Prevalence Study of Abuse and Violence against Older Women

Results of a Multi-cultural Survey Conducted in Austria, Belgium, Finland, Lithuania, and Portugal

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Summary of Key Points

Introduction

- The study included women aged between 60 and 97 years who were living in private households. The survey asked about violence and abuse in the last 12 months. 2880 women were surveyed across five countries during 2010.

- So-called "stranger violence" was ruled out and only perpetrators who were in the women's close circles were considered.

- Response rates ranged from 26.1% (Belgium) to 49.1% (Austria).

Prevalence of violence and abuse

- **Overall, 28.1%** of older women had experienced some kind of violence or abuse. By country the prevalence rates were as follows:

    - Portugal 39.4% (postal survey)

    - Belgium 32.0% (postal survey and face-to-face interviews)

    - Finland 25.1% (postal survey)

    - Austria 23.8% (telephone survey (CATI))

    - Lithuania 21.8% (face-to-face interviews)

- Generally, **emotional abuse** was the most common form of violence experienced (23.6%) followed by **financial abuse** (8.8%), **violation of rights** (6.4%) and **neglect** (5.4%). **Sexual abuse** (3.1%) and **physical violence** (2.5%) were the least reported forms.

Perpetrators

- In most cases, perpetrators of emotional abuse, financial abuse, sexual abuse and violation of rights were the women's **partners or spouses**. The exception to this was in relation to neglect, where in most cases older women were abused by their **adult children or children-in-law**.

Intensity of violence

- 7.6% of older women had experienced a single form of abuse, but infrequently.

- 13.5% had experienced several forms of abuse, but infrequently.

- 1.2% had experienced a single form of abuse very often.

- 5.8% had experienced multiple forms of abuse very often.

Risk factors

- There were considerable differences between countries with regard to prevalence rates. However, connections between risk factors and abuse and violence were apparent regardless of country.

- The likelihood of abuse is lower in higher age groups.

- There was a significant association between abuse and violence and **reduced physical health**, **poor mental health**, **managing poorly with household income**, not participating in **social activities, living with spouse or partner** or with **adult children,** and **loneliness.**

After the abuse

- The most common effects of violence and abuse were tension, anger, hatred and feelings of powerlessness.

- Nearly half of the abused women (44.7%) talked with somebody they knew about the most serious incident or reported it to an official agency. In Portugal and Lithuania, however, only a quarter of the abused women talked about the incident with anyone else.

- The majority of older women did not talk with anybody else about the abusive incident(s). Mostly women thought the incident was too trivial to report or discuss or considered that nobody could do anything about the situation.

Quality of Life

- In relation to abuse in overall terms, the findings are unambiguous: older women who had experienced any kind of abuse reported having significantly lower quality of life than older women who had not experienced abuse.

1   Introduction

This report aims to cast light on a serious yet still in many ways invisible issue: violence and abuse against older women. Focussing on five European countries – Austria, Belgium, Finland, Lithuania and Portugal - the report answers questions such as how often violence and abuse happens, by whom and what are the risk factors for abuse occurring. It also offers recommendations for future work and actions to help prevent mistreatment and to provide help for victims of abuse and violence.

The dramatic increase in the population of older people has resulted in bringing concerns of elder abuse to the fore. A growing population of elders will be living at home and the most vulnerable of them are dependent on care or assistance (De Donder et al., 2011). Within the European Union the proportion of the population aged 65 and over will rise from 17.1% in 2008 to 30% in 2060; for people aged 80 and over, the figures rise from 4.4% to 12.1% during the same period (European Parliament, 2010).

Gender is a significant factor in ageing as women outnumber men in older age groups in all European Union countries. Of over-75-year-olds, women make up two thirds of the population; of over-85-year-olds the proportion of women is 71% (Eurostat, 2008). What contributes to this is women's higher life expectancy: in the EU-27 countries,[1] life expectancy at birth for women is about 6 years longer than for men. According to estimates in 2005, future life expectancy at 65 years was 20 years for women and 17 for men (Ibid). However, the difference between healthy life years for women and men was less than one year (European Parliament, 2010).

While any older person could become a victim of violence, vulnerability can increase sharply with such risk factors as: an individual's physical frailty, compromised mental health status, social factors (such as isolation, poverty, lack of support) or general societal conditions and trends (for example policies that are insensitive to elderly people) (EC, 2008). Older women living at home are, in many cases, in the most vulnerable position and in greatest need of protection from violence and abuse.

For one thing, elderly women traditionally face a greater risk of ending up living in poverty. Reasons for this include, for example, a lower pension accumulation than that for men, but also the fact that the generation of 50+ women are the "sandwich generation", caring for their parents and grandchildren, which complicates conditions for taking work outside the home (European Parliament, 2010).

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[1]   EU-27 refers to European Union countries: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxemburg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

Older women may also be particularly dependant on public and private services as well as public health care. A lack of services or their poor quality therefore directly affects older women. In addition to this, age-related diseases such as those resulting in cognitive impairment and cancers are relatively common among older women (European Parliament, 2010). The frail elderly people of tomorrow will also have fewer children who could look after them and will be more likely to live further away and pursue professional careers (EC, 2008).

Despite the growing concern about elder abuse, the topic has not yet emerged as a major theme in research, nor has it been visible in the work of policy makers. However, it is clear that statistical surveys on the prevalence of abuse are needed in order to plan effective policy action and interventions and also to develop preventive measures.

Within Europe, some countries have a rich history of prevalence research on elder abuse, but some have only recently begun to tackle the problem (De Donder et al., 2011). Prevalence rates vary from 0.8% to 29.3% across Europe – different study designs, the inclusion or exclusion of types of elder abuse as well as different definitions of mistreatment all contribute to differing rates that are nigh on impossible to compare (Ibid.). Research about where, when and how often elder abuse occurs is generally inadequate and inconsistent, or even non-existent.

To address this issue, the prevalence study of abuse and violence against older women (AVOW) attempts to provide up-to-date and comparable information about the prevalence of abuse and violence against women in five European countries (Austria, Belgium, Finland, Lithuania and Portugal). The AVOW study was funded by the EU's Daphne III programme concerning violence and abuse against women and children. The research focussed on women aged 60 years and over living in private households. Information was collected in all participating countries using a culturally validated questionnaire jointly developed by the project partners (AVOW website, 2010).

This European research report describes the results of the AVOW study from a European perspective. The individual country reports from the study provide further national level data and are available from the AVOW website (at http://www. thl.fi/avow). In addition to prevalence rates of violence and abuse against older women in the last 12 months, this report provides information on the patterns of violence, perpetrators of violence, individual and socio-economic risk factors, quality of life and the consequences of abuse. So-called "stranger violence" was ruled out – the study collected information on violence and abuse committed by family members, friends, acquaintances, neighbours or care workers.

The majority of older women in Europe have a high quality of life and lead happy and healthy lives longer than ever before. However, the AVOW research results show that some 28% of women aged 60 years or older have been mistreated in the last 12 months. Elder abuse is a human rights violation resulting in suffering and decreased

quality of life; it is also an infringement of Article 25 of the EU Charter of Fundamental Rights which recognises and respects the rights of older people to live lives of dignity and independence, and to participate in social and cultural life (De Donder et al., 2011). This research report hopes to provide information and tools to tackle the problem as well as to raise awareness of the issue.

2   Theoretical background

2.1   Definition and Typology

Different scientists, policymakers and professionals use diverse definitions of elder abuse. In some ways violence and abuse are not easy to conceptualise because the boundaries are somewhat fluid and the beginnings of abusive actions are often difficult to draw (Hörl & Spannring, 2001). Definitions vary from author to author depending on the different perspectives of research programmes (e.g. victims' perspectives versus caregivers' perspectives). As a consequence of these different approaches there are certain inconsistencies in the concepts and there is a lack of agreement on a common definition (Penhale, 2008). In summary, definitions have paid attention to: the types of abuse (e.g., physical, psychological, neglect, and so forth), who does the abusing (perpetrator descriptions), who suffers the abuse (victim descriptions), the relationship between the victim and the perpetrator (including mutual trust and dependency of the victim), the intention or motivation (intentional or unintentional), whether the mistreatment is an act of commission (abuse) or omission (neglect) and where it happens (e.g., domestic violence or institutional settings).

Nevertheless, one definition arises in a number of studies. This specific definition of elder abuse was developed by the UK's Action on Elder Abuse (1995, p. 11) and subsequently adopted by the International Network for Prevention of Elder Abuse (INPEA) and the WHO (2002) in their Toronto declaration: elder abuse is "*a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person*".

Abusive behaviours can take various forms. For the purposes of this AVOW study we applied a broad perspective and included physical, psychological, sexual, and financial abuse, violation of personal rights, and neglect (WHO, 2002). These categories comprise the following:

Physical abuse: This category refers to actions carried out with the intention of causing physical pain or injury to a (vulnerable) older person. Examples are: being pushed, grabbed, slapped, hit, hit by a thrown object, administering too much tranquilizing or neuroleptic medication (WHO, 2002).

Psychological / emotional / verbal abuse: This form of violence describes all actions inflicting mental pain, anguish or distress on a person through verbal or nonverbal acts. Examples are the use of abusive language, oppression, manipulation, bullying, blackmail, shouting, threats, humiliation, isolation of the older person, or infantilisation of the person (cf. WHO, 2002).

Sexual abuse: This form of violence refers to non-consensual sexual contact of any kind (e.g. unwanted intimacy, touching in a sexual way, rape, undressing in front of the victim, sexually slanted approaches). Sexual abuse can also be described as "terror in intimate relations" that has the intention to control the partner or another person and is only one-sided (Görgen, Herbst, Kotlenga, Nägele, & Rabold, 2009, p. 46).

Financial / material abuse or exploitation: This form of violence describes all actions of illegal or improper use of an elder's funds, property or assets (WHO, 2002). Examples are: problems with powers of attorney, swindling, disappearance of money or goods, obstruction in managing one's own money, legacy hunting, and extortion.

Neglect: This type of abuse deals with the refusal or failure by those responsible to provide essential daily living assistance and/or support such as food, shelter, health care or protection for an older person. This bears resemblance to the term *abandonment,* that is, neglect in its most extreme form: the desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person (WHO, 2002). Furthermore, the literature differentiates between active and passive neglect: passive neglect is present when for instance malnutrition or the development of decubitus occurs, often through an unintentional failure to provide care. Active neglect is described as refusal to provide cleaning, care, medication and nutrition or support in undertaking other activities of daily living (e.g. Dieck, 1987). Some authors also use the term *derailed* or *misspent* care: unintentional neglect in a context of care, when the amount of needed care exceeds the capacity of the caregiver to provide it (Bakker, Beelen, & Nieuwenhuizen, 2000).

Violation of the personal rights of an older person: This last category is not often included in discussions on theoretical concepts and research practices. The UK's Home Office and Department of Health, in jointly producing policy guidance on abuse of vulnerable adults (2000, p. 9), considers abuse as '*a violation of an individual's civil or human rights by any other person or persons*'. Narrowing this definition down, we could also understand the infringement of *personal* rights as elder abuse. This includes for instance, the violation of privacy and the right to autonomy, freedom, refusing access to visitors, isolating the elder or reading or withdrawing mail. This is closely entwined with a call to incorporate disrespect into the framework of elder abuse. Qualitative interviews revealed this topic to be of major importance in a study, which included older people's perceptions and experiences of elder abuse (WHO, 2002).

2.2   Theory

The ecological framework offers a theoretical structure for understanding the origins of elder abuse. Originally, it was developed to study child abuse (e.g. Belsky, 1980 in Heise, 1998). Later, the model was adopted in research on intimate partner violence (Heise, 1998) as well as in research on elder abuse (WHO, 2010). The ecological framework employs a multidimensional view of interpersonal violence. It examines violence as the outcome of the interaction between individual, relational, community-level and societal factors (see Figure 1) (WHO, 2002). In doing so, it combines risk factors from different approaches (WHO, 2010).

Figure 1: The Ecological Framework: Risk Factors at Four Levels
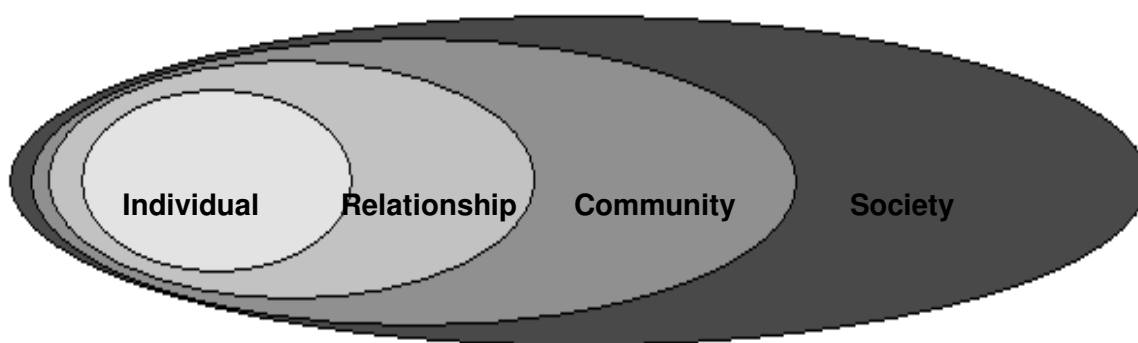
Risk factors at the **individual** level comprise biological features, personality traits and individuals' personal histories, which might increase the likelihood of becoming a victim of elder abuse (WHO, 2002) by shaping the person's response to certain stressors from the meso, exo, or macro-system (Heise, 1998).

The other levels refer to contextual influences beyond individual characteristics. The second level comprises **personal relationships**, such as those with close family, friends and intimate partners. It involves those interactions in which a person openly engages with others (WHO, 2002). Moreover, it entails the subjective meanings assigned to these relations (Heise, 1998). Further, factors addressed in this second level also concern characteristics of the household, such as household income.

The third level concerning **community** includes contexts in which social relationships occur, such as neighbourhoods or social organisations. Risk factors here may include residential mobility, socio-economic status of the neighbourhood or urbanisation rate.

Finally, **societal** or macro factors can also influence the occurrence of elder abuse. These societal factors include the broad set of cultural values as well as economic and social policies which might create or maintain these cultural values. For example, there could be certain cultural norms that approve of violence as acceptable in resolving

conflicts (WHO, 2002). Furthermore, in terms of violence against (older) women, feminist researchers stress that theories based on individual factors do not explain why women are more often victimised than men (Schechter 1982 in Heise, 1998). Research should rather acknowledge issues of gender inequalities, power, constructions of a patriarchal family, and women's rights (Heise, 1998; WHO, 2002).

Theories of elder abuse have tended to emphasise individual explanations for abuse, violence and neglect. For example: Sons mistreat their older parents because of their psychopathological disorders. A more comprehensive understanding of gendered abuse may require recognising the impact of factors on multiple levels (Heise, 1998). However, little extensive attention has been paid in research to integrating several components at a number of different levels. Consequently this study will pay ample attention to integrating several risk factors.

The individual risk factors included in the study analysis are: Socio-demographic determinants (age, marital status), socio-economic indicators (educational level, professional situation), health status (physical health status, mental health status) and different coping styles (active coping, behavioural disengagement, using emotional support). Risk factors on the level of relationships are: Household size, household composition (cohabiting with partner, children, grandchildren, etc.), household income, feeling unsafe and loneliness. Risk factors on the level of community are: participation in social activities. Macro-social factors are not a part of this study's focal interest.

3 Methodology

3.1 Research Questions

The social problem of violence and abuse against older people exists throughout Europe but in general we know very little about domestic violence and abuse against older people in general or against older women in particular. There have been very few prevalence surveys on older peoples' abuse in Europe. Therefore there is a vital need for reliable research about domestic violence and abuse against older people.

The overall objective of the AVOW study is to contribute to the development of preventive measures and the protection of victims of violence and abuse among older women. This was principally achieved by the development of a standardised questionnaire, which is suitable for measuring the prevalence of domestic violence and abuse in older women and its patterns, as well as providing information on perpetrators and information about how victims have sought or received help.

Therefore the research questions of the prevalence survey were:

1. What is the prevalence rate of domestic violence and abuse against older women in Austria, Belgium, Finland, Lithuania and Portugal?

2. What are the patterns of violence and abuse against older women in those countries?

3. Who are the perpetrators? Are these perpetrators type-specific?

4. Which older women are at higher risk of violence and abuse? Which factors exist on the individual level, on the level of relationships and community? Which factors are most important in explaining the occurrence of elder abuse?

5. What are the individual consequences of elder abuse and what happens after a violent and abusive incident against an older woman?

To answer these research questions, a review was initially carried out of the European literature that covered existing methodologies in prevalence studies of violence and abuse against older people or women (De Donder et al., 2011). The results of this literature research served as the main background for the development of a quantitative survey instrument.

3.2   Development of the Instrument

The survey instrument was developed in the English language and was translated to the national languages of the study partners. It was pre-tested in the different national contexts. The results of this standard pre-test were used to amend the survey instrument, which included a number of measurement scales. In order to take national backgrounds into account, additional variables were included for each country.

3.2.1 Piloting

The draft questionnaire was piloted in individual face-to-face interviews in late 2009. All interviews addressed women of diverse ages within the 60+ years age group. On a national basis, older women were asked to fill in the questionnaires either alone or with the help of the interviewer. After the questionnaire was completed women were asked to reflect on the user friendliness and the content of the questionnaire. In general the women felt quite comfortable with the content of the survey and stressed the importance of the topic. They noted that the general layout was clear and easy to read and understand.

Each study partner collected and entered the pilot data into the online tool to allow an analysis of the pilot data to be undertaken. In total the pilot data sample size was n=102, with the number of contributions varying by country, from n=10 (Finland) to n=38 (Austria). Respondents varied in age from 61–92 years. The primary aim of the pilot data analysis was to obtain an impression of the descriptive statistics and psychometric properties of the scales. For that reason, all the items and scales of the instrument were analysed with frequency analysis (central tendency and item variation), for internal consistency (scale reliability), and for dimensionality (exploratory factor analysis).

Overall, the piloting provided important feedback for improving the questionnaire layout, the structure of questions, and the process of interviewing and administering the questionnaire.

3.2.2 Translation, Format, and Layout

The amended basic English questionnaire was translated into the various national languages. Official translations were available for several measurement scales. Additional translation work was undertaken by the project partners, and generally, the draft translations were edited by experts and language editors.

The format and layout of the questionnaire was principally designed for a mail survey. Several points have to be mentioned here: A cover letter to be sent with the survey explained the purpose of the study and framed it within the context of a European

research project. It described how the addresses were obtained, emphasised the confidentially of data handling, and guaranteed anonymity of data analysis.

To cover the needs of the target group of the study the layout was structured and formatted as clearly as possible. Hence the questionnaire was subdivided into several sections marked by headings. Each section began with a very clear and short introductory text using a text font that is easy to read (i.e. Arial) in an adequate font size (i.e. 14 pts). To make completion of the questionnaire easier to complete, a cover page with instructions and examples of how to fill in the questionnaire was also added.

3.2.3 Measures Used

In an empirical study with a quantitative survey design, the theoretical assumptions and associated concepts and terms must be adequately defined in order to allow operationalisation. Moreover, the different aspects covered by the research questions must be structured into a standardised questionnaire. Hence the validated questionnaire was divided into several distinct sections:

Section A covers socio-demographic variables. It includes information about the individual such as the age (i.e. year of birth), marital status, educational level (years of completed formal education), occupational status, migration background, and the level of dependency (for example an indication of the level of care allowance received). In addition the section contains information about the household such as the number of persons living in the household and the household composition, but also information on how the household managed with their available income. Furthermore, several questions at the end of the section focused on the environment level, such as the local area of domicile or the community size (number of inhabitants).

Section B covers additional background variables such as regular participation in activities, the individual feeling unsafe, feeling loneliness, plus feeling they belong to the neighbourhood. In addition questions were focused on subjective health status and feelings of depression and how individuals normally react in difficult or stressful situations (coping).

Sections C and D cover violence and abuse. In accordance with the concept of the study, the sections were structured by the pre-defined forms of violence and abuse, starting with neglect, emotional, financial, physical, and sexual abuse, and finishing with the violation of personal rights. Violence and abuse in the domestic setting are defined by incidents in the person's own home committed by someone who is close to the individual. The reference time is the last 12 months. Consequently the section was introduced as follows: "*Sometimes, people suffer from different forms of abuse or mistreatment in their own home and by someone who is close to them. In the following pages we ask you about several incidents that may or may not have happened to you.*"

In the respective sub-section covering specific forms of violence and abuse, the domestic setting and the reference period were again mentioned ("*How often have you been* [emotionally / financially / physically / sexually] *abused? Has somebody close to you, in the last 12 months …*")[2].

Each form of violence and abuse is operationalised by multiple items representing different incidents, which have been adopted from the Conflict Tactics Scale 2 (CTS2) (Straus, 1996, 2007). In total, the revised Conflict Tactics Scale (CTS2) measures 39 behavioural acts on an objective basis, several of which were selected and adapted for this study.[3] Neglect and emotional abuse was measured by 9 items each, financial abuse, physical abuse, sexual abuse as well as the violation of rights by 4 items each. In methodological terms, each form of violence or abuse is a latent factor that is measured by a number of formative indicators. The answer format for each formative indicator is a four-point scale representing frequency categories (1=never, 2=1–6 times, 3=once a month, 4=weekly)[4].

If the respondent experienced at least one incident within at least one specific category of violence and abuse (i.e. responded with anything else than "never" in the answering scale) she was asked for perpetrator information. A multiple answer format was provided by presenting a list of different persons or group of persons to select from (partner or spouse, daughter / son, (step) parent, grandchild, other relatives, neighbour, paid caregiver).

In addition, a separate question asked respondents about experiences of violence and abuse since reaching the age of 60 years, so as to give some indication about any longer-term history of violence and abuse from those close to them. In contrast to the other abuse items mentioned before, this question only covers the five different forms (emotional abuse, financial abuse, physical abuse sexual abuse, and violation of personal rights) from an overall point of view and whether or not it happened.

To respondents who experienced some form of abuse, section E was then presented: It covers consequences and effects of violence and abuse, such as psycho-emotional consequences like fear, shame, guilt, and so forth. Additionally the section contains questions which deal with support and help needed after the abusive incident. The

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[2]   Neglect was operationalised slightly different in terms of the refusals to help in everyday life. The introductory text in the neglect section was: „*The next list contains activities people sometimes need help or support with. If you have needed help with the following activities how often has this been refused during the last 12 months?*"

[3]   For instance the older women were asked if somebody close to her has "…insulted you or sworn at you / called you fat, ugly or other names / shouted or yelled at you? / destroyed something that belonged to you? …thrown a hard object at you or used some kind of weapon?" etc.

[4]   For items representing neglect the answer format/scale represents the frequency of refusals (1=never refused, 2=refused 1-6 times, 3=refused once, 4=refused weekly. For people without the need for help in everyday life an answer category was added (0=no, did not need help).

questions refer specifically to the most serious incident. Respondents were asked about their reporting behaviour (talking or reporting to whom) and to what extent a report to an official or agency was helpful. Women who did not report or tell anyone about the abuse were asked their reasons for not doing so. In the Austrian survey two questions about the recognition and the use of services were added (with the possibility of multiple answers from a list of the most important intervention and support services in the field of violence and abuse).

Section F also dealt with an outcome variable, which is well-being and quality of life of all respondents. For this measurement the validated EUROHIS-QOL scale was used.[5] In addition to this, several other validated scales were used in the survey. The number of items per scale, the explained variance, and the factor loadings from an exploratory factor analysis point of view are provided in the table below. Moreover the table includes information about the scale reliability in terms of internal consistency (Cronbach's Alpha), the scale mean, the scale standard deviation as well as theoretical scale range (minimum and maximum) (see Table 1).

Table 1: Overview of Psychometric Properties of the Scales Used (Total Sample)

Scale	Num-ber of items	% Variance explained	Range of factor loadings	Cron-bachs Alpha	Scale mean (Sd)	Scale range
Feeling unsafe	3	66.21	0.72–0.86	0.737	3.79 (0.98)	1–5
Loneliness	3	64.80	0.86–0.87	0.844	2.18 (0.96)	1–5
Active coping	2	85.80	0.93	0.834	3.01 (0.82)	1–4
Using emotional support	2	84.62	0.92	0.818	2.64 (0.88)	1–4
Behavioural disengagement	2	62.08	0.79	0.766	1.72 (0.81)	1–4
Quality of life	8	49.03	0.56–0.79	0.881	3.70 (0.69)	1–5

Note: Principle axis factoring, listwise deletion of missing cases

In general, most of the scales show good properties. The explained variance by the factor varies from 49.0% to 85.8% and the respective factor loadings ranged between 0.56 and 0.90 (with principle axis factoring and listwise deletion of missing cases). Cronbach's Alpha values vary between 0.76 and 0.88, which is acceptable when taking into account the number of items in the scales. Means and standard deviations of the scales inform about the central tendency and the distribution of values. The scale

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[5] The original questionnaire was developed for a mail survey and ended with Section G about completing the questionnaire, whether or not help was needed filling in the questionnaire and if yes, who helped filling in the questionnaire. The section is not applicable in a telephone survey, which was the approach taken in Austria.

distribution of feeling unsafe, feelings of loneliness, and quality of life are slightly skewed.

3.2.4 National Questions

Besides the standard questions defined by the core English questionnaires it was possible to introduce a small number of additional national survey questions. For instance, each national survey included a variable about the living area of the respondents (e.g. provinces defined by NUTS regions). In the Austrian questionnaire information about the migration background, community size, care allowance benefit, and information about victim protection services was added. The Belgium survey instrument introduced the number of years of living in that community and information about important infrastructure. In Lithuania, population size, present sources for financial support, patterns of alcohol consumption in the household, and information about the accommodation were additionally asked. Measurement scales for the sense of belonging to the neighbourhood and how older people feel they can influence the social reality were added in the Belgian and Austrian survey instruments only.

3.3   Sampling and Data Collection

The target population of the study was defined as women aged 60 years or older who were living in private households. Due to the multi-cultural participation in the study different sampling procedures were considered appropriate. In Austria, Belgium, and Portugal random probability or stratified random sampling methods – either by community or age groups – from different registers (Telephone or Post Office Registers) were used. In Finland a simple random sampling was put into practice on the basis of the Population Register. In Lithuania a multi-stage random sampling was applied.

In addition the data collection methods differed across the five countries. Three partner countries chose a postal survey (Belgium, Finland, and Portugal) and two selected a face-to-face survey (Belgium, Lithuania). In Austria a telephone survey was realised. Fieldwork was undertaken between March and July 2010. In Belgium a combination of postal survey and face-to-face sampling strategy was used (see Table 2).

Table 2: Description of the Survey Design by Country

	Austria	**Belgium**	**Finland**	**Lithuania**	**Portugal**
Sampling procedure	Stratified random sampling by community size using the National Telephone Register (with screening)	1: Proportional stratified sampling by age 2: Random sampling of women aged 75+ (in four Dutch-speaking municipalities)	National representative random sample from the Finnish Population Register	Multi-stage random sampling of households (random route) by the Residents' Register Service	Random probability stratified sampling (NUTS and age) of the National Post Offices company database
Data collection	Telephone (CATI)	1: Postal 2: Face-to-face	Postal	Face-to-face	Postal
Field work	July 2010	April / June 2010	May / June 2010	March / April 2010	April / June 2010
Issued addresses or individuals	1500	1: 1500 2: 250	1700	3631	1700
Sample size	n=593	n=426 (1: n=318) (2: n=108)	n=678	n=515	n=649
Response rate	49.1%	26.1% (1: 21.2%) (2: 43.2%)	39.9%	41.7%	40.9%
Additional Notes	Female inter viewers only Data weights available	Over-sampling of higher age groups	Over-sampling of higher age groups Data weights available	66 interviewers in total	-

The total number of issued addresses varied from 1500 to 3600 individuals between the countries. In total n=2880 participants were surveyed or interviewed. The numbers of participants across the different countries were as follows: in Belgium n=426, in Lithuania n=515, in Austria n=593, in Portugal n=649, and in Finland n=678. Based on a conservative calculation, response rates varied from 21.2% (postal survey in Belgium) to 49.1% (telephone survey in Austria).

A summary of the central sampling and data collection aspects is given in Table 2 above. More detailed descriptions and information can be found in the country specific annex or the national survey reports (De Donder & Verté, 2010; Ferreira-Alves & Santos, 2010; Lang & Enzenhofer, 2010; Luoma & Koivusilta, 2010; Reingardé & Tamutiene, 2010).

3.4   Sample Descriptions

In this section the total sample of the study, which is made up of five national samples will be described in relation to the major socio-demographic variables. The total sample consisted of n=2880 older women aged 60 years or above who were surveyed.

With respect to age, about half of the participants were aged between 60 and 69 years (47.8%), one third (32.5%) between 70 and 79 years old and about one fifth (19.7%) were 80 years or older. The oldest respondent was 97 years old.

Half (50.5%) of all older women in the total sample were married, lived in a civil partnership, or co-habited with another person. About one third (31.8%) were widowed. One in ten women (11.0%) were separated or divorced, and 6.7% of the total sample population were single (never married). More than one third of the older women (38.2%) lived alone, about half (49.7%) lived in a household with two persons, and 12.1% lived in a household with three or more persons.

With regard to education, about one third (32.0%) of participants had completed between 5 and 9 years of schooling. About one quarter (26.6%) had between 10 and 12 years, 28.1% had 13 or more years of completed formal education, and 13.4% had less than 5 years of completed education. Regarding occupational status, 88.9% were already fully retired. Only 5.1% of the sample still worked full-time and 2.4% were employed part-time, which together represents an employment rate of 7.5%. In addition, 3.6% of the sample were unemployed.

More than half of the women (57.2%) lived in an urban area and 42.8% in a rural area. The sample description is shown in Table 3. In addition the country distributions are displayed.

Table 3: Sample Description by Country

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Sample size	**n=593** (100%)	**n=436** (100%)	**n=678** (100%)	**n=515** (100%)	**n=659** (100%)	**n=2.880** (100%)
Age groups	*in %*					
60–64	25.8	17.7	24.1	16.7	39.4	25.6
65–69	23.3	18.6	21.6	22.7	23.8	22.2
70–74	20.1	9.3	17.2	24.5	15.6	17.6
75–79	13.2	22.3	11.1	20.6	10.9	14.9
80–84	9.6	20.9	16.0	11.8	6.6	12.5
85–90	7.1	9.8	7.3	3.1	3.0	5.9
91 and over	1.0	1.4	2.7	0.6	0.8	1.3
Marital status	*in %*					
Single (never married)	8.3	6.9	7.6	4.1	6.1	6.7
Married / Civil partnership / Co-habiting	49.4	53.9	50.2	40.4	57.7	50.5
Separated / Divorced	13.5	5.3	13.8	8.7	11.4	11.0
Widowed	28.8	33.8	28.5	46.8	24.8	31.8
Household size	*in %*					
1 Person	40.6	39.6	44.6	40.2	25.4	38.2
2 Persons	48.2	54.7	53.5	42.3	49.8	49.7
3+ Persons	11.2	5.7	1.9	17.5	24.8	12.1
Years of formal education	*in %*					
0–4 years	0.8	1.6	5.7	26.0	30.8	13.4
5–9 years	43.5	19.9	43.3	21.2	26.2	32.0
10–12 years	45.0	21.3	22.4	23.1	20.1	26.6
13–15 years	7.9	31.8	16.1	17.1	10.0	15.6
16 years or more	2.7	25.5	12.4	12.6	13.0	12.5
Occupational status	*in %*					
Fully retired	92.3	91.2	88.5	92.8	81.4	88.9
Part-time employed	2.1	0.9	2.5	3.1	2.8	2.4
Full-time employed	3.0	1.4	7.1	3.9	8.6	5.1
Unemployed	2.6	6.5	1.9	0.2	7.2	3.6
Area of living	*in %*					
Urban	53.5	17.5	71.3	66.8	65.7	57.2
Rural	46.5	82.5	28.7	33.2	34.3	42.8

3.5   Data Analysis and Quality Control

For data input purposes an online database was developed in which each of the five country partners transferred data from the completed surveys. This standardised procedure contributed to the overall data quality. The only exception from this was the Austrian case in which an automatic data set was produced due to the data capture method provided through the use of Computer Assisted Telephone Interviews (CATI). Therefore the Austrian data were migrated to the final European file. Again for the purpose of ensuring data quality, any necessary variable recoding and renaming was checked twice by two different researchers.

Following this the total data file was checked again. Data input mistakes and implausible values were detected and corrected. Through these processes, a screened and corrected final data set was obtained and was available for the national and European data analysis, which is described in the next chapter.

3.6   Analytic Strategy

A number of statistical techniques were used to answer the research questions. We applied cross-tabulations with chi-square analysis, independent sample t-tests, One-Way ANOVA analyses, binary logistic regression and multi-nominal logistic regression. Statistical significance was set at $p < .05$ for all analyses.

First, chi-square analysis, independent sample t-tests and One-Way ANOVA analyses were used to evaluate the associations between abuse and risk factors, by identifying significant relationships at the bi-variate level. These tests were used to present the percentages when two variables are mixed. For example, for physical health and abuse, we can determine the different percentages for women with good physical health who have been abused and women with bad physical health who have been abused, while also asking if there is a significant difference between them (Field, 2006).

Second, variables that were significantly related to abuse were included in the next step of the analysis.[6] Of all these significant predictors, we were interested to see

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[6]   In addition, collinearity diagnostics were assessed to reveal whether independent variables were correlated too strongly. The cut-off criteria was set at VIF>2.0, indicating a multi-collinearity problem. As a result, the variables with a multi-collinearity problem were omitted from the subsequent logistic regression analyses (Ibid.).

which predictors were most important. Therefore, we used a logistic regression.[7] Two types of logistic regression analyses were executed. First, predictors of the occurrence of overall abuse (yes or no) were examined with a binary logistic regression. Second, predictors of severity of abuse were assessed with a multi-nominal logistic regression. This specific logistic regression allowed for an exploration of the role of the independent variables – such as on the individual, relational and community level – on the likelihood of experiencing Level I abuse, Level II abuse or Level III abuse, using no abuse as a reference category (Field, 2006).

For both logistic regressions, odds ratios have been reported. These odds ratios describe the probability of an older individual experiencing abuse divided by the probability that she experiences no abuse. An odds ratio close to 1 indicates that the independent variable does not affect the dependent variable. Odds ratios greater than 1 refer to an increase in the likelihood of the dependent variable with a one unit increase in a predictor variable (Field, 2006).

Several input variables representing the individual level were used, such as the socio-demographic (age, marital status) and socio-economic background variables (educational level, occupational situation). In addition individual health was represented by the subjective evaluation of physical health and for mental health status, feelings of depression was used. Finally, three types of coping mechanisms were included. On the relationship or community level, household size, household composition and income (i.e. management of the household income), feeling unsafe and feelings of loneliness as well as social activities were included.

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[7] The 'stepwise' method was used, hence all variables of interest were added separately and only included in the model when their contribution was significant (Ibid.). Logistic regression analysis was performed in SPSS.

4   Findings

4.1   Prevalence of Violence against Older Women and Perpetrators of Abuse

This chapter describes the prevalence rates of different types of domestic abuse in the last 12 months and the overall prevalence rate. Following the definition used, the main types of abuse that were identified in this study were neglect, emotional, financial, physical, sexual abuse, and violation of rights.

4.1.1 Overall Prevalence Rates and Information on Perpetrators

In total, as seen in Table 4 below, 28.1% of older women across all countries have experienced some kind of violence and abuse in their own home in the last 12 months by someone who is close to them. The highest rate of overall abuse (39.4%) was found in Portugal. Nearly a third of older women aged 60 years and over have experienced some form of abuse in Belgium (32%). The rate of overall abuse in other countries varied from 25.1% in Finland and 23.8% in Austria to 21.8% in Lithuania.

Emotional abuse is the most widespread form of violence in all countries. The highest rates of emotional abuse were found in Portugal (32.9%) and Belgium (27.5%). Financial abuse had the second highest prevalence ranking in all countries, except in Austria, where neglect occurred more often than financial abuse. The highest occurrence of financial abuse was found in Portugal (16.5%) and Lithuania (9.5%). Violation of rights and neglect are ranked third and fourth across all countries with the highest prevalence rates of both types found in Portugal. Physical and sexual victimisations of older women were the least prevalent forms of abuse in all countries.

Table 4: Prevalence of Abuse

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Neglect	6.1	5.6	2.6	2.5	9.9	**5.4**
Emotional	19.3	27.5	21.2	17.8	32.9	**23.6**
Financial	4.7	5.8	6.6	9.5	16.5	**8.8**
Physical	0.5	2.2	2.8	4.5	2.8	**2.5**
Sexual	2.1	2.4	4.7	2.3	3.6	**3.1**
Violation of rights	3.5	4.3	5.6	4.7	12.8	**6.4**
Overall abuse	**23.8**	**32.0**	**25.1**	**21.8**	**39.4**	**28.1**

Valid %

Perpetrator information depends on cultural context and differs with the type of abuse. However, in most cases, perpetrators of emotional abuse, financial abuse, sexual abuse, and violation of rights were the women's partners or spouses (see Table 5

below). The exception to this was in relation to neglect, where in most cases older women were abused by their children, children-in-law, followed by partners or spouses, and paid home help or caregiver.

Table 5: Perpetrators of Abuse

	Neglect	Emotional	Financial	Physical	Sexual	Violation of rights
	n=158	*n=710*	*n=259*	*n=73*	*n=92*	*n=183*
Partner or spouse	17.3	43.9	33.7	50.7	55.4	59.0
Daughter and son (in law)	40.6	24.4	28.7	16.4	3.3	16.5
Other family members[1]	15.5	15.2	18.5	8.2	3.3	6.0
Someone else known closely	5.7	11.7	14.4	16.4	21.7	8.2
Neighbour	9.7	15.0	5.1	6.8	5.4	3.3
Paid home help or caregiver	15.8	0.8	9.0	2.7	0.0	1.1

Valid %

[1] incl. parents, grandchildren, someone else in the family

4.1.2 Neglect

Neglect reflects the failure of a designated caregiver to meet the needs of a dependent older person. It can be defined as a failure by the responsible persons to provide food, shelter, and includes help to a vulnerable older person with transport, health care, or activities of daily living and so forth. Respondents could indicate if they needed help and whether they received it or not. The majority of the participating women in each country did not need any help or were not refused any help when needed. Rates of neglect were calculated for those women who needed help with daily living activities, but who were refused it. Table 6 below illustrates that some 5.4% of older women in all the countries surveyed had experienced neglect in the last 12 months. Whilst 3% of the older women across all countries reported that they had been refused help to do routine housework, 2.7% of the women (from 22.4% in Portugal to 1.1% in Finland) had been refused assistance with shopping, groceries, clothes or other things, and 2.4% of the interviewed women had not received help with travel or transport. Other forms of neglect occurred very rarely.

Table 6: Indicators of Neglect

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Shopping, groceries, clothes or other things	3.7	2.2	1.1	2.2	5.6	**2.7**
Preparing meals or eating	0.7	1.0	0.5	1.0	3.3	**1.2**
Doing routine housework	3.6	3.1	1.4	3.1	5.4	**3.0**
Travel or transport	2.2	1.2	1.2	1.2	5.4	**2.4**
Getting in and out of bed	0.5	0.7	0.8	0.7	0.6	**0.5**
Washing or bathing, incl. getting in or out of bath or shower	0.3	1.2	0.3	1.2	0.5	**0.5**
Dressing or undressing	0.3	0.5	0.5	0.5	0.4	**0.3**
Getting to and using the toilet	0.0	0.5	0.3	0.5	0.2	**0.2**
Taking care of your medication	0.2	0.7	0.3	0.7	0.5	**0.4**
Overall neglect	**6.1**	**5.6**	**2.6**	**2.5**	**9.9**	**5.4**

Valid %

Obtaining information about the perpetrators of violence and abuse against older women was one of the key aims of the AVOW study. In the study, so-called "stranger violence" was excluded and only perpetrators in the women's close circles were considered. A multiple-option response format with eleven categories was used, covering family members (spouse or partner, daughter, son, daughter- and son-in-law, grandchild, parents and someone else in the family) or someone closely known; neighbours and paid home help or care workers. The respondents who mentioned having experienced at least one incident of violence and abuse in the last year were asked to provide information about perpetrators.

The results shown in Table 7 indicate that, in most cases, older women had been neglected by their children, or children-in-law. In Austria women had also been neglected by a partner or spouse (18.4%), other family members (18.4%), neighbour (15.8%) or paid caregiver (15.8%). Neglect by paid home help or a caregiver was also mentioned quite often by Belgian (33.3%) and Finnish (23.5%) women, but not in Lithuanian, because system of paid home help is underdeveloped in Lithuania. In Portugal and Lithuania, partners or spouses were among those reported to neglect one fifth of older women.

Table 7: Perpetrators of Neglect

	Austria	Belgium	Finland	Lithua-nia	Portugal	Total	
	n=38	*n=24*	*n=17*	*n=13*	*n=66*	*%*	*n*
Partner or spouse	18.4	8.7	0.0	23.1	23.1	17.3	27
Daughter and son (in law)	26.3	34.8	23.5	46.2	54.7	40.6	63
Other family members[1]	18.4	13.0	5.9	15.4	17.2	15.5	24
Someone else known closely	5.3	12.5	5.9	0.0	4.6	5.7	9
Neighbour	15.8	13.0	0.0	0.4	6.3	9.7	15
Paid home help or caregiver	15.8	33.3	23.5	0.4	7.6	15.8	25

Valid %

Note: the table only includes respondents who had experienced neglect in the respective field.

[1] incl. parents, grandchildren, someone else in the family

4.1.3 Emotional Abuse

Emotional abuse includes all actions carried out with the intention of causing an older person emotional pain, anguish, or distress. It was measured by 9 indicators. Psychological or emotional abuse was the most prevalent form of abuse among older women in all countries (Table 8). The highest prevalence occurred in Portugal (32.9%) and Belgium (27.5%). Nearly a quarter of older women across all countries surveyed (23.8%) reported at least one incident of emotional abuse in the last 12 months. The most common experiences of abuse reported were shouting or yelling at older women (14.1%), undermining what they do (14%) and doing something to spite them (14%). Threats were the least prevalent forms of emotional abuse in all countries.

Table 8: Emotional Abuse per Item

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Shouted or yelled at you	9.4	16.7	7.3	11.7	26.0	**14.1**
Did something to spite you	13.6	8.8	7.3	11.3	26.9	**14.0**
Insulted you or sworn at you (called you fat, ugly or other names)	6.8	10.2	12.4	9.6	12.3	**10.3**
Undermined or belittled what you do	8.6	17.4	17.4	8.6	18.0	**14.0**
Excluded you or repeatedly ignored you	8.3	10.5	8.0	5.6	14.5	**9.4**
Destroyed something that belonged to you	3.4	2.6	2.8	4.5	5.4	**3.8**
Threatened to harm you physically face to face	0.9	1.9	2.3	3.3	5.8	**2.9**
Threatened to harm you physically (phone, mail, text message)	0.9	2.1	1.1	2.3	4.0	**2.1**
Prevented you from seeing others that you care about	3.1	4.0	4.2	1.8	5.9	**3.9**
Overall emotional abuse	**19.3**	**27.5**	**21.2**	**17.8**	**32.9**	**23.6**

Valid %

The current partner or spouse, children, or other family members were the most common perpetrators of emotional abuse against older women in all countries (Table 9). In Lithuania, the second most common perpetrators after partners or spouses were neighbours (24%). Nearly a fifth of women in Austria and Belgium (19.3% and 18.9% respectively) also suffered emotional abuse from their neighbours.

Table 9: Perpetrators of Emotional Abuse

	Austria	Belgium	Finland	Lithua-nia	Portugal	Total	
	n=119	*n=122*	*n=152*	*n=96*	*n=221*	*%*	*n*
Partner or spouse	35.3	35.2	44.7	38.5	55.0	43.9	311
Daughter and son (in law)	25.2	28.7	10.4	22.9	31.7	24.4	173
Other family members[1]	16.0	15.6	15.8	7.3	17.6	15.2	108
Someone else known closely	13.4	19.7	13.2	6.3	7.7	11.7	83
Neighbour	19.3	18.9	10.5	24.0	9.9	15.0	107
Paid home help or caregiver	0.8	0.0	0.7	0.0	1.8	0.8	6

Valid %

Note: the table only includes respondents who had experienced emotional abuse in the respective field.

[1] incl. parents, grandchildren, someone else in the family

4.1.4 Financial Abuse

Financial abuse is commonly defined as the illegal or improper use or exploitation of funds or other resources of the older person. It includes all actions where an older person's money or property is taken illegally, misused or concealed. Four indicators of financial abuse were incorporated in the measurement scale as seen in Table 10. Some 8.8% of older women across all countries indicated that at least one form of financial abuse had happened to them in the last 12 months. This was the second most prevalent form of abuse after emotional mistreatment. The prevalence rates among countries varied from 16.5% in Portugal to 4.7% in Austria. Financial abuse mostly involved the perpetrator taking advantage of an older woman financially (6.1%) and not letting her make decisions about money or buy anything she wanted (3.7%).

Table 10: Financial Abuse per Item

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Taken advantage of you financially	3.8	4.3	3.7	6.0	12.2	**6.1**
Blackmailed you for money or other possessions or property	1.4	0.7	1.4	5.2	4.4	**2.7**
Not let you make decisions about money or buy things you wanted	2.2	1.7	3.1	2.9	7.6	**3.7**
Stolen money, a possession or property from you	1.2	1.9	1.2	2.7	4.8	**2.4**
Overall financial abuse	**4.7**	**5.8**	**6.5**	**9.5**	**16.5**	**8.8**

Valid %

From Table 11 below, it can be seen that the most common perpetrators of financial abuse in Austria and Belgium were the children (including abuse by children-in-law). In Belgium, older women quite often suffered financial abuse by someone else they know closely (ex-partners, friends or acquaintances). In Finland, Lithuania, and Portugal the most common perpetrators of financial abuse were partners or spouses. Children and someone known closely were quite common perpetrators in Finland and Lithuania, whilst in Lithuania and Portugal other family members were involved.

Table 11: Perpetrators of Financial Abuse

	Austria	Belgium	Finland	Lithua-nia	Portugal	Total	
	n=31	*n=25*	*n=45*	*n=50*	*n=108*	*%*	*n*
Partner or spouse	19.4	19.2	37.8	36.0	38.7	33.7	87
Daughter and son (in law)	35.5	28.2	26.7	24.0	4.9	28.7	74
Other family members[1]	12.9	20.0	11.1	18.0	23.1	18.5	48
Someone else known closely	16.1	28.0	22.2	16.0	6.6	14.4	37
Neighbour	0.0	12.0	4.4	8.0	3.8	5.1	13
Paid home help or caregiver	3.2	8.0	2.2	0.0	4.7	9.0	9

Valid %

Note: the table only includes respondents who had experienced emotional abuse in the respective field.

[1] incl. parents, grandchildren, someone else in the family

4.1.5 Physical Abuse

Physical abuse refers to actions carried out with the intention of causing physical pain or injury to a vulnerable older person, or depriving her of a basic need. Table 12 indicates that 2.5% of women reported at least one form of physical abuse in the last 12 months. This was the least prevalent form of abuse in comparison to other forms of mistreatment. Analysis of four items on the physical abuse scale shows that being hit or attacked by someone that women knew closely was reported most frequently. In Lithuania women were physically abused by a hard object or some kind of weapon more often than in other countries.

Table 12: Physical Abuse per Item

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Restrained you in any way	0.2	0.0	0.5	1.6	0.2	**0.5**
Hit you or otherwise attacked you	0.2	1.4	2.8	2.9	2.1	**1.9**
Thrown a hard object at you or used some kind of weapon	0.0	0.7	1.2	3.1	1.8	**1.4**
Given you too much medicine so as to control you / make you docile	0.2	0.2	0.3	0.6	0.5	**0.3**
Overall physical abuse	**0.5**	**2.2**	**2.8**	**4.5**	**2.8**	**2.5**

Valid %

With respect to physical abuse, the interpretation of findings should be made with caution because the numbers are quite low. Table 13 shows that in Finland the most common perpetrators of physical abuse were partners or spouses, and someone else known closely. In Lithuania, physical abuse against older women was mostly carried out by close family members: partner or spouse (65.2%), daughter or son (including in-

laws) (17.4%) and other family members (13%). In Portugal the most frequently reported perpetrators of physical abuse were children (including in-laws) and partners or spouses.

Table 13: Perpetrators of Physical Abuse

	Austria	Belgium	Finland	Lithuania	Portugal	Total	
	n=3	*n=9*	*n=19*	*n=23*	*n=19*	*%*	*n*
Partner or spouse	33.3	33.3	57.9	65.2	36.8	50.7	37
Daughter and son (in law)	0.0	0.0	0.0	17.4	42.1	16.4	12
Other family members[1]	0.0	0.0	5.3	13.0	10.5	8.2	6
Someone else known closely	33.3	33.3	36.8	4.3	2.9	16.4	12
Neighbour	0.0	11.1	5.3	4.3	10.5	6.8	5
Paid home help or caregiver	0.0	11.1	0.0	0.0	5.3	2.7	2

Valid %

Note: the table only includes respondents who had experienced physical abuse in the respective field.

[1] incl. parents, grandchildren, someone else in the family

4.1.6 Sexual Abuse

Sexual abuse covers all types of non-consensual sexual contact and non-consensual sexual acts. Sexual contact with any person incapable of giving consent is also considered sexual abuse. Sexual abuse was measured by a scale of 4 items. It can be seen from Table 14 below that 3.1% of all women surveyed indicated at least one incidence of sexual abuse in the last 12 months. 2.2% of older women reported that perpetrators talked to them in a sexual way that made them feel uncomfortable, 1.7% indicated that they were touched in a sexual way against their will. In a few cases women were forced to watch porn against their will. Differences among the countries were not significant.

Table 14: Sexual Abuse per Item

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Talked to you in a sexual way that made you feel uncomfortable	2.1	2.1	2.8	2.1	1.8	**2.2**
Made you watch porn against your will	0.3	0.2	0.4	0.4	0.2	**0.3**
Touched you in a sexual way against your will	0.7	1.0	2.8	1.2	2.3	**1.7**
Forced you or tried to force you to have sexual intercourse / relations	0.5	1.0	2.5	1.4	1.6	**1.4**
Overall sexual abuse	**2.1**	**2.4**	**4.7**	**2.3**	**3.6**	**3.1**

Valid %

The numbers for perpetrators of sexual abuse are rather low and have to be interpreted with caution. In Table 15 it can be seen that the majority of women in Lithuania and Portugal experienced sexual abuse from their partners or spouses. In Austria, partners or spouses were also the most common perpetrators. In Belgium and Finland, older women were rather frequently abused not just by their partners or spouses, but also by someone else known closely (ex-partner, friend or acquaintance).

Table 15: Perpetrators of Sexual Abuse

	Austria	Belgium	Finland	Lithua-nia	Portugal	Total	
	n=13	*n=10*	*n=33*	*n=12*	*n=24*	*%*	*n*
Partner or spouse	38.5	30.0	42.4	83.3	79.2	55.4	51
Daughter and son (in law)	7.7	10.0	0.0	0.0	4.2	3.3	3
Other family members[1]	0.0	10.0	0.0	8.3	4.2	3.3	3
Someone else closely known	15.4	40.0	36.4	0.0	8.3	21.7	20
Neighbour	15.4	10.0	0.0	8.3	4.2	5.4	5
Paid home help or caregiver	0.0	0.0	0.0	0.0	0.0	0.0	0

Valid %

Note: the table only includes respondents who had experienced sexual abuse in the respective field.

[1] incl. parents, grandchildren, someone else in the family

4.1.7 Violation of Personal Rights

Violation of personal rights was the third most prevalent type of abuse of older women after emotional and financial abuse. Table 16 indicates that 6.4% of older women reported at least one form of violation of their personal rights in the last 12 months. Some 4.4% of women indicated (10.3% in Portugal) they had been restricted from making personal decisions, 3.8% prevented from being able to meet friends or acquaintances and 3.6% from having leisure activities. Personal rights had been violated slightly more frequently in Portugal than in other countries.

Table 16: Violation of Personal Rights per Item

	Austria	**Belgium**	**Finland**	**Lithuania**	**Portugal**	**Total**
Hindered you in personal decisions	2.2	1.9	3.4	3.1	10.3	**4.4**
Hindered you from reading your mail	1.2	1.2	0.3	2.0	1.1	**0.8**
Hindered you from having leisure activities	2.2	1.2	3.4	2.9	7.2	**3.6**
Hindered you from meeting friends or acquaintances	1.9	2.2	3.7	3.3	7.2	**3.8**
Overall violation of personal rights	**3.5**	**4.3**	**5.6**	**4.7**	**12.8**	**6.4**

Valid %

The most common perpetrators of violations of the personal rights of older women in all countries were partners or spouses. The second most common perpetrators in all countries were the children, except in Finland, where neighbours were mentioned more often than children. In Belgium, every sixth women has suffered a violation of rights by someone known closely (see Table 17 below).

Table 17: Perpetrators of Violation of Personal Rights

	Austria	Belgium	Finland	Lithua-nia	Portugal	Total	
	n=22	*n=19*	*n=37*	*n=25*	*n=80*	*%*	*n*
Partner or spouse	36.4	52.6	67.6	52.0	65.0	59	108
Daughter and son (in law)	22.7	21.1	2.7	16.0	20.3	16.5	30
Other family members[1]	9.1	0.0	2.7	12.0	5.1	6.0	11
Someone else closely known	9.1	15.8	5.4	4.0	6.3	8.2	15
Neighbour	9.1	5.3	10.8	4.0	2.5	3.3	6
Paid home help or caregiver	4.5	5.3	0.0	0.0	0.0	1.1	2

Valid %

Note: the table only includes respondents who had experienced violation of personal rights in the respective field.

[1] incl. parents, grandchildren, someone else in the family

4.2 Patterns of Violence and Abuse

About three quarters (71.9%) of women surveyed in Austria, Belgium, Finland, Lithuania, and Portugal aged 60 and older experienced no violence at all; about a quarter of women (28.1%) experienced one or several forms of violence and abuse in the previous 12 months. By looking more closely at the combinations of forms of violence and abuse it can be seen that some occur more often than others. When considering the 28.1% of older women who experienced violence and abuse in the last year,

- 17% experienced a single form of violence and abuse (12.8% concerns emotional abuse, 2% financial abuse, 1.9% neglect, 0.3% violation of rights),

- 6.1% experienced a co-incidence of two forms of violence and abuse, and

- 4.4% experienced three or even more forms of violence and abuse together.

The next table (Table 18) visualises this pattern by presenting percentages. Figures in the main diagonal represent cases where only one form of violence and abuse happened. Values found off the main diagonal show which combination of two forms of violence and abuse had occurred. From this pattern it can be seen that not all combinations have been observed:

- Physical abuse and sexual abuse never happened alone, but merely in combination with other forms of violence.

- Only the following combinations of two forms of violence could have been observed: neglect and emotional abuse, neglect and financial abuse, emotional and financial abuse, emotional and physical abuse, emotional and sexual abuse, emotional abuse and violation of personal rights, financial and sexual abuse, financial abuse and violation of personal rights.

Table 18: Co-incidence of Types of Violence

	Neglect	Emotional	Financial	Physical	Sexual	Violation of rights
Neglect	**1.9**					
Emotional	1.1	**12.8**				
Financial	0.2	2.1	**2.00**			
Physical		0.3		**0.0**		
Sexual		0.7	0.1		**0.0**	
Violation of rights		1.7	0.1			**0.3**
Overall abuse	**5.4**	**23.6**	**8.8**	**2.5**	**3.1**	**6.4**

Valid %, n=2,514
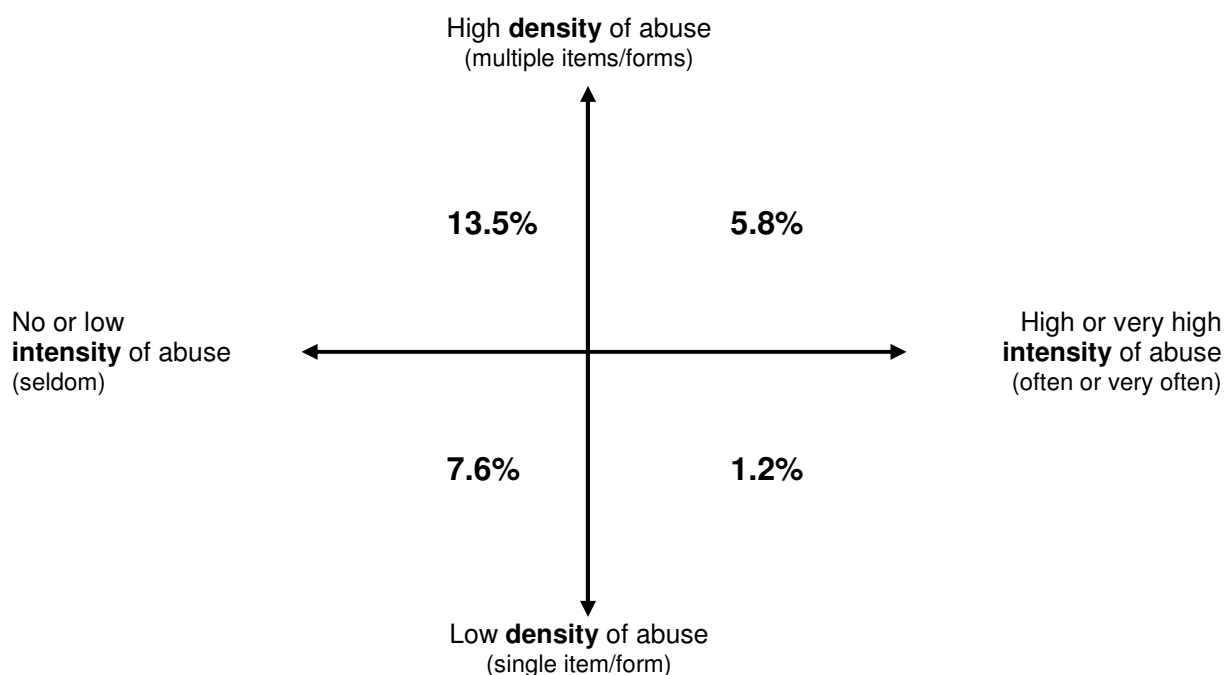Note: Only the lower triangle of the matrix is displayed.

Up to now, our analysis has only been carried out on the density level of violence and abuse against older women – operationalised by the observation of one form or the co-existence of several forms of violence. In addition the information about the intensity – here seen as information about the frequency – can be included in the analysis. Abusive incidents and acts can then be evaluated by their degree because the combination of density and intensity shows the potential degree of danger that an individual may be facing (Bennett & Kingston, 1993, p. 13f).

For instance, violence and abuse may be of low density (e.g. only one form of abuse) but of a high intensity (e.g. frequently happening during the last 12 months). By combining the information about density and intensity, one can conceive of a typology with four quadrants that reflect four levels of violence and abuse:

- Level I: Low density of abuse (i.e. single indicator) and seldom (i.e. happened 1–6 times in the last year)

- Level IIa: High density of abuse (i.e. multiple indicators) but seldom (i.e. happened 1–6 times)

- Level IIb: Low density of abuse (i.e. single indicator) but often (i.e. happened monthly or even more often)

- Level III: High density of abuse (i.e. multiple indicators) and often (i.e. happened monthly or even more often)

Figure 2: Four Levels of Increasing Potential Danger of Violence and Abuse

High **density** of abuse
(multiple items/forms)

13.5%	**5.8%**

No or low
intensity of abuse
(seldom)   High or very high
                                                                                                              intensity of abuse
                                                                                                              (often or very often)

7.6%	**1.2%**

Low **density** of abuse
(single item/form)

Source: after Bennett & Kingston (1993, p. 13f)

The empirical results from our study show that about three out of four women (71.9%) who took part in the survey across the five countries did not experience any kind of violence in the last year. Table 19 illustrates that 7.6% of older women had experienced one single form of abuse, but rarely (Level I). 13.5% reported several forms (indicators) of violence and abuse, but seldom (Level IIa). 1.2% were often or very often exposed to one form of abuse (Level IIb). The most vulnerable group of older women with the highest potential danger of abuse accounts for 5.8% of the women in the overall sample of five countries (Level III).

Table 19: Severity of Abuse

	Valid %
No abuse (never)	71.9
Level I: Seldom AND single form	7.6
Level IIa: Several forms AND seldom	13.5
Level IIb: Single form AND (very) often	1.2
Level III: several forms AND (very) often	5.8
Overall abuse	**28.1**

Valid %, n=2514

4.3   Risk Factors

In this section risk factors for elder abuse will be examined. The first tables present cross tabulations with chi-square statistics of the categorical independent variables. An asterisk behind the last column (total) indicates that significant differences between the categories of the independent variables occur and that these variables could be included in the regression analysis. For each risk factor, the relation with overall abuse and the relation with severity of abuse will be examined.

Further, all the significant risk factors will be taken together in a logistic regression analysis which then allows us to determine the most important predictors of elder abuse.

4.3.1 Micro Level: Individual Factors

The first individual factor that we examined was *age*. The study included women aged 60 years and over, with a mean age of 71.44 years (Sd = 8.19). The oldest woman in the survey was 97 years old. For further analysis, age was divided into three age groups, as seen in Table 20. A total of 48.8% of women were aged between 60 and 69 years; 32.8% of women were aged between 70 and 79 years, and 18.4% of respondents were older than 80 years.

Table 21 provides an overview of the prevalence rates of the different levels of severity of abuse for every age group. In general, the results show that there was a tendency for abuse to decrease with age. Nearly 56.3% of abused women were aged between 60 and 69 years. Conversely, fewer women than expected aged 80 years or more experienced abuse during the previous year.

Table 20: Rates of Abuse by Age

		No abuse	Abuse
	60–69*	45.9	56.3
Age	70–79*	34.0	29.8
	80+*	20.1	14.0

Valid %; *p < 0.05

When considering the severity of abuse, it becomes apparent that this decline in abuse with age is particularly the case for the two most severe levels of abuse.

Table 21: Severity of Abuse by Age

		No abuse	Level I	Level II	Level III
Age	60–69*	45.9	46.1	60.1	60.0
	70–79*	34.0	35.1	28.7	25.5
	80+*	20.1	18.8	11.2	14.5

Valid %; *p < 0.05

The second risk factor we examined was **_physical health_**. We distinguished between women with poor physical health (18.8%) and those with good physical health (81.2%).

The results in Table 22 demonstrate that physical health was an important risk factor of elder abuse: 23.5% of older women who experienced abuse had poor physical health, in comparison with 17% of women who were not abused.

Table 22: Rates of Abuse by Physical Health Status

		No abuse	Abuse
Physical health	Poor health*	17.0	23.5
	Good health*	83.0	76.5

Valid %; *p < 0.05

This difference is similar for the different levels of severity. In particular, this became apparent for the most severe levels of abuse (Level III), as seen in Table 23.

Table 23: Severity of Abuse by Physical Health Status

		No abuse	Level II	Level II	Level III
Physical health	Poor health*	17.0	17.9	20.7	37.9
	Good health*	83.0	82.1	79.3	62.1

Valid %; *p < 0.05

The third individual risk factor examined was **_mental health_**. Mental health status played an unmistakably role in the prevalence of elder abuse. Older women who were abused reported a worse mental health status (M=3.27, Sd=0.85) than older women who were not abused (M=3.53, Sd=0.74).

The fourth risk factor examined on the individual level was the type of **_coping mechanisms_** that the women used to deal with their situations. In order to measure the relationship with coping mechanisms, we distinguished three different types of coping: active coping, behavioural disengagement, and using emotional support. Having an active coping style did not generate significant differences. However, regarding behavioural disengagement, the results demonstrated that older women who experienced abuse had a more behaviourally disengaged coping style (M=1.88, Sd=0.85) than older women who did not experience abuse (M=1.63, Sd=0.76). In

relation to using emotional support, the findings revealed no differences when looking at overall abuse. Nevertheless, when drawing a more nuanced picture and looking at differences concerning the severity of abuse, the results indicated that people who experienced the most severe abuse sought less emotional support (M=2.40, Sd =0.88) than older women who did not experience abuse at all (M=2.66, Sd=0.85).

Marital status was the fifth individual factor explored and can be divided into two categories: 50.9% of older women were married and 49.1% were not married. Table 24 shows that marital status influenced the prevalence rate of overall elder abuse. In general it can be stated, that abuse in the previous year was most often experienced by older women who were married.

Table 24: Rates of Abuse by Marital Status

		No abuse	Abuse
Marital status	Married*	48.3	57.6
	Not married*	51.7	42.4

Valid %; *p < 0.05

Moreover, this difference between married and unmarried older women became particularly apparent in relation to Level II and Level III abuse. Regarding the most severe abuse, Table 25 shows that almost two-thirds of women who were abused were married.

Table 25: Severity of Abuse by Marital Status

		No abuse	Level I	Level II	Level III
Marital status	Married*	48.3	50.0	59.8	62.1
	Not Married*	51.7	50.0	40.2	37.9

Valid %; *p < 0.05

Next, the relation between abuse and **occupational status** was examined. On average we can state that 3.6% of the older women were unemployed, 5.1% still had full-time employment, and 88.8% were fully retired. Concerning the relation with abuse, the findings shown in Table 26 indicate that older women who were retired experienced less abuse percentage wise than the other groups.

Table 26: Rates of Abuse by Occupational Status

		No abuse	Abuse
Occupational status	Unemployed*	2.6	6.2
	Full-time employed*	4.6	6.3
	Part-time employed*	2.1	3.2
	Fully retired*	90.6	84.3

Valid %; *p < 0.05

Table 27: Severity of abuse by Occupational Status

		No abuse	Level I	Level II	Level III
Occupational status	Unemployed*	2.6	7.4	5.5	6.4
	Full-time employed*	4.6	6.9	6.3	5.7
	Part-time employed*	2.1	2.1	4.1	2.1
	Fully retired*	90.6	83.5	84.1	85.8

Valid %; *p < 0.05

Finally, differences in **educational level** were examined. However, this generated no significant differences in the data.

4.3.2 Meso Level: Relationships, Social Activities and Community Integration

The first risk factor dealt with on the meso level was **household income**. The survey did not ask about the amount of household income, but rather how the women felt they had managed with their household income. Nearly 15% reported that they managed (very) badly and 6 out of 10 respondents stated that they managed moderately, while about a quarter indicated that they managed easily with the household income. When considering overall rates of abuse, as seen in Table 28, the results demonstrate that older women who managed badly with their household income had higher prevalence rates of abuse than women who managed easily.

Table 28: Rates of Abuse by Household Income Management

		No abuse	Abuse
Household's income management	Badly*	13.0	18.9
	Averagely *	61.2	59.7
	Easily*	25.9	21.5

Valid %; *p < 0.05

When differentiating levels of abuse severity it can be seen from Table 29 that these differences occurred because of differences in the most severe level of abuse. Of the women who stated that they experienced severe levels of abuse, 30.1% managed

badly with their household income. This percentage is double compared to women who had experienced level III abuse but managed easily with their income (14.7%).

Table 29: Severity of Abuse by Household Income Management

		No abuse	Level I	Level II	Level III
Household's income management	Badly*	13.0	16.1	15.9	30.1
	Averagely *	61.2	62.9	59.7	55.2
	Easily*	25.9	21.0	24.4	14.7

Valid %; *p < 0.05

A second potential risk factor on the meso level concerns participation in social activities. The most favoured social activity was undertaking hobbies, the second most favoured was visiting friends or relatives, and the third was physical exercise or sports. A total of 5.3% of respondents reported that they did not participate in any social activities at all. This rate almost doubled among the population of women reporting severe levels of abuse (see Table 31), indicating that participating in social activities played an important role in acting as a protective factor relating to the likelihood of experiencing abuse.

Table 30: Rates of Abuse by Social Activities

		No abuse	Abuse
Social activities	None*	4.8	6.5
	1 or more activities*	95.2	93.5

Valid %; *p < 0.05

Table 31: Severity of Abuse by Social Activities

		No abuse	Level I	Level II	Level III
Social activities	None*	4.8	5.3	5.7	10.3
	1 or more activities*	95.2	94.7	94.3	89.7

Valid %; *p < 0.05

The third factor explored was the relationship between abuse and **household size**. On average the household size of older women was 1.82 (Sd=0.90). When considering older women who reported that they were abused, the results indicate that abused women lived in larger households than women who were not abused. Older women who had stated experiencing the most severe levels of abuse lived on average in a household with 2.14 (Sd=1.01) persons.

When taking a more nuanced look, the survey asked the women to indicate with whom they cohabited: a partner, adult children, grandchildren, (partner) parents, siblings, or lived alone. The asterixes (*) in Table 32 below demonstrate that significant differences occurred for older women who lived with a partner, or lived alone: 57% of older women

who reported that they had experienced abuse in the past year were married, whilst the average for this factor is only 51%.

Table 32: Rates of Abuse by Cohabitating status

		No abuse	Abuse
Cohabiting status	Partner *	48.6	57.0
	Adult children	15.3	17.4
	Children under 18	0.4	0.7
	Grandchildren	4.1	4.1
	Partner parents	1.7	2.0
	Siblings	1.1	0.8
	Living alone *	38.0	30.4

Valid %; *$p < 0.05$

In relation to the severity of abuse, similar results were found, as seen in Table 33. A total of 61.6% of older women who reported experiencing the most severe level of abuse were married. Furthermore, living with adult children also appeared more likely in this severe abuse group. 28.8% of women who reported the most severe level of abuse lived together with adult children, in comparison with 15.9% of the total sample.

Table 33: Severity of Abuse by Cohabiting status

		No abuse	Level I	Level II	Level III
Cohabiting status	Partner *	48.6	49.7	58.9	61.6
	Adult children	15.3	10.5	16.5	28.8
	Children under 18	0.4	0	1.1	0.7
	Grandchildren	4.1	1.0	4.9	6.2
	Partner parents	1.7	1.6	2.2	2.1
	Siblings	1.1	0	1.4	0.7
	Living alone *	38.0	41.4	29.2	19.2

Valid %; *$p < 0.05$

With respect to *loneliness*, the analysis also yielded significant results. Older women who reported experiencing abuse (M=2.43, Sd=1.01) felt more lonely than women who were not abused (M=2.05, Sd=0.89). These results were analogous for severity of abuse, with older women who indicated the most severe levels of abuse, being the loneliest of all (M=2.85, Sd=1.14).

However, the findings demonstrated no significant differences for *feeling unsafe* between older women reporting abuse and older women who stated that they were not abused in the past year.

4.3.3 Logistic Regression Concerning Overall Abuse

In this phase of the analysis, a binary logistic regression was conducted which compares the probability "have been abused" dependent on the level or category of the independent variables. The binary logistic regression for the selected independent variables shows several significant results: Women aged 60 to 69 years had a higher estimated probability of being abused compared to the reference category (women 80 years or older). Married women also had a higher chance of being abused compared to women who were not married (widowed, separated, single). Full-time employed and unemployed women had a lower probability of experiencing abuse compared to fully retired women (see Table 34).

Table 34: Likelihood of Elder Abuse of Individual and Contextual Variables

		Abused versus not abused
		Odds Ratio
Individual Level		
Occupational status	Unemployed	2.241*
	Full-time employed	1.451
	Part-time employed	Ns
	Fully retired (*reference*)	.
Age	60–69	1.530*
	70–79	ns
	80+ (*reference*)	.
Marital status (married)		1.455*
Behavioural disengagement		1.382*
Poor mental health		1.300*
Poor physical health		ns
Management of household's total income (easily)		ns
Relationships Level		
Loneliness		1.390*
Household size		ns

Binary Logistic Regression coefficients. * $p < 0.05$, ns = not significant

Furthermore, women who reported poor mental health had a higher likelihood of being abused in the last 12 months compared to those indicating good mental health. Moreover, older women who adopted behavioural disengagement in difficult situations also faced a higher probability of abuse than those who normally do not use this coping style. On the level of relationships, loneliness was significant, indicating that with a one

unit rise in the scale of feelings of loneliness, the probability of being abused in the course of the last year also increased significantly.

In contrast, taking into account the other variables of physical health, management of the total household income, and household size, these were found to be no longer predictive for the likelihood of elder abuse.

4.3.4 Logistic Regression Concerning Severity of Abuse

This regression generates three important analyses and associated findings. Table 35 compares Level I abuse versus not abused, Level II abuse versus not abused, and Level III abuse versus not abused.

Table 35: Likelihood of Levels of Severity of Elder Abuse by Individual and Contextual Variables

		Level I versus not abused	Level II versus not abused	Level III versus not abused
		Odds ratio	*Odds ratio*	*Odds ratio*
Individual Level				
Age	60–69	ns	2.615*	ns
	70–79	ns	1.785*	ns
	80+ (*reference*)	ns	.	ns
Occu-pational status	Unemployed	3.290*	1.875*	ns
	Full-time employed	2.150*	ns	ns
	Part-time employed	ns	2.031*	ns
	Fully retired (*reference*)	.	.	.
Marital status (married)		ns	1.429*	2.389*
Poor physical health		ns	ns	2.109*
Poor mental health		ns	1.220*	1.863*
Behavioural disengagement		ns	1.434*	1.563*
Relationships Level				
Not cohabiting with adult children		1.006*	ns	0.993*
Loneliness		ns	1.354*	2.021*

Multi-nominal Logistic Regression coefficients. *$p < 0.05$, ns=not significant

Level I Abuse versus not Abused

Column 1 (Level I versus not abused) shows a lot of non-significant results, suggesting that older women who reported one item of abuse occurring infrequently (Level I) did not differ greatly from older women who were not abused at all. Only occupational status and cohabiting with adult children generated significant effects. However, the

odds ratio of cohabiting with adult children was very close to 1 indicating that this factor hardly affects whether one experienced Level I abuse or not. Regarding occupational status, the results indicate that older women who were unemployed or those who were full-time employed had a higher chance of experiencing Level I abuse than no abuse in comparison with fully retired older women.

Summary: What could predict Level I abuse?

- Being unemployed or full-time employed

- Not cohabiting with children

Level II Abuse versus not Abused

Considering the Level II severity abuse, several significant results appeared. Older women aged 60 to 69 years had higher odds of experiencing Level II abuse than experiencing no abuse, in comparison with the oldest age groups. A similar finding was demonstrated for older women aged 70 to 79 years, albeit that the odds ratio was somewhat lower than the odds ratio of the youngest age group. Next, older women who were unemployed or who were employed part-time had higher odds of experiencing Level II abuse than experiencing no abuse in comparison with fully retired people. Older women who were married had a higher chance of experiencing Level II abuse than experiencing no abuse in comparison with older women who were not married, signifying that married older women had more chance of experiencing Level II abuse. Mental health status was also an important predictor. Older women with poor reported mental health had more chance of experiencing Level II abuse than experiencing no abuse. Furthermore, the results indicate that older women who more frequently adopted the coping mechanism of behavioural disengagement were more likely to experience Level II abuse. Finally, loneliness presented a significant positive relationship with Level II abuse. Feeling lonely was associated with greater odds of experiencing Level II abuse. Physical health and cohabiting with children did not appear to be significant, when taking the other variables into account.

Summary: What could predict Level II abuse?

- Being aged between 60–69 or being aged between 70–79 years old

- Being unemployed or part-time employed

- Being married

- Having poor mental health

- Often coping by behavioural disengagement

- Being lonely

Level III Abuse versus not Abused

A third component in the multi-nominal logistic regression examined the odds of experiencing Level III severity abuse versus not being abused. Similar to the analysis to predict the likelihood of Level II abuse occurring, older women who were married, reported poor mental health, more often adopted behavioural disengagement or felt lonely were more likely to experience Level III abuse than no abuse in comparison with those women who were not married, or those reporting a good mental health status. However, the odds were stronger than measured for the previous Level II analysis. For example, considering loneliness the predicted odds of 2.028 suggest that older women who feel lonely were 2.028 times more likely to experience the most severe level of abuse than to experience no abuse.

Additionally, good reported physical health status presented a strong negative relation with Level III abuse. Or to put it differently, older women who experienced poor physical health had higher odds of being classified in the group with Level III abuse than in the group with no abuse. Next, cohabiting with children was also associated with Level III abuse. However, this odds ratio is very close to 1, indicating that cohabiting with children scarcely affects whether a woman experienced Level III abuse or not.

In contrast, age and occupational status were not relevant for assessing Level III abuse (see Table 35).

Summary: What could predict the most severe (Level III) abuse?

- Being married

- Having poor physical health

- Having poor mental health

- Often using behavioural disengagement to cope

- Cohabiting with adult children

- Being lonely

4.4   After the Abuse

The women who reported that they had experienced abuse were asked about possible consequences with reference to the most serious incident they experienced; this included both the emotional and psychological effects of the mistreatment.

As Table 36 indicates, at the European level the most commonly reported effects of violence were tension (62.1%), anger and hatred (57%), and feelings of powerlessness (52.1%). Tension was the most frequently observed effect in Austria (54.7%), Belgium (43.9%), and Portugal (87.7%), whilst anger and hatred was the effect most often reported in Finland (76.7%) and Lithuania (64.5%).

Table 36: Consequences of the Most Serious Incident

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Tension	**54.7**	**43.9**	72.1	61.7	**87.7**	**62.1**
Anger, hatred	52.4	34.3	**76.7**	**64.5**	66.1	57.0
Feelings of powerlessness	42.2	38.8	65.0	43.0	87.0	52.1
Sleeping difficulties or nightmares	29.7	29.7	71.7	43.9	71.2	44.5
Depression	33.3	30.8	72.4	27.4	73.0	41.6
Fear	21.5	30.3	57.7	35.5	37.5	32.4
Concentration difficulties	15.1	17.2	36.7	25.2	62.7	26.5
Shame	7.0	14.3	44.5	19.6	62.0	22.0
Difficulties in relations with others	24.2	8.1	33.3	17.0	38.1	21.8
Guilt	10.9	9.2	46.0	11.2	28.9	15.4

Valid %

A very important issue in the context of violence and abuse is that of reporting behaviour. Taking all five countries into account, from the total women reporting experience of abuse, almost half (44.7%) talked about the most serious incident with someone they knew or reported it to an official agency (see Table 37). Similar results were observed in Austria (45.2%), Belgium (54%), and Finland (45.5%), whereas in both Lithuania (24.3%) and Portugal (26.1%) only around a quarter of the total number of abused women in those countries either reported or talked about the abuse.

Table 37: Reporting / Talking about of the Most Serious Incident

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Yes	45.2	**54.0**	45.5	24.3	26.1	44.7
No	**54.8**	46.0	**54.5**	**75.7**	**73.9**	**55.3**

Valid %

Table 38 illustrates the severity of abuse by incident reporting rates. Women who reported the incident most often suffered Level II abuse (55.9%) and Level III abuse (34.8%). Only 9.3% of the women who reported the incident experienced Level I abuse. However, women who did not report the incident experienced Level II abuse (51.3%) and Level I abuse (25.6%). They less often indicated experience of Level III abuse (23.1%).

Table 38: Severity of Abuse by Incident Reporting

	Level of abuse		
	Level I: No abuse OR seldom AND single form	Level II: several forms AND seldom OR single form AND (very) often	Level III: several forms AND (very) often
Reported	9.3	55.9	34.8
Not reported	25.6	51.3	23.1
Overall	**18.3**	**53.3**	**28.3**

Valid %, p-value=0.000

When all of five countries are considered, the incidents of mistreatment were mostly talked about with the informal social network, namely with family members (15.6%) and friends (11.7%) (as seen in Table 39). A similar pattern can be observed in all countries with the exception of Lithuania, where women reported the incident most often to family (2.7%), followed by the police (2.3%). The last places in the country rankings are contacts made to a helpline or charity workers (0.7%), a lawyer (1.1%), a professional carer, a social worker or a home help (1.1%) and a priest (1.6%).

Table 39: Reported the Incident to …

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Family	**22.0**	**19.4**	**2.3**	**2.7**	**17.9**	**15.6**
Friends	19.7	11.3	2.0	1.9	14.5	11.7
Health professional (medical doctor, nurse, psychotherapist)	0.8	6.5	1.1	0.6	6.3	3.8
The police	3.1	4.8	0.5	2.3	1.4	3.4
Priest	0.0	0.8	0.0	0.0	4.8	1.6
Professional carer, social worker or home helper	0.0	1.6	0.1	0.0	2.9	1.1
Lawyer	2.4	0.8	0.0	0.0	1.9	1.1
Helpline or charity worker	1.6	0.8	0.1	0.2	0.5	0.7

Valid %

About half of all women who reported the most serious incident to an official or an agency found this to be helpful (51%) (Table 40). The results observed at European level are similar to those found by the different countries surveys except for Finland. The percentage of women, observed at European level, founding the reporting of abuse incidents to be helpful do not differs widely from the percentage found in the national results of four countries. In Belgium, Lithuania, and Portugal a little less than half of participating women found that reporting abuse incidents was helpful, whereas in Austria there were slightly more than half of women who thought it helpful. A different pattern was observed in Finland where two thirds of women stated that they had found it helpful reporting the incidents to an official or agency.

Table 40: Helpfulness of Reporting to an Official or Agency

	Austria	**Belgium**	**Finland**	**Lithuania**	**Portugal**	**Total**
Yes	57.1	45.5	66.7	46.2	43.8	51.0
No	42.9	54.5	33.3	53.8	56.2	49.0

Valid %

Table 41 presents an overview of the reasons women reported as preventing them from talking about or reporting the most serious incident of abuse. The most common reasons given for not reporting were, respectively, considering the incident as being too trivial (71.8%), distrusting the ability of somebody to be able to do anything about it (56.2%) and not wanting to involve anybody (50.3%). Thinking the incident was too trivial was the most common reason provided in Austria (78.3%), Belgium (59.4%), and Finland (69.1%); whereas distrusting the ability of somebody to be able to do anything about it was the main reason given by women both in Lithuania (68.4%) and Portugal (78.9%).

Table 41: Reasons for not Reporting the Incident

	Austria	**Belgium**	**Finland**	**Lithuania**	**Portugal**	**Total**
Thought the incident was too trivial	**78.3**	**59.4**	**69.1**	68.4	78.9	**71.8**
Did not think anyone would be able to do anything	36.2	34.6	64.9	**70.1**	**84.8**	56.2
Did not want anyone to get involved	44.3	35.7	42.3	59.7	73.9	50.3
Did not want the perpetrator to go to prison	8.9	7.7	32.3	30.8	36.4	22.8
Was ashamed or had feelings of guilt	8.5	11.5	53.1	23.1	55.6	21.8
Did not think anyone would believe me	11.5	14.8	31.5	23.4	33.3	20.5
Was afraid the perpetrator might take revenge	5.0	31.0	41.9	26.9	37.5	20.1

Valid %

4.5   Quality of Life

Older women were also asked about their quality of life. Well-being and quality of life are dependent on respondents' satisfaction with different aspects of life, such as health, ability to perform daily living activities, feelings about themselves, personal relationships, and conditions of their living place.

Well-being and quality of life were addressed by use of the EUROHIS-QOL 8-item index. The scale, ranging from 1 (low quality of life) to 5 (high quality of life), obtained a mean of 3.69 with a standard deviation of 0.69. In general and given the scale mean (3.69) and the responses of the several items that constitute the scale, the majority of women in the sample perceived themselves to have an overall high quality of life.

The results showed no significant differences between the three age groups.

With regard to overall abuse, the findings are unambiguous: older women who reported experiencing abuse reported having lower quality of life (M=3.49, Sd=0.70) than older women who did not report experiencing abuse (M=3.80, Sd=0.67) (see Table 42).

The mean quality of life score is significantly lower if women reported any incident of violence or abuse that occurred in the last year. This relation is statistically significant for overall abuse and for all types of mistreatment; quality of life was always perceived as being higher when no neglect or abuse experience is present and lower when there is mistreatment.

The mean difference of the quality of life scale is particularly broad in relation to neglect, financial and physical abuse.

Table 42: Types of Abuse and Quality of Life

	Austria	Belgium	Finland	Lithuania	Portugal	Total
Sample size	**n=493** (100%)	**n=326** (100%)	**n=601** (100%)	**n=503** (100%)	**n=583** (100%)	**n=2567** (100%)
Neglect	*Mean (scale 1–5)*					
No	4.00 (0.63)*	3.77 (0.60)*	4.00 (0.60)*	3.21 (0.62)*	3.67 (0.57)*	3.74 (0.67)*
Yes	3.13 (0.78)*	2.88 (0.76)*	2.93 (0.68)*	2.50 (0.63)*	3.05 (0.55)*	3.00 (0.67)*
Emotional abuse	*Mean (scale 1–5)*					
No	4.00 (0.65)*	3.79 (0.62)*	4.06 (0.58)*	3.25 (0.63)*	3.75 (0.56)*	3.80 (0.68)*
Yes	3.78 (0.70)*	3.57 (0.67)*	3.77 (0.68)*	2.96 (0.60)*	3.41 (0.63)*	3.50 (0.61)*
Financial abuse	*Mean (scale 1–5)*					
No	3.95 (0.66)	3.77 (0.60)*	4.00 (0.60)*	3.23 (0.62)*	3.67 (0.60)*	3.72 (0.68)*
Yes	3.95 (0.60)	2.99 (0.61)*	3.55 (0.90)*	2.90 (0.67)*	3.36 (0.60)*	3.00 (0.78)*
Physical abuse	*Mean (scale 1–5)*					
No	4.00 (0.66)	3.74 (0.62)*	4.00 (0.61)*	3.22 (0.62)*	3.65 (0.59)*	3.72 (0.68)*
Yes	3.50 (1.42)	3.11 (0.69)*	3.55 (0.80)*	2.65 (0.64)*	2.88 (0.59)*	3.00 (0.78)*
Sexual abuse	*Mean (scale 1–5)*					
No	4.00 (0.66)	3.74 (0.62)*	4,0 (0.63)*	3.21 (0.63)*	3.63 (0.60)*	3.72 (0.69)*
Yes	3.72 (0.82)	3.08 (0.68)*	3,5 (0.83)*	2.67 (0.78)*	3.24 (0.66)*	3.30 (0.81)*
Violation of rights	*Mean (scale 1–5)*					
	3.97 (0.64)*	3.75 (0.61)*	4,0 (0.61)*	3.22 (0.63)*	3.66 (0.60)*	3.73 (0.68)*
	3.43 (1.00)*	3.16 (0.71)*	3,7 (0.72)*	2.68 (0.54)*	3.24 (0.59)*	3.27 (0.74)*
OVERALL ABUSE	*Mean (scale 1–5)*					
No	4.05 (0.61)*	3.84 (0.59)*	4.09 (0.57)*	3.26 (0.63)*	3.78 (0.53)*	3.80 (0.67)*
Yes	3.73 (0.72)*	3.50 (0.67)*	3.76 (0.68)*	2.98 (0.60)*	3.44 (0.60)*	3.49 (0.70)*

Mean values including standard deviation

Quality of life was also associated with the severity of mistreatment and abuse. Women who reported experience of several forms of abuse and very often, at Level III (M=3.12, Sd=0.76) had lower quality of life than those women who indicated experience of a single form of abuse on an infrequent or seldom basis, at Level I incidence rates (M=3.51, Sd=0.69).

In general these results are indicative that experiences of violence and abuse have a strong effect on older women's well-being and quality of life.

Table 43: Severity of Abuse and Quality of Life

	Level of abuse			
	No abuse (never)	**Level I: seldom AND single form**	**Level II: several forms AND seldom OR single form AND (very) often**	**Level III: several forms AND (very) often**
Quality of Life	**3.79 (0.66)***	**3.51 (0.69)***	3.75 (0.50)	**3.12 (0,76)***
p=0.000				

5   Conclusions

This European research report presents the results of the prevalence study on Abuse and Violence against Older Women (AVOW). The AVOW research, developed in five European countries – Austria, Belgium, Finland, Lithuania and Portugal – aimed to obtain information about the prevalence of abuse of women aged 60 years and over living in private households, and its association with socio-demographic, health and cognitive variables as well as with quality of life.

The data were collected through a culturally validated questionnaire, jointly developed by the AVOW team and applied to representative samples of older women (60+) in the five countries. The survey took place between March and July 2010 and the methods undertaken to collect the data differed in the participating countries. Two countries chose a postal survey (Finland and Portugal), one a face-to-face survey (Lithuania), and in Austria a telephone survey was implemented. In Belgium both face-to-face and the postal methods were employed.

Findings from the study provide information covering several domains. The study assessed the prevalence rates of abuse and violence against older women in the last 12 months, covering six different types of mistreatment: neglect, emotional, financial, physical, sexual abuse, and violation of personal rights. It also included information concerning patterns of abuse, encompassing data about severity of abuse, and the co-incidence of different types of abuse. In addition, it identified the perpetrators, which included only persons known to the older women, such as family members, friends, acquaintances, neighbours, or care workers. Furthermore the risk factors for abuse were assessed, from a socio-ecological framework perspective, relating the overall abuse and its severity with both individual and social factors. The report also includes information regarding the psychological and emotional consequences of abuse and help-seeking behaviour of the mistreated older women. Finally the subjective well-being and quality of life of older women are evaluated and their association with abuse considered.

The **prevalence rates** obtained establish that almost three in ten older women (28.1%) across the five countries reported experiencing some form of abuse and/or neglect in the past twelve months. Portugal was the country encountering the highest overall abuse (39.4%), followed by Belgium (32%), Finland (24.7%), Austria (23.8%), and Lithuania (21.8%). Some features of the study could underlie the higher prevalence values obtained both at European and national levels in comparison with other studies: a broader concept of mistreatment (six different types of abuse) used and the study only including older women.

When considering all five countries, emotional abuse was the most common type of abuse observed (23.6%), followed by financial abuse (8.8%), violation of rights (6.4%), neglect (5.4%), sexual abuse (3.1%), and physical abuse (2.5%).

Emotional abuse was the type of abuse most frequently reported in all countries. This type of abuse was mostly carried out by a *partner or spouse* in all countries.

Financial abuse occupied the second ranked position in terms of the prevalence of types of abuse, except in Austria, where it was the third most reported type of abuse. Women reported financial abuse primarily by a *partner or spouse* in Finland, Lithuania, and Portugal, whereas in both Austria and Belgium financial abuse was reported as mostly carried out by *children or children-in-law*.

Violation of rights was the third most indicated type of abuse in three countries, Portugal, Finland and Lithuanian, and the fourth most reported type in Belgium and Austria. In all countries, violation of rights was more often than not perpetrated by *the partner or spouse*.

Physical abuse and sexual abuse were, alternatively, the least prevalent forms of abuse in all countries, except in Finland, where neglect was the least prevalent type. Except in Portugal, women reported physical abuse primarily by a *partner or spouse* along with *someone else known closely* in both Austria and Belgium. In Portugal, *children or children-in-law* were the most reported perpetrators of physical abuse. Sexual abuse was more often than not stated as perpetrated by a *partner or spouse* except in Belgium, where it was *someone else known closely* to the woman*.

Of the types of abuse, neglect showed the most variation in terms of prevalence ranking positions. It was the second most commonly found type in Austria, the third in Belgium, the fourth in Portugal, the fifth in Lithuania, and the least reported in Finland. Older women indicated neglect primarily by their *children or children-in-law* across all countries.

In summary, emotional abuse was undoubtedly the most prevalent form of abuse, being reported as having been experienced by more than double the number of older women experiencing any of the other types of abuse. The fact that emotional abuse was so prevalent not only points out its importance in the overall mistreatment of older women, but also to the fact that the largest part of the phenomenon may be more or less invisible. Financial abuse was usually the second most common form of abuse reported (Austria was the exception); whereas both physical and sexual abuse were alternatively found to be the least prevalent types of abuse (Finland was the exception). Violation of rights and neglect were the most divergent types of reported abuse across the countries when considering the most common forms of mistreatment.

The most relevant perpetrators were direct family members, while *paid home help or the caregiver* was the least prevalent type of perpetrator found. The different types of

abuse were more often than not carried out by the *partner or spouse* followed, by the category of *children or children-in-law*. The *partner or spouse* was the most reported perpetrator of emotional abuse and of violations of rights in all countries. This was also usually the most frequently reported type of perpetrator of physical abuse (the exception was Portugal), sexual abuse (the exception was Belgium), and of financial abuse (exceptions were Austria and Belgium). It could therefore be stated that at least part of the mistreatment determined by the study corresponds to conjugal or intimate partner violence in older age. This finding relates specifically to emotional abuse and violation of rights across all countries. The *children or children-in-law* were the primary perpetrators of neglect, of financial abuse in Austria and Belgium, and of physical abuse in Portugal.

Overall, the study reveals more similarities than differences between the countries in terms of the ranking positions of the different types of abuse and the reported perpetrators. This points to similar features of abuse and violence against older women throughout the countries. The differences between the results in each country may derive from cultural differences and the way that the phenomenon occurs nationally or it may be the result of the different data collection methodologies used in each country. Future research could further investigate this issue by employing the same questionnaire again in one or more of the participating countries as well as in other countries, perhaps particularly across the European region. In this respect, the results obtained now would provide "anchor" or baseline values for a comparison with future results. This could help to determine more accurately if the dissimilarity found in these current results is for one or other reason.

In addition to prevalence, the study also examined the **patterns of violence**: co-incidence of different forms of abuse and its severity were also considered in the overall sample across the five countries.

Of the 28.1% women who reported experiencing some form of mistreatment in the last 12 months, more than half of these women (17%) reported a single form of violence and abuse; emotional abuse (12.8%) was the type of abuse that most often occurred in isolation. About a fifth (6.1%) of the overall abuse is accounted for by the co-occurrence of two forms of violence and abuse and the most common combinations were emotional and financial abuse (2.1%), emotional abuse and violation of rights (1.7%) and neglect and emotional abuse (1.1%). Less than a sixth of the abuse experienced (4.4%) corresponds to an incidence of three or more forms of violence and abuse.

Consideration of the severity of abuse combined information about the density (number of abuse items) and the intensity (frequency of abusive occurrences) of abuse, providing four different levels of abuse severity. About half (14.7%) of the abused women (28.1%) reported experiencing intermediate severity levels of abuse and violence: 13.5% indicated several items of violence and abuse, but seldom, or

infrequently (Level IIa) whilst 1.2% of women were often or very often exposed to one item of abuse (Level IIb). The least severe level (Level I) – one single form of abuse occurring rarely – was experienced by 7.6% of women. The least severe level (Level I), corresponding to one single form of abuse occurring rarely, was experienced by 7.6% of women. The most severe level of abuse experience accounts for 5.8% of the overall abused women, exposed often or very often to several items of abuse (Level III).

Information about **risk factors** for violence and abuse of older women was also obtained. The data showed that there were factors at both the micro level (socio-demographic determinants, socio-economic indicators, health status and coping styles) and the meso level (relationships, social activities and community integration) that were associated with higher prevalence rates of abuse. When compared to the oldest-old age groups (70 to 79 and 80 years and older), women in the youngest age group (60 to 69 years) who were married, not fully retired, reporting poor physical and mental health and who, when facing stressful and difficult situations, more often used a behavioural disengaged coping style reported significantly higher prevalence rates of abuse. On the meso level, the results indicate that significantly higher prevalence rates of abuse were reported by older women who felt more loneliness, whose perception was that the household income management was bad, who were living in larger households and cohabiting with a partner.

Further statistical analysis of these variables was undertaken through logistic regression in order to assess their potential as predictors of the likelihood of abuse. Not all variables whose analysis was revealed to be associated with a higher prevalence of abuse were found to be statistically significant in differentiating the higher or lower probability of experiencing abuse in the past 12 months. In relation to this, physical health status, management of household income, and household size were not found to be predictive of the likelihood of abuse of older women.

In terms of individual factors, it was established that women aged 60 to 69 years, married, with poor mental health status and adopting a behavioural disengagement coping strategy had a higher chance of being abused compared to women aged 80 years and older, who were not married (widowed, separated, single), who had good reported mental health and who did not usually adopt a behavioural disengagement coping style. Additionally, women who were full-time employed had a lower probability of abuse compared to those who were fully retired.

When considering the relationship level, loneliness was a significant predictor of abuse, indicating that the higher the perception of loneliness, the higher was the probability of the woman reporting having been abused in the past twelve months.

When the odds of experiencing one of the three increasing levels of severity of abuse versus not being abused were examined, older women who experienced abuse seldom on one item or type of abuse (Level I) did not differ greatly from those women who did

not report abuse. Similar results were found concerning the two most severe levels of abuse (Level II and Level III) although the odds were stronger for the most severe level (Level III). Hence older women who experienced the most severe levels – that is, several items of abuse and violence very often (Level III) – presented higher odds than women reporting no abuse of: being married, experiencing poor mental and physical health, perceiving a higher degree of loneliness adopting and of, when facing stressful and difficult situations, employing a behavioural disengagement coping strategy.

Lastly, the study also addressed the **consequences of the abuse** and the reporting behaviour of older women who reported experiencing abuse in the previous twelve months. The results show that the abuse and violence experienced by older women clearly affects their health and well-being. Women reported several consequences of abuse, of which the most commonly stated were tension, anger and hatred and feelings of powerlessness. Additionally, in relation to **quality of life**, older women who had experienced any of the types of abuse that were assessed perceived their quality of life to be lower than those women who had not experienced abuse. These results were particularly relevant in relation to neglect, and financial, and physical abuse.

Of the overall sample of abused older women, little more than half (55.3%) did not **report the incident to an official agency or talk about it** with someone they knew. The most common reasons given for not reporting were, respectively, considering the incident to be too trivial, distrusting the ability of somebody to be able to do anything about it and not wanting to involve anybody else. When the incident was reported as talked about or reported to an agency, the incidents of abuse and violence were most commonly disclosed to friends or family members, followed by health professionals. However, when an incident was reported to an official agency, only just over half of the women found it to be helpful (51%).

In conclusion, violence, abuse, and neglect of older people are not an undifferentiated entity, but complex and multi-faceted phenomena. AVOW study has attempted to share light to this using a unique approach: incorporating wide spectrum of violence and abuse to the research and including aspects such as quality of life and coping styles that are often ignored. Also, the questionnaire developed by the research team was used with different survey methods in multicultural context.

The AVOW study has established evidence that an in-depth understanding of violence against older women needs high levels of differentiation between different types of abuse and the different levels of severity. In that sense, different factors and configuration of factors may or may not contribute to vulnerability to abuse, when different "abuses" are taken into account. Hence, research, policies and intervention strategies should be developed and devised that consider the number of dimensions and multiple layers of the phenomenon. Furthermore, all these areas would benefit highly from including diverse and interdisciplinary perspectives as well as the central perspective of the victims.

6 Recommendations

The present recommendations, initially derived from the AVOW survey results, were further developed through a dissemination and consultation event, where the implications for policy makers, practice professionals and researchers were discussed. The event took place in February 2011 and included an expert panel and audience, the members of which came from different institutions and organisations with roles relevant to the topic of older adult abuse and neglect.

EU Policy

Elder abuse should be regarded as a human rights violation and hence all EU policies should be developed within such a perspective.

Given that ageism, marginalisation and social exclusion of older adults can increase vulnerability to abuse, all EU policies should aim at combating them.

The development of guidelines, risk mapping tools, and screening instruments can facilitate co-ordinated action against the abuse of older women. Such action should be initiated at the EU level, with national differences being accounted for and included.

Research

Research is needed that serves to assess which macro-social factors might increase vulnerability to abuse, such as economic conditions, cultural specificities, ageism, and sexism among others.

In-depth knowledge about the abuse of older adults and the differences and similarities nationally and at European level is also required and should be addressed through further research.

Further research is also needed concerning risk factors. Rather than identifying single factors that increase the risk of overall abuse, research should focus on the different constellations of risk factors for the different types and levels of severity of abuse and relating to different target populations.

Examination of existing processes of intervention and identification of best practices is also much needed. In order to understand how such intervention strategies might be improved, the perspectives of older adults must be included.

Social and health care: Policy and practice

➢ *Foster prevention*

The high prevalence rates of abuse found across the participating countries and the fact that more than half of the mistreated older women did not report or talk about the incident(s) they had experienced indicate the need to further raise awareness about this topic. Opening and developing the discourse on violence against older women would increase the visibility of the phenomenon and address the social stigma surrounding it, not only within the target group, but also in the broader public domain.

The results of the AVOW study highlight that older women with self-reported poor mental health and who reported feelings of loneliness more often were more vulnerable to violence and abuse. Actions promoting active ageing and combating social exclusion and isolation of older women should decrease any associated vulnerability to abuse and thus contribute to preventing it.

➢ *Increase disclosure and detection*

Awareness raising actions can also contribute to increasing disclosure rates of abuse. Information about existing interventions for abuse should be made widely available, as well as information on the services offered, referral pathways / routes, and about the rights of older victims. In particular, dissemination of information about the rights of older people within the older population could help empower victims to develop a higher sense of self-determination and thus also improve disclosure about abusive experiences.

Adequate assessment tools and routine inquiry about violence and abuse are needed as part of the measures available in the practice of relevant professionals and institutions working with older women, such as welfare agencies and health services. These instruments and tools must differentiate between the existence of different types of abuse and the diverse levels of abuse severity.

➢ *Greater efficiency in interventions for victims of abuse*

Intervention, help and supportive services need to consider the multidimensionality of abuse. The results from the AVOW study show that not only are there different types of abuse, but also a number of levels of severity of abuse, and these factors need differing kinds of intervention. The development of case management approaches by differentiating measures and interventions could help to meet the needs and expectations of victims.

Integration of the existing service and intervention paths is also recommended. Rather than creating or developing new approaches and services, existing interventions could be improved by being further developed and extended, together with involvement of different disciplines, organisations, and actors. Furthermore, those interventions

already known to provide adequate responses to abuse and violence of younger adults might be adapted to older adults, while work should be done to determine the transferability of such measures.

Older adults should be included in the development of appropriate responses to abuse, given that they can best identify the solutions that work for them both as individuals and as a group. Advocacy and the right to self-determination are key principles in this matter.

As partners or spouses were generally found to be the most common perpetrators in almost all types of abuse, the importance of conjugal violence in older age/later life should also be highlighted. Existing interventions in relation to intimate partner or conjugal violence should also be tailored to meet the needs of older women.

7 Annex: Sampling Strategy by Country

7.1 Austria

In order to achieve a representative sample of the target population in Austria a telephone survey was undertaken. The sampling design was that of community size stratified random sampling. In total, n=593 women aged 60 years or over were interviewed with the questionnaire by telephone.

Data collection in Austria took place between July 1st and 15th, 2010 and was carried out by a professional survey research institute (ipr Sozialforschung). Interviews were realised by Computer Assisted Telephone Interview (CATI).

Since the data collection was conducted by telephone, a previous screening of eligible households was necessary. The screening asked whether or not one woman aged 60 years or older currently lived in the household. If this was the case the respondent was asked for the willingness of the woman to participate in the survey. If it was not a suitable time for the interview, interviewers asked the respondent for a more appropriate date and time for the interview. On average the time taken for a completed interview was 20 minutes.

Only female interviewers with extensive experience and training in interviewing conducted the interviews. In the interview situation particular attention was given to the specific needs of older people. Therefore interviewers read out the question text at an appropriate pace and volume.

In total 1,500 addresses were sampled of which 907 refusals or non-responses due to several reasons were recorded (see Table 44). At 22.7% of all issued addresses nobody was reached. In 18.7% of situations no target person was living in the household. In 10.9% of the cases the target person and in 3.8% a third person refused to take part in the survey. Furthermore in 2.8% of situations, the target person could not be reached. In 0.8% the telephone number was invalid, and in 1.1% other non-response reasons emerged.

In total n=593 older women aged 60 years or older completed the interview which represents a response rate of 39.5% of all 1,500 sampled addresses. Without taking neutral non-responses into account (in 280 cases (18.7%) no target person was in the household, in 12 cases (0.8%) telephone numbers were invalid) the response rate is 49.1%. Nevertheless the calculation lacks full information about the response rate simply because in many telephone calls it was not clear whether or not a target person was living in the household. This was the case when nobody was reached or when a third party refused to co-operate with the caller.

Table 44: Co-operation and Non-response Statistics for the Austrian Survey

	Frequency	In %
Issued addresses	**1,500**	**100.0%**
Neutral non-responses		
– No target person in the household	280	18.7%
– Invalid telephone numbers	12	0.8%
Issued addresses 2 (without neutral non-responses)	**1,208**	**100.0%**
Refusals and non-responses		
– Nobody was reached [1]	340	28.1%
– Refusal of the target person	163	13.5%
– Refusal of a third person [1]	57	4.7%
– Target person not reached	38	3.1%
– Other reason	17	1.4%
Completed interviews in total	**593**	**49.1%**

[1] Note: Not clear whether a target person is in the household or not

The representativeness of the sample can be evaluated in comparison with population-based data. For the comparison, basic socio-demographic variables were used. There were only small differences in the comparison of the distribution of broad age groups. Older women aged between 60 and 64 years were slightly over-represented and older women aged 80 and over were slightly under-represented. In terms of educational level the sample was biased through more well-educated rather than lower-educated people. Concerning household composition the sample represents more 2-person households rather than 3- and more person households. Since the sample was drawn on the basis of community sizes, the sample is representative for Austrian provinces with a bias towards urban living areas (Lang & Enzenhofer, 2010).

To adjust for sample biases a data weight was calculated. The calculation represents an iterative proportional fitting by use of age, education, household size, province, and community size (urban vs. rural) with target data from the Austrian Micro-census 2008 (2nd quarter).

7.2   Belgium

In Belgium the target population of the study comprised home-dwelling, female Belgian citizens aged 60 years and older. In the research two samples were used. First, a sample was randomly selected by a private company, which applied a proportional stratified sampling by using age (60–69 years, 70–79 years, 80+) as the stratification variable. The sampling fraction consisted of 1,500 persons. This first sample was used for the postal survey. The second sample (n=250) consisted of women aged 75 and over. Initially four municipalities were randomly selected in the Dutch-speaking part of

Belgium: Ternat, Wilrijk, Leuven, and Zemst. In those municipalities the second sample was drawn. This sample was also randomly selected by a private company. The addresses from this sample were used for personal visit interviews.

The data collection had two phases. Firstly, a postal survey was conducted to examine quality of life and elder abuse among women aged 60 years and over. Secondly, since it was expected that women aged 75 and older would be under-represented in the participation of the postal survey, an additional research was conducted amongst that age group. A researcher from the university, together with students gathered these data. Respondents were initially invited to participate in the research. The questionnaire was meant to be self-administered, although volunteers were allowed to clarify the meaning of questions, in case this was requested. However, 25.7% of respondents needed help filling in the questionnaire. In order of importance, the respondents were mainly assisted by their daughter, current partner, or the interviewer. Respondents were assured of the voluntary nature of their participation, their right to refuse to answer, and the privacy of their responses.

The final dataset included n=436 respondents. The postal survey had a response rate of 21.2% (n=318). From the face-to-face contacts, 43.2% of the eligible persons (n=108) who were contacted, filled in the questionnaire. At 18.4% of the addresses nobody was reached, not even after a second visit. For 8% of eligible women, ill health prevented them from participating. 0.8% women only spoke a foreign language. In 1.2% of cases, the address was invalid, and 25.2% of possible respondents refused to take part.

One reason for the low response rate of the postal surveys is because the subject concerned a quite sensitive topic. Moreover, no reminders were sent because of economic constraints. The high age of the sample and possible cognitive problems due to ageing could also have affected the response rate (De Donder & Verté, 2010).

Table 45: Co-operation and Non-response Statistics for the Belgian Survey

	Frequency	in %
Issued addresses in total	**1,750**	**100.0%**
Neutral non-responses		
- Invalid addresses[1]	82	4.7%
Issued addresses 2 (excl. neutral non-responses)	**1,668**	**100.0%**
Refusals		
- Rs did not returned the questionnaire	1,164	69.8%
- Target person could not been reached	46	2.8%
- Health problems	20	1.2%
- Foreign language	2	0.1%
Interviews completed in total	**436**	**26.1%**

[1] e.g. respondent moved, respondent deceased, unknown address

7.3 Finland

The target population in Finland was drawn from the population register of the entire female population aged 60 years and over. The sample was a national representative random sample taken from the Finnish Population Register, including only Finnish-speaking women who lived in permanent private residences.

A postal survey was used as the survey method in Finland. The survey was sent out to all recipients between May 28th and June 1st, 2010. The response time was given until 25th of June, i.e. four weeks. The total sample was 1700 of which 38% were between 60 and 69 years old, 24% were between 70 and 79 years and 37% were over 80 years old. The sample was weighted to include proportionally more women over 80 years in order to minimise response bias. In the target population the percentage of 80 year olds is 23%.

The response rate in the Finnish AVOW survey was 39.9%. A total of n=678 questionnaires were included in the data file. Eight questionnaires were returned either blank or with a note attached saying that the person was not able to fill in such a questionnaire. One reason for the low response rate is that the subject area was quite sensitive. Due to economic restraints, no reminders were sent. The high age of the sample and possible cognitive problems due to ageing are also likely to affect the response rate (see Table 46).

Table 46: Co-operation and Non-response Statistics for the Finnish Survey

	Frequency	in %
Issued addresses in total	**1,700**	**100.0%**
Neutral non-responses		
– Invalid addresses (recipient had moved to a care home)	2	0.1%
Issued addresses 2 (excl. neutral non-responses)	**1,698**	**100.0%**
Refusals		
– Not returned questionnaires	1,017	59.9%
– Returned blank	3	0.2%
– Note attached that person cannot fill the questionnaire because of health problems	3	0.2%
Completed questionnaires in total	**678**	**39.9%**

Only a couple of enquiries regarding the survey were received by telephone and email: Some relatives responded that the woman in question could not answer the survey, or the recipient herself stated that she did not have the time to fill it. In addition, some questionnaires were insufficiently filled in, but were, however, included in the data file. Although most respondents followed instructions, some left question sets blank or responded to questions that they should have ignored if they followed the jump question instructions. A number also completed only yes-responses to the questionnaires and omitted no-responses. In some question sets only one question was answered (this happened in particular with the questions about coping).

Table 47: Respondents in the Finnish Survey by Age

Age groups	Survey respondents	Target population1
60 to 69 years	46%	46%
70 to 79 years	28%	31%
80 years and over	26%	23%

[1] Source: Statistics Finland (2010)

When the Finnish survey respondents' characteristics were examined we found that with regard to age the difference from the target population was very small. The sample was therefore a national representative random sample from the Finnish Population Register, including only Finnish speaking older women who lived in permanent private residences. The oldest woman who returned the questionnaire was 97 years old and the mean age of all respondents was 72 years (Luoma & Koivusilta, 2010).

7.4   Lithuania

The sampling for the face-to-face survey in Lithuania, was carried out by a private company for public opinion and market research (Social Information Centre). The total target population consisted of women aged 60 years and older, permanent residents of Lithuania who live in private households.

The sampling frame was built on a territorial model (settlement type) based on the data of the Lithuanian Department of Statistics (census data 2001). For sampling and data weight the data from 2009 was used (Statistics Lithuania, 2010). For the sample design (primary sample selection points), the address base, which is provided by The Residents' Register Service by Ministry of the Interior of the Republic of Lithuania was used.

The sampling had several stages: Firstly, the Lithuanian target population was divided into 15 strata (10 counties and 5 cities). The size of the sample in each stratum is based on proportional division of the settlement size. The primary sampling units are households, which are selected at random from the Residents' Register. A co-ordinator provided interviewers with the exact number of the respondents to be interviewed and the exact location of interviewing with a primary sample point. By the use of a route-sampling technique, houses and apartments within houses were selected in urban and rural areas. Secondly, the secondary sampling units are individuals within the household. Only one person could be interviewed in the same family. If women of the target group did not live at the visited address no interview was carried out. If the selected person was not at home during the visit, the visit to this family was repeated three more times, until the interviewer personally talked with the appropriate person.

The survey started on March 17th, 2010 and was completed on April 1st, 2010. 66 interviewers worked on this survey across the whole country. In total 3,631 addresses were visited of which 1,931 (53.2%) did not fit the sampling criteria, in 297 cases (8.2%) nobody was at home (even after 3 visits), 84 (2.3%) were abandoned houses, in 71 cases (2.0%) it was not possible to reach the house, and in 14 cases (0.4%) the primary sampling point was not found. Of the remaining 1,234 addresses, at 447 places (or 36.2%) nobody opened the door, 271 people refused co-operation (22.0%), and one respondent interrupted and did not complete the interview (0.1%). The total sample size in Lithuania was n=515 completed interviews which represents a response rate of 41.7% (see Table 48).

Table 48: Co-operation and Non-response Statistics for the Lithuanian Survey

	Frequency	In %
Issued addresses in total	**3,631**	**100.0%**
Neutral non-responses		
– Respondents did not fit criteria	1931	53.2%
– Nobody at home (maximum 3 visits)	297	8.2%
– Non-living houses[1]	84	2.3%
– Impossibility to reach the house[2]	71	2.0%
– Sampling point not found[3]	14	0.4%
Issued addresses 2 (excl. neutral non-responses)	**1,234**	**100.0%**
Refusals		
– Respondents did not opened the door	447	36.2%
– Respondents refused co-operation	271	22.0%
– Respondent did not completed interview	1	0.1%
Interviews completed in total	**515**	**41.7%**

[1] e.g. shop, enterprise; [2] e.g. coded doors, locked fences, dangerous dogs; [3] e.g. destroyed house, under renovation, non-existing address

Due to the high crime rate in the country, especially in rural areas, many older people feel insecure and are not keen on co-operating with people they do not know. This partly explains why so many older women refused to co-operate in the survey process. Quite a high number of women who fitted the selection criteria also did not agree to co-operate and refused to fill in the questionnaire. Reasons for this are related to the sensitivity of the issue and apparent unwillingness to talk about private issues[8] (Reingarde & Tamutiene, 2010).

7.5 Portugal

The sample in Portugal was obtained by a random probability stratified method. The selection of the target group, women aged 60 years and older living at private addresses, was undertaken randomly by use of the national post offices database. The target population was broken down into categories by the region of residence. To calculate the weight of each region, the country territorial statistical units (NUTS) were used.[9] For the purpose of the survey the NUTS 2 were considered and the proportion of Portuguese women 60 years or older was obtained for a total of 6 regions: North,

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[8] The fieldwork would probably have been easier if we could have promoted the survey before it was started. A public campaign could have helped to increase the response rate and improve the quality of data.

[9] The NUTS are a common statistical classification of territorial units that enables the collection, compilation and dissemination of harmonized regional statistics in the European Community (INE, 2010).

Centre, Great Lisbon, Alentejo, Algarve, Azores, and Madeira. The format of stratification with regard to age varies widely between the regions: Alentejo is the region with a higher percentage of older adults (26.0%), followed by Algarve (20.9%), Centre (19.7%), North (15.9%), Azores (12.2%), and Madeira (10.3%) (INE, 2010).

The basis for the sample was the National Post Offices Company database. For the survey purpose, a database of 1,700 addresses was provided, segmented by gender, age and region – the already calculated proportion of addresses by geographic area, the regions established by the NUTS 2 level.

Data was collected through a mail survey, which took place between April 26th and June 30th 2010. A self-completion paper questionnaire was sent to 1,700 private addresses of women 60 years and older with an established time frame for the respondent to return it (i.e. from 1st May until 15th June, 2010). Nevertheless, eighty questionnaires which were returned after this date, until the end of June, were also considered.

Table 49 displays the number and percentages of questionnaires issued by mail and returned by the respondents. From the 1,700 issued questionnaires, 114 were sent back by the post office for not having valid addresses (e.g. the respondent had moved, was unknown at the address, or had died). A total of 728 questionnaires were returned by the respondents: 69 were blank and 659 filled in, of which 10 were invalid due to incomprehensibility of data. This means a total of n=649 eligible questionnaires. Considering the total number of questionnaires that in fact reached the target population (1,586) the response rate was 40.9%.

Table 49: Co-operation and Non-Response Statistics for the Portuguese Survey

	Frequency	In %
Issued addresses in total	**1,700**	**100.0%**
Neutral non-responses		
- Invalid addresses[1]	114	6.7%
Issued addresses 2 (excl. neutral non-responses)	**1,586**	**100.0%**
Refusals		
- Rs did not returned the questionnaire	858	54.1%
- Questionnaires returned blank	69	4.4%
- Uncompleted questionnaires	10	0.6%
Questionnaires completed in total	**649**	**40.9%**

[1] e.g. respondent moved, respondent deceased, unknown address

Of the n=649 eligible questionnaires, 12.5% were completed with the help of another person. The majority of people who helped with filling in the questionnaire were relatives (57.5%, children, 15% current partner or spouse, and 12.5% grandchildren).

According to the Portuguese census data of 2001, the female population aged 60 years and older includes 1.280,012 people (INE, 2001). Consequently, the intended sample covered 0.13% (1,700 people) of the target population. For comparison between the sample obtained and the target population, the data from the last census (2001) was considered. The sample and the target population distribution concerning age groups, years of education, marital and occupational status, household composition, and region revealed some bias, but resembled the distribution of the target population with respect to marital and occupational status and region of residence. Differences were more evident when it came to age groups, household composition, and years of schooling. Particularly with respect to educational level, the sample under-represented the group of older women with zero to four years of formal schooling.

The biased representativeness of the sample concerning these socio-demographic characteristics could possibly derive from the method used for collecting the data (i.e. use of a postal survey): Women in the higher age groups and with no or only few years of formal education may be less willing or less able to respond to questionnaires. Furthermore, the observed differences in household composition could be due to the sampling method, as the database that employed this variable was not wholly considered for segmentation of the sample (Ferreira-Alves & Santos, 2010).

8 List of Tables

9 Bibliography

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