



MARVOW 2.0

Coordinated Multi-Agency Response
to Violence against Older Women

Policy Recommendations

Greece



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Deliverable 4.2: MARVOW 2.0 Policy Recommendations

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Recommendations.

Violence against older women is a deeply entrenched yet under-recognized social and public health issue in Greece. Despite increased attention to gender-based violence (GBV), older women—particularly those over 60—remain largely invisible in national discourse, legal protections, and service provision frameworks. They face unique forms of abuse, including physical, psychological, sexual, financial, and institutional violence, often perpetrated by family members, caregivers, or institutional personnel. These abuses are compounded by ageism, sexism, social isolation, and economic dependence.

In the Greek context, structural factors such as fragmented social services, cultural norms that discourage reporting of domestic violence, and the absence of disaggregated data contribute to this invisibility. Research shows that older women are less likely to report abuse, more likely to be dependent on their abuser, and often face disbelief or dismissal when they do report (Papadopoulos & Roumeliotis, 2020). Furthermore, Greece’s rapidly ageing population—projected to reach 30% over age 65 by 2030 (Hellenic Statistical Authority, 2023)—means that the prevalence and severity of this issue will likely grow.

Existing legal frameworks, such as Law 3500/2006 on Domestic Violence, are insufficiently tailored to the specific vulnerabilities of older women. National action plans on gender equality do not adequately address age-related aspects of abuse, and eldercare policies rarely include gender-based violence as a component. The lack of coordinated protocols, specialized training, and inter-agency communication results in fragmented responses, with many victims falling through the cracks.

Given these challenges, a comprehensive, multi-level, and multi-sectoral policy approach is essential to identify, prevent, and respond to violence against older women in Greece.

1. National

1. Policy & Governance

Target Stakeholder: National Government Ministries

Problem:

- No dedicated **National Action Plan** on violence against older women exists in Greece, despite obligations under the Istanbul Convention and EU equality frameworks.
- Current gender equality policies, coordinated by the General Secretariat for Demographic and Family Policy and Gender Equality, do not systematically address age-based vulnerabilities or the unique patterns of violence faced by older women.
- The Ministry of Health has not embedded violence against older women within national health promotion, prevention, or clinical care guidelines.
- Disaggregated data (by age, gender, location, and type of violence) is either unavailable or inconsistently collected by public authorities such as ELSTAT, hospitals, or the Hellenic Police, undermining evidence-based policymaking.

Recommendations:

- Develop and fund a **National Action Plan ('NAP') on Violence Against Older Women**. NAP should be led by the **General Secretariat for Gender Equality**, with cooperation from all relevant ministries. The NAP should cover:
 - Prevention, protection, prosecution, data collection, training, and support services.
 - How professionals should act and manage such cases (case management and multi-disciplinary cooperation).
 - Recognition and screening of the signs of violence against older women in both the survivor and the possible perpetrator.
- Ensure **inter-ministerial coordination** (Health, Justice, Social Cohesion, Citizen Protection and the General Secretariat for Gender Equality). The coordination needs to be based on the alignment of strategies across ministries, coordination of training curricula and Victim Support Services, sharing the case-level and statistical data through a centralized inter-ministerial database.
- Adopt a common intervention protocol. The existing Law 3500/2006 on domestic violence should be revised to **explicitly include violence against older people**, and **mandatory reporting protocols** for health, justice, and social service professionals must be enforced.
- Mandate disaggregated data collection across all ministries. ELSTAT, Ministry of Health, and Hellenic Police should collect and publish age- and gender-specific data on Domestic violence, Institutional abuse, Homicides, Eldercare complaints. The National Council for Social Welfare (E.K.K.A.) should be responsible for aggregating and reporting on these indicators annually to the Parliament.
- Integrate violence against older women into **National Strategy for Active Ageing** and health reforms. The Ministry of Social Cohesion and Family should amend the National Strategy on Ageing (2024–2030) to include:
 - A pillar on safety and dignity of older women.

- Specific commitments on care setting oversight, community safety, and domestic violence risk.
- Support for municipalities in implementing age-sensitive safeguarding measures.
- Develop a strategy encompassing principles, clear targets, timelines, and accountability mechanisms.
- Integrate violence against older women into broader violence-prevention frameworks: Ensure violence against older women features prominently alongside domestic and gender-based violence policies—but also recognize its distinct characteristics and tailored responses. Embed older women-specific dimensions in all gender-based violence and domestic violence policies, recognizing that older women may be dependent on the perpetrator (e.g., spouses or children) and that violence may be financial, emotional, or neglect-based, often hidden.

2. Justice & Law Enforcement

Stakeholder: National Government Ministries (Justice, Interior, Citizen Protection)

Problem:

- Law 3500/2006 on Domestic Violence addresses physical and psychological violence, and while it was amended by Law 5090/2024, the legal framework continues to lack age-sensitive provisions or recognition of the particular vulnerabilities of older women, such as dependency, invisibility, or institutional abuse. It treats victims in a gender-neutral way, overlooking intersectional risks.
- Law 4531/2018, ratifying the Istanbul Convention: Greece is obligated to ensure protection of all women, including older women, yet this is not reflected in implementation. Penal Code (Νέος Ποινικός Κώδικας, Law 4619/2019): Does not define violence against older persons or recognize age-related vulnerabilities in sentencing or victim protection. Law 5090/2024 expands the definition of family violence and improves some procedural protections but remains age-neutral. The 2024–2025 draft bill, intended to align with EU Directive 2024/1385, strengthens penalties and accelerates procedures but again fails to address the specific needs of older women.
- Law 5172/2025 included five enhanced safeguards for survivors of domestic violence. Passed Jan 24, 2025, aligning with EU Directive 2024/1385 and introducing penalties for cyber violence, including revenge porn and cyberstalking, house arrest and extended pre-trial detention options, faster judicial process and removal of victim's court appearance obligation. However, there is no age-specific provisions, and it does not treat age or dependency as aggravating circumstances, there is no focus on older women-specific abuses like caregiver mistreatment, institutional neglect, or financial/exploitation harm.
- The National School of Judges (Εθνική Σχολή Δικαστών) and Police Academy (Σχολή Αξιωματικών της Ελληνικής Αστυνομίας) lack mandatory modules on violence against older women meaning that prosecutors, judges, and law enforcement officers often fail to identify or appropriately respond to abuse cases involving older women.
- There is no binding national policy or circular from the Supreme Court Prosecutor (Εισαγγελέας του Αρείου Πάγου) or the Ministry for Citizen Protection requiring that

older women's experiences of abuse be categorized and prosecuted as gender-based violence, even when they fall within GBV frameworks under international law (e.g., Istanbul Convention).

Recommendations:

- Revise criminal and civil codes to **explicitly define violence against older women** as gender-based violence when applicable. Add a legal definition of “violence against older women” under:

Amend Law 3500/2006 to:

- Include **age** as an **explicit risk factor** in domestic violence offenses.
- Define and criminalize formal or informal **caregiver abuse**, including abuse by professional or informal caregivers in home or institutional settings.
- Extend protection to **non-cohabiting family members**, particularly adult children abusing older parents.
- Require courts to consider dependency status (physical, economic, or cognitive) in determining sentence severity.

Amend the Penal Code (Law 4619/2019) to:

- Introduce a new offense: “**Violence Against Vulnerable Older Women**”, with enhanced penalties where:
 - The perpetrator is a caregiver or in a position of trust.
 - The victim has physical or cognitive impairments.
- Criminalize **psychological and economic abuse** as standalone offenses, particularly relevant for older victims who may experience coercion, isolation, or financial exploitation.
- Add **age and dependency** as aggravating circumstances under general sentencing provisions (e.g., Articles 79 and 82A).

Enact a legal definition of “Femicide” and include age-specific aggravation when the victim is over 65, especially in cases involving **partner, family, or caregiver perpetrators**.

- Mandate **training for all prosecutors and judges** on violence against older women. The Ministry of Justice, in cooperation with the National School of Judges, should introduce a GBV training module with a component related to older women for all trainees and in-service magistrates. They should also include real-life case studies, psychological dynamics of abuse, and international standards (e.g., WHO guidelines on violence against older women).
- Develop national protocols for investigation and prosecution of cases of violence against older women. The Supreme Court Prosecutor’s Office (Εισαγγελία του Αρείου Πάγου) should issue a circular instructing regional prosecutors to treat cases involving older women as potentially gender-based violence, unless clearly otherwise, and guidelines for applying protective custody orders and rapid legal procedures for at-risk older women. The Ministry for Citizen Protection and Hellenic Police Headquarters (Αρχηγείο Ελληνικής Αστυνομίας) should create standardized protocols for the investigation of elder abuse with specific indicators (e.g., signs of financial coercion,

neglect, caregiver control), and mandate the use of risk assessment tools during police intake for all older female victims.

Stakeholders: Police & Justice System

- Integrate violence against older women into **police training curricula** overseen by the Ministry of Citizen Protection. The Police Academy (Σχολή Αστυφυλάκων και Αξιωματικών) should:
 - Introduce mandatory coursework on violence against older women, including detection, interviewing, and referral procedures.
 - Partner with experts from NGOs, psychologists, and gerontologists to deliver modules.
 - Update Police Circulars to clarify procedures when dealing with older women (especially in rural areas where police may be first responders and only contact).
- Legally mandate of Risk Assessment and Case Management by professionals involved (i.e. social workers, healthcare professionals, police, judges, geriatrics, etc.). MARVOW2.0 Risk Assessment & Case Management Tool provides a comprehensive tool for screening the cases of violence against older women, while at the same time provide tools for the Coordinated Multi-agency Case Management of such cases.
- Older victims often experience difficulty navigating the justice system due to physical, cognitive, or logistical barriers. The state must ensure:
 - Legal aid tailored to older victims, including mobile legal teams for those with mobility restrictions,
 - Fast-track protective measures, such as temporary removal of the abuser or restraining orders,
 - Simplified reporting channels (e.g., through health or social services referrals),
 - Alternative testimony methods, such as in-home interviews or pre-recorded statements, especially for victims with impairments.

Law 3811/2009 on victim compensation should be fully implemented to include elder abuse victims. Legal recognition of psychological and financial abuse, as well as neglect, is essential for comprehensive victim support and offender accountability.

- **Victim-Centered Judicial Processes:** Judicial authorities must adopt a victim-centered approach, ensuring that court procedures and communication are understandable and respectful for older individuals. Judges, prosecutors, and court personnel should undergo training in age-sensitive practice, drawing from models in other EU states where older women - victim support units are integrated within the justice system.

Stakeholders: Healthcare Providers

Health professionals are often **the first to notice abuse**:

- Develop national clinical guidelines for doctors, nurses, and emergency staff for recognizing and documenting abuse signs (e.g., unexplained injuries, withdrawal, neglect).
- Ensure healthcare personnel understand **mandatory reporting obligations** and the legal process for transferring information to authorities.

- Integrate elder abuse modules into medical and nursing education, referencing WHO guidelines and EU best practices such as the Joint Action on Frailty.

3. Bureaucratic Aspects

Stakeholder: National Government Ministries (Digital Governance, Interior, Health)

Problem:

- Complex and fragmented reporting procedures for abuse discourage older women from seeking help:
 - There is no single point of contact or centralized complaint system.
 - Victims must often report to different entities (police, social services, municipal authorities) with little coordination.
- Lack of inter-ministerial case management systems results in poor follow-up, duplication of efforts, and data gaps.
 - A woman reporting abuse to a health clinic will not have her case automatically visible to social services or prosecutors.
 - There is no unified digital referral or tracking platform, even though one is in development under the national digital transformation strategy.
- Administrative processes are not designed for accessibility or cognitive support, excluding many older women:
 - Forms are dense, written in legal or technical language.
 - Digital portals (e.g., gov.gr) do not follow universal design standards for elderly users.
 - No requirement exists to ensure physical accessibility in public offices for women with limited mobility or sensory impairments.
- There are no national bureaucratic protocols that define how public agencies should coordinate in managing cases involving older women.

Recommendations:

- Introduce a **centralized, simplified reporting mechanism** accessible by phone, online, or in person. Issue a Joint Ministerial Decision to allow for automatic information sharing between services (e.g., police, health, social welfare) upon survivor consent. Introduce a “Single Incident Report” system: once a woman reports to one official channel (e.g., KEP, police), the report is digitally shared with all relevant services, avoiding re-traumatization through repeated storytelling. For emergency services (e.g., shelters, hospital referrals), waive non-essential document requirements.
- Mandate all forms and administrative procedures be **age- and disability-friendly**.
- Develop national guidelines on multidisciplinary case management for older GBV survivors, led by the Ministry of Social Cohesion and Family, with involvement from healthcare, legal, and psychosocial services. Define roles, referral timelines, follow-up responsibilities, and data-sharing protocols. Require that a named case manager be assigned in complex or high-risk cases involving older women, similar to how child protection cases are managed. MARVOW2.0 Risk Assessment Development Tool and Case Management Tool could be used.

4. Procedural Aspects

Stakeholder: National Government Ministries (Health, Labour and Social Affairs, Gender Equality Secretariat)

Problem:

- No national protocols for **screening or referring** especially older women at risk.
 - Currently, no standardized screening tools or procedures exist across healthcare, municipal social services, or older people care agencies to detect violence against older women.
 - There is no requirement for routine inquiry or proactive identification, even for high-risk populations (e.g., those with cognitive impairments, chronic illness, or caregiver dependency).
 - As a result, abuse is often underreported, unrecognized, or misattributed to “family stress” or “natural decline.”
- GBV hotlines do not have specialists trained in violence against older women.
 - The national helpline (operated by the General Secretariat for Equality and Human Rights) lacks operators trained in age-related dynamics of abuse, such as financial coercion, social isolation, or institutional neglect.
 - Older callers may have hearing, cognitive, or emotional processing difficulties, but helpline procedures and scripts do not reflect these needs.
- Public services often use generic procedures, not adapted to age-related needs.
 - National GBV protocols (e.g., from the General Secretariat for Demographic and Family Policy and Gender Equality) do not differentiate by age group.
 - This means frontline workers (e.g., social workers, emergency responders, nurses) apply one-size-fits-all approaches that overlook critical age-related vulnerabilities (mobility limits, dementia, dependency on abuser for care, etc.).

Recommendations:

- Develop and Mandate Use of National Guidelines for Screening Older Women for GBV. The Ministry of Health, in collaboration with the Greek National Public Health Organization (EODY) and Ministry of Social Cohesion and Family, should:
 - Adopt or develop a validated screening tool for violence against older women (e.g., Elder Abuse Suspicion Index or WHO/INPEA protocol), adapted for Greek cultural and legal context.
 - Mandate use of this tool in Hospitals (emergency and geriatric units), Primary healthcare centers (TOMYs), Municipal home care services (Βοήθεια στο Σπίτι), Long-term care institutions and residential facilities.
 - Include mandatory procedures for Risk stratification, Referral pathways (social services, police, helpline), Documentation protocols that ensure confidentiality and chain-of-custody for legal evidence.
- Expand and Adapt National GBV Helplines. The General Secretariat for Equality and Human Rights should recruit or retrain helpline staff to include age-specific GBV specialists (gerontologists, psychologists with elder abuse training), update call scripts and decision trees to detect cognitive impairment, fear of caregiver retaliation, and financial manipulation, ensure clear, slow, jargon-free communication, offer follow-up calls, where appropriate, to support older survivors unable to act immediately. The

General Secretariat should also add accessibility features such as text-based services and hearing-impaired video call options, particularly important for older women with sensory impairments.

- Disseminate Age-Specific Procedural Models to Frontline Agencies. Under a joint ministerial initiative (Ministries of Health, Citizen Protection, Social Cohesion), create and disseminate a “National Protocol for Supporting Older Women Facing Violence”, including:
 - Step-by-step procedures for intake, risk assessment, emergency safety planning, documentation, inter-agency referral.
 - Sector-specific annexes for: Police, Health professionals, social workers, NGOs and municipal service providers.
 - Training modules embedded in continuing education frameworks (EKDDA for civil servants, police academies, medical associations).
- Establish a National Supervisory & Compliance Body. Under the Prime Minister’s Office or Ministry of Interior, create a National Supervisory Authority on GBV Protocol Implementation, with specific responsibility for older women. Monitor adherence to screening, documentation, and referral procedures across the national territory. Operate a centralized dashboard (in collaboration with the Ministry of Digital Governance) tracking protocol use, case referrals, and outcomes. Require annual reporting from each major public-sector stakeholder (health, justice, police, municipalities).

5. Multi-Agency Collaboration

Stakeholder: National Government Ministries (All relevant, esp. Gender Equality Secretariat, Health, Justice)

Problem:

- No Institutionalized Framework for Cross-Ministerial Coordination
 - Ministries such as Health, Justice, Citizen Protection, and Social Cohesion currently operate in silos, each with separate mandates, funding streams, and programmatic objectives.
 - There is no formal mechanism to ensure coordination on the issue of violence against older women, despite overlapping service mandates.
- Incompatible Data and Systems
 - Ministries and public bodies maintain non-interoperable databases and collect data using different indicators (if at all).
 - This makes national monitoring of cases of violence against older women impossible, undermining efforts to track prevalence, repeat offenses, or survivor outcomes.
 - For example, a case reported to a hospital may not be visible to police, social workers, or courts due to lack of common identifiers or integrated platforms.
- Absence of Joint Policy Evaluation and Strategic Planning
 - There is no standing inter-ministerial committee that meets to assess the impact of policies on violence against older women.
 - Existing GBV coordination mechanisms (e.g., under the General Secretariat for Equality and Human Rights) often exclude ageing-related concerns or lack eldercare expertise.

- As a result, evaluations do not reflect how services perform for older survivors.

Recommendations:

- Sign and Enforce Inter-Ministerial Memoranda of Understanding (MoUs).
 - Ministries of Health, Justice, Citizen Protection, Social Cohesion, and Digital Governance should sign binding MoUs outlining:
 - Shared objectives and outcome indicators for addressing GBV among older women.
 - Agreed-upon data sharing protocols, including GDPR-compliant information exchange.
 - Crisis response workflows for cases involving hospitals, police, prosecutors, and municipal services.
 - Designated liaison officers in each ministry for GBV coordination.
 - The MoUs should be published in the Government Gazette (ΦΕΚ) and subject to annual review by Parliament.
- Create a National Shared Case Registry with Survivor Consent
 - Under the leadership of the Ministry of Digital Governance, develop a secure, cloud-based “National GBV & Elder Abuse Case Registry”, accessible to:
 - Police units (via the Ministry of Citizen Protection)
 - Hospitals and primary care (via the Ministry of Health)
 - Social services and shelters (via the Ministry of Social Cohesion)
 - Prosecutors (via the Ministry of Justice)
 - Design the registry to:
 - Allow opt-in consent from survivors for their data to be shared across agencies.
 - Include common case identifiers, risk levels, intervention history, and follow-up status.
 - Be usable by authorized professionals only, with audit trails to ensure data protection.
- Institutionalize a Permanent Inter-Ministerial Coordination Committee on GBV and Older Women. Establish a national-level GBV & Older Persons Coordinating Committee, chaired by the Prime Minister’s Office or the General Secretariat for Equality and Human Rights, involving all relevant ministries, the Hellenic Data Protection Authority (for safeguarding survivor privacy), experts in gerontology, disability rights, and GBV, Civil society representatives, especially from older people’s organizations and women’s rights NGOs. Tasks:
 - Biannual policy review and gap analysis
 - Joint evaluation of service performance
 - Standardization of inter-agency protocols
 - Coordination of awareness campaigns and public messaging
- Link Violence Against Older Women Coordination to the Istanbul Convention Implementation Mechanism. Use the existing National Coordination Body for the Istanbul Convention (hosted by the Ministry of Justice) to:
 - Formally recognize violence against older women as a form of gender-based violence under Article 3 of the Convention.

- Report elder-specific GBV data and measures in the next GREVIO national reporting cycle.
- Assign a sub-working group on age-sensitive implementation that develops:
 - Reporting templates
 - Performance metrics for older victims
 - A roadmap for aligning elder GBV responses with Convention obligations.

2. Regional

Problem:

At the regional level in Crete, violence against older women remains a largely unacknowledged issue within institutional frameworks, resulting in fragmented responses and missed opportunities for protection and justice. One of the primary challenges is the lack of a coordinated structure among regional bodies such as the Regional Directorate of Public Health, the Regional Directorate of Welfare, and the Crete Regional Police Command. These institutions operate in silos, which hinders the timely exchange of information, delays referrals, and diminishes the effectiveness of interventions. Hospitals, regional social services, and law enforcement lack interoperable databases and use separate indicators and data collection methods. As a result, cases of violence against older women often go unrecorded or are not followed up adequately.

Additionally, despite the presence of initiatives such as Women's Counseling Centers in Heraklion and Chania, these rarely address the specific dynamics of violence against older women, such as financial dependency, isolation, or caregiver abuse. There is no dedicated forum where regional actors convene to strategize on elder-specific GBV responses. Consequently, the absence of strategic planning, integrated data systems, and institutional collaboration limits the region's ability to offer preventive or rehabilitative support tailored to the needs of older women.

Recommendations:

To address these gaps, the Region of Crete should initiate a formal regional **interagency Memorandum of Understanding (MoU)** that defines clear protocols and collaboration pathways between its key departments and agencies. The Regional Authority should take the lead in bringing together the Regional Directorate of Public Health, Regional Welfare Directorate, Crete Regional Police and Justice System, and local NGOs such as the Women's Counseling Center in Heraklion. This MoU should include procedures for case referral, emergency response coordination, and escalation guidelines for complex or recurrent abuse cases.

Alongside this, the regional Digital Governance Unit should pilot a secure and **GDPR**-compliant case registry specifically for GBV cases against older people. This registry would allow social workers, police, medical professionals, and support centers to log cases with survivor consent, track follow-up actions, and ensure continuity of care. The Heraklion region could serve as the pilot site, given its larger population and existing service infrastructure, with the aim to expand across Crete following evaluation.

To oversee the implementation and sustain momentum, the region should establish a semi-annual "Cretan Justice Forum for Cases against Older Women" chaired by the Regional Governor. This body would include representatives from the police, public health, social welfare, the judiciary, local municipalities. Its primary function would be to evaluate service integration, identify emerging challenges, and update training and communication strategies. In addition, the Regional Equality Office should appoint a focal point dedicated to coordinating GBV measures affecting older women and liaising with both national and local actors.

3. Local

Problem:

At the local level in the Municipality of Heraklion, similar structural issues persist but manifest in more practical service delivery gaps. The municipal social service structures, including the Community Centre (Kentro Koinotitas) and the local health units, do not maintain a dedicated multidisciplinary team (MDT) for managing cases of elder GBV. This results in disconnected interventions, where victims may be seen by a physician at Venizelio Hospital, referred to the Women's Counseling Center, but their case is never registered with municipal social services or the police. Without formalized referral procedures, crucial signs of abuse may be missed or inadequately responded to.

In Greece, municipal social services, including the long-running "Help at Home" program, serve as critical points of contact for older adults. These programs place municipal staff—often social workers, nurses, and home aides—directly in the homes of elderly residents. This daily proximity makes municipalities natural frontline actors in detecting signs of neglect, exploitation, or abuse. Furthermore, Law 3852/2010 (the Kallikratis reform) provides the legal foundation for municipalities to deliver social protection, health promotion, and welfare services. Despite this legal empowerment, municipal staff are frequently unequipped to identify and respond to violence against older people, particularly gender-based violence targeting older women. They often lack the specialized training, tools, protocols, and interagency coordination mechanisms needed to manage such cases effectively. These workers are not trained to recognize signs of elder abuse, nor are they equipped with protocols for reporting or escalating concerns. Furthermore, the physical and procedural accessibility of services remains a barrier, particularly for older women with mobility or cognitive impairments.

Recommendations:

To build a coherent local response, the Municipality of Heraklion should convene a formal Local Multi-Disciplinary Team (MDT) for violence against older women, chaired by the Deputy Mayor for Social Policy. The MDT should include a municipal social worker, a representative from the local health center, a designated police GBV liaison, a prosecutor's delegate, and a counselor from the Women's Counseling Center. This team should meet monthly to coordinate cases, monitor risk, and ensure timely and appropriate responses.

In parallel, mandatory training should be introduced for all municipal frontline staff who engage with older adults. This training must cover key risk indicators of violence against older women and gender-based violence, communication techniques for interacting with potential victims, confidentiality principles, and referral procedures. Interactive training using real-life scenarios and survivor-centered practices can significantly improve staff preparedness and response

quality. Without such capacity building, even the most well-intentioned staff may miss signs of abuse or respond inappropriately.

Additionally, municipalities must develop standardized protocols and referral pathways to support early identification, emergency intervention, and long-term case management. These protocols should clearly define staff responsibilities, risk assessment procedures, and steps for connecting victims with health, legal, and psychosocial support services. Crucially, these systems must be designed to protect the autonomy and dignity of older women and ensure confidentiality and safety throughout the intervention process. A proposal is for the municipality to develop a Local Referral Flowchart Toolkit to be distributed to all municipal health and welfare institutions, local police stations, and elder associations (such as KAPI). This tool would provide a step-by-step guide for responding to suspected abuse, including emergency actions, reporting channels, and survivor support services. To centralize and simplify access, the municipality could establish a "One Window" GBV Reporting Office, co-located within an existing municipal building, offering intake services for social, health, and legal support. This office should be designed to be physically accessible and well-publicized through local media, radio, and religious institutions.

Strong interagency coordination is also essential. Municipalities should establish formal partnerships with local police, hospitals, public prosecutors, and civil society organizations specializing in violence against women. These partnerships can facilitate joint case management, rapid response to emergencies, and a more holistic, victim-centered approach. In complex cases, multidisciplinary case review boards involving all relevant stakeholders can be used to assess needs, plan interventions, and ensure accountability.

Lastly, public awareness and education are vital. The Municipality of Heraklion, in collaboration with local NGOs, elder associations, and schools, should organize awareness campaigns, including intergenerational dialogues, educational theatre, and visibility actions tied to the World Elder Abuse Awareness Day on June 15. The objective should be to destigmatize reporting, enhance community vigilance, and foster a culture of protection for older women.

4. General

At the general level, Greece lacks an overarching, coherent national framework that integrates responses to violence against older women into all layers of policy and public service. Despite the country's ratification of the Istanbul Convention, which mandates specific protections for all victims of gender-based violence, older women remain largely invisible in policy planning and implementation. General gender equality strategies tend to focus on younger women, intimate partner violence, and reproductive health, with insufficient recognition of age as a multiplier of vulnerability. Likewise, ageing policy platforms, such as the National Strategy for Active Ageing, fail to incorporate violence prevention or victim support as integral elements. Compounding this, national data systems do not require or enforce the collection of age- and gender-disaggregated statistics on GBV. Consequently, policy decisions are made in a vacuum of evidence, and interventions are not tailored to the lived realities of older women. Hotlines, shelters, and support centers operate based on generic protocols, rarely considering age-related risks such as cognitive decline, dependence on abusers for care, or difficulties accessing digital services.

A general-level solution must begin with formal integration of violence against older women into the broader national GBV prevention and response architecture. This requires the Ministry for Gender Equality to revise its action plans and frameworks to include older women explicitly, and for the Ministry of Health and the Ministry of Social Cohesion to do the same in their respective domains. A National Action Plan on Violence Against Older Women should be developed, complete with dedicated budget lines, time-bound targets, and measurable indicators. This plan should sit within the broader context of the National Strategy for Gender Equality but link directly to national ageing and health reform strategies.

Inter-ministerial coordination is essential. A working group composed of representatives from the Ministry of Health, Ministry of Justice, Ministry of Citizen Protection, and Ministry of Digital Governance should be formalized to share data, harmonize indicators, and develop common protocols. The Ministry of Digital Governance should lead the standardization of reporting procedures and ensure that all public-facing services adopt accessibility standards appropriate for older populations.

Nationally, Greece should also create a supervisory body, perhaps under the General Secretariat for Demographic and Family Policy and Gender Equality, responsible for monitoring compliance across sectors and levels of government. This body would oversee data collection, training curricula, service protocols, and inter-agency cooperation.

Public awareness campaigns should be launched at the national level using TV, print media, and online platforms to increase the visibility of violence against older women and encourage reporting. This campaign must counteract ageist stereotypes and provide clear guidance on how and where to seek help.

Finally, integrating Greece's elder GBV policy frameworks with its commitments under international law—including the Istanbul Convention and EU Gender Equality Strategy—will provide a robust legal and operational basis for ensuring older women are protected, heard, and supported.

Conclusions

Violence against older women in Greece remains a pervasive yet overlooked issue, deeply rooted in ageism, gender inequality, and structural neglect. Despite incremental legal and institutional reforms—such as the amendment of Law 3500/2006 through Law 5090/2024 and Greece's obligations under the Istanbul Convention—policy and practice continue to treat older women as invisible victims within both gender-based violence (GBV) and ageing frameworks. Current legislation fails to recognize the intersecting vulnerabilities older women face, particularly in the context of dependency on caregivers, institutional settings, and economic or psychological abuse. Public services—from police and healthcare to social protection—are not yet equipped with the tools, training, or coordination mechanisms needed to identify and respond effectively to abuse against older women. Moreover, fragmented bureaucratic processes, inaccessible reporting systems, and a lack of disaggregated data further exacerbate the invisibility and underreporting of such violence.

The policy landscape must move from generality to specificity. Age and gender-sensitive approaches must be embedded at all levels—legal, procedural, institutional, and regional. This includes defining violence against older women as a distinct category within criminal law,



integrating elder-specific risk factors into police and judicial training, and establishing coordinated response protocols across health, justice, and social care systems. Equally critical is the creation of accessible and survivor-centered services that reflect the lived realities of older women, including their physical, cognitive, and social needs.

To that end, Greece must urgently adopt a dedicated National Action Plan on Violence Against Older Women. This plan should include binding inter-ministerial coordination, enforceable protocols for frontline professionals, and integration with the country's ageing and gender equality strategies. Without such a framework, older women will continue to fall through the cracks—unprotected, unheard, and unsupported.

Ensuring the safety, dignity, and rights of older women is not only a matter of legal compliance but a moral and social imperative. It demands political will, sustained investment, and a societal commitment to justice across the lifespan.

