

Guiding Questions: Neglect, violence and abuse

1) In your country, are there **specific studies or surveys** (from governmental, non- governmental or academic sources) on violence, abuse and neglect experienced by older persons?

Yes, in Italy some studies have been carried out on violence, abuse and neglect experienced by older persons:

1 . Cross-sectional association between behavioral symptoms and potential elder abuse among subjects in home care in Italy: results from the Silvernet Study. Ogioni L, Liperoti R, Landi F, Soldato M, Bernabei R, Onder G; Silvernet Study Group. *Am J Geriatr Psychiatry*. 2007 Jan;15(1):70-8. (Signs of potential abuse are common among older adults in home care in Italy and they are associated with the presence of behavioral symptoms.)

2. Study Bocconi University: including an analysis of health system and social assistance. The first part tells about the services offered, the interventions provided, needs, costs for elderly who are not autonomous, affected by disabilities. The second part is a deeper analysis referred to the organization of the care settings.

3. The periodic Report of National Institute for Statistics (ISTAT): reported the high percentage of elderly people in Italy. The ISTAT report showed that 40% of people over 65 years of age suffer from at least one chronic disease, 18% are limited in their activities of daily living, 68% of whom suffer from at least three chronic conditions, and 8% are confined at home. Since people over 65 years of age utilise a large part of health resources, the Italian National Health System (NHS) is reassessing the health services it can provide to the elderly, both from a cultural and structural point of view.

4. Report from Health Ministry, 2010: "Criteria of clinical, technological, structural suitability in the assistance of the elderly people". This Report shows how the Italian NHS aims to promote an improved integration between prevention and cure on the one hand, and social and health needs of this population on the other, recognising that the efficacy of health interventions requires an adequate continuity and follow-up at local level. As age increases, fragility becomes apparent, and it correlates with disability and comorbidity. Fragility can be described as an increased vulnerability to stress, and can limit daily activities due to a number of different concomitant conditions, also including a gradual decrease in health status and functional ability. This in turn increases the risk of negative outcomes as described by some specific parameters outlined in the current Report.

2) (a) What forms of violence, abuse and neglect (e.g. physical, psychological, sexual, financial, or other) are registered? What is the setting in which they occur (i.e. residential and non- residential)? Is there information about the type of perpetrators?

We have not any specific registered form of violence, abuse, neglect.

(b) Does violence, abuse and neglect particularly affect specific groups of older persons? If so, which groups and how?

We have not any specific information about violence on specific groups of older persons.

3) Does your country's legislation explicitly address issues of violence, abuse and neglect against older persons? If not, what legislation applies to such issues in the context of older persons? Does this legislation sufficiently address the full range of violence against older persons?

It does not. The Deontological code for physicians, 2014 and the Deontological code for nurses, 2009 represent the only form to discipline these abuses and to define all ethical behaviours.

4) What legislation exists to protect older persons specifically against financial abuse, including inheritance abuse?

We have not any specific legislation referred to these issues.