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Prevention of elder abuse and neglect in Italy:
recent developments

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1. Elder abuse and neglect in Italy: preliminary findings from the ABUEL project
ABUEL sample in Italy

• Location: Ancona (middle-sized city in Central Italy)
• Total sample size: 627 subjects aged 60-84
• Sampling method: random sampling in census population, stratified by age and gender
• Response rate: 30-40%

• Main sample characteristics:
  – mean age: 71,1
  – marital status: 80% married, 14% widowed; 6% single/divorced
  – living arrangements: 79% living with spouse; 14% living alone
  – perceived health status: 10% v. good; 59% good; 23% neither or; 8% poor
  – self-rated income: 24% low; 41% low/medium 32% medium/high 2% high
Prevalence of different forms of elder abuse

(last year only)

Psychological violence

Financial abuse

Sexual violence

Physical violence/injury

Neglect

%
Prevalence of different forms of psychological abuse

- Shouted or yelled at me
- Insulted or sworn at me
- Did something to spite me
- Undermined or belittled what I do
- Excluded or repeatedly ignored me
- Called me fat, ugly or other names
- Other types of psychological violence
Level of depression (HADS) by occurrence and timing of psychological abuse

- Occurred last year: 6%
- Occurred before: 4%
- Never occurred: 4%
Victims of psychological abuse by gender

Men 67%

Women 33%
Victims of **psychological abuse** by age

- **70-74**: 45%
- **65-69**: 19%
- **60-64**: 19%
- **75-79**: 6%
- **80-84**: 11%
Victims of psychological abuse by level of education

- University: 11%
- Secondary school: 45%
- Primary school: 33%
- Less than primary school: 11%
Main perpetrators of psychological violence

- Others
- Other relative
- Spouse/partner
- Acquaintances
- Neighbour
- Child/-in-law
- Grandchild
- Friend
- Sibling

%
Have you been in need of a care service, but did not use it? In this case, why?

NO: 90%

YES: 10%
Have you been in need of a care service, but did not use it? **In this case, why?**
2. Recent initiatives to prevent elder abuse and neglect in Italy
2. Recent initiatives to prevent EAN / 1: reduction of waiting lists

In Italy waiting lists represent an intolerable, but “widely tolerated” abuse of older persons, who are the main victims of a situation that prevents many of them from receiving the health and social care services they need.
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2. Recent initiatives to prevent EAN / 2: the “support tutor”

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This allows to grant protection, in a much quicker and safer way, to cognitively dependent older persons, who until just a few years ago had to resort to the much more complicated and time-consuming juridical tools of "incapacity" or "interdiction".
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It took some time to implement the law in all geographical areas of the country and for different types of "inability to take care of oneself", but today it is widely recognised as a useful measure to protect citizens who finds themselves in this condition, especially in case of cognitive impairment.
2. Recent initiatives to prevent EAN / 3: monitoring effects of heat waves

After the heat wave which hit Italy in summer 2003, causing the death of several thousands of older Italians, a series of initiatives was developed to prevent that this phenomenon – a clearly "neglect-driven" one – could happen again, coordinated as follows:
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— the national government elaborates common guidelines on how to prevent negative effects of heat waves, in terms of suggestions concerning nutrition, use of drugs, housing etc., both at individual and local level;
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— the national government elaborates common guidelines on how to prevent negative effects of heat waves, in terms of suggestions concerning nutrition, use of drugs, housing etc., both at individual and local level;

— local governments (regions & municipalities) are in charge of:

  • keeping updated lists of older people “at risk” (such as those living alone, very old, recently hospitalised, low-income and drug-dependent), and sending them to care services organisations;

  • monitoring and, in case of need, supporting older people during heat waves. This includes informing population, strengthening call centres to keep regular contacts with risk groups, providing targeted support in case of health problems (home delivery of drugs, shopping etc.).
Thank you!