



MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

Policy Recommendations

ITALY



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atenció, formació i investigació psicosocials





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Deliverable 4.2: MARVOW 2.0 Raccomandazioni di Policy

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Italy is the second oldest country in the world, with nearly fourteen million people over the age of 65—two-thirds of whom are women. Older women are disproportionately affected by a range of challenges compared to their male counterparts, including poorer health and lower incomes. Many experience multiple chronic conditions, as well as anxiety and depression, and often rely on modest pensions. A significant portion of older women are widows, living either alone or with their children, who may themselves be vulnerable and economically dependent on their mothers. Many older women require full-time care, which places immense strain on family caregivers. This can lead to tensions and, in some cases, family breakdowns. Recent statistics show that 37 out of the 98 women killed between January 1 and November 18, 2024, were aged 65 or older, making up 37.8% of the victims. The majority of these women were killed by their intimate partners or children. Other than femicides, there is little to no data on violence against older women which implies that most instances of violence against older women go unreported unless they escalate to femicide. As Italy's population continues to age, violence against older women is expected to rise significantly.

Interviews conducted by ANCI Lazio have highlighted a significant gap in specialised services, data collection, and tailored policies and protocols addressing the needs of older women. Italy does not have dedicated legislation or procedures to address gender-based violence (GBV) against older women, leaving this group largely excluded from the broader domestic violence (DV) safeguarding work. Public awareness campaigns on GBV and DV tend to focus primarily on younger women, perpetuating the misconception that older women are not at risk. As a result, the response to violence against older women remains fragmented and insufficient.

Recommendations.

1. National¹

1.1. Policy & Governance

Key gaps:

- None of the current laws on domestic and gender-based violence mention “older women” or set distinct rules for the elderly. Victims—whether young or older—are covered under general provisions.
- Although art. 570 of the Criminal Code addresses abuse of elderly persons, it doesn't intersect clearly with gender-based violence frameworks
- The national strategic plans (e.g. the *Piano Strategico Nazionale sulla Violenza Maschile contro le Donne*) based upon inter-ministerial coordination do not explicitly consider age as a vulnerability factor.
- Official statistics (e.g., by ISTAT) rarely disaggregate by age beyond a general “over 55” cohort, leading to invisibility for older victims

Recommendations:

National laws on gender-based violence should be amended to explicitly recognize older women as a vulnerable group. This would ensure their specific experiences and needs are acknowledged and addressed within the legal framework. Additionally, the issue of violence against older women should be incorporated into the first National Plan on Active Ageing, reinforcing the importance of safety and dignity for women throughout the ageing process.

Legal definitions of domestic and institutional abuse must be expanded to include acts committed by caregivers and health and care professionals. This would close critical gaps in protection and accountability within both home and institutional environments.

A dedicated Task Force should be established to conduct in-depth research and analysis on the specific dynamics of abuse against older women. This research must consider the intersectionality of factors such as disability, caregiving responsibilities, and economic dependency. The findings should be shared with relevant government departments, including the Department of Equal Opportunities, as well as with other key stakeholders to inform more effective interventions.

Furthermore, it is essential to mandate the collection of disaggregated national data by age and gender on all forms of violence, both in domestic and institutional settings. This data would provide a clearer picture of the prevalence and nature of abuse faced by older women. The national observatory on gender-based and domestic violence should also be

¹ At the national level, the key gaps have been identified through project findings, OECD and ISTAT data, academic research studies and interviews to front-line professionals working on DV and GBV.

required to specifically collect and analyze data on women aged 60 and above, ensuring that future policy development is guided by accurate and comprehensive evidence.

1.2. Procedural Aspects

Key gaps:

- Key services lack relevant procedures (i.e. risk assessment) to adequately identify and respond to abuse against older women
- The current legislative framework encourages collaboration among key services, but it doesn't mandate it and/or provides for collaboration frameworks
- Some of the current procedures prevent services from collaborating and limit information sharing
- Lack of tailored operational guidelines for frontline services

Recommendations:

To effectively address abuse against older women, it is essential to develop and implement standardized, age- and gender-sensitive risk assessment tools across all frontline services—such as healthcare, social care, and law enforcement—to identify indicators specific to this population, including financial control, neglect, and dependency-related violence. Existing legislation should be amended to establish mandatory multi-agency collaboration mechanisms, with clearly defined roles, referral pathways, and shared responsibilities across sectors. Prosecutorial and confidentiality procedures must also be reviewed and adapted to support safe, lawful information-sharing among services, while upholding strong privacy safeguards and victim-centred protocols. National operational guidelines tailored specifically to older women at risk of or experiencing abuse should be developed and disseminated, providing clear direction on detection, response, referral, and documentation. Furthermore, training programs for professionals should be mandated and integrated into continuing education, covering topics such as elder abuse, ageism, gender-based violence, and intersectionality. Finally, the creation of national oversight bodies or coordination units is vital to monitor inter-agency collaboration, track case management outcomes, and ensure compliance with established guidelines.

1.3. Bureaucratic aspects

Key gaps:

- Key services dealing with abuse against older women often lack the skilled, responsive staff needed for timely and effective intervention - excessive bureaucracy slows down hiring processes, making it difficult to renew the public sector workforce and fill essential roles in a timely manner. Bureaucracy tends to discourage the entry of younger, well-trained professionals, causing public services to be outdated and understaffed.

- Internal checks slow down the disbursement of funds, so funding for initiatives like shelters, specialized training, or inter-agency cooperation may take months to be authorized and disbursed, delaying implementation.

Recommendations:

To enhance the efficiency and responsiveness of services addressing violence against older women, recruitment procedures should be streamlined to enable faster and more flexible hiring. Additionally, workforce renewal strategies are crucial and should include incentives for recruiting young professionals, alongside structured knowledge transfer from senior staff, to enhance institutional expertise.

Simplified and integrated funding mechanisms must also be established to ensure timely and effective allocation of financial resources. This involves reducing administrative fragmentation, harmonizing budget lines, and shifting toward outcome-based disbursement models. Digital tools should be used meaningfully—not only to automate processes but also to eliminate regulatory bottlenecks that hinder service delivery.

1.4. Justice & Law Enforcement

Key gaps:

- Elder abuse often remains unreported unless it results in serious or high-profile incidents
- Older women are often reluctant to report abuse, especially when the abuser is a family member or caregiver.
- Police officers, prosecutors, and judges rarely receive training on how to identify or handle cases of elder abuse with a gender perspective.
- Stereotypes about older adults (e.g. lack of credibility, dependency) often undermine victim testimony or discourage investigation.
- Insufficient procedural accommodations (e.g. assisted questioning, cognitive support) may limit older women's participation in legal proceedings.
- Law enforcement rarely coordinates with healthcare providers or social services, even though they may have key information about the victim's condition or risks. State-led prosecution often prevents them from collaborating with other front-line services
- Protection orders (e.g. restraining orders) may not be adapted to older victims' living situations (e.g. they often live with or depend on the abuser).
- Lack of follow-up mechanisms after court decisions means risk of re-victimization remains high.

Recommendations:

To ensure a more just and supportive response for older women experiencing abuse, mandatory training should be implemented for police, prosecutors, and judges, with a specific focus on elder abuse through a gender-sensitive lens. The training should cover how to identify signs of abuse, understand the dynamics of power and control in older-age abuse (often a continuation of domestic violence or a result of caregiver stress), and address cases with empathy and impartiality. In particular:

For **police forces** - Communication skills for interacting with older victims (who may have hearing or cognitive impairments) and the importance of taking all allegations seriously should be emphasised, regardless of the victim's age or apparent frailty. A gender lens is crucial: officers should understand that older women might understate abuse due to shame or generational norms. Training can dispel myths (e.g. that family abuse of an elder is a "private matter" or that a confused-sounding victim is not credible).

For **Prosecutors** - They should be aware of how to corroborate testimony with medical or financial records, how to request medical assessments of cognitive capacity when relevant, and how to apply aggravating factors for abuse of a vulnerable victim. Training should encourage prosecutors to collaborate with multidisciplinary experts (gerontologists, social workers) when handling such cases, and to pursue them even if victims are hesitant (utilizing evidence-based prosecution strategies, while still respecting the victim's wellbeing).

For **Judges** - They should receive (especially those in family courts and criminal courts dealing with domestic violence) training on age-related issues. Judges should learn about the phenomenon of elder abuse, its often cumulative nature, and the reasons victims might recant or appear inconsistent (e.g. due to memory issues or pressure from family). This will help in evaluating evidence without bias. Judges also need awareness of what accommodations they can offer (see below) and what community resources exist for victim support when issuing orders or sentences.

These trainings should be developed in collaboration with experts on ageing and elder abuse, and ideally involve older persons or advocates in the instruction to provide firsthand perspectives. As an outcome, every police station and prosecutor's office should have at least a few personnel with deep knowledge in elder abuse, acting as points of reference for complex cases. Alongside technical training, awareness campaigns within institutions (police, courts) are necessary to tackle ageist and sexist stereotypes. By improving professional attitudes, Italy can combat the deeply rooted prejudices that currently contribute to under-enforcement. The aim is to build trust so that older victims know they will be heard and believed, and to ensure that ageism does not impede justice.



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Procedural reforms are also necessary to accommodate the cognitive, physical, and emotional needs of older women, making justice processes more accessible and respectful. By implementing these accommodations (such as adjusted cross-examination practices, assisted interviewing etc), Italy can make the justice system more *age-friendly* and reduce secondary victimization. The goal is that an older woman's case can proceed on its merits without being derailed by her physical or cognitive limitations.

Strengthening inter-agency protocols is vital to improve coordination between justice actors and other front-line services, fostering a more holistic response during and after legal proceedings for older survivors. Formal mechanisms should be established to follow up on elder abuse cases after court decisions or interventions, to ensure long-term safety and support. This could include follow-up victims, probation and abuser rehabilitation, victim support continuation as many older women will continue to need support even after the legal case is over.

At the national level, the key stakeholders to be involved are government institutions - including the Ministry for Equal Opportunities and Family, Ministry of Health, Ministry of Justice, Ministry of Labour and Social Policies, Department for Public Administration, National Anti-Discrimination Office (UNAR) - as well as the National Institute of Statistics (ISTAT), Universities and Research centres and Women's Rights and Elder Advocacy NGOs.



2. Regional

2.1 Policy, Governance, Procedural & Bureaucratic Aspects

Key gaps:

Despite national-level commitments to address gender-based violence and elder abuse, regional-level implementation in Italy remains fragmented and inconsistent, exposing older women to unequal protection and support depending on where they live. Many regions lack integrated strategies that connect elder protection services with gender-based violence frameworks, resulting in a siloed approach where older women—especially those over 70—are often overlooked.

One major issue is the absence of dedicated protocols that consider both age and gender. While some regions have introduced innovative practices or coordination efforts, these are often project-based and not institutionalised. Inter-sectoral collaboration between health services, social care, law enforcement, and violence support services is frequently weak or informal, leading to disjointed service delivery and gaps in victim protection.

Resource constraints further compound the problem. Funding for social and protective services is uneven, and where available, it tends to be short-term, unstable, or not specifically allocated for elder abuse or gender-sensitive interventions. This limits the ability of regions to ensure service continuity or invest in specialised staff.

Moreover, regional monitoring systems are underdeveloped. There is limited collection and use of age- and gender-disaggregated data, making it difficult to understand the scope of the problem or to adapt interventions effectively. Without such data, regional authorities cannot fully account for the needs of older women or evaluate the effectiveness of their policies.

Finally, training for frontline professionals at the regional level remains sporadic and insufficient. Social workers, local police, and care staff often lack the tools to detect and respond to violence against older women, further deepening the gap between policy and practice.

In sum, while regions hold crucial responsibilities for health, social services, and long-term care, they often lack the policy tools, inter-service coordination, and resources needed to respond effectively to the specific risks faced by older women experiencing violence.

Recommendations:

To effectively address violence against older women, it is essential to strengthen the capacity of regional governments, which are responsible for many of the services most relevant to prevention and response—such as health, social care, and long-term support. Similar to the national level, it should be ensured that all regional policies and action plans explicitly integrate age- and gender-sensitive approaches. Too often, violence against older women falls into a policy gap—neither fully addressed by gender-based violence systems nor by elder protection services. Regional strategies should reflect the intersectional nature of these risks and recognize the distinct forms of abuse that older women may face, such as financial exploitation, neglect, or coercive caregiving relationships.

To support this, national authorities should establish minimum service standards and promote the adoption of shared protocols across regions. Every region should adopt procedures and guidelines that incorporate the coordination mechanisms mandated by the national level to prevent many services from operating in silos or relying on informal, inconsistent partnerships. These protocols must enable structured collaboration between healthcare providers, social services, law enforcement, and anti-violence centers.

In parallel, the central government should provide dedicated and sustainable funding to support regional-level initiatives, ensuring that resources are not only available but earmarked for this often-overlooked population. Regions should ensure funding is long-term and flexible enough to support both core services and innovative local models.

Equally important is investment in training for frontline professionals. Regional and municipal staff—such as social workers, community health personnel, and local police—must be equipped to recognize and respond to signs of abuse in older women, including less visible forms of violence. Regular, mandatory training should be institutionalized as part of regional capacity building.

Finally, to track progress and promote accountability, regions must improve data collection and monitoring systems, ensuring that cases of violence against older women are documented, disaggregated by age and gender, and used to inform ongoing policy development. This could be supported through the establishment or strengthening of regional observatories or monitoring units that focus on violence prevention and social vulnerability.

In sum, without clear guidance, investment, and accountability mechanisms at the regional level, national commitments to protect older women from violence risk remaining largely aspirational. Strengthening regional governance is a necessary condition for building a system that is truly responsive to the needs, rights, and dignity of older women.

At the regional level, a diverse array of stakeholders holds a crucial responsibility in addressing violence against older women, particularly given the decentralized nature of health and social care in Italy. Regional Governments, in coordination with Regional Health Authorities and Regional Departments for Social Services and Welfare, play a leading role in shaping and implementing targeted policies and services. Regional Ombudspersons can serve as important watchdogs and advocates, ensuring that institutional responses are rights-based and accessible to older victims. Anti-violence Coordination Tables offer a platform for multi-agency collaboration, essential for integrated interventions, while Universities and Research Centers contribute valuable expertise in data collection, evaluation, and evidence-based policy design. By leveraging the strengths of each of these actors, regional systems can develop and deliver more effective, tailored responses to prevent and respond to abuse against older women.

3. Local

3.1. Narrative around multi-agency collaboration; healthcare services, social services, support services, law enforcement system.

Key Gaps:

Despite a significant and growing demand for support from older women—as reported by women’s centres—services frequently lack the resources and specialized expertise to provide age-appropriate care. Compounding this, women’s centres are often isolated from other front-line services. Healthcare, social care, justice, and support services typically operate within distinct mandates, using different languages and setting their own priorities. As a result, collaboration is often treated as optional or supplementary, rather than as a vital, systemic requirement.

Issues affecting older women are commonly framed in reductive terms—such as caregiver burden, family dysfunction, or elder neglect—rather than recognized as a gendered form of violence that necessitates a coordinated institutional response. Health and social service providers may not see the need to escalate concerns or involve law enforcement, while police may fail to treat such cases as serious crimes. The prevailing assumption that each service is responsible only for “its part” (e.g., health addresses physical symptoms, social services manage dependency, police investigate crime) reinforces fragmented case management at the local level.

There is little structural emphasis on joint decision-making, shared case planning, or coordinated risk assessment. This disjointed approach often results in victims being passed between agencies, with no single entity assuming full accountability for their safety and well-being.

Recommendations:

To address fragmented service delivery, it is key to creating formal Multi-Agency Coordinated Response Teams (M-CRTs) at the local level. These teams will ensure that older women affected by gender-based violence receive a cohesive, joined-up response from all relevant services. The M-CRTs would implement national and regional protocols and could borrow materials and activities from the MARVOW 2.0 project. In particular, they should be based upon:

Mandated Multi-Agency Collaboration - Local health, social care, law enforcement, women's services, and housing providers should be required to participate in regular M-CRT meetings. Cooperation should be formalized through policy mandates and written agreements, such as memoranda of understanding (MOUs).

Shared Case Management - Introduce shared risk assessment tools specifically designed for older women experiencing abuse. Assign case coordinators responsible for developing joint action plans, coordinating interventions, and ensuring follow-up across all involved agencies.

Integrated Training and Capacity Building - Provide joint training for professionals across sectors. Training should focus on gender-based violence in later life, ageism, trauma-informed responses, and inter-agency collaboration. The lived experiences of older women must be reflected in all training materials.

Data Sharing Protocols - Develop clear, consent-based information-sharing protocols that are legally compliant and protect victims' rights. These protocols should support timely, effective communication between agencies.

Accountability and Monitoring - Establish local oversight structures, such as through safeguarding boards, to monitor inter-agency collaboration. Require regular reporting on case outcomes, service quality, and victim feedback, with data disaggregated by age and gender.

Most importantly, it is essential to reshape the local narrative around gender-based violence to reinforce the value of multi-agency responses. Collaboration must be seen not as optional or extra work, but as an expected standard of care. Local leaders, media, and training institutions should promote the message that protecting older women from violence is a shared, collective responsibility—one that requires coordination across every part of the system. Changing how the problem is publicly framed—from isolated incidents to a systemic, gendered issue—helps build political will, unlock funding, and foster a culture of accountability among services.

Local stakeholders essential to a coordinated response to gender-based violence against older women include health services (hospitals, GPs, mental health and geriatric care), adult

social care and safeguarding teams, law enforcement (local police and domestic violence units), housing authorities, women's centres and specialist NGOs, legal aid providers, and local government bodies such as councils and Safeguarding Adults Boards. Community organizations, faith-based groups, and advocacy services also play a vital role in outreach and support. Each brings a unique mandate and perspective, making structured collaboration and shared responsibility critical to delivering effective, age-sensitive interventions.

4. General

There is an urgent need for greater awareness among policymakers and a decisive political commitment to address the widespread yet often invisible violence experienced by older women in Italy. This violence—physical, psychological, sexual, and economic—is deeply rooted in both gender- and age-based inequalities, and remains largely unaddressed by current frameworks at all levels. An effective response requires an integrated, cross-sectoral approach that brings together legal reform, public awareness, service improvement, and robust data systems. Legal frameworks must explicitly recognise older women as a group at heightened risk while frontline services—health, social care, law enforcement, and anti-violence networks—must be equipped with dedicated training, resources, and protocols to recognise and respond to the specific needs of older survivors. Finally, collecting relevant data at all levels is essential to track prevalence, identify service gaps, and guide evidence-based policies to effectively address violence against older women.

MARVOW 2 highlight 1.

The most urgent action is to explicitly include older women in all gender-based violence policies and services. This requires embedding age- and gender-sensitive approaches across laws, protocols, data systems, training, and funding at all levels. Without this, older women remain invisible and unprotected in both elder care and violence prevention systems.

MARVOW 2 highlight 2

To prevent violence against older women, ageism must be actively challenged at every level. This means promoting diverse representations of aging, embedding anti-ageism in policy, and designing inclusive services. Long-term investment in education, intergenerational dialogue, and participatory policymaking is key to shifting attitudes and protecting older women, whose experiences are too often overlooked.

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