



Vrije Universiteit Brussel

# **Prevalence Study of Abuse and Violence Against Older Women**

Results of the Belgian Survey

November 2010



<http://www.thl.fi/avow>

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**Suggested citation for this report:**

De Donder, Liesbeth, Dominique Verté et al. (2010). *Prevalence Study of Violence and Abuse Against Older Women. Results of the Belgian Survey (AVOW Project)*. Brussels: Vrije Universiteit Brussel.

*This action received funding from the European Commission's Daphne III Programme.*

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## Summary of key findings

### Prevalence of elder abuse

- 32 per cent of older women (60+) living in private households experience some form of mistreatment the past year. The most common type of abuse is psychological abuse, followed by financial abuse and neglect.
- Around one out of ten older women experience one item of abuse in the past year rarely. 15.7 per cent suffer from several items infrequently and 4.9 per cent older women encounter very severe abuse.

### Perpetrators of elder abuse

- The current partner is the most common perpetrator for three types of abuse: emotional abuse, physical abuse and violation of personal rights. Children and the paid care giver most frequently neglect older women.
- Financial abuse occurs most commonly by the children or by someone else they closely know, such as ex-partner, friends or acquaintances. Sexual abuse is committed mainly by people they closely know (other than family).

### Risk factors

- There is a tendency that elder abuse among women decreases with age. The youngest old have higher prevalence rates than the oldest-old. However, differences become apparent when looking at the different types of abuse.
- Women with a poor physical health are 5 times more often severely abused. The prevalence of elder abuse increases with declining mental health.
- Reports of the severest abuse are greatest for divorced women. Moreover, older women who manage badly with their household income have higher prevalence rates of abuse.
- Loneliness and social isolation are important risk factors. Against expectations, older women who experienced overall abuse had a more active coping style.

### After the abuse?

- Victims of elder abuse report experiencing tension, feelings of powerlessness and anger after the abuse. Furthermore, victims of elder abuse report lower levels of quality of life.
- Almost half of the victims does not talk about the incident with someone they know nor report it to an official agency. Main reasons of not telling are feelings of triviality, powerlessness, and fear. If the abuse is reported, over 50 per cent found it *not* helpful.

# 1 Introduction

In most European countries older women outnumber older men. In Belgium in 2008, there were 1.050.311 men aged 60 and over and 1.358.532 women. Their proportion is respectively, 43.6 per cent and 56.4 per cent. The total population in Belgium is 10.666.866 people. Consequently, 12.7 per cent of the total Belgian population are women older than 60, and 9.8 per cent of the total Belgian population are men older than 60 (Belgian Federal Government 2010a).

With regard to the figures concerning longevity, older women outnumber older men because women have a much higher life expectancy than men (Peace *et al.* 2007). In Belgium, the average life span of older men is 77.01 years, while the life expectancy for women is 82.65 years (Belgian Federal Government 2010b).

Average age of retirement in Belgium for women is 60 years and for men is 61.2 years (Leeftijd en Werk, 2006). The minimum pension for employees is 1280.82 euro for a household, and for a single person 1024.98 euro. For independent professions, the minimum pension is 1258.13 euro for a household, and 964.55 euro for a single person (National Agency of Pensions). Notwithstanding this widespread system of pensions, the older population is the age group with the highest risk of poverty (Belgian Federal Government, 2010c). They experience the most difficulties to make ends meet. The numbers are very straightforward. 10 per cent people between 25 and 49 years have a risk of poverty. This number increases to 14 per cent for people aged between 50 and 64 years and further increases to 21 per cent of people over 65 years. Furthermore, it is apparent that older women have a higher risk of poverty than men (22% versus 20%) (Belgian Federal Government, 2010c).

Very little research to the prevalence of violence and abuse against older people has been conducted in Belgium. One national prevalence study on abuse of older people has been executed in 1998 by Vandenberg and colleagues. Up to now, no follow-up study has been conducted. After the age of 60, 23.3 per cent of women reported to be abused. Conversely, for men this number is a lot smaller. 15 per cent of men reported to be abused after the age of 60 (Vandenberg *et al.* 1998). However, there are no particular studies that focus solely on abuse of older women.

In response to this lacuna, this study aims to investigate the prevalence rate of elder abuse of older women. This research is part of the 'prevalence study of Abuse and Violence against Older Women' (AVOW) which is funded by the EU's Daphne III programme concerning violence against women and children. The AVOW study aims to provide knowledge about the prevalence of abuse and violence against older women living in the community, in five European countries (Austria, Belgium, Finland, Lithuania and Portugal) through a multi-country empirical study. This paper is the national report of the prevalence study conducted in Belgium.

## **2 Methodology**

### **2.1 Research questions**

Following research questions were formulated:

- 1 What is the prevalence rate of elder abuse among older women in Belgium?
  - What is the prevalence rate of the different types of elder abuse among older women in Belgium?
- 2 Are there specific patterns noticeable in elder abuse?
- 3 Who are the perpetrators of elder abuse?
  - Are these perpetrators type-specific?
- 4 What are individual risk or protective factors of becoming a victim of elder abuse?
  - on an individual level?
  - on a meso-level?
- 5 What happens after the abuse?
  - What are the psychosocial consequences?
  - Do people seek help, from whom, and how is this help evaluated?

### **2.2 Sample**

The target population of the study comprised home-dwelling, female Belgian citizens, aged 60 and over. In the research, 2 samples were used. First, a sample was randomly selected by a private company. We applied a proportional stratified sampling by using age (60-69 years, 70-79 years, 80+) as stratification variable. The sampling fraction consisted of 1500 persons. This first sample was used for the postal survey. The second sample (N=250) consisted of women aged 75 and over. Initially 4 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 as well was randomly selected by a private company. The addresses from this sample were used for personal visit interviews.

The dataset included 436 respondents. The postal survey had a response rate of 21.2 per cent (N=318). By the face to face contacts, 43.2 per cent of the eligible persons (N=108) who were contacted, filled-in the questionnaire. At 18.4% of the addresses nobody could have been reached, even not after a second visit. For 8 % women an ill health prevented them from participating. 0.8 % women spoke a foreign language. In 1.2 % of the cases, the address was invalid, and 25.2 % possible respondents just refused to take part. One reason to the low response rate is the subject being quite sensitive. Moreover, no remind-

ers were sent because of economic restraints. The high age of the sample and possible cognitive problems due to ageing could also affect the lower response rate.

The total sample consisted of older women aged 60 and over with a mean age of 74.20 (sd = 8.35). Approximately 15 per cent of the households found it (very) difficult to manage with their monthly income. Furthermore, 53.9 per cent was married and one third of the respondents were widowed. 35.8 per cent older women lived alone. 21.5 per cent of the respondents had a very low educational profile (maximum attained 9 years in school).

## **2.3 Data collection**

The data collection consisted of two phases. First, a postal survey was conducted to examine quality of life and elder abuse among women 60 and over. Second, since it was expected that women aged 75 and over would be underrepresented in the participation of the postal survey, an additional research was conducted among that age group. These data were gathered by a researcher from the university and students. Respondents were invited to participate in the research by the researcher and the students. The questionnaire was meant to be self-administered, although interviewers were allowed to clarify the meaning of questions, in case this was requested. 25.7 per cent respondents needed help filling in the questionnaire. In order of importance, they were mainly assisted by the daughter, current partner or the interviewer of the university. Data were gathered between April and June 2010.

Respondents were assured of the voluntary nature of their partaking, their right to refuse to answer and the privacy of their responses.

Questionnaires were filled to the online database used by most project partners by a job student. The questionnaires are stored in a locked cabine at the Vrije Universiteit Brussel, separately from personal identifiers. Only data, not personal details can be given out for further research.

## **2.4 Measures used**

### **2.4.1 Development of the instrument**

The questionnaire was piloted in December 2009. Through a snowball method 23 older, Dutch speaking women were selected who tested the questionnaire individually. 11 women were older than 75 years. Afterwards, they provided feedback and comments. First, the possibility was provided to comment on paper. Second, extra comments could be given during a face to face discussion. Women were asked to pay attention to both ease of use and the content of the questionnaire. Key questions were:

- Were the questions clear?
- Did you encounter specific problems?
- Would you fill in this questionnaire when it would arrive by mail? Why not?

Apart from comments on the content and questions, piloting provided important information on how to improve the lay out and question structures. The questionnaire was translated in Dutch and French. Each version was translated by 2 persons who were native speakers. Those translations were compared and adapted by a third person.

Lay out was kept similar to the English translation. The questionnaire was sent on printed A4 papers. First, there was the introduction letter, followed by a page with instructions. Both pages were separate from the questionnaire which was stapled.

An attempt was made to keep the cover letter quite brief and clear. It had to fit to an A4 page. Address details and an telephone number for extra information or questions was provided. It roughly followed the English draft.

#### **2.4.2 Overview of the questionnaire**

First, the questionnaire 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 (preservation of which level of care allowance). In addition the section contains information on the household level such as numbers of persons living in the household and the household composition but also information on how the household manages with the available income. Furthermore several questions on environmental level, such as area of living (postal code) or community size (number of inhabitants) completed this section.

Next, the questionnaire covers additional background variables such as regular participation in activities, individual feelings of unsafety (Elchardus & Smits, 2003), feelings of loneliness (De Jong Gierveld & van Tilburg, 2008). In addition, there are questions about the subjective health status and feelings of depression and how individuals normally react in difficult or stressful situations (coping) (Carver, 1997).

The subsequent section of the questionnaire covers violence and abuse. In accordance with the concept of the study, the sections were structured by the pre-defined forms of violence of 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 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."*

Each form of violence and abuse is operationalised through multiple items representing different incidents. Neglect and emotional abuse are measured by 9 items each, financial 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 which is measured by a number of formative indicators (Brown, 2006). 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).<sup>1</sup>

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 (partner/spouse, daughter/son, (step) parent, grandchild, other relatives, neighbour, paid care giver).

In addition, a separate question covers the experiences of violence and abuse by someone close since the respondent became 60 in order to give some indication for a longer history of violence and abuse. In contrast to the other abuse items mentioned before, this question only covers the five different forms (neglect, emotional abuse, financial abuse, physical abuse sexual abuse, violation of rights) from an overall point of view and whether or not it happened.

Respondents who experienced some form of abuse were asked about the consequences and effects on, for example, psycho-emotional level such as fear, shame, guilt, etc. In addition, the section contains questions which deal with support and help needed after the abusive incident. The questions refer 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 about the abuse were asked for their reasons for not doing so.

Finally, well-being and quality of life of all respondents were measured. For this measurement the validated WHO-QoL scale was used (Schmidt, Mühlhan, & Power, 2006). Besides this several other validated scales were used in the survey.

### **2.4.3 Local questions**

First, respondents were asked about the postal code of the municipality where they lived. This provided the opportunity to recode, for example, the postal code in regions according to urbanisation. A second series of questions aimed to measure neighbourhood features.

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<sup>1</sup> 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).

Attention was given to social indicators (involvement, commitment, support networks) and to the physical design of the neighbourhood (presence of practical services, accessibility). This will enable us to test ecological questions in the future, whether the context is relevant in examining elder abuse.

#### 2.4.4 Scales used

6 validated sales are used in the questionnaire. Table 1 presents an overview of the psychometric properties of these scales. The fit measures of these scales were well acceptable, indicating that the summed score could be confidently used to examine the underlying constructs.

**Table 1: Overview of psychometric properties of the scales used**

Scale	N° of items	% explained variance	Range Factor Loadings	Cronbachs alpha	Mean (sd)	Scale range
Feelings of Unsafety	3	60.43	0.674 - 0.870	0.814	3.93 (1.01)	1.00 – 5.00
Loneliness	3	69.93	0.747 - 0.931	0.871	2.08 (1.01)	1.00 – 5.00
Active Coping	2	74.74	0.865 - 0.865	0.856	2.85 (0.96)	1.00 – 4.00
Using emotional support	2	77.51	0.880 - 0.880	0.873	2.93 (0.94)	1.00 – 4.00
Behavioural disengagement	2	74.42	0.863 - 0.863	0.854	2.92 (0.84)	1.00 – 4.00
Quality of Life	8	46.00	0.474 - 0.863	0.861	3.72 (0.64)	1.00 – 5.00

## 2.5 Data analysis

First, a description of the elder abuse variables was presented in percentages. In the following analysis, cross tables and Chi<sup>2</sup> analysis; and Independent-Samples t-tests and One-Way Anova analyses were used to evaluate the associations between elder abuse and possible risk or protective factors, by identifying significant relationships at a bivariate level.

## **2.6 Ethical issues and quality control**

The questionnaire passed the ethical committee of the private company which provided the sample addresses. No comments were made.

Two questionnaire were filled-in by men and consequently not taken into consideration. Furthermore, some questionnaires were insufficiently filled in, but were, however, filled to the database. Although most respondents followed instructions, some left question sets blank or responded to questions that they should have ignored if they followed the jump questions. Some also filled only yes-responses to the questionnaires and omitted no-responses. The data cleaning process in SPSS filtered out these errors.

## 3 Findings

### 3.1 Prevalence of Violence Against Older Women

#### 3.1.1 Overall Prevalence Rates

Almost one third of women aged 60 and over experienced some form of elder abuse the past year. Emotional or psychological abuse occurred most often: 27.5 per cent older women experienced such abuse in the past year. Second in ranking was financial abuse, followed by neglect. Next, 4.3 per cent older women experienced violation of personal rights. Finally, sexual and physical abuse happened to somewhat more than 2 per cent older women (see table 2).

**Table 2: Prevalence of Abuse**

	<b>Valid %</b>
Emotional	27.5
Financial	5.8
Neglect	5.6
Violation of rights	4.3
Sexual	2.4
Physical	2.2
<b>Overall abuse</b>	<b>32.0</b>

#### 3.1.2 Neglect

5.6 per cent of older women experienced one kind of neglect. Table 3 presents an overview of the different indicators of neglect. The last column indicates the number of people (in %) experiencing that kind of neglect. For example, what was most often omitted to older people was doing the routine housework. 3.1 per cent older women indicated that people who were responsible to help them in that matter refused to do so. Second, people refused 2.2 per cent older women to help with shopping.

**Table 3: Indicators of Neglect**

	<b>Did not need help</b>	<b>Never refused</b>	<b>Yes, help refused</b>
Doing routine housework	70.8	26.0	3.1
Shopping, groceries, clothes or other	63.0	34.8	2.2
Washing or bathing, incl. getting in or out of bath or shower	81.8	17.0	1.2
Travel or transport	70.3	28.5	1.2
Preparing meals or eating	79.2	19.8	1.0
Getting in and out of bed	85.4	13.9	0.7
Taking care of your medication	86.0	13.3	0.7
Dressing or undressing	85.2	14.3	0.5
Getting to and using toilet	88.1	11.4	0.5

### 3.1.3 Emotional Abuse

Psychological or emotional abuse was the type of abuse that occurred most often among older women in Belgium: 27.5 per cent of older women experienced at least one type of emotional abuse the past year. Table 4 presents the ranking of the indicators of psychological abuse. Undermining and belittling of older people was the item of psychological abuse that occurred most frequently. 17.4 per cent older women reported being undermined or belittled. Second, 16.7 per cent reported to be shouted or yelled at. Third in ranking was exclusion, ignorance and insults.

**Table 4: Emotional Abuse per Item**

	<b>Yes</b>
Undermined or belittled what you do	17.4
Shouted or yelled at you	16.7
Excluded you or repeatedly ignored you	10.5
Insulted you or sworn at you (called you fat, ugly or other names)	10.2
Did something to spite you	8.8
Prevented you from seeing others that you care about	4.0
Destroyed something that belonged to you	2.6
Threatened to harm you physically (phone, mail, text message)	2.1
Threatened to harm you physically face to face	1.9

### 3.1.4 Financial Abuse

5.8 per cent of older women experienced financial abuse. 4.3 per cent older women reported that someone they closely knew had taken advantage of them financially in the past year (see table 5). Moreover, 1.9 per cent answered affirmative on the question whether someone familiar had stolen money, possessions or property from them.

**Table 5: Financial Abuse per Item**

	Yes
Taken advantage of you financially	4.3
Stolen money, possessions or property from you	1.9
Blackmailed you for money or other possessions or property	0.7
Not let you make decisions about money or buy things you wanted	1.7

### 3.1.5 Physical abuse

Physical abuse occurred among Belgian older women least often. 2.2 per cent indicated having experienced some type of physical abuse. Being hit or attacked by someone they closely knew was reported most frequently. This finding contrasts to the commonly assumed idea of ‘elder abuse’ as physical violence.

**Table 6: Physical abuse per item**

	Yes
Hit you or otherwise attacked you	1.4
Thrown a hard object at you or used some kind of weapon	0.7
Given you too much medicine to control you / make you docile	0.2
Restrained you in any way	0.0

### 3.1.6 Sexual Abuse

Table 7 provides an overview of the extent of sexual abuse for every item. In total, 2.4 per cent older women was sexually abused the last year. Most often this was only verbally (2.1%), but sometimes it went even beyond this. 1 per cent is forced into having sexual intercourse or touched in a sexual way against their will.

**Table 7: Sexual abuse per item**

	Yes
Talked to you in a sexual way that made you feel uncomfortable	2.1
Forced you or tried to force you to have sexual intercourse/relations	1.0
Touched you in a sexual way against your will	1.0
Made you watch porn against your will	0.2

### 3.1.7 Violation of personal rights

4.3 per cent older women were hindered in executing their personal rights. Most often reported was being hindered to meet friends or acquaintances or being hindered in personal decisions (see table 8).

**Table 8: Violation of personal rights per item**

	Yes
Hindered you to meet friends or acquaintances	2.2
Hindered you in personal decisions	1.9
Hindered you to read your mail	1.2
Hindered you to have leisure activities	1.2

### 3.2 Patterns of Violence and Abuse

Table 9 presents an overview of co-incidence of types of violence. While some older women experienced only one type of abuse, other women experienced a multitude on different types of elder abuse. For example 2.1 per cent older women experienced neglect and emotional abuse at the same time. 18 per cent of respondents indicated to experience only emotional abuse.

In total, 6.5 per cent people experienced two types of abuse together. Off course it was also possible that someone experienced more than two types of abuse. However, this was not likely. 3.3 per cent of respondents experienced 3 or more different types of abuse.

**Table 9: Co-incidence of Types of Violence**

	Neglect	Emotional	Financial	Physical	Sexual	Violation of rights
Neglect	2.3					
Emotional	2.1	18.0				
Financial	0.0	1.5	1.5			
Physical	0.0	0.3	0.0	0.3		
Sexual	0.0	0.8	0.0	0.0	0.0	
Violation of rights	0.0	1.5	0.3	0.0	0.0	0.0

Whereas we reported that 32 per cent of older women experienced elder abuse, we ought to nuance the seriousness of this abuse. Until now, only the level of density of violence and abuse – operationalised by the observation of one form or the co-existence of several forms of violence – against older women has been analysed. In addition the information about the intensity – information about the frequency – can be included into 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.). By combining the information of density and intensity one can imagine a typology with four quadrants which reflects four types of violence and abuse:

- Type I: Low density of abuse (i.e. single indicator) and seldom (i.e. happened 1-6 times in the last year)
- Type IIa: High density of abuse (i.e. multiple indicators) but seldom (i.e. happened 1-6 times)

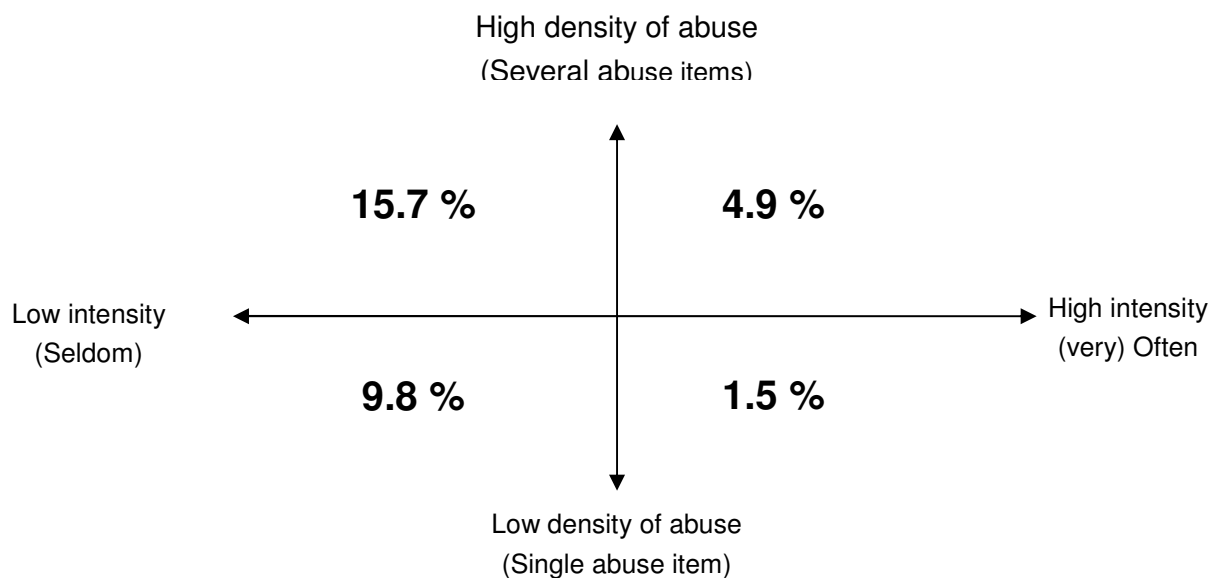


- Type IIb: Low density of abuse (i.e. single indicator) but often (i.e. happened monthly or even more often)
- Type III: High density of abuse (i.e. multiple indicators) and often (i.e. happened monthly or even more often)

Around one out of ten older women experienced one item of abuse in the past year very rarely. 15.7 per cent suffered from several items, but all infrequently. 4.9 per cent older women encountered the most severe form of abuse: several items, and very repeatedly (see table 10 and figure 1 for an overview).

**Table 10: Seriousness of Abuse**

	Valid %
No abuse (never)	68.0
Type I: Single item AND seldom	9.8
Type IIa: Several items AND seldom	15.7
Type IIb: Single item AND (very) often	1.5
Type III: Several items AND (very) often	4.9



**Figure 1. Quadrant of Seriousness of Abuse**

### 3.3 Experience of Violence and Abuse Since the Age of 60

One question measured the prevalence of long-term abuse. We did not measure several items for every type of abuse, but whether older people saw themselves as abused. Since the age of 60, 8 per cent older women reported to be emotionally abused and 4.8 per cent reported to be financially abused. Although these numbers differ from abovementioned prevalence rates, the ranking is similar.

**Table 11: Experience of Violence and Abuse Since the Age of 60**

	<b>Yes</b>
Emotional abuse	8.1
Other	8.0
Financial abuse	4.8
Violation of rights	2.4
Physical abuse	1.5
Sexual abuse	0.6

### 3.4 Information on Perpetrators

Table 12 presents an overview of the perpetrators for every type of elder abuse. The current partner was the most common perpetrator for three types of abuse: emotional abuse, physical abuse and violation of personal rights.

Children and the paid care giver most frequently neglected older women.

Financial abuse occurred most commonly by the children, but also by someone else they closely know, such as an ex-partner, friends or acquaintances.

Sexual abuse was committed mainly by people they closely know (other than family).

**Table 12: Perpetrators of Abuse**

	<b>Neglect</b>	<b>Emotional abuse</b>	<b>Financial abuse</b>	<b>Physical abuse</b>	<b>Sexual abuse</b>	<b>Violation of rights</b>
Partner or spouse	8.7	35.2	19.2	33.3	30.0	52.6
Daughter and son (in law)	34.8	28.7	28.2	0.0	10.0	21.1
Other family members <sup>1</sup>	13.0	15.6	20.0	0.0	10.0	0.0
Someone else closely known	12.5	19.7	28.0	33.3	40.0	15.8
Neighbour	13.0	18.9	12.0	11.1	10.0	5.3
Paid Home help or care giver	33.3	0.0	8.0	11.1	0.0	5.3

<sup>1</sup> incl. parents, grandchildren, someone else in the family

## 3.5 Risk factors

### 3.5.1 Micro Level: Individual Factors

The first individual factor which we have examined was **age**. The study included women aged 60 and over, with a mean age of 74.20 years (sd = 8.35). The oldest women interviewed was 96 years. For further analysis, age was divided in three age groups. 36.3 per cent women were aged between 60 and 69 years. 31.6 per cent women were aged between 70 and 79, and 32 per cent respondents were older than the age of 80.

Table 13 provides an overview of the prevalence rates of the different types of abuse for every age group. In general, the results show that there was a tendency that abuse decreased when ageing. Nearly 39 per cent of women between 60 and 69 experienced abuse in the past year, whereas for women older than 80 the prevalence rate was 26 per cent. When considering the different types of abuse, it becomes apparent that only emotional abuse generated significant results: the youngest old had higher prevalence rates than the oldest-old.

**Table 13: Rates of Abuse by Age**

	<b>Overall abuse</b>	<b>Neglect</b>	<b>Emotional abuse</b>	<b>Financial abuse</b>	<b>Physical abuse</b>	<b>Sexual abuse</b>	<b>Violation of rights</b>
<b>60 to 69 years</b>	38.9	2.6	35.8	6.6	3.3	4.0	6.6
<b>70 to 79 years</b>	29.8	7.9	26.7	4.5	1.5	1.5	3.8
<b>Over 80 years</b>	25.9	7.1	19.2	5.5	1.6	0.8	1.6
<b>Total</b>	32.0	5.7	27.6	5.6	2.2	2.2	4.1
<b><i>p-value</i></b>	<i>0.067</i>	<i>0.118</i>	<i>0.008</i>	<i>0.748</i>	/	/	<i>0.106</i>

Looking at the column of type I, it becomes apparent that (approximately) as much women between 60-69 and over 80's experienced one indicator of abuse, 1 to 6 times the past year. Although, the p-value was not significant, for the other types it appeared that the prevalence rates of the youngest old were higher than for the oldest-old. For example, 6.3 per cent women between 60 and 69 years experienced severe abuse the past year. In comparison, for women aged 80 and over, the prevalence rate was 2.6 per cent.

**Table 14: Abuse Seriousness by Age**

	Type of Abuse			
	No abuse (never)	Type I: seldom AND single item	Type II: several items AND seldom OR single item AND (very) often	Type III: several items AND (very) often
<b>60 to 69 years</b>	61.1	12.5	20.1	6.3
<b>70 to 79 years</b>	70.2	5.6	19.4	4.8
<b>Over 80 years</b>	74.1	11.2	12.1	2.6
<b>Total</b>	<b>68.0</b>	<b>9.9</b>	<b>17.4</b>	<b>4.7</b>

$p = 0.133$

The second risk factor we examined, was **physical health**. We distinguished between people with poor physical health (13.6%) and with good physical health (86.4%).

The results demonstrate that physical health was an important risk factor of elder abuse. 55.8 per cent of older women with a poor physical health reported to be abused the past year. Conversely, the prevalence rate of women with a good physical health was almost half (28.4%). This difference was similar for the different types of abuse, but were most visible for neglect, financial abuse and violation of personal rights (see table 15).

**Table 15: Rates of Abuse by Health Status**

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
<b>Poor health</b>	55.8	25.9	39.3	14.3	3.5	3.5	10.5
<b>Good health</b>	28.4	2.5	25.9	4.5	2.0	2.2	3.4
<b>Total</b>	32.0	5.6	27.7	5.8	2.2	2.4	4.4
<b><i>p-value</i></b>	<i>0.000</i>	/	<i>0.038</i>	/	/	/	/

Table 16 presents the results for the different types of abuse seriousness by physical health status. Analogously with previous table, the results clearly demonstrate that older women with a poor physical health experienced more abuse, and this occurred for every type of abuse seriousness. For example, older women with a poor health were 5 times more often severely abused.

**Table 16: Abuse Seriousness by Health Status**

	Type of Abuse			
	No abuse (never)	Type I: seldom AND single item	Type II: several items AND seldom OR single item AND (very) often	Type III: several items AND (very) often
<b>Poor health</b>	44.2	13.5	26.9	15.4
<b>Good health</b>	71.6	9.3	15.8	3.3
<b>Overall</b>	<b>68.0</b>	<b>9.8</b>	<b>17.3</b>	<b>4.9</b>

*p-value = 0.000*

Next to physical health, we have also measured **mental health**. This is the third individual risk factor. 34.4 per cent of older women suffered from feelings of depression, while 65.6 per cent reported to have a good mental health.

Mental health status played unmistakably a role in the prevalence of elder abuse. Almost half of the women with feelings of depression were abused. This relation was clearly visible for every type of abuse, but became most obvious for neglect and financial abuse (see table 17).

**Table 17: Rates of Abuse Mental Health Status**

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
<b>Feelings of depression</b>	47.5	13.4	36.5	13.8	4.6	5.4	7.0
<b>Good mental health</b>	25.8	2.4	24.9	2.0	0.8	1.2	3.2
<b>Total</b>	33.1	6.1	28.8	6.1	2.1	2.6	4.5
<b><i>p-value</i></b>	<i>0.000</i>	<i>0.00</i>	<i>0.019</i>	<i>0.000</i>	<i>/</i>	<i>/</i>	<i>0.091</i>

Table 18 presents an overview for the different types of abuse seriousness. The results demonstrate that the relationship between mental health and abuse was not as straightforward as aforementioned findings indicate. Column 2, type I, shows that people experiencing feelings of depression and people with good mental health experienced roughly the same amount of subtle abuse (seldom, and single item). The differences became more visible and pronounced for the more intense types of abuse.

**Table 18: Type of Abuse Mental Health Status**

	Type of Abuse			
	No abuse (never)	Type I: seldom AND single item	Type II: several items AND seldom OR single item AND (very) often	Type III: several items AND (very) of- ten
Feelings of depression	52.5	9.2	26.7	11.7
Good mental health	74.5	10.4	13.3	2.1
Overall	66.9	10.0	17.8	5.3

*p-value = 0.000*

### 3.5.2 Meso Level: Relationships, Social Activities & Community Integration

**Marital status** can be divided in four categories: 6.9 per cent older women were single (never married), 53.9 per cent were living together with their partner (married, co-habiting, civil partnership), 5.3 per cent were divorced and over one third was widowed. Table 19 shows that marital status did not influence the prevalence rate of overall elder abuse. Nevertheless, it can be noticed that 11.1 per cent single women experienced neglect, in comparison with 3.2 per cent married women. Furthermore, regarding financial abuse the findings reveal that 14.3 per cent divorced women encountered financial abuse, compared to 4 per cent married women. In general it can be stated, that single older women experienced most often the different types of abuse, followed by divorced and widowed women.

**Table 19: Rates of Abuse by Marital Status**

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
Single	40.0	11.1	32.1	10.7	3.6	7.4	10.7
Married, civil partnership, co-habiting	30.7	3.2	29.1	4.0	0.9	2.2	3.6
Separated, divorced	33.3	9.1	33.3	14.3	0.0	4.8	4.8
Widowed	32.0	7.9	23.2	6.5	4.3	1.4	4.3
Total	31.9	5.7	27.6	5.8	2.2	2.4	4.4
<i>p-value</i>	0.819	/	0.523	/	/	/	/

On the subject of abuse seriousness, the results demonstrate that the aforementioned higher prevalence rates of single women can be attributed to their higher prevalence rate of subtle abuse. One out of four single respondents reported being abused on a single indicator 1 to 6 times the past year. This was much higher than for the other marital status groups.

Regarding the most severe abuse, divorced women were the most frequent victims. Almost 10 per cent divorced women experienced severe and frequent mistreatment. This was almost double of the other categories.

**Table 20: Abuse Seriousness by Marital Status**

	Type of Abuse			
	No abuse (never)	Type I: seldom AND single item	Type II: several items AND seldom OR single item AND (very) often	Type III: several items AND (very) often
<b>Single</b>	60.0	24.0	12.0	4.0
<b>Married, civil partnership, co-habiting</b>	69.3	8.0	18.4	4.2
<b>Separated, divorced</b>	66.7	9.5	14.3	9.5
<b>Widowed</b>	68.0	10.2	16.4	5.5
<b>Overall</b>	<b>68.1</b>	<b>9.8</b>	<b>17.1</b>	<b>4.9</b>

*Chi<sup>2</sup> not possible*

The second risk factor on meso-level concerns **household income**. We did not ask for the amount of household income, but questioned the perception of managing with their household income. One out of 6 reported to manage (very) badly. Half of the respondents managed moderately, and about one third managed easily with the household income.

Considering overall abuse, the results demonstrate that older women who managed badly with their household income had higher prevalence rates of abuse than women who managed easily. When differentiating for every type of abuse it can be stated that these differences occurred because of differences in neglect and financial abuse. First, there was a tendency that older women who managed badly with their income were more often victims of financial abuse than older women who managed easily (11.5% versus 3.5%). Second, the numbers of neglect were clear: 16.7 per cent of people managing badly experienced neglect in comparison with 2.2 per cent of people managing easily.



**Table 21: Rates of Abuse by Household Income Management**

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
<b>Badly</b>	46.4	16.7	32.3	11.5	4.8	3.3	8.1
<b>Moderately</b>	30.0	4.8	27.1	5.3	2.4	2.4	3.3
<b>Easily</b>	29.1	2.2	27.0	3.5	0.7	2.1	4.3
<b>Total</b>	32.1	5.7	27.9	5.6	2.2	2.4	4.4
<i>p-value</i>	0.045	0.000	0.705	0.076	0.172	0.886	0.278

There were no significant results in comparing the seriousness of elder abuse by household income management.

**Table 22: Abuse Seriousness by Household Income Management**

	Type of Abuse			
	No abuse (never)	Type I: seldom AND single item	Type II: several items AND seldom OR single item AND (very) often	Type III: several items AND (very) often
<b>Badly</b>	53.6	16.1	21.4	8.9
<b>Moderately</b>	70.0	9.0	15.5	5.5
<b>Easily</b>	70.9	8.7	18.1	2.4
<b>Overall</b>	<b>67.9</b>	<b>9.9</b>	<b>17.2</b>	<b>5.0</b>

$p = 0.168$

A third component of meso-level risk factors was the **living area**. In Belgium, we have several classifications for **urbanisation**. One of the easiest classifications is to distinguish between the largest cities (= the actual urban areas) and remaining, more rural regions. 17.5 per cent older women lived in large cities, while 82.5 per cent lived in rural or non-urban areas.

Table 23 demonstrates that there were no differences between urban and rural areas concerning overall abuse. Nonetheless, some differences can be noticed when looking at the different types of abuse. 6.6 per cent of women in the rural areas experienced neglect, versus 1.4 per cent of women in urban areas. Similar numbers can be perceived for financial abuse.

**Table 23: Rates of Abuse by Living Area**

	<b>Overall abuse</b>	<b>Neglect</b>	<b>Emotional abuse</b>	<b>Financial abuse</b>	<b>Physical abuse</b>	<b>Sexual abuse</b>	<b>Violation of rights</b>
<b>Urban area</b>	35.3	1.4	34.3	1.4	1.4	2.8	2.9
<b>Rural area</b>	31.4	6.6	26.6	6.5	2.3	2.3	4.7
<b>Total</b>	32.1	5.7	27.9	5.6	2.2	2.4	4.4
<b><i>p-value</i></b>	<i>0.536</i>	/	<i>0.194</i>	/	/	/	/

There were no significant results in comparing the seriousness of elder abuse by living area (see table 24).

**Table 24: Abuse Seriousness by Living Area**

	<b>Type of Abuse</b>			
	<b>No abuse (never)</b>	<b>Type I: seldom AND single item</b>	<b>Type II: several items AND seldom OR single item AND (very) often</b>	<b>Type III: several items AND (very) often</b>
<b>Urban area</b>	64.7	13.2	19.1	2.9
<b>Rural area</b>	68.6	9.2	16.8	5.4
<b>Overall</b>	<b>67.9</b>	<b>9.9</b>	<b>17.2</b>	<b>5.0</b>

*p-value = 0.654*

A fourth potential risk factor on the meso-level concerns participation in social activities. Table 25 provides an overview of the variety of social activities that older women are involved in. The most favourite social activity was visiting friends or relatives, second, performing hobbies and third caring for family. This could involve taking care of the sick partner or looking after grandchildren as well.

One out of ten older women participates in none social activities. 22.2 per cent participated in one or two activities. Almost 40 per cent participated in three to four activities. And 27.8 per cent was a very active group and participated in five or more activities.

**Table 25: Social activities**

	Valid %
Visiting friends, relatives or acquaintances	57.8
Hobbies	45.4
Caring for family	37.8
Cultural act or entertainments	36.9
Physical exercise or sport	36.2
Charitable or other voluntary work	17.4
Going to religious act	16.3
Nothing	11.7
Studying	6.4

Differences in abuse according to involvement in social activities were not straightforward (table 26). We cannot conclude that the more active older women were in social activities, the less elder abuse they experienced. Nevertheless, there were indications that older women who never participated, experienced abuse most frequently.

**Table 26: Rates of Abuse by Involvement in Social Activities**

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
<b>No activities</b>	43.6	20.0	31.0	9.5	4.8	2.4	7.1
<b>1 to 2 activities</b>	24.7	6.8	17.4	5.5	1.1	2.2	3.3
<b>3 to 4 activities</b>	29.7	2.5	26.4	4.9	1.2	1.2	3.0
<b>5 or more activities</b>	35.7	4.3	35.3	5.9	3.4	4.2	5.9
<b>Total</b>	31.8	5.6	27.4	5.8	2.2	2.4	4.3
<b><i>p-value</i></b>	<i>0.139</i>	/	<i>0.034</i>	<i>0.719</i>	/	/	/

10.3 per cent older women who never participated in social activities encountered severe abuse, compared to approximately 4 per cent women who participated in 1 or more social activities.

**Table 27: Abuse Seriousness by Involvement in Social Activities**

	Type of Abuse			
	No abuse (never)	Type I: seldom AND single item	Type II: several items AND seldom OR single item AND (very) often	Type III: several items AND (very) often
<b>No activities</b>	56.4	12.8	20.5	10.3
<b>1 to 2 activities</b>	75.3	9.9	11.1	3.7
<b>3 to 4 activities</b>	70.3	9.7	15.5	4.5
<b>5 or more activities</b>	64.3	8.0	23.2	4.5
<b>Overall</b>	<b>68.2</b>	<b>9.6</b>	<b>17.3</b>	<b>4.9</b>

$p = 0.379$

Several psychosocial variables were included in the research: feelings of unsafety, loneliness and coping mechanisms.

The results demonstrated no significant differences for **feelings of unsafety** between abused older women and older women who were not abused in the past year.

As regards to **loneliness**, the result do yield significant results ( $p < 0.001$ ). Older women who have experienced abuse ( $M = 2.36$ ,  $sd = 1.05$ ) felt more lonely than women who were not abused ( $M = 1.95$ ,  $sd = 0.96$ ). These results were analogous for every type of abuse, with the exception of neglect and physical abuse. No differences in loneliness were found for those two types of abuse. Furthermore, differences in seriousness were discovered. Older women who experienced the severest type of abuse were significantly ( $p < 0.001$ ) more lonely ( $M = 2.96$ ,  $sd = 1.19$ ) than older women who were never abused ( $M = 1.95$ ,  $sd = 0.96$ ), and more lonely than older women who experienced one item of abuse rarely the past year ( $M = 2.11$ ,  $sd = 0.88$ ).

To measure the relationship with **coping mechanisms**, we differentiated between three different types of coping: active coping, behavioural disengagement and using emotional support. The latter coping styles did not generate significant differences.

As for active coping, the findings reveal that people who experienced overall abuse had a more active coping style ( $M = 3.03$ ,  $sd = 0.83$ ) than older women who were not abused the past year ( $M = 2.79$ ,  $sd = 1.00$ ). These results were significant ( $p < 0.05$ ). Considering the different types of abuse, it becomes apparent that the differences between abused and not abused can be attributed to the differences in emotional abuse. Older women who have experienced emotional abuse employed a more active coping style ( $M = 3.03$ ,  $sd = 0.83$ ) than older women who were not emotionally abused ( $M = 2.77$ ,  $sd = 1.00$ ).

As regards to behavioural disengagement, the results demonstrate that older women who experienced abuse have a more behavioural disengaged coping style ( $M= 2.10$ ,  $sd=0.95$ ) than older women experiencing no abuse ( $M=1.75$ ,  $sd=0.94$ ).

### 3.6 After the Abuse

#### 3.6.1 Consequences of the Abuse

When older women encountered abuse, this had several consequences on the psychosocial level. Most women experienced tension after the abuse, felt powerless and were angry. Three out of ten experienced depressive feelings, were afraid or had sleeping difficulties or nightmares.

**Table 28: Consequences of the Most Serious Incidence**

	<b>Yes</b>
Tension	43.9
Feelings of powerlessness	38.8
Anger, hatred	34.3
Depression	30.8
Fear	30.3
Sleeping difficulties or nightmares	29.7
Concentration difficulties	17.2
Shame	14.3
Guilt	9.2
Difficulties in relations with men	8.1

Almost half of the older women (46%) experiencing abuse did not talk about it with someone they knew, nor reported it to a more official agency. If people did contact someone, we asked 'who did they contact'. Table 29 presents an overview of those people contacted when experiencing abuse. (Consequently, the numbers in these table only concern women who were abused). One out of five women being abused told it to someone of the family and 11.3 per cent talked to friends about it. Health professionals and police only occupy place three and four on the ranking, respectively with 6.5 per cent and 4.8 per cent.

**Table 29: Reported the Incident to ...**

	%
Family	19.4
Friends	11.3
Health professional (medical doctor, nurse, psychotherapist)	6.5
The police	4.8
Professional carer, social worker or home helper	1.6
Lawyer	0.8
Helpline or charity worker	0.8
Priest	0.8

Furthermore, the findings reveal that 54.5 per cent of people who reported it to an official or agency did not find it helpful. Table 30 presents an overview of reasons why older women did not report the abuse. First of all, they considered the incident too trivial. 60 per cent of abused women believed so. Next, 35.7 per cent did not want anyone to get involved or moreover, did not believe they could be helped.

**Table 30: Reasons for not reporting the incident**

	%
Thought the incident was too trivial	59.4
Did not want anyone to get involved	35.7
Did not think anyone would be able to do anything	34.6
Was afraid the perpetrator might take revenge	31.0
Did not think anyone would believe me	14.8
Was ashamed or had feelings of guilt	11.5
Did not want the perpetrator to go to prison	7.7

### 3.6.2 Wellbeing and quality of life

Quality of life was measured using 8 different questions, including items assessing energy, having enough money, satisfaction with health, personal relationships, living place etc. As regards to overall abuse, the findings are unambiguous: older women experienced abuse reported having lower quality of life ( $M=3.50$ ,  $sd=0.67$ ), than older people who did not experience abuse ( $M=3.84$ ,  $sd=0.59$ ). Moreover, this was similar for every type of elder abuse.

Finally, it can be concluded that there also was a difference between those people who were abused. Older women experiencing the most intense type of abuse reported the worst quality of life ( $M=3.09$ ,  $sd=0.79$  versus  $M=3.69$ ,  $sd=0.65$  of Type I).

## 4 Concluding points

### 4.1 Summary and Discussion of Main Results

This research has contributed to the lack of up-to-date, reliable information on the prevalence of elder abuse. Furthermore, since literature has demonstrated that gender plays a significant role in the occurrence of elder abuse, the AVOW-study specifically focuses on abuse of older women. The study provides information on 5 main domains. It assesses the prevalence rates of elder abuse (1), patterns of violence (2), information on perpetrators (3), potential risk factors (4) and finally, highlights some characteristics of the consequences of abuse (5).

The **prevalence rate** of elder abuse comes to 32 per cent of older women in Belgium. Psychological or emotional abuse occurs most often: 27.5 per cent of older women experienced at least one type of emotional abuse. Second is financial abuse, followed by neglect. For every type of abuse, the paper reports which indicators are most important. For example, in the case of emotional abuse 17.4 per cent women reports that others they closely know undermine or belittle them.

In order to answer the research questions on specific **patterns** in elder abuse, we distinguished between co-incidence of types of violence, and the seriousness of abuse. First, the results on co-incidence highlight that lots of abuse occurs within one specific type. And when two types of abuse occur together, most of the time it concerns emotional abuse accompanying other types of abuse. Second, elder abuse entails several degrees of seriousness. Around one out of ten older women experienced one item of abuse in the past year rarely. 15.7 per cent suffered from several items, but all infrequently and 4.9 per cent older women encountered the very severe abuse.

For every type of elder abuse, the paper yields information on **perpetrators**. The current partner is the most common perpetrator for three types of abuse: emotional abuse, physical abuse and violation of personal rights. Children and the paid care giver most frequently neglect older women. Financial abuse is committed most commonly by the children, but also by people, such as ex-partner, friends or acquaintances. Finally, sexual abuse perpetrators are mainly people they closely know (other than family).

One of the main interests concerned **risk factors** of elder abuse. What older women were most likely to be victims of abuse and violence? Contrary to a lot of literature, there is a tendency that abuse decreases with age. *The youngest old* have higher prevalence rates than the oldest-old. This is mainly the case for emotional abuse. Next, older women with a *poor physical health* experience more and more intense abuse, and this occurs for every type of abuse. For example, older women with a poor health are 5 times more often severely abused. Additionally, the results demonstrate that mental health status plays a distinctive role in the prevalence of elder abuse. Nearly half of the women with *feelings of depression* were abused. This relation is clearly visible for every type of abuse, but becomes most obvious for neglect and financial abuse. These findings apply mainly for the most intense types of abuse.

Furthermore, the study has examined several risk factors on a meso-level. First, regarding marital status we conclude that for the most severe abuse, *divorced and separated women* are the most frequent victims. Second, older women who *manage badly with their household income* have higher prevalence rates of abuse than women who manage easily. These differences mainly arise due to differences in neglect and financial abuse. For example, 16.7 per cent of people who manage badly experienced neglect in comparison with 2.2 per cent of people who manage easily. Next, there are indications that older women who *never participate in social activities*, experience abuse more frequently. Subsequently, *being lonely* is an important risk factor. Finally, as for active coping, the findings reveal that people who experienced overall abuse had a *more active coping style* than older women who were not abused the past year.

Urbanisation, feelings of unsafety, coping through emotional support and coping through behavioural disengagement produced no significant differences.

The last research question assessed the **consequences** of elder abuse. First, victims indicate to experience several consequences on the psychosocial level. Most women experienced tension after the abuse, felt powerless and were angry. Three out of ten experience depressive feelings, are afraid and have sleeping difficulties or nightmares. Furthermore, victims of elder abuse report lower levels of quality of life.

Next, the paper demonstrates that almost half of the victims doesn't not talk about the incident with someone they know nor report it to an official agency. Furthermore, if they report it, 54.5 per cent finds it *not* helpful. The main reasons of not reporting, are the feeling of triviality, powerlessness, and fear.



## 4.2 Recommendations

When the results demonstrate that half of the older women who reported their experience of elder abuse, did not find it helpful, recommendations need to be made on the level of **interventions** and help and support services for elder abuse. Different interventions could be developed to anticipate at the different levels of elder abuse. First, we need to take into account the existence of different types of abuse. Different types of abuse require different types of interventions. For example, police actions could not be adequate to reduce psychological abuse. Moreover, different risk factors are detected for the different types of abuse. Second, the different levels of seriousness require different actions as well. Interventions for the most severe form of abuse could be different from interventions for the less serious type of abuse. Preventing type I abuse to evolve in type II or type III abuse is a point of particular interest. Differentiating measures and interventions could meet the expectations of victims of elder abuse.

Next, several recommendations could be made on the level of older people. An alarmingly little percent of people talks about the experienced abuse. The main reasons of not reporting, were the feeling of triviality, powerlessness, and fear. **Raising awareness** that elder abuse is not trivial and that elder abuse is not 'normal' is a significant recommendation. Elder abuse still is in need of 'breaking the taboo', not only among policymakers or professionals, but also among the global public. Next, needs and wishes of older women should be taking into account. 'The perfect' solution or the perfect intervention does not exist. Older women should be able to choose between different solutions.

**Giving older women a voice** in this help-seeking process seems rational and logical. However, since almost 50 per cent of older people did not find it helpful when they sought help, this occurs apparently too little. Older women could be more involved in the process of decision making of appropriate solutions from services. Following question needs to be in the back of our mind: "When helping victims, how do we respect their wishes?". Advocacy and the right of self-determination are key-words in this matter.

Loneliness and social isolation appeared to be one of the most important risk factors of elder abuse. Consequently, **combating loneliness** and **enhancing and strengthening informal social networks** are important recommendations. Identifying and strengthening natural helpers could be a good strategy. Natural helpers do not only refer to family and friends, but also to the neighbourhood. Activating the social network in the neighbourhood could offer a potential path for policy recommendations.

When being cared of, several older women experience neglect. Thereupon, several comments could be made on the level of informal **caregiver**. Knowledge and skills of the informal carer are not always appropriate for the tasks they need to do. Supporting these skills through trainings, exchange of experiences between informal care givers or between informal and formal caregivers could offer expertise, a sense of support and understanding.

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