# Social workers dealing with situations of abuse against adults and older people: a research study in an Italian region

Francesca Corradini

## Abstract

**Purpose** – *The purpose of this paper is to explore the point of view and the interventions of social workers working in local authority social services on the issue of abuse against vulnerable adults and older people. The cases are analyzed from the perspective of dangerous care, considering the interpersonal level of violence and the structural and contextual conditions.*

**Design/methodology/approach** – *This research uses a qualitative methodology; 49 semistructured interviews with social workers across seven districts in a province in Northern Italy were carried out. The interviews included both open-ended questions and the description of specific cases.*

**Findings** – *This study highlights how the shortcomings in the welfare system (lack of legislation, dedicated services and protocols between different services) and the complexity of cases (often involving family members with personal issues) negatively impact social workers' professional practice. Social workers often operate in solitude and encounter ethical dilemmas. This isolation can lead them to adopt an approach aimed at controlling situations, which may not always take into account the preferences of the individuals directly involved.*

**Research limitations/implications** – *This study captures the perspectives of social workers within a limited geographic area. To gain a more comprehensive understanding, it would be beneficial to extend research to a national level. Another limitation is the absence of the opinion of those directly involved.*

**Originality/value** – *There is currently no research in Italy that explores the opinions of social workers on this issue, which, in general, is little studied. The findings of this research can be highly valuable for professionals and policymakers to organize services and develop intervention protocols, which are currently lacking in the areas where the study was conducted.*

**Keywords** *Older people, Social services, Ethical dilemmas, Social workers, Dangerous care, Violence against adults*

**Paper type** *Research paper*

Francesca Corradini is based at the Relational Social Work Research Centre, Sociology Department, Università Cattolica del Sacro Cuore, Milan, Italy.

## Introduction: interventions in situations of abuse against vulnerable adults and older people

Abuse against older people and adults with disabilities is recognized by the World Health Organization (WHO) as a significant public health problem (WHO, 2008) and it is considered a violation of human rights (Araten-Bergman and Bigby, 2023).

The WHO estimates that globally, at least one in six individuals over the age of 60 has experienced an episode of abuse in the past year (WHO, 2022). Research indicates that adults with disabilities, particularly those with intellectual disabilities, are at a higher risk of experiencing abuse (Stone, 2018). Similarly, older individuals with dementia are also more vulnerable to acts of abuse; however, the phenomenon is likely to remain underestimated (Sethi *et al.*, 2011). Studies agree that when abuse occurs within family contexts, it becomes particularly challenging for social or health service practitioners to identify, because people tend to hide it or

refuse help (Norrie *et al.*, 2018). Hulko and colleagues (2020) identified several reasons why people hesitate to ask for help: fear of not being believed, shame, fear of being stripped of the ability to make their own decisions and reluctance to be seen or labeled as "victims."

Other studies (Taylor *et al.*, 2014; Wydall and Zerk, 2017) have shown that older people have explicitly stated that the main obstacle is the fear of being placed in a residential facility and moved away from their familiar environment, as well as losing contact with family and friends. Clarke *et al.* (2015) use the concept of "interdependence" to describe situations in which the victim depends for assistance on the perpetrator (almost always a child with personal issues) and the perpetrator in turn depends on the victim (almost always a parent) for financial support.

Research shows that older people who experience abuse are more likely to enter a residential facility than the rest of the same-age population (Phelan and O'Donnell, 2020). The decision to intervene by admitting an individual into a facility or taking actions that maintain professional control over the situation often depends on the approach adopted by the social workers and the other professionals involved. A "legalistic" approach (Brownell and Wolden, 2003; Hall, 2019) involves social workers primarily focusing on their legal duties to protect vulnerable individuals. This approach often emphasizes compliance with legal requirements to avoid omissions or liabilities, resulting in actions prioritizing control over the situation. On the contrary, adopting a critical approach (Torres and Donnelly, 2022) involves, among other things, questioning professional assumptions and promoting the expression of the point of view of those directly affected, even if this may slow down interventions (Donovan and Regehr, 2010) and accept a certain amount of risk (Dixon, 2023).

## Abuse against vulnerable adults and older people: the Italian situation

This paper presents the results of a research study that gathered the perspectives of social workers on the issue of abuse against vulnerable adults and older people within the Italian context. In Italy, there is a notable lack of research on this issue and no official data to quantify the extent of this phenomenon (Ministry of Labour and Social Policies, 2010). The issue of abuse against adults and older people in Italy is not specifically addressed at either the regulatory level or in the organization of the welfare system. At a local level, there are some important experiences with the establishment of the role of the Older People's Rights' Guarantor, who has the purpose to monitor the situation of older people, promote respect for their rights and verify the existence of an adequate level of care. Its functions also include reporting situations of risk or abuse against older people; however, these are sporadic initiatives in some regions or municipalities. In most areas and at a national level, there are no services dedicated to the protection of adults, nor procedures or guidelines for social workers. Indeed, although there is legislation to address gender violence in Italy [1], these measures are often partial because they focus primarily on situations where the victim is a woman and do not adequately consider cases involving older adults or individuals with disabilities. The fragmentation of services, coupled with expenses that may exceed the coverage provided by the public health-care system, results in some cases in the failure to provide an adequate response to people's needs.

In cases of serious crime, social workers are legally required to file a complaint: according to the Article 331 of the Code of Criminal Procedure, public officials are required to report to the judicial authority, directly or through the police, any crimes punishable ex officio by law and of which they become aware in the exercise of their functions. In other situations, where an adult or older person is unable to make decisions for themselves, the law allows for a report to be sent to a judge to request an assisted decision-making order. Depending on the individual's remaining decision-making ability, the judge may appoint a guardian, a curator or a support administrator. The difference between these three institutions is based on the individual's ability to make decisions: the guardian assumes responsibility for all acts, the curator for extraordinary administrative acts and the support administrator for specific

areas as specified by the judge on a case-by-case basis. Requesting an order involves filing an appeal to the Court, and the time to obtain a response is often very long.

## The concept of dangerous care

In this paper, the research results will be analyzed through the concept of *dangerous care* (Sherwood-Johnson *et al.*, 2023), that is a critical framework for understanding abuse within family or intimate relationships involving older people or disabled individuals. This concept interprets the phenomenon considering the interpersonal level of abuse and the organizational conditions of welfare services and policies. Very often, indeed, in situations where abuse manifests itself in family contexts, professionals predominantly focus on the interpersonal dimension of abuse, which is the most explicit and observable level (Penhale, 2020), overlooking the influence of structural and contextual conditions (Teaster *et al.*, 2020). According to Lonbay (2018), this happens because practitioners base their assessments on the degree of vulnerability of people and conduct interventions with a paternalistic approach that undermines the autonomy and decision-making abilities of those they aim to help. As stated by the author:

> Vulnerability has been constructed as an individual and inherent characteristic and this can be seen as reaffirming a power hierarchy whereby 'vulnerable' individuals have safeguarding done to them, rather than being empowered and involved in decision making. (Ibidem, p. 1047)

The concept of dangerous care broadens the perspective beyond just the individual, considering all the factors that interact within these complex relationships, as:

> […] not only refers to harm that might occur between individuals but to how welfare policy and service delivery can create and aggravate the stresses within such relationships and responses to that harm. (Sherwood-Johnson *et al.*, 2023, p. 156)

This concept has been introduced by the authors to criticize the two main theories used to explain abuse against vulnerable adults and which have influenced social policies in the UK (Bergeron, 2001): the *Feminist Theory*, which emphasizes the power dynamics between men and women in intimate relationships (Bricker-Jenkins *et al.*, 1991) and the *Caregiver Stress Theory*, which connects the stress experienced by caregivers to a higher likelihood that they will perpetrate abuse against those they care for (Pillemer and Wolf, 1986; Fundinho *et al.*, 2021). In the face of dangerous care situations, both theories fall short as they do not consider the full spectrum of elements at play in the different scenarios, such as the intertwined emotional, relational and practical dimensions and the cultural and contextual factors (Sherwood-Johnson *et al.*, 2023). Some elements are decisive in identifying such situations: first, the temporal dimension, as practitioners often encounter abusive relationships that have persisted for many years but only come to their attention when one family member has reached old age (Crockett *et al.*, 2018). In addition, within dangerous care situations, it is not always possible to apply the victim-abuser dichotomy, because sometimes the "victim" also exhibits abusive behavior toward the caregiver (Phelan and O'Donnell, 2020). One of the challenges in service interventions is that older or disabled individuals may not recognize themselves as victims of abuse or may interpret their situation differently from professionals (Taylor *et al.*, 2014). This can happen precisely because they may resist identifying as "vulnerable" due to concerns about losing control over their lives. They might fear interventions that they do not agree with, such as being removed from their home and placed in a residential facility (Killick *et al.*, 2015). The complexity and bureaucracy of service organizations can indeed exacerbate the risk of abuse in these situations. When services are difficult to navigate, marginalized individuals may find it even harder to access the resources they need and to seek help (Mosqueda *et al.*, 2016). An organization of the welfare system that provides assistance by user type fails to capture the intricate and multifaceted nature of care relationships, thus leaving many situations requiring more integrated interventions unaddressed.

## Purpose and background

The study was conducted in 2023 in Brescia, a large province in Northern Italy, with more than one million inhabitants. The study was aimed at understanding whether and how social workers operating within local authorities identify abuse against vulnerable adults and older people, what interventions they propose, what collaborations they establish and what skills they rely on to combat this phenomenon.

This issue is little explored in the Italian context; therefore, the field research was preceded by a scoping review, aimed at identifying the social work research conducted in the past 20 years on the issue of abuse against vulnerable adults and older people.

## Methods

Due to the exploratory nature of research, a qualitative approach was selected. In total, 49 semistructured interviews were conducted with social workers working in local social services aimed at adults and the elderly in 7 districts of the province, covering over 107 local authorities. The social workers interviewed were all female [2], they had an average age of 39 years old and 12 years of professional experience, 92% had a bachelor's degree and only 8% had a master's degree.

The interview was divided into two parts: in the first part, the social workers' perception of the phenomenon was investigated, also in relation to its relevance within their caseload. In the second part, the typical situations, the main interventions put in place, the resources and skills the social workers could rely on and their major difficulties were investigated by requesting the social workers to describe one or more situations of abuse they were currently dealing with or had encountered in the past. It was necessary to clarify that the study excluded situations involving minors or gender-based violence unless the victim was also an older or adult person with a disability.

The interviews were conducted online using the Teams platform, videotaped with the interviewees' consent and fully transcribed. The data analysis was conducted with the help of the Maxqda 2022 software.

The qualitative data obtained from the interviews were subjected to thematic analysis of the content (Braun and Clarke, 2006). The analysis was carried out by two researchers, each of whom first read the interviews to familiarize themselves with the content and carried out an initial coding, identifying some very broad open codes. The researchers compared the open codes and then conducted the analysis of the first five interviews together, sharing the semantic content of the main themes. Each researcher separately analyzed the remaining interviews and a final comparison was made in which the themes and subthemes were jointly reviewed and redefined.

The data were collected and processed to guarantee anonymity and the research was conducted according to the Code of Ethics of the Catholic University of Milan, approved with Rectoral Decree no. 9350/2011. This article will present the results of the second part of research, in particular the typical situations described, and the interventions conducted by the social workers.

### Main findings

The social workers interviewed described over 50 situations of abuse encountered in their practice. All types of abuse were included: physical, psychological, economic, sexual and various forms of neglect. In most situations, multiple forms of abuse coexisted.

The results of the study show how social workers try to deal with situations of abuse, which mainly occurs within family relationships, without having precise guidelines or standardized procedures. Some of the typical interventions implemented in most situations have been

described; however, there are many critical elements, both in the implementation of the interventions and in the relationship between social workers and the people they assist.

*Facing complexity.* Abuse was perpetrated by people outside the family (acquaintances, neighbors and professional caregivers) only in five cases among the situations presented, in all the others, abuse occurred within the family unit. In most cases, these were families with children or partners with addiction or mental health issues, who cared for people who were not self-sufficient. Abuse manifested itself in different forms: physical aggression, verbal or psychological abuse and economic violence. Often the difficulties and needs of the non-self-sufficient person were not recognized, leading to neglect or risky situations as the older or disabled individual was left alone for extended periods, despite their inability to care for themselves.

In these situations, social workers were often faced with ambivalent attitudes on the part of the victims of abuse: on the one hand, they requested help; on the other hand, they did not want to separate from the abuser, and, especially in the case of children, they intended to continue taking care of them, even financially. Social workers reported facing many challenges in intervening in these situations. The choice has almost always been to take care of all the vulnerable people in the family, both victims and abusers, albeit with great difficulty. The professionals report that they had to engage in delicate mediation efforts and numerous attempts to encourage abusers to seek help from specialized services, often hindered by denial by those involved and poor cooperation from other services. In the following quote, a social worker described the complexity of these situations and the importance to respond to different needs:

> What I have seen most often are elderly people living with children who have problems themselves. […] More verbal violence, psychological violence, and lack of care for the elderly […] but precisely because the carer had problems, it is definitely the carer's inability to care for the elderly person, because they often have problems of various kinds, addictions rather than mental health issues, or intellectual disabilities, all of this combined with an elderly person suffering from cognitive problems, or dementia. […] This resulted in a series of difficulties both in our intervention and in the management of these situations because there are two different kinds of vulnerabilities combined and, so, we need to deal with both at the same time (Int. 12).

Given the complexity of the situations, the decision to file a criminal report, even in serious cases, was not automatic and was evaluated on a case-by-case basis, depending on the perpetrator's characteristics, their relationship with the victim and the interventions that could be implemented. In the quote below, a social worker talks about the decision not to file a criminal report in a situation of domestic violence that had lasted for many years, but that came to the attention of the services only during the perpetrator's old age. In this case, both the victim and the abuser were older people:

> He [the abuser] was a very old man, he was over 80, 85 years old, and so we were also in doubt about the necessity of reporting or not reporting the crime. In this case […] we didn't (Int. 8).

*The main interventions.* The interviews revealed a variety of interventions that were implemented both to protect victims and to address the abusers' issues. To sum up, three types of interventions were carried out more frequently and the respondents highlighted the critical issues of each one of them.

*Home care services.* In most situations, home care services were activated. The main purpose of this intervention is to respond to the needs of non-self-sufficient people and relieve family members from assistance. However, the social workers interviewed consider that this intervention is not enough, as home services can only be activated for a few hours a day, and it is difficult to obtain a place in a day care center. So, the care burden falls heavily on family members, who must manage extremely draining circumstances and sometimes have to face aggressive behaviors both physically and verbally. Such circumstances elevate the stress faced by family caregivers and escalate the potential for abusive behaviors. As the following quote illustrates, a lack of support at home can bring caregivers to the breaking point:

> Sometimes so much is demanded of this "super caregiver", because of the insufficient facilities and services available to aid with daily tasks, so that person can reach a breaking point and even the simplest tasks become impossible for them to perform. (Int.47)

In the situations described, the home care service also aims to monitor the situation, gather information and keep track of any worsening of the abuse, while providing assistance at home, as this social worker stated:

> I activated personal hygiene, only once a week, but also to monitor the situation at home, not so much because he was dirty. Well, it was also a bit for monitoring purposes. (Int. 18)

There are two main critical issues related to this purpose: first, the professionals are concerned about going to a house while abusive individuals are present, leading to potential involvement in dangerous incidents. Second, the intention to monitor the situation is not always made explicit, for fear that families will reject the intervention and this creates a lack of clarity for people.

*Request for a support administrator.* The intervention of the support administrator was requested in half of the cases described. This intervention was identified by the interviewees as the only way in which the legislation allowed for an "external" protection for the family unit; therefore, it was often activated almost automatically, without an explicit motivation or a precise purpose. In addition, some social workers highlighted that the support administrator, who is almost always a lawyer appointed by the judge, tends to adopt a stance of "extreme protection" toward the vulnerable adult or older person, risking overlooking their opinion and imposing interventions that are not shared. The following quote provides an example, where the intervention imposed by the support administrator is a placement in residential care:

> The elderly person has no say in the matter, and, if the administrator is concerned, they will decide to implement extreme safety measures by placing them in a residential care home. So, the support administrator will have no problems. They often think: "If they fall, I'll get in trouble, if they set something on fire with their cigarette, who will be liable?" So, they decide to place them in a residential care home. And even that in my opinion is a stretch. (Int. 41)

*Placement in a residential facility.* The social workers interviewed reported that they often requested that the victim of abuse be placed in a residential facility, because it was the only option available to them to protect the person from imminent danger. However, the social workers believe that this form of intervention is often unsuitable for the elderly or disabled victims of abuse as care homes are not equipped for these people, and their operators are not specifically trained to face situations of abuse. In many cases, the placement in a facility led to a worsening of the person's condition, especially on the cognitive level. On the contrary, as already mentioned, there are no facilities specifically dedicated to the care of older people or disabled adults who are victims of abuse. Another key point is that older people find it difficult to leave their homes and move to a residential facility, as it is not their choice, as described in the following quote:

> In this case, the proposal is to say: "Madam, it would be advisable for you to move away from here; I can suggest an alternative facility where you can feel more at peace". But in this case, the lady has no intention of moving out of her house because it's her home. (Int. 40)

Social workers portrayed this intervention as a choice that risks blaming the victim and that has often led people to refuse help. In the quote below, the social worker described a daughter's feelings about the proposal to place her mother, a victim of violence by her father, in a residential care home:

> The decision to relocate the mom to the residential facility was particularly difficult for her daughters, as they said: "Dad is the violent one, the one who has always mistreated us [. . .], it is

not right for Mom to move away, make our mother pay, he [Dad] should be removed, he should go to a nursing home!". (Int. 8)

*The loneliness of social workers.* The main issue highlighted by the social workers interviewed was the absence of specific guidelines for both identifying situations of abuse and implementing interventions. As a result, they frequently had to decide whether and in what way to intervene by themselves assuming full accountability for their decisions, without much sharing with other professionals. In the absence of operational protocols, the collaboration with doctors and other health professionals differed significantly depending on the specific case. As shown in the following quote, the result is often a fragmentation of interventions, with each professional acting without confronting the others:

I feel a little alone, and isolated as if I were doing my little piece and everyone else theirs, but without being able to follow the same path. (Int. 19)

Most social workers said that they could count on the support of their service managers, but also, they frequently felt powerless in their experiences, because they were tasked with managing complex situations without appropriate services and coordinated interventions, as in the quote below:

It was a very complicated situation because there was no adequate service for this lady. Unfortunately, services are often still largely divided by type of user, but users are getting increasingly complex. There are no longer just the elderly, just disabled people or the mentally ill, but often all these components are present. So, in many situations, it is challenging, precisely because no service welcomes people with multiple impairments. (Int. 38)

The social workers described considerable difficulties, especially in the face of the frequent ambivalent attitudes of the victims, who sometimes denied the situation or refused the help that was offered and preferred to remain in a condition of danger. The social workers said that in these situations they were faced with an ethical issue connected on the one hand to the duty to protect vulnerable people and on the other to the obligation to respect their decisions. The social workers were uncertain about the extent to which professionals can make choices for adults who may not be able to decide for their good:

The first aspect is an ethical problem related to people's self-determination, to what extent we can affect their self-determination and be able to overcome the fact that you also make the person suffer, that is, there could be suffering [...] even knowing that the person will then be better. (Int. 7)

## Discussion

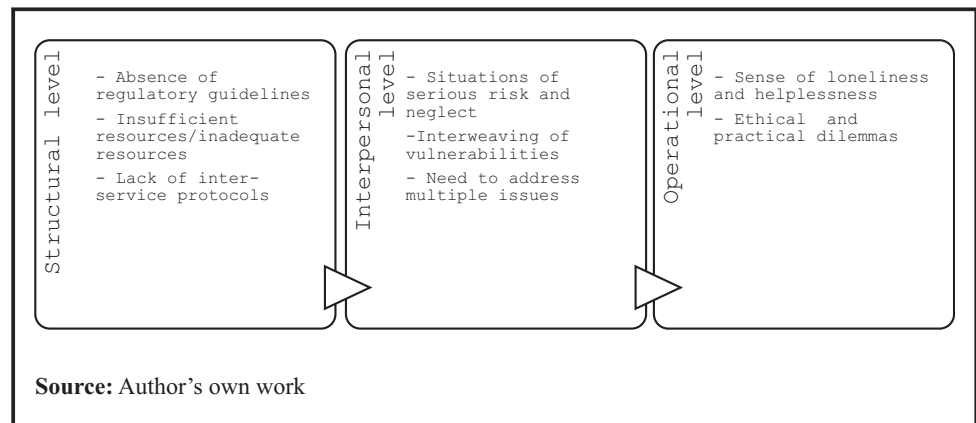The concept of dangerous care is a valuable tool for interpreting the results of this research.

The situations described highlight how abuse is perpetrated within caring relationships in which, very often, both the victim and the abuser are vulnerable people who need-or would need-to be helped. The temporal dimension is important because, although the situation of abuse had usually been ongoing, these situations often come to the attention of the services in the interested people's old age. In Italy, the national legislation does not provide specific guidelines for professionals dealing with adults, hindering their ability to intervene swiftly, in contrast to those working with minors. They must lodge a complaint when faced with a crime that can be prosecuted without the victim's report. However, the interviews show that often the distinctions between situations are unclear, with abuse markers not being obvious. Sometimes, even the appeals made to the judicial authority are refused. Abuse against older people and vulnerable adults is not addressed in inter-service agreements; consequently, there are no intervention protocols defining the responsibilities of the different professionals and establishing intervention procedures. The absence of proper legislation and social policies results in practitioners lacking the necessary resources or having to adapt procedures aimed at protecting minors or women who are victims of gender violence

to the needs of older people or adults with disabilities. One of the consequences is that professionals may face disorientation and difficulty in recognizing abuse when it does not fit the usual patterns. It can be said that, in the specific setting of the study, adult and elderly abuse is commonly viewed as a "private matter" and, therefore, stays within the confines of personal interactions. The role of social workers is to try to enter into these dangerous relationships, each time seeking the solution to deal with highly sensitive situations. Understanding the complexity of these relationships requires acknowledging the diverse vulnerabilities at play and avoiding a polarized perspective that distinguishes victims from perpetrators to effectively meet the needs of all individuals involved. The main approach favored by experts is to address all vulnerabilities and create comprehensive pathways for aid, which appears to be the sole effective way to bring about positive change in these situations. Choosing this path, however, clashes with inadequacies at the structural and organizational levels, as a thorough initiative calls for complex and diverse interventions that integrate legal, psychological, clinical and social competencies. The division of services by type of user, on the other hand, contributes to fragmentation and, in the absence of agreements and protocols, leaves to the spontaneity of interpersonal relationships the possibility of collaborating or not in providing assistance.

On the operational level, therefore, social workers are faced with situations of abuse without adequate tools, often in conditions of solitude and with little possibility of comparison, even in the face of ethical and practical dilemmas (Figure 1).

The interviews confirmed that, in situations of dangerous care, there is often an interdependent relationship (Clarke *et al.*, 2015) between the victim and the abuser that makes it very difficult to intervene with protective actions from the outside. The findings suggest that individuals avoid seeking help due to concerns about being separated from their familiar environment, yet the primary solution recommended is relocation to a residential facility. More generally, as per the study of Hulko and colleagues (2020), it can be observed that the main interventions proposed are geared to control the situation, initially in a discreet and understated manner, through home workers, and, if this does not work, with an appeal to obtain support administration. In the most serious situations, or if abuse is most evident, the proposal for intervention is the placement in a residential facility, which, according to the interviewees, is often rejected by the victims. This can lead to a model of assessing situations using a "conventional" approach (Healy, 2014), where the professional's and the individual's positions are in opposition. Duffy (2017) used the concept of *resistance to care* when people make choices that go in a different direction from the professionals' ideas and are labeled as uncooperative, or "resistant." In particular,



**Figure 1** Intersection between the different levels in the dangerous care situations analyzed

| Structural level | Interpersonal level | Operational level |
| --- | --- | --- |
| - Absence of regulatory guidelines<br>- Insufficient resources/inadequate resources<br>- Lack of inter-service protocols | - Situations of serious risk and neglect<br>-Interweaving of vulnerabilities<br>- Need to address multiple issues | - Sense of loneliness and helplessness<br>- Ethical and practical dilemmas |

**Source:** Author's own work

professionals and individuals often have differing viewpoints on how to define risk and identify needs in complex situations (Sherwood-Johnson *et al.*, 2022).

Findings indicate that social workers frequently find themselves in complex situations where they are compelled to intervene, even if it means acting contrary to the wishes of the concerned individuals, thus disregarding the principle of self-determination. In certain instances, social workers facing these kinds of situations chose not to intervene, because individuals were unwilling to accept any form of interference. However, the prevailing choice seems to be what Beaulieu and Leclerc (2006, p. 171) define as *accompaniment*: social workers endeavor to gradually engage in relationships, whether through direct interaction or with the assistance of other operators, to establish a basis of trust crucial for planning interventions, accepting that people remain for a certain period exposed to danger (Braun, 2021). However, the decision to engage in this course of action is contingent on the unique perspective of every practitioner, as there are no specific instructions or guidelines for managing abusive scenarios. Therefore, their interventions may be impromptu and conditioned by their fear of making oversights that could result in liabilities (Brownell and Wolden, 2003).

The absence of coordinated interventions between the different services also has heavy repercussions on family caregivers, who often have to arrange support on their own and reach out for assistance when necessary. This adds to the burden on family members. However, in the absence of an assessment of caregivers' specific needs, there is a possibility that no one can address the most challenging scenarios, thus elevating the risk of abusive events.

## Conclusions

The study findings validate the effectiveness of the dangerous care concept in interpreting cases of abuse against vulnerable adults and older people, even within the Italian context. The scarcity of resources and the absence of regulatory frameworks impact the ability of individuals to seek and receive help, as well as professionals' interventions. In the research context, the care of older people and adults with disabilities is seen as a private matter, and this is evident in the perception of abuse. On the one hand, individuals do not request help because they do not identify themselves as victims of abuse or decide to stay in a harmful environment to maintain family ties. On the other hand, professionals suggest actions that may strengthen a disempowering perception of individuals and create more barriers to seeking assistance.

When faced with such scenarios, practitioners should consider taking a critical stance (Torres and Donnelly, 2022) that can address complexity on every level. The results of research show that abuse victims in the context of dangerous care are open to professional support as long as it encompasses all at-risk individuals within the family and acknowledges their preference to remain with loved ones and within their familiar environment. Therefore, an effective implementation of help paths necessitates an accompaniment perspective that involves initially listening to the viewpoints of those directly impacted to establish a mutual understanding of the risk level and the appropriate intervention strategies.

Collaboration with other professionals is essential for social workers when dealing with complex scenarios, especially when individuals need specific clinical, psychological and legal aid. Policymakers could enhance the coordinated management of such situations by creating agreements and intervention protocols, thus encouraging professionals from various services to work together and improving the current situation in which collaboration is built on a case-by-case basis.

## Notes

1  The most recent national law is the L.69/2019 *Provisions on domestic and gender violence*.

2  This figure represents the gender distribution of social workers nationwide, with 93% being female (https://cnoas.org/numeri-della-professione/).

# References

Araten-Bergman, T. and Bigby, C. (2023), "Violence prevention strategies for people with intellectual disabilities: A scoping review", *Australian Social Work*, Vol. 76 No. 1, pp. 72-87, doi: 10.1080/0312407X.2020.1777315.

Beaulieu, M. and Leclerc, N. (2006), "Ethical and psychosocial issues raised by the practice in cases of mistreatment of older adults", *Journal of Gerontological Social Work*, Vol. 46 Nos 3/4, pp. 161-186, doi: 10.1300/J083v46n03_10.

Bergeron, L.R. (2001), "An elder abuse case study: caregiver stress or domestic violence? You decide", *Journal of Gerontological Social Work*, Vol. 34 No. 4, pp. 47-63, doi: 10.1300/J083v34n04_05.

Braun, J. (2021), "Preventing harm to vulnerable older adults: a social justice perspective", *Research on Social Work Practice*, Vol. 31 No. 6, pp. 561-575, doi: 10.1177/10497315211010959.

Braun, V. and Clarke, V. (2006), "Using thematic analysis in psychology", *Qualitative Research in Psychology*, Vol. 3 No. 2, pp. 77-101, doi: 10.1191/1478088706qp063oa.

Bricker-Jenkins, M.E., Hooyman, N.R. and Gottlieb, N.E. (1991), *Feminist Social Work Practice in Clinical Settings*, Sage, Newbury Park.

Brownell, P. and Wolden, A. (2003), "Elder abuse intervention strategies: social service or criminal justice?", *Journal of Gerontological Social Work*, Vol. 40 Nos 1/2, pp. 83-100, doi: 10.1300/J083v40n01_06.

Clarke, A., Williams, J. and Wydall, S. (2015), "Access to justice for victim-survivors of elder abuse: a qualitative study", *Social Policy and Society*, Vol. 15 No. 2, pp. 207-220, doi: 10.1017/S1474746415000202.

Crockett, C., Cooper, B. and Brandl, B. (2018), "Intersectional stigma and late-life intimate-partner and sexual violence: how social workers can bolster safety and healing for older survivors", *The British Journal of Social Work*, Vol. 48 No. 4, pp. 1000-1013, doi: 10.1093/bjsw/bcy049.

Dixon, J. (2023), *Adult Safeguarding Observed: How Social Workers Assess and Manage Risk and Uncertainty*, Policy Press, Bristol.

Donovan, K. and Regehr, C. (2010), "Elder abuse: clinical, ethical, and legal considerations in social work practice", *Clinical Social Work Journal*, Vol. 38 No. 2, pp. 174-182, doi: 10.1007/S10615-010-0269-2.

Duffy, F. (2017), "A social work perspective on how ageist language, discourses and understandings negatively frame older people and why taking a critical social work stance is essential", *British Journal of Social Work*, Vol. 47 No. 7, pp. 2068-2085, doi: 10.1093/bjsw/bcw163.

Fundinho, J.F., Pereira, D.C. and Ferreira-Alves, J. (2021), "Theoretical approaches to elder abuse: a systematic review of the empirical evidence", *The Journal of Adult Protection*, Vol. 23 No. 6, pp. 370-383, doi: 10.1108/JAP-04-2021-0014.

Hall, M.I. (2019), "Situating dementia in the experience of old age: reconstructing legal response", *International Journal of Law and Psychiatry*, Vol. 66, pp. 1-7, doi: 10.1016/j.ijlp.2019.101468.

Healy, K. (2014), *Social Work Theories in Context. Creating Frameworks for Practice*, 2nd ed. Palgrave MacMillan, Croydon.

Hulko, W., Brotman, S., Stern, L. and Ferrer, I. (2020), *Gerontological Social Work in Action: Anti-Oppressive Practice with Older Adults, Their Families, and Communities*, Routledge, New York, NY.

Killick, C., Taylor, B.J., Begley, E., Carter Anand, J. and O'Brien, M. (2015), "Older people's conceptualization of abuse: a systematic review", *Journal of Elder Abuse & Neglect*, Vol. 27 No. 2, pp. 100-120, doi: 10.1080/08946566.2014.997374.

Ministry of Labour and Social Policies, (2010), *Rapporto del governo italiano sull' art.23 della carta sociale europea - Diritto delle persone anziane ad una protezione sociale - anno 2010*, Ministero del Lavoro e delle Politiche sociali, 2010.

Lonbay, S.P. (2018), "These are vulnerable people who don't have a voice': exploring constructions of vulnerability and ageing in the context of safeguarding older people", *The British Journal of Social Work*, Vol. 48 No. 4, pp. 1033-1051, doi: 10.1093/bjsw/bcy045.

Mosqueda, L., Wiglesworth, A., Moore, A.A., Nguyen, A., Gironda, M. and Gibbs, L. (2016), "Variability in findings from adult protective services investigations of elder abuse in California", *Journal of Evidence-Informed Social Work*, Vol. 13 No. 1, pp. 34-44, doi: 10.1080/15433714.2014.939383.

Norrie, C., Stevens, M., Martineau, S. and Manthorpe, J. (2018), "Gaining access to possibly abused or neglected adults in England: practice perspectives from social workers and service-user

representatives", *The British Journal of Social Work*, Vol. 48 No. 4, pp. 1071-1089, doi: 10.1093/bjsw/bcy042.

Penhale, B. (2020), "Gender issues in elder abuse", in Phelan, A. (Eds) *Advances in Elder Abuse Research. Practice, Legislation and Policy*, Springer, Cham, pp. 165-179.

Phelan, A. and O'Donnell, D. (2020), "An ecological perspective on elder abuse", in Phelan, A. (Eds) *Advances in Elder Abuse Research. Practice, Legislation and Policy*, Springer, Cham, pp. 193-221.

Pillemer, K.A. and Wolf, R.S. (1986), *Elder Abuse: Conflict in the Family*, Auburn House, Dover.

Sethi, D., Wood, S., Mitis, F., Bellis, M., Penhale, B., Iborra Marmolejo, I., Lowenstein, A., Manthorpe, G. and Ulvestad Kärki, F. (Eds) (2011), *European Report on Preventing Elder Maltreatment*, World Health Organization, Regional Office for Europe, Cophenagen.

Sherwood-Johnson, F., Mackay, K. and Greasley-Adams, C. (2022), "Negotiating safety and vulnerability in everyday life: perspectives of UK older people from participative research", *European Journal of Social Work*, Vol. 25 No. 3, pp. 485-496, doi: 10.1080/13691457.2021.1882397.

Sherwood-Johnson, F., Rummery, K., Lawrence, J., Mackay, K., Ramsay, K. and McGregor, R. (2023), "Dangerous care: developing theory to safeguard older adults in caring relationships in the UK", *The Journal of Adult Protection*, Vol. 25 No. 3, pp. 156-166, doi: 10.1108/JAP-10-2022-0023.

Stone, M. (2018), "Preventing sexual violence against people with disabilities: empowerment self-defense, risk reduction education, and organizational change", in Orchowski L.M. and Gidycz C.A. (Eds), *Sexual Assault Risk Reduction and Resistance*, Academic Press, pp. 353-378.

Taylor, B.J., Killick, C., O'Brien, M., Begley, E. and Carter-Anand, J. (2014), "Older people's conceptualization of elder abuse and neglect", *Journal of Elder Abuse & Neglect*, Vol. 26 No. 3, pp. 223-243, doi: 10.1080/08946566.2013.795881.

Teaster, P.B., Lindberg, B.W. and Zhao, Y. (2020), "Elder abuse policy, past, present, and future trends", in Phelan, A. (Ed.), *Advances in Elder Abuse Research. Practice, Legislation and Policy*, Springer, Cham, pp. 53-71.

Torres, S. and Donnelly, S. (Eds) (2022), *Critical Gerontology for Social Workers*, Policy Press, Bristol.

World Health Organization (2008), *A Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem World-Wide: main Report*, World Health Organization, Geneva.

World Health Organization (2022), *Tackling Abuse of Older People: Five Priorities for the United Nations Decade of Healthy Ageing (2021–2030)*, World Health Organization, Geneva.

Wydall, S. and Zerk, R. (2017), "Domestic abuse and older people: factors influencing help-seeking", *The Journal of Adult Protection*, Vol. 19 No. 5, pp. 247-260, doi: 10.1108/JAP-03-2017-0010.

## Further reading

Araten-Bergman, T. and Bigby, C. (2023), "Violence prevention strategies for people with intellectual disabilities: a scoping review", *Australian Social Work*, Vol. 76 No. 1, pp. 72-87, doi: 10.1080/0312407X.2020.1777315.

Ministero del Lavoro e delle Politiche sociali (2010), "Rapporto del governo italiano sull'art. 23 della carta sociale europea – diritto delle persone anziane ad una protezione sociale. [Ministry of Labour and Social Policies, (2010), Italian Government Report on Article 23 of the European Social Charter – The Right of Older Persons to Social Protection]", available at: www.lavoro.gov.it/Downloads/RAPPORTO%20COE%20ART.23%20-%202016.pdf

## Corresponding author

Francesca Corradini can be contacted at: francesca.corradini@unicatt.it

---