme più dure contro le violenze. *Club 3*, 19(9):8-9

Scortegagna R. (2007) Lavoro di cura, maltrattamenti e violenza, *La Rivista di Servizio Sociale*, 2:5-21.