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Prevalence Study of Violence and Abuse Against Older Women

Results of the Portugal Survey

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Summary of key findings

Overall, 39.4% of women aged 60 and over living in private households reported experiencing some form of mistreatment in the past twelve months.

The most common *types of mistreatment* were: emotional or psychological abuse (32.9%); followed by financial abuse (16.5%); violation of personal rights (12.8%); neglect (9.9%) seual abuse (3.6%) and physical abuse (2.8%).

The mistreatment severity encompasses four levels and compounds the number of indicators of abuse and neglect present and the frequency of the abusive and neglect actions: Level I, single indicator and seldom; Level IIa, several indicators and seldom; Level IIb, single indicators and very often and Level III, several indicators and very often. The majority of the mistreatment situated in level IIa (19.4%), followed by level III (10.5%), level I (8.2%) and level IIb (1.3%).

The partner/spouse were the most common observed perpetrator in emotional (55%), financial (38.7%), sexual abuse (79.2%) and violation of rights (65%). The child(ren), daughter(s) and son(s)-in law were the principal perpetrators in neglect (54.7%) and physical abuse (42.1%) and the second most reported in emotional (31.7%) and violation of personal rights (20.3%).

The most commonly reported effects of mistreatment were, respectively, “tension” (87.7%), “feelings of powerlessness” (87%), “depression” (73%) and “sleeping difficulties or nightmares” (71.2%).

The relation between quality of life and having experienced different types of mistreatment is clear. Quality of life is always perceived as being higher when no abuse experience is present and regarding all forms of mistreatment. Furthermore, as more severe the level of abuse so less rated is the quality of life.

From the total of women who experienced abuse in the past year, 26.1% reported the incident or sought help. Respondents mainly reported the incident to a family member (17.9%), a friend (14.5%), a health professional (6.3%), a priest (4.8%) and the professional care worker (2.9%).

Several variables were found to be significantly related to overall abuse and different levels of abuse severity:

- Age: respondents in the most aged group (80 years and over) were more likely, when mistreated, to experience the most severe level of abuse (Level III).
- Physical health: women perceiving poor physical health were more likely to experience neglect, emotional abuse, violation of rights and the most severe level of abuse.
- Mental health: women reporting symptoms of depression, in comparison to those reporting good mental health, were more likely to experience any type of mistreatment. Also,

women stating symptoms of depression experienced more, the most severe levels of abuse.

- Marital status: married women and separated or divorced are more likely to be emotional abused rather than widowed or single.
- Household income management: women who perceived their management of the household income has badly experienced more neglect, emotional and financial abuse and violation of rights. Additionally, as the severity levels of abuse increases so did the reporting of the household income management as being badly.
- Women experiencing any form of mistreatment stated higher feelings of social loneliness than non mistreated women. Also, as the severity levels of abuse heightens so does the reporting of the feelings of loneliness.
- Women experiencing neglect and physical abuse tend to, when facing stressful situations employ different coping strategies: less active coping and more the behavioral disengagement strategy. In addition, women reporting to have been sexual abused seek less emotional support than the respondents who did not experience this form of mistreatment.

1 Introduction

1.1 Local background to the study

General background

Portugal has the average population density of 115 inhabitants per square kilometer (estimation for 2007)[1]. Most of the population concentrates in urban areas (61%) in opposition to rural areas. The urban areas of Lisbon (capital) and Porto (second biggest city) concentrate together 39% of the national population, whereas other cities include a relatively small mean value of a population around 29 000 people per city (estimation for 2007)[1].

The Gross Domestic Product (GDP) per capita is 15 647 Euros (estimation for 2008) and the universal minimum wage situates presently at 475.00 Euros[1].

Regarding literacy, the illiteracy ratio is still relatively high, estimated in 2007 at 5.1%, in a large part due to the older adults' population. The basic mandatory education is free general education provided for the first nine years. It is estimated that by 2009 up to 94.7% of the population aged 15 and over had completed the three cycles of the general mandatory education[2].

Population structure: general population

The Portuguese National Institute of Statistics (Instituto Nacional de Estatística [INE], 2003) predicts that by 2050 Portugal will be the fourth country with the highest percentage of older adults within the European Union.

Demographic trends in 2009 characterized a slight increase in resident population in Portugal (of 10,463 people), essentially due to the accounted positive migration (15,408 new persons), whereas the natural growth appears to be negative (minus 4945 persons). As a result of these movements, the resident population in Portugal on December 31 of 2009 was estimated at 10,637,713 people (INE, 2010).

In 2009 the proportion of youth (those aged 0 to 14 years) was 15.2% of total resident population (16.0% in 2000). The proportion of individuals of working age (aged between 15 and

[1] Retrieved from Portugal´s Government online portal (http://www.portugal.gov.pt/pt/GC18/Portugal/Pages/Portugal.aspx).

[2] Retrieved from "Pordata", an online public database developed in 2009, which gathers and combines data from several sources, namely: the National Statistics Institute; Portugal Bank; Attorney´s General Office; three national theaters; National Library of Portugal; Interbank Services Company; Institute for the Management of Treasury and Public Credit; National Institute of Communications and several (30) agencies and institutions from Portuguese state and ministries (http://www.pordata.pt/azap_runtime/).

64 years old) was 66.9% and the proportion of the older adults' population (aged 65 or more years old) was 17.9% (INE, 2010).

Population structure: population aged 60 years and over

In 2009 the adults with 60 years and older comprehended, according to the estimated projections based on the 2001 census, 23.56% of the Portuguese population; of whom 57.06% are women (1.429.967) and 42.94% are men (1.076.180) (INE, 2010).

The ratio of women and men tends to be higher as age increases: 4.47% of Portuguese population are over 79 years old and of these 64.51% are women and 35.49% are men (INE, 2010).

Contributing to the aging of the Portuguese population and taken into account the last census conducted in 2001, there is also the country birth rate and the longevity ratio.

The country birth rate has been decreasing since 1981, where it was situated at 15.4% (Patricio & Carrilho, 2002), reaching in 2009, 9.4% (INE, 2010). Since the eighties the standardize minimum value to ensure population growth and renewal of generations (2.1 children per woman) hasn´t been attained (Patricio & Carrilho, 2002).

Additionally the longevity has also contributed to the aging of Portuguese population. While in 1981 the life expectancy at birth was 68.21 years for men and 75.4 for women, in 2009 it had rose to 75.8 years for men and 81.8 for women (INE, 2010).

Overall the old-age dependency ratio in 2009 was estimated at 26.7%; 22.5% for men and 30.8% for women (NIS, 2010).

Social and demographic characterization of Portuguese older adults' population

Considering the data from the National Institute of Statistics (INE, 1999, 2002a, 2002b) and from the welfare governmental agency, published by the Ministry of Labour and Social Solidarity (Ministério do Trabalho e Segurança Social [MTSS], 2009), a socio-demographic characterization of the Portuguese older adults will follow. It should however be regarded that Portugal legal age of retirement is 65 years aged and over and, therefore, the data is set for the population within this age or older.

a) A large majority of the Portuguese population live in their homes. By 2008 there were 1662 residential facilities for older adults in Portugal, occupied by 63,576 people, which according to the estimated older adults' population results in 3.4% of the total older adults.

b) According to the census of 2001, from the total of Portuguese families, 17.5% were constituted only by older adults and 32.5% consisted in classical families with one or more older

adult. From the total of families only with older adults, the majority is constituted by only one adult (50.5%) and by two older adults (48.1%).

c) The rate of widowhood is higher in women, as a result of male/female longevity difference and the fact that the formation of a new family within this age group tends to be more common in men.

d) The average retirement pension in Portugal is 387.00 Euros per month (Portugal minimum age is 475.00 Euros per month) and 85% of the older adults have a retirement pension equal or inferior to 409.00 Euros. The average annual income of households of older adults is less than two thirds the national averages and, hence, the households with older adults register, in general, higher poverty rates than the totality of households and households without older adults. Generally about one third of the older adults' population is considered poor.

e) The older adults' population presents low levels of education, lower in women in comparison with men. According to the International Standard Classification of Education (ISCED)[3], by 2001: 55.1% of the older adults situated at level 0, equivalent to pre-school or no schooling, of which the majority are women (64.7% to 41.3% are men). In the level 1, which corresponds to Portugal six years of schooling there were 37% of the older adults population and the majority are men (48% to 29.3% women). In the level 2, 3, 4, 5 and 6 there were 7.9% of the older adults' population.

Prevalence and incidence of older adults' mistreatment

In Portugal older adult's mistreatment has just beginning to be tackled and with the exception of two recent prevalence surveys, only regional small-scaled studies could be identified in national research, none of which aimed particularly at older women (Ferreira-Alves & Santos, 2009).

The several regional studies focusing both on domestic and institutional abuse employed different instruments and methodologies and presented wide range of results (Ferreira-Alves & Santos, 2009). The "Questions to Elicit Elder Abuse", a self-report screening instrument aimed at older adults with fifteen indicators of abuse, observe values ranging from 36.3% until 100% for a positive response in one indicator and up to 1.4% for all the indicators (Borralho et al., 2010; Chaves et al., 2009; Fernandes & Dionísio, 2009; Ferreira-Alves et al.,

[3] The International Standard Classification of Education ISCED is an instrument developed was designed by the United Nations Educational, Scientific and Cultural Organization (UNESCO, 2006) in the early 1970's to assemble, compile and present comparable indicators and statistics of education both within individual countries and internationally. It is divided in six levels: level 0 corresponds to the pre-school education (not attending school also fits this level); level 1 corresponds to primary, first and second cycle of basic education (six years of schooling in Portugal); level 2 corresponds to third cycle of basic education (seventh, eighth and ninth years of schooling in Portugal); level 3 corresponds to secondary cycle of education (tenth, eleventh and twelfth years of schooling in Portugal); level 4 corresponds to a post-secondary education that is not higher education; level 5 corresponds to higher education (Degree and Master) and level 6 corresponds to doctorate degree (UNESCO, 2006).

2007; Paloteia, 2008; Vergueiro, 2009; in Ferreira-Alves & Santos, 2009). Other self-report screening instrument for caregivers, the "Caregiver Abuse Screen" observe in two studies 26.4% and 47.4% responses indicative of abuse (Afonso et al., 2009; Silva & Ferreira-Alves, 2009; in Ferreira-Alves & Santos, 2009).

Regarding gender, one study finds it to be a variable explaining 2% of the variance of abuse (Chaves et al., 2009) and two other studies (Borralho et al., 2009; Paloteia, 2008) observe that women in comparison to men present more indicators of emotional abuse, neglect and total abuse (in Ferreira-Alves & Santos, 2009). Additionally in a study taken place in three day care centers in the city of Braga, the authors (Ferreira-Alves & Daly, 2005), observe that women present high number of abuse indicators in neglect, emotional abuse, abandonment, sexual abuse and financial/material exploitation.

Data from police occurrences of domestic violence shows that in 2008 and the first semester of 2009, respectively 85.4% and 85% of the victims are women. In 2008, 7.7% of these women encompass the 55 to 65 years old age group and 6.5% are older than 65 years (Lisboa, 2010). The first semester of 2009 presents a slight increase of the number of women in the 55 to 65 years old age group, situated at 7.8% (Lisboa, 2010). In fact, in the age group older than 65 years, the probability of the victim of domestic violence being a woman is clearly higher in comparison to men, corresponding to 71.8% and 28.2%, respectively (Lisboa, 2010).

Policy context: older adults' population

Because of the aging Portuguese population and its increasing longevity, several social and economic policies have been developed in the past thirty years.

Generally, these developments have involved direct and indirect measures aimed at the improvement of quality life of this population, intended as broader responses to combat social isolation and promote civic and social participation, but also more specifically to protect and support the growing number of older adults with disabilities, mobility and cognitive problems.

Specific protective and supportive social equipments and responses given by public institutions and non-profitable private institutions of social solidarity, framed within the state welfare system have been increasing for the past years. By 2008 the majority of social responses (51.1%) were channelized to the older adults' population (MTSS, 2009). Regarding financial investment in target groups, in 2008 investments in older adults comprehended 68.1% of the total financial investment in social services and equipments (MTSS, 2009).

Equipments and services within this range have been diversified, comprehending nowadays: domiciliary support services; socializing centers; day care centers; night centers; family foster care for older adults and residential facilities (MTSS, 2006).

Policy context: older adults' mistreatment and domestic violence

Portuguese policy concretely directed at older adults' abuse and neglect has been developed within the large umbrella of domestic violence and even legislatively Portuguese law doesn´t cover older adults' abuse issues directly but the phenomenon is subsumed in to the domestic violence view. The law entitled "Judicial establishments to the prevention of domestic violence, protection and assistance to its victims" (Law No. 112/09 from Republics Assemble, in Republics Diary, I series A, from 16.09.1009)[4] has as its major feature and as a condition for its application, the attribution by authorities of a victim status when there are no strong reasons to judge unlikely the claims. The law distinguishes between victim and victim especially vulnerable. It is within the last one, that older adults' abuse and neglect is considered. Hence "victim especially vulnerable" is a victim whose special frailty results, namely, "from his or her younger or advanced age, his or her health status or, his or her psychological equilibrium or social integration and whom has been gravely affected by lesions inflicted by the type, degree or duration of the victimization" (p. 6551)[4].

Several legislative measures have been implemented specifically aimed at domestic violence, revealing the increasing awareness of the problematic:

- In 1991 a law establishes the guarantees the protection for victims of violence (Law no. 61/99 from the Republics Assemble, in Republics Diary, I series A, no. 185 from 13.08.1991)[5]
- In 1998 an Amendment of the Criminal Procedure Code was produce to include the removal of the offender's from their home address when living with the victim and in cases of domestic violence (Law No. 59/98 from Republics Assemble, in Republics Diary, I series A no. 201 from 25.08.1998)[6];
- In 1999 there was the implementation of measures for witness protection in criminal proceedings; a diploma allowing to assign to victims of domestic violence the status of particularly vulnerable witnesses, allowing the possibility to enjoy certain procedural steps (Law No. 93/99 from Republics Assemble, in Republics Diary, I series A no. 162 from 14.07.1999)[7];
- In 1999 public safe houses to support women victims of violence are created (Law No. 107/99 from Republics Assemble, in Republics Diary, I series A no. 179 from 03.08.1999)[8];

[4] http://www.dre.pt/pdf1s/2009/09/18000/0655006561.pdf

[5] http://app.parlamento.pt/violenciadomestica/conteudo/pdfs/legislacao/lei611991pdf.pdf

[6] http://app.parlamento.pt/violenciadomestica/conteudo/pdfs/legislacao/lei591998.pdf

[7] http://app.parlamento.pt/violenciadomestica/conteudo/pdfs/legislacao/lei931999.pdf

[8] http://app.parlamento.pt/violenciadomestica/conteudo/seccao-legislacao.html

- In 1999 the state for advance compensation payable to victims of violence is approved (Law No. 129/99 from Republics Assemble, in Republics Diary I, series A no. 194 from20.08.1999)[9];
- In 2000 an amendment was produced to the Portuguese Criminal Code and Criminal Procedure Code, enhancing the protective measures to victims of violence. Specifically amend of the Article 152 of the Penal Code transform the domestic violence crime from a semi-private crime to a public crime, which permits boarder protective measures and the non-dependence on the victims' complaint to procedures to be taken (Law No. 7/2000 from Republics Assemble, in Republics Diary, I series A no. 123 from 27.05.2000)[10].

The Portuguese police forces, specifically the Public Safety Police[11] and the National Republican Guard[12], have also been implementing specific designed programs to intervene in domestic violence:

- "INOVAR" project in 1999 in the Service of Public Safety (Public Safety Police) which, among other points, establishes a "police of proximity" with procedures that permit local connection between community and the professionals and develops professionals training aimed at a "new victims orientation for a responsible attitude for domestic violence and vulnerable risk groups" (Ministers Council Resolution no. 6/99, in Republics Diary, I series B, no.32 from 08.02.1999)13
- "NIAVE" project in 2002 in the National Republican Guard with a valence especially dedicated to the prevention, monitoring and investigation of cases of violence against specific groups of victims (women, children, older adults, and handicap people). The project has been establishing several specialized professionals and offices along the country, for the attending of these particular victims, whereas the concern is not only directed to the police work itself, but also to the referral of victims (and in some cases, the offenders) to local networks of social support. It intends to integrate the monitoring of situations of violence and active participation in preventive processes of violence14

Since 1999 a national plan of combat to domestic violence was designed as a governmental instruments to enclosure the policies to prevent and intervene on domestic violence.

Presently the third national plan against domestic violence (2007-2010) is in order and follows the first two national plans (1999-2003 and 2003-2006). Although targeting violence against children, older adults and disable, "the primordial object is the intervention against

[9] http://app.parlamento.pt/violenciadomestica/conteudo/seccao-legislacao.html

[10] http://app.parlamento.pt/violenciadomestica/conteudo/seccao-legislacao.html

[11] Authors translation from *Policia de Segurança Pública*

[12] Authors translation from *Guarda Nacional Republicana*

[13] http://app.parlamento.pt/violenciadomestica/conteudo/pdfs/legislacao/rcm102001.pdf

[14]http://www.gnr.pt/portal/internet/nmume/programa.asp

violence on women" (III Plan Against Domestic Violence, Ministers Council Resolution no. 51/07, in Republics Diary, I series, no.62 from 28.03.2007)[15].

Specific responses towards older adult´s mistreatment

A) By 1999 Portuguese Ombudsman's created the Senior Citizen Helpline. This phone helpline, free of charge and functioning from Monday to Friday between 9.30h and 17.30h (it has an answer machine outside this schedule) disseminates information to older adults about their rights and benefits in healthcare, social security, housing, family obligations, social work, equipment and services and also permits the disclosure of occurrences of abuse and neglect anonymously or not. There are also several other phone help lines directed to victims support, however not targeting only older adults, but instead, victims of crime in general or specifically women and children.

B) A non-governmental association for the support of victims of crime (Portuguese Association for Victim Support[16]) has developed in 1999 the "Títono" project, which focuses on the developing of specific training programs and the editing of manuals for professionals handling the attending of older adult's victims of crime and domestic violence[17].

C) The Attorney General of the Lisbon District has, following the objectives and guidelines of Criminal Policy and Priorities (Law No. 51/2007 from Republics Assemble, in Republics Diary, I series no. 168 from 27.09.2007)[18], established a network of magistrates specifically for the defense of vulnerable people (older adults are specifically targeted within this conception) which in each judicial area should assume the task of articulating with local social structures of theirs jurisdiction to better respond to the necessities of those population.

D) In 2008 a work group was developed for the prevention of violence against older adults, within the General Direction of Health of the Health Ministry encompassing professionals from the Health National Service, nursing and medicine orders, non-governmental organizations for victims support, among other entities and experts. The work group objectives cover information disclosure to older adults, family members and general community; development of training programs directed at health professionals and elaboration of protocols and best practices. It has already developed specific campaigns and information material about older adults abuse and developed a proposal for the national plan against older adults violence as

[15] http://www.portugal.gov.pt/pt/GC17/ConsultaPublica/Pages/20070515_MP_Doc_PNVD.aspx

[16] The Portuguese Association for Victim Support is a private non-profitable institution of social solidarity founded in 1990 with the statutory objective to promote and contribute to information, protection and support of citizens who are victims of criminal acts. It is a nonprofit organization and volunteer support that, individually, qualified and humanized crime victims by providing services free and confidential.

[17] http://www.apav.pt/proj.html

[18] http://www.dgpj.mj.pt/sections/informacao-e-eventos/2007/lei-n-51-2007-de-31-de/downloadFile/file/L_51_2007.pdf?nocache=1188553649.75

un additional contribute to the national plan against domestic violence (Grupo de trabalho da Direcção Geral de Saúde para a Prevenção da Violência contra as Pessoas Idosas. Criado por despacho do Director-Geral da Saúde, Dr. Francisco George, de 24 de Abril de 2008).

1.2 Methods used in short

The prevalence study of violence and abuse against older women (AVOW), a research project commissioned and funded by European Commission's Daphne III Program encompassing five European countries (Austria, Belgium, Finland, Lithuanian and Portugal) was carried out in Portugal by the School of Psychology of Minho University. The aim of this research was to explore the self-report experiences of abuse of dwelling women aged 60 and over, encompassing the following types: neglect, emotional abuse, financial abuse, physical abuse, sexual abuse and violation of rights.

The sample was a random probability sample, based on the national post offices database, where 1700 addresses of women aged 60 and over living at private households were obtained. The sample was segmented by age, gender and also regions of the national territory.

The data was collected through a self-completion format questionnaire developed by the AVOW group and designed to cover six types of mistreatment. The questionnaire also included questions on other topics, such as, social and demographic context; mental and physical health; feelings of unsafety; loneliness; coping strategies; perpetrators; consequences and effects of violence; experiences of abuse after 60 years old; quality of life and help filling in the questionnaire. The initial questionnaire was subject to a pilot in each of the participating countries. Nationally, interviews and focus groups were carried out with women aged 60 and older.

The field work took place between 26 April and 30 June of 2010 through the self-completion paper questionnaire sent by mail to the 1700 addresses previous selected. In addition to the questionnaires, the envelopes sent contained each: a) cover letter, where a time frame for returning the questionnaire was established (between 1 may and 15 June); b) an instructions page stapled as the first page of the questionnaire; c) a contact sheet of help phone lines and support services for victims of elder abuse and domestic violence stapled to the last page of the questionnaire and d) an envelope stamped and addressed to the School of Psychology to return the questionnaire. It should be regarded that neither the questionnaire nor the envelope for returning encompassed any information that could permit identification of the respondents.

Both descriptive and inferential statistics were employed to describe prevalence rates of mistreatment and other variables included in the questionnaire and to examine the distribution of these variables in the several forms of mistreatment.

2 Methodology

2.1 Research questions

The Portuguese prevalence survey of violence against older women was conducted through a cross-sectional design and aimed at five broader goals:

1. Provide estimates of the prevalence of self-reported mistreatment in a national sample of dwelling women aged 60 years and older. The mistreatment concept encompasses neglect, and five types of abuse: emotional, financial, physical, sexual and violation of personal rights
2. Identify the perpetrators of the several forms of mistreatment.
3. Describe variables pertaining the women psychological, social and demographic context and background and identify the possible relation between those variables and the mistreatment: risk factors from a *meso* and *macro* level.
4. Describe the disclosure and the reasons for not disclosing the mistreatement to both personal and professional contacts.
5. Describe the self-reported psychological and emotional consequences of the mistreatment.

2.2 Sample

Sampling

The sample was provided by a random probability stratified method. The selection of the target group, women 60 years and older living at private addresses, was undertaken randomly using the national post offices database. The target population was broken down into categories by the residency region. To calculate the weight of each region, the country territorial statistical units (NUTS) were used[19]. 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. The NUTS subdivide the country into three different levels: the NUTS 1 are each subdivided into territorial units NUTS 2, and these in turn are subdivided into territorial units at NUTS level 3. For the survey purpose the NUTS 2 were considered and the proportion of Portuguese women 60 years or older was obtained for a total of 6 regions: North, Center, Great Lisbon, Alentejo, Algarve, Azores and Madeira.

[19] National Institute of Statistics, http://metaweb.ine.pt/sim/conceitos/Detalhe.aspx?cnc_cod=4394&cnc_ini=09-02-2004

Response rate

Table 1 displays the number and percentages of questionnaires sent by mail to the sample and returned by the respondents. From the 1700 questionnaires sent, 114 were returned by the post offices due to not having validated addresses: the respondent had moved, was unknown in the address or had deceased.

A total of 728 questionnaires were returned: 69 in blank and 659 filled in, from which 10 were invalidated due to incomprehensibly of data, comprehending a total of 649 eligible questionnaires.

Considering the total of questionnaires that in fact reached the target population (1586) the response rate was 40.9% (649 eligible questionnaires).

Table 1: Questionnaires sent and received

Questionnaires		Frequencies	Valid %
Total questionnaires sent		**1700**	**100**
Not reached the target population		114	6.7
Total questionnaires reaching target population		**1586**	**100**
Not returned by respondent		858	54.1
Returned	In blank	69	4.4
	Invalidated	10	0.6
	Eligible	649	40.9

Description of the sample versus target population

According to the census of 2001, the female population aged 60 and over includes 1,280,012 people. Consequently, the intended sample comprehended 0.13% (1700 people) of the target population.

To comparison purposes between the sample obtained and the target population, the data from the last census (2001) will be considered. Although the census-data are already nine years old, it will be used to established comparisons of older women 60 years and over, hence most of the estimated and projections in Portugal are made taking the age group of 65 years old and over, which corresponds to national legal age of retirement.

The sample and the target population distribution regarding age groups, years of education, marital and occupational status, household composition and region are displayed in table 2 and 3. The sample distribution, although revealing some differences, resembles the distribution of the target population regarding marital and occupational status and region of residency.

Differences are more evident when it comes to age groups, household composition and years of schooling. Particularly, regarding years of schooling, the sample under represents the group of older women with zero to four years of formal schooling.

The non-representativeness of the sample, concerning these socio-demographic characteristics, can possibly derive from the method utilized for collecting the data (by mail): women in the higher age groups and with none or few years of formal education may be less readiness or less capable to respond to the questionnaires. Furthermore, the observed differences in the household composition can be due to the sampling method, as in the database employed this variable was not considered for segmentation of the sample.

Table 2: Sample and target population by age groups, years of education, marital and occupational status

	Target population (in %)	National sample (in %)
Age		
60-69 years	45.9	63.1
70-69 years	36.2	26.6
80 and over	17.9	10.3
Years of formal education completed		
0 to 4 years	82.1	30.8
5 to 9 years	7.2	26.2
10 to 12 years	3.2	20.1
13 to 15 years	4.5	10.0
More than 16 years	3.0	13.0
Marital Status		
Single (never married)	8.4	6.1
Married, civil partnership, co-habiting	51.7	57.7
Separated, divorced	2.6	11.4
Widowed	37.3	24.8
Occupational status		
Fully retired	91.9	81.4
Employed	7.7	11.5
Unemployed	0.4	7.2

Table 3: Sample and target population by household size and regions of residency

	Target population (in %)	National sample (in %)
Household size		
no one else	32.5	13.1
1 person	30.3	22.0
2 persons	26.1	43.3
3 persons or more	8.1	21.6
Regions (NUTS 2)		
North	30.9	30.2
Center	26.2	24.8
Great Lisbon	25.2	24.2
Alentejo	9.6	9.6
Algarve	4.1	5.4
Madeira	2.2	3.4
Azores	1.8	2.5

2.3 Data collection

Data collection was conducted through a mail survey which took place between 26 April and 30 June of 2010 through a self-completion paper questionnaire sent to the 1700 private addresses of women 60 years and older. The questionnaires were sent between 26 and 30 April and comprehended an established time frame for the respondent to return it: from 1 May to 15 June. Nevertheless, eighty questionnaires received after this data, until the end of June, were also considered.

The envelopes sent contained each: a) cover letter; b) instructions page stapled as the first page of the questionnaire; c) the questionnaire; d) contact sheet of help phone lines and support services for victims of elder abuse and domestic violence stapled to the last page of the questionnaire and d) an envelope stamped and addressed to the School of Psychology to return the questionnaire.

The cover letter was three pages long in a 14 Arial format letter type and: a) explained the purpose of the study and framed it within a European research project; b) described how the addresses were obtained; c) emphasized the confidentially of the data and linked the preoccupation for the privacy of the respondent to the method utilized for collecting the data; d) asked the respondents who were not willing to fill in the questionnaire to send back the blank questionnaires; e) gave a time frame of 45 days (from May 1 to June 15) to the respondents send back the questionnaires and e) provided the investigators phone number.

The instructions page provided three examples of responses format exemplified by questions from the questionnaire itself: responses that require circling the correct option or options;

responses that require crossing the box corresponding to the correct answer and responses that require writing.

The contact sheet for victims support provided a) four help phone lines, one aimed at older adults and three others directed to domestic violence and b) two attending support services for victims' of domestic violence, one from a non-governmental organization and another of a police service specific to the phenomenon. It included the services contact (phone number, address and email, when available), the functioning schedule and described the type of service provided.

Of the 649 eligible questionnaires, 12.5% were filled in with the help of another person other than the women. The majority of the persons who helped filling in the questionnaire were relatives (57.5%, children and 15% current partner or spouse and 12.5% grandchildren).

2.4 Measures used

The AVOW questionnaire comprises 39 questions divided in seven sections (A to G) covering information about: socio-demographic and background information; mistreatment and perpetrators; consequences and effects of violence; experiences of abuse after 60 years old; quality of life and help in filling the questionnaire.

The first section *A, General,* covers information about: household size and composition; gender; year of birth; marital status; years of formal schooling; residency area; occupational status and household income sufficiency.

The section *B, Background*, comprehends: information on social activities frequented; the "Elders' Feelings of unsafety" scale; perceived physical health; perceived mental health and three coping strategies.

The mistreatment is covered in section *C, Need of help in everyday life*, which contain the assessment of neglect and *D, Experiences of violence and abuse*, where the respondents are asked about experiences of emotional, financial, physical, sexual abuse and violation of personal rights for the past twelve months. Neglect was assessed by nine items aiming at both basic and instrumental activities of daily living rated in a five-point scale: "did not need help"; "never refused"; "refused 1 to 6 times in the past year"; "refused once a month" and "refused weekly". Emotional, financial, physical, sexual abuse and violation of personal rights items were adopted from the Conflict Tactics Scale 2 ([CTS2] Strauss, 1995). The CTS2 is a method used for identifying intimate partners' mistreatment, which has also been employed to address other forms of family violence, such as older adults' mistreatment (Cooper, Selwood & Livingston, 2008). The revised CTS2 measures a total of 39 behaviors, of which several were selected and adapted to focus on domestic setting and by persons who are close to the respondents. Therefore, for emotional and psychological abuse 9 items were

selected and for each of the other forms of mistreatment four items were selected: financial, physical, sexual abuse and violation of personal rights. The frequency of each item was rated on a four-point scale: “never”; “1-6 times in the past year”; “once a month” and “weekly”.

Each of the questions of mistreatment is followed by information about perpetrators in a multiple answer format with eleven predefined possible perpetrators and an “other” writing option.

The section *D, Experiences of violence and abuse*, also comprehends information about the effects of violence of abuse and the support and help after the occurrence of violence and abuse; respondents are asked if the incident they felt most serious was reported, to who or what agency and the reasons, when the case, for not reporting.

Section *E, Experiences of violence and abuse after 60 years of age*, is directed at the experiencing of neglect, emotional and psychological, financial, physical and sexual abuse and violation of personal rights since the respondent turned 60 years old.

The *F, Wellbeing and quality of life*, section deals with the perceived quality of life of the respondent through the employment of the “WHO-8 EUROHIS Quality of life scale” (2008).

The last section *G, Filling the questionnaire*, addresses the possibility of the respondent being helped by someone in filling the questionnaire and who that person may be.

A total of six scales are utilized in the AVOW questionnaire, which were adapted and incorporated from other already known scales.

The scale “Elders’ Feelings of unsafety scale” is an 8 items measure of broader feeling of unsafety. It derives from an adaptation to old age from the original questionnaire developed by Elchardus and Smits (2003) and it aims to measure general feelings of insecurity and uncertainty as a symbol for a wide range of daily insecurities. From the 8 items contained in the EFU-scale, three items were selected and in the AVOW questionnaire, using a five-point likert scale.

The “Social loneliness scale” (De Jong-Gierveld, 2006) is a 11 items scale were loneliness, as an indicator of social well-being, is evaluated in two dimensions: the feeling of missing an intimate relationship (emotional loneliness) or missing a wider social network (social loneliness). For the AVOW questionnaire a five point likert scale was used from the selection of three items from the social loneliness dimension.

The three scales of coping strategies, active coping, emotional support and behavioural disengagement were retrieved from the “Brief COPE”, an instrument aimed at assessing the coping responses quickly (Carver, 1997). The Brief Cope consists in a brief form of a previously published measure called the COPE inventory (Carver, Scheier, & Weintraub. 1989) and includes 28 items and a total of 14 conceptually differentiable coping reactions, each assessed by two items. The AVOW questionnaire encompasses three of these different coping reactions. The active coping is a strategy focusing on the problem and refers to efforts

towards managing or altering the problematic situation, whereas seeking emotional support and behaviour disengagement comprehend strategies focused on emotions. Seeking emotional support concerns the efforts to seek support, either at informational, instrumental or emotional level. Behaviour disengagement corresponds to the withdrawal of task-oriented efforts (Carver, Scheier, & Weintraub. 1989). Each of the three of coping strategies includes two items retrieved from the BRIEF Cope and were evaluated as four point likert scale.

The quality of life has been researched as a descriptor of health status, functioning and well-being of populations in general; a derived measure of physical, socioeconomic and other subjective variables (Schmidt, Mühlan, & Power, 2006). The "EUROHIS-QOL 8-item index" (WHO-8) is a quality of life measure derived from the WHOQOL project, economic screening measure with a particular focus of the short version of the WHOQOL-100, the WHOQOL-BREF; two commonly utilized generic measures of quality of life. The WHO-8 intends to provide brief indices for use in cross-cultural studies and maintains, conceptually, each domain of the original WHOQOL-100 as well as of the WHOQOL-BREF, represented in the short from by two items in each domain: psychological, physical, social and environmental (Schmidt, Mühlan, & Power, 2006).

All of the scales were evaluated on their psychometric properties and overall present themselves as adequate measures (Table 4). Cronbach's Alpha shows acceptable values comprehending reasonable and good internal consistency, ranging from 0.77 and 0.86. The explained variances vary between 44.5% to 86.6% and the respective factor loadings between 0.50 and 0.93.

Table 4: 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	70.177	0.789-0.870	0.773	3.75(0.85)	1.00-5.00
Loneliness	3	75.088	0.839-0.880	0.834	3.56(0.88)	1.00-5.00
Active Coping	2	84.188	0.918	0.812	3.23(0.71)	1.00-4.00
Using emotional support	2	82.473	0.908	0.787	2.67(0.81)	1.00-4.00
Behavioral disengagement	2	73.121	0.855	0.845	1.59(0.78)	1.00-4.00
Quality of Life	8	44.499	0.506-0.802	0.861	3.60(0.62)	1.00-5.00

2.5 Data analysis

The survey results were analyzed through statistical procedures, recurring to the SPSS (Statistical Package for the Social Sciences).

Given the overall goals of the survey descriptive and inferential statistics were employed.

Descriptive statistics, specifically the percentages of frequencies, are used to describe each of the variables that the survey has collected data for.

Given the purpose of analyzing the associations between the mistreatment and other variables, inferential statistics was utilized. The 95% level was used to establish differences statically significant in the relations examined.

Within the inferential statistics both nonparametric and parametric tests were employed. Except for the six scales, the non-parametric test chi-square and cross-tabulations were employed to assess if the social and demographic variables distributed differently according to the forms of mistreatment; whether there are characteristics that may be more commonly observed in some forms of mistreatment. The cross-tabulations and the chi-squared test were also employed to examine the distribution of those variables by the levels of abuse severity.

The parametric tests employed t-test for independent samples and the One Way Anova were undertaken to examine, respectively, the relationship between the six scales included in the research tool (Feelings of unsafety, Social loneliness scale; Active coping; Emotional support; Behavioral disengagement and Quality of life) and mistreatment and between the six scales and levels of abuse severity. The main questions was if the mistreated women, in comparison with those not mistreated, perceived higher or lower feelings of unsafety, utilized more or less each of the coping strategies and rated high or lower quality of life.

Throughout the report the results and the analysis undertaken are displayed in tables and the significant differences, when encountered, are highlighted.

2.6 Ethical issues

The survey regarded several ethical issues, namely in what concerns the confidentiality and right to privacy of the respondents and the issue of disclosing mistreatment.

It should be regarded that, although no direct informed written consent was obtained, the research team considered the method for collecting the data as an implicit form of consent. Given that the questionnaire was sent by mail to private households and that the participation implied a number of actions to return it (put the questionnaire in the returning envelop and going to the post offices to send it to the research team), one can point out that only the persons willing in fact to participate in the survey would perform these several actions. Also, the

cover letter gave information about the aims of the survey, the way that was being conducted, including how the addresses were obtained and how the data (information) was going to be handled. Phone numbers of two researchers and their institutional affiliation were inscribed in the letter. Respondents were encouraged to call if they have any worries or doubts.

Additionally the confidentiality and the right to privacy of the respondent were ensured throughout the stages of the survey. After the addresses and names of the sample population was collected from the database and filled in each of the envelopes all this information was erased. The returning envelope and the questionnaire did not include any personal or other information enabling the identification of the respondent and, therefore, when it reached the research team no type of personal identification information (name or address) could be retrieved.

The envelope sent to the private households also included information of support services to older adults and victims of domestic violence, including the contacts, schedule and the type of service provided.

After reaching the research team each of the questionnaires were given a research number and filled to both the online database and an SPSS database by the research team, where the research number is included. The questionnaires are stored and locked at the school of psychology in the Minho University.

3 Findings

3.1 Prevalence of Violence Against Older Women

In this section the prevalence of neglect, emotional, financial, physical, sexual abuse and violation of personal rights is presented and examined. Additionally, it also displays the frequency of positive responses for each of the items comprehending the questions assessing these several forms of mistreatment.

3.1.1 Overall Prevalence Rates

Table 5 presents the overall prevalence rates for the several forms and overall mistreatment. This total index is obtained by counting the number of people who had scored yes on at least one item of the several utilized to evaluate abuse and neglect. Hence, the overall prevalence rates are appraisal as existence or not of mistreatment, whether a given participant reported to have experienced all or just one item.

Overall 39.4% of the women stated to have experience some form of mistreatment in the past twelve months. Emotional abuse is the most frequented observed type, followed by financial abuse, violation of personal rights, neglect, sexual and physical abuse.

Table 5: Prevalence of Abuse

	Valid %
Emotional	32.9
Financial	16.5
Violation of rights	12.8
Neglect	9.9
Sexual	3.6
Physical	2.8
Overall abuse	39.4

Valid %, n > 480

3.1.2 Neglect

Table 6 shows the frequency of each item of neglect in three categories: did not need help; never refused and yes, refused. From the 90.9% of the respondents who reported not being neglected in the activities inquired, the majority did not need any help at all (78.2%), while only 11.9% did report to have need and received help to perform those activities. One can state that almost as much people received help as been refused help. The three more common activities, where women stated to have needed and not received any help, concern instrumental activities of the daily activity (shopping, doing routine housework and travel or transport).

Table 6: Neglect per Item

	Did not need help	Never refused	Yes, refused
Shopping, groceries, clothes or other	72.1	22.4	5.6
Doing routine housework	69.0	25.6	5.4
Travel or transport	66.1	28.4	5.4
Preparing meals or eating	82.5	14.2	3.3
Getting in and out of bed	93.9	5.5	0.6
Washing or bathing, incl. getting in or out of bath or shower	93.6	5.9	0.5
Taking care of your medication	94.1	5.5	0.5
Dressing or undressing	94.4	5.3	0.4
Getting to and using toilet	96.6	3.3	0.2
Overall neglect	78.2	11.9	9.9

Valid %, n > 633

3.1.3 Emotional Abuse

Table 7 displays the frequency of positive responses given to each of the items of emotional and psychological abuse. The most reported form of mistreatment was evaluated through nine statements of different behaviours. The prevalence rates within the various items vary widely and most of the women reported to have being spited (26.9%), shouted or yelled at (26%) and undermined or belittled (18%).

Table 7: Emotional abuse per item

	Yes
Did something to spite you	26.9
Shouted or yelled at you	26.0
Undermined or belittled what you do	18.0
Excluded you or repeatedly ignored you	14.5
Insulted you or sworn at you (called you fat, ugly or other names)	12.3
Prevented you from seeing others that you care about	5.9
Threatened to harm you physically face to face	5.8
Destroyed something that belonged to you	5.4
Threatened to harm you physically (phone, mail, text message)	4.0
Overall emotional abuse	32.9

Valid %, n > 606

3.1.4 Financial Abuse

Financial abuse, the second most reported form of mistreatment, was assessed through four items, whose individually frequency of positive responses can be observed in table 8. Of all

the financial items assessed in the survey, *taking financial advantage,* was the one obtaining the highest frequency.

Table 8: Indicators of Financial abuse

	Yes
Taken advantage of you financially	12.2
Not let you make decisions about money or buy things you wanted	7.6
Stolen money, possession or property from you	4.8
Blackmailed you for money or other possessions or property	4.4
Overall financial abuse	16.5

Valid %, n > 614

3.1.5 Physical abuse

Physical abuse was appraised with four items, which frequency of positive responses can be observed in table 9. Physical abuse was the less reported form of mistreatment and it appears that its prevalence rate is given mostly from two items: *hit you or otherwise attacked you* and *thrown a hard object at you or used some kind of weapon.*

Table 9: Physical abuse per item

	Yes
Hit you or otherwise attacked you	2.1
Thrown a hard object at you or used some kind of weapon	1.8
Given you too much medicine to control you / make you docile	0.5
Restrained you in any way	0.2
Overall physical abuse	2.8

Valid %, n > 615

3.1.6 Sexual Abuse

Table 10 presents the four items by which sexual abuse was evaluated and the respectively frequency of positive responses to each one. This was the penultimate form of abuse reported and its prevalence rate seems to be obtained by the three first items, given the low frequency value of *made you watch porn against your will.*

Table 10: Sexual abuse per item

	Yes
Touched you in a sexual way against your will	2.3
Talked to you in a sexual way that made you feel uncomfortable	1.8
Forced you or tried to force you to have sexual intercourse/relations	1.6
Made you watch porn against your will	0.2
Overall sexual abuse	3.6

Valid %, n > 616

3.1.7 Violation of personal rights

Violation of rights, the third most common form of mistreatment, was appraised by four items, whose individual frequencies of positive responses can be observed in table 11. *Hinder in personal decisions* is the behaviour most reported, whereas hinder to read the mail was the behaviour least experienced.

Table 11: Violation of personal rights per item

	Yes
Hindered you in personal decisions	10.3
Hindered you to have leisure activities	7.2
Hindered you to meet friends or acquaintances	7.2
Hindered you to read your mail	1.1
Overall violation of personal rights	12.8

Valid %, n > 612

3.2 Patterns of Violence and Abuse

The patterns of abuse, as follows, respect both the distribution/occurrence of the several forms of mistreatment and abuse severity. The co-incidence of types of violence provides information on how violence and abuse is experienced by women, either presenting itself in a single type of mistreatment or combining more than one type.

Of the overall prevalence rate of self-reported abuse and neglect (39.4%), 22.4% accounts for the occurrence of only one type of mistreatment, 8.8% for the co-occurrence of two types and 8.2% corresponds to the experience of at least three or more types together.

Table 12 displays the incidence of self-reported mistreatment experienced alone and dually with other type of mistreatment. Physical and sexual abuse are never reported isolated and, when experienced, are always concomitant with some other type of mistreatment: physical and emotional abuse (0.2%); sexual and financial abuse (0.3%); sexual and emotional abuse (0.2%); sexual abuse and violation of personal rights (0.2%).

Emotional abuse presents itself as the most prevalent form of abuse alone, corresponding to 18.6% of the total overall rate. This means that 18.6% of older women only experiences psychological abuse. Furthermore, financial abuse (2.3%) and neglect (1.2%) present higher prevalence values when co-occurring with emotional abuse than when experienced individually, respectively, of 3.5% and 1.4%. Higher number of women experienced both financial abuse or neglect and emotional abuse than those women experiencing financial abuse or neglect as single forms of mistreatment.

Other patterns observed account for the simultaneous presence of more than two forms of mistreatment. The coincidental experience of emotional, financial abuse and violation of personal rights presents the prevalence values of 2.3% and are also the three most prevalent forms of abuse; followed by neglect, emotional and financial abuse (1.7%).

Table 12: Co-incidence of Types of Violence

	Neglect	Emotional	Financial	Physical	Sexual	Violation of rights
Neglect	1.2					
Emotional	1.4	18.6				
Financial	0.3	3.5	2.3			
Physical	0	0.2	0	0		
Sexual	0	0.2	0.3	0	0	
Violation of rights	0	2.5	0.2	0	0.2	0.3

Another way of observing the patterns of abuse and violence is by the levels of abuse severity. In the present report, the severity of abuse was evaluated combining the number of indicators and the frequency by which the abusive behaviors occurred. It should be regarded that the number of indicators corresponds to the number of items positively signalized in one or more type of mistreatment, since, each item utilized in the questionnaire to evaluate the different types of mistreatment corresponds to an abusive behavior. By the other hand, the frequency was addressed according to the existing possible responses categories contained in the neglect and abuse questions. For all forms of mistreatment, their occurrence was divided into three possible frequency categories: “1 to 6 times in the past year”; “once a month” and “weekly”. Therefore, seldom covers the signalized category of “1 to 6 times in the past year”, while “once a month” and “weekly” are included in (very) often.

Four increasing levels of abuse severity were obtained (Table 13). The majority (19.4%) of the overall experiences of abuse and violence are included in Level IIa (several forms AND

seldom), corresponding to positive responses in more than one item of mistreatment experienced 1 to 6 times in the past year. Also, a high prevalence value (10.5%) is encountered for the Level III (several forms AND very often) revealing that a little more than one fourth of the overall mistreatment refers to the experience of several neglect and/or abusive behaviors occurring once a month and/or weakly. One out of four older women who experiences mistreatment, experiences the most severe Level of abuse.

Given the low number of cases found in the Level IIb (single form AND very often), throughout the rest of the report abuse severity will be divided into three categories condensing together the Level IIa and the Level IIb.

Table 13: Severity of abuse

	Valid %
No abuse (never)	60.6
Level I: Seldom AND single form	8.2
Level IIa: Several forms AND seldom	19.4
Level IIb: Single form AND (very) often	1.3
Level III: several forms AND (very) often	10.5
Overall abuse	**39.4**

Valid %, n = 525

3.3 Experience of Violence and Abuse Since the Age of 60

The survey covered, primarily, mistreatment experiences for the past twelve months, however, given that the target population were women aged 60 and over, some of the older women may in fact have experienced mistreatment for more than or previously to the last year. Therefore, a question addressing experiences of violence and abuse since the age of 60 was included in the questionnaire, where women were inquired about different types of mistreatment It covered the previously assessed types of mistreatment, excepting for neglect and included an “other” written option, allowing the respondent to point out any experienced felt abusive, independent of knowing in which category it is included.

Albeit some caution is advised in interpreting the results, hence some overlap could be implicated between the prevalence rates of mistreatment for the last twelve months and since aged 60 for respondents aged 61 years, the prevalence of mistreatment since the age of 60 (Table 14) is very similar to those encountered for the past twelve months.

Table 14: Experience of Violence and Abuse Since the Age of 60

	Yes
Emotional abuse	17.5
Financial abuse	12.1
Physical abuse	2.8
Sexual abuse	0.7
Violation of rights	7.4
Other	5.0

Valid %, n > 15

3.4 Information on Perpetrators

The information about who carried out the mistreatment was included in the questionnaire following each of the types of mistreatment questions. Taking into account that older adults' mistreatment is framed within a relation where there is an expectation of trust, the perpetrators information encompassed this element for a widened range of possible perpetrators. A multiple option format of response with eleven categories was employed, covering family members (spouse/partner, daughter, son, daughter and son-in law, grandchild, parents and someone else in the family); someone closely known; neighbors and paid home help or care workers.

Table 15 displays the reported perpetrators for each type of mistreatment evaluated. Two broader categories were created aggregating: *daughter and son (and in law)* that combines the children and both daughter and son in law prevalence and *other family members* that includes the prevalence of parents, grandchild and someone else in the family.

Table 15: Perpetrators of Abuse

	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
Partner or spouse	23.1%	55.0%	38.7%	36.8%	79.2%	65.0%
Daughter and son (and in law)[1]	54.7%	31.7%	4.9%	42.1%	4.2%	20.3%
Other family members[2]	17.2%	17.6%	23.1%	10.5%	4.2%	5.1%
Someone else closely known	4.6%	7.7%	6.6%	0%	8.3%	6.3%
Neighbor	6.3%	9.9%	3.8%	10.5%	4.2%	2.5%
Paid Home help or care giver	7.6%	1.8%	4.7%	5.3%	0%	0%

Valid %, n > 485

[1] Includes daughter, son, daughter-in-law and son-in-law.
[2] Includes parents, grandchild(ren) and someone else in the family.

Perpetrator type did not vary much by type of mistreatment. Spouses or partners were the most common observed perpetrator in emotional (55%), financial (38.7%), sexual abuse (79.2%) and violation of personal rights (65.0%).

Neglect and physical abuse, were both reported to have been, primarily, carried out within the category, *daughter and son (and in law)*, respectively with 23.1% and 42.1%. Further, in emotional abuse and violation of rights, where the partner and spouse were the prevailing perpetrators, the category, *daughter and son (and in law)* comprehend the second most common perpetrator. When observing the results within this category (*daughter and son and in law),* the daughter(s), in comparison with to the son, daughter and son in law, stands out as the most reported perpetrator of neglect, emotional, physical abuse and violation of personal rights.

The *other family members* category was the second most reported in financial abuse (23.1%) and third in neglect (17.2%) and emotional abuse (17.6%), which included parents, grandchildren and other relatives. Other relatives were, within this category, the perpetrator highest reported in five of the six types of mistreatment accounted: neglect, emotional, financial, sexual abuse and violation of rights. The only exception, physical abuse was, within this category reported to have been mostly carried out both by other relatives and grandchildren.

Relatively little mistreatment was carried out by paid home help or care giver and, overall, for the several types of mistreatment the spouse or partners, children and their spouses are the principal perpetrators, indicating that most mistreatment occurs within a close family relation.

3.5 Risk factors

The present section focuses on the variables assessed in the survey and their possible relation with the mistreatment, referring to whether the distribution of these characteristics varies significantly according to the existence of neglect and abuse and, also, according to abuse severity.

Throughout this section the results are displayed in tables presenting the distribution of the categories of each of the variables by the types of mistreatment and by levels of abuse severity. It should be regarded that in the tables presenting the crosstabs between the variables and types of mistreatment, the non-abused cases of the categories within that particular variable are omitted and, therefore the cells percentages correspond to the number of women within that category reporting mistreatment. For instance, within the age group of 60 to 69 years old 8.7% of women reported to have been neglected, while 91.3% reported not to have been neglected. However, this last percentage is omitted from the table to facilitate its readability.

The present section organizes the potential risk variables by two different levels, the micro and meso level, deriving from the broader conceptual approach of socio-ecological model. The human development and behavior is viewed within a set of environmental contexts, labeled microsystem, mesosystem, exosystem (an extension of the previous) and macrosystem (Malley-Morrison & Hines, 2004).

The microsystem encompasses the immediate settings and interactions of a particular individual. In this level, the risk factors encompass the individual characteristics of the possible victim which can increase the likelihood of the occurrence of mistreatment. In the survey the variables comprehending the micro-level are age and both physical and mental health.

The mesosystem, including the exosystem, describes the wider relations and settings in which a particular individual is involved according to the developmental stage of his life such as, for instance, the household, school or workplace, etc. The meso-level of risk factors accounts for the settings characteristics; the social environment and community relations in which the possible victim dwells. The survey variables included in this survey are: marital status, household income, living area, social activities, feelings of unsafety, social loneliness and coping strategies.

Finally, the macrosystem refers to the broader sets of cultural values and structures of a determined society in a determined historical time that influence norms, social attitudes, policies and health and social welfare. In the survey no variables at the macro level were included.

3.5.1 Micro Level: Individual Factors

Age

The respondents' age ranged between 60 and 94 years old with a median of 66 years old and a mean of 68.51 years on a standard deviation of 7.43 years. The sample was divided into three age groups, comprehending 63.1% between 60 and 69 years old; 26.6% between 70 and 79 and 10.3% of women over 79 years old.

The relation between the three age groups and mistreatment can be observed in table 16. The significance of the distribution of the three age groups by the types of mistreatment was not possible to assess in physical and sexual abuse due to low number of cases and is not statistically significant in other types of abuse. In fact the prevalence rates between the three age groups and overall abuse are very similar: the most aged group (over 80 years) and those between 60 and 69 years experienced more overall abuse, respectively 40.8% and 39.9%, than people aged 70 to 79 years (36.6%).

Notwithstanding the differences haven´t been found significant, neglect seems to be the form of abuse where wider differences are found: is the fourth most common form of abuse for the two lower age groups (60 to 69 and 70 to 79 years old), whereas is the third prevalent for the most aged group (over 79 years).To look at the relation between the three age groups and severity of abuse the same statistical procedures was conducted. Table 17 shows that there are significant differences between the distributions of the three age groups by the levels of abuse severity. It can be observed that as the levels of abuse severity increases, so the prevalence of mistreatment in the aged group of over 80 years old. The same is not found in the

groups between 60 to 69 and 70 to 79 years old, which presented higher prevalence of mistreatment in the second most severe level of abuse.

Table 16: Rates of Abuse by Age

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
60 to 69 years	39.9	8.7	35.1	16.5	2.1	3.7	12.6
70 to 79 years	36.6	9.3	27.5	14.2	3.1	4.4	13.8
Over 79 years	40.8	18.6	31.6	20.0	5.0	1.6	11.3
Overall	39.4	9.9	32.8	16.5	2.8	3.6	12.8
p-value	*0.776*	*0.056*	*0.249*	*0.564*	*Chi^2 not possible*	*Chi^2 not possible*	*0.863*

Valid %, n > 520

Table 17: Abuse severity by Age

	Type 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**
60 to 69 years	60.1	8.0	23.2	8.6
70 to 79 years	63.4	9.7	15.7	11.2
Over 79 years	59.2	6.1	12.2	22.4
Overall	**60.9**	**8.3**	**20.2**	**10.6**

Valid %, n > 520; p-value = 0.043

Physical health

Women were also inquired about their present health status and the great majority stated to have good health (89.4%), while 11% experienced a poor health.

Table 18 shows that respondents stating poor health present higher percentages in overall and all types of mistreatment. However both in physical and sexual abuse the chi-square was not possible and no significance value is given and in the case of financial abuse the difference isn´t statistically significant. The significant results show that in overall mistreatment more women signalized poor physical health (63.5%) than good physical health (37.1%). This is also true in the case of neglect, emotional abuse and violation of personal rights.

Physical health also presents a significant relation with abuse severity (Table 19). There are more women reporting good physical health (62.9%) without any experiences of mistreatment than women stating poor health (36.5%). The rates of mistreated women reporting poor

health increases concomitant with the three enhancing levels of abuse severity: 7.7% in level I; 23.1% in level II and 32.7% in level III. The mistreated women reporting good physical health distribution shows that most situate in level II of abuse severity (20.7%), presenting similar prevalence values both in level I (8.3%) and level III (8.1%).

Table 18: Rates of Abuse by Health Status

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
Poor health	63.5	35.9	51.7	22.6	11.3	9.5	28.1
Good health	37.1	6.8	31.1	15.8	1.8	2.9	11.1
Overall	39.7	9.8	33.2	16.5	2.8	3.6	12.9
p-value	*0.000*	*0.000*	*0.002*	*0.171*	*Chi not possible*	*Chi not possible*	*0.000*

Valid %, n > 520

Table 19: Abuse severity by Health Status

	Type 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**
Poor health	36.5	7.7	23.1	32.7
Good health	62.9	8.3	20.7	8.1
Overall	**60.3**	**8.3**	**20.9**	**10.6**

Valid %, n = 521, p-value = 0.000

Overall poor physical health was associated both with mistreatment and its severity. Women self-reporting poor physical health rather than those with good physical health were more likely to experience overall mistreatment, neglect, emotional abuse and violation of rights. Additionally women reporting poor physical health, when experiencing mistreatment, were more likely to experience most severe levels of abuse.

Mental Health

Mental health is divided in two categories, assessed by two statements refereeing to the past two weeks: symptoms of depression and good mental health. Although the majority of respondents perceived to have a good mental health (53.2%), a high number of respondents observed signalized symptoms of depression (46.8%).

The relation between mental health and mistreatment presented in table 20, shows in overall mistreatment more women signalizing to experience symptoms of depression (48.4%) than those stating good mental health (31.8%). The same is observed for all types of abuse: neglect, emotional, financial, physical, sexual abuse and violation of rights.

Table 20: Rates of Abuse Mental Health Status

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
Symptoms of depression	48.4	15.7	38.9	24.4	5.0	5.7	19.1
Good mental health	31.8	3.6	28.0	11.3	1.3	1.9	7.8
Overall	39.2	9.2	32.9	17.3	3.0	3.7	13.0
p-value	*0.000*	*0.000*	*0.007*	*0.000*	0.009	*0.017*	*0.000*

Valid %, n > 494

Table 21 shows the relation between the variable mental health and the abuse severity. There are less women stating to experience symptoms of depression, when no abuse was present, (51.6%) in comparison to the women with good mental health (68.2%). Additionally higher prevalence was found in level II (24.9%) and III (17.2%) of women reporting symptoms of depression than those reporting good mental health (respectively, 16.1% and 5.8%). That means that women with symptoms of depression experience more severe levels of abuse, than women with good mental health. Curiously in Level I, the least intense level of abuse, the prevalence of women with symptoms of depression (6.3%) was lower than those with good mental health (9.9%).

Table 21: Abuse severity by Mental Health Status

	Type 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**
Symptoms of depression	51.6	6.3	24.9	17.2
Good mental health	68.2	9.9	16.1	5.8
Overall	**60.8**	**8.3**	**20.0**	**10.9**

Valid %, n = 495, p-value = 0.000

In general, mental health is a variable associated both with mistreatment and its severity. There were more women stating symptoms of depression overall mistreated and more women stating good mental health not experiencing abuse. Additionally women reporting symptoms of depression, in comparison to those reporting good mental health, not only experience more of the several types of mistreatment, but also experience the two most severe levels of abuse.

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

Marital Status

Marital status comprehended four categories, whose sample distribution is as follows: 6.1% single (never married); 57.7% married, civil partnership or co-habiting; 11.4% separated or divorced and 24.8% widowed.

Table 22 presents the cross-tabulation where the relation between marital status and mistreatment can be observed. The distribution of the four categories of marital status by the types of mistreatment was not possible to assess in physical and sexual abuse due to low number of cases. In addition, the distribution of the four categories of marital status by types of mistreatment is only significant in emotional abuse: 37.4% married; 31.1% separated or divorced; 25% widowed and 18.9% single.

Table 22: Rates of Abuse by Marital Status

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
Single	35.3	13.9	18.9	17.9	2.6	2.8	7.9
Married, civil partnership, co-habiting	43.0	8.5	37.4	16.8	2.5	4.6	15.7
Separated, divorced	36.7	6.9	31.1	10.3	0.0	2.9	6.0
Widowed	31.4	12.2	25.0	18.2	4.3	0.7	9.7
Overall	39.1	9.6	32.6	16.5	2.7	3.3	12.6
p-value	*0.148*	*0.389*	*0.016*	*0.516*	*Chi not possible*	*Chi not possible*	*0.056*

Valid %, n > 516

The four categories of the variable marital status also do not distribute significantly differently by types of abuse severity (Table 23).

Overall being single, married, separated or widowed were not, in this survey, characteristics observed to distinguish the like hood of experiencing neglect, financial, physical, sexual abuse or violation of rights or even the degree of severity of the abuse.

Table 23: Abuse severity by Marital Status

	Type 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**
Single	64.7	8.8	20.6	5.9
Married, civil partnership, co-habiting	57.0	9.6	22.5	10.9
Separated, divorced	63.3	6.7	21.7	8.3
Widowed	68.6	5.8	14.0	11.6
Overall	**60.9**	**8.3**	**20.3**	**10.4**

Valid %, n = 517, p-value = 0.525

Managing with household income

The perception of difficulty/easily in managing household income was appraised in three categories and the majority of the women (65.7%) found it to be moderately, while 26.9% found it to be easily and 7.4% found it to be badly.

When looking to the relation between the variable and mistreatment (Table 24) it can be observed that, women finding the management of the household income as badly present higher percentages in overall and all types of mistreatment. Nonetheless, in physical abuse the chi-square was not possible and no significance value is given and in the case of sexual abuse the difference is not statistically significant. Therefore women perceiving the management of the household income as badly rather than moderately or easily, experience more overall mistreatment, neglect, emotional, financial abuse and violation of personal rights. In all these types of mistreatment the most prevalent category is badly, followed by moderately and easily.

Table 24: Rates of Abuse by Household Income Management

	Overall abuse	**Neglect**	**Emotional abuse**	**Financial abuse**	**Physical abuse**	**Sexual abuse**	**Violation of rights**
Badly	58.6	35.7	60.0	32.5	15.8	9.8	26.8
Moderately	40.8	10.1	32.9	17.2	2.5	3.8	13.2
Easily	32.0	2.4	26.4	10.7	0.6	1.8	8.6
p-value	*0.017*	*0.000*	*0.001*	*0.003*	*Chi not possible*	*0.051*	*0.007*

Valid %, n > 511

In table 25 the relation between the managing household income and the abuse severity is presented. Women, perceiving the management of their household income as being easily were less mistreated, presenting a total of 68% prevalence for no abuse; in comparison with the women that found it to be badly or moderately (respectively 41.4% and 59.2%). Addition-

ally the prevalence of the category "badly" highness as abuse levels of severity increases: 0% in level I; 27.6% in level II and 31% in level III.

Table 25: Abuse severity by Household Income Management

	Type 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**
Badly	41.4	0.0	27.6	31.0
Moderately	59.2	8.3	21.7	10.7
Easily	68.0	9.5	17.7	4.8
Overall	**60.7**	**8.2**	**20.9**	**10.2**

Valid %, n = 512, p-value=0.000

Overall the perception of difficulty/easiness in managing household income is a variable associated with overall and four types of abuse, as well as with abuse severity. There were more women perceiving the household income management as badly mistreated and more women perceiving the household income management as easily not experiencing abuse. Additionally women perceiving the household income management as badly, not only experienced more overall abuse, neglect, emotional, financial abuse and violation of rights, but also experience the two most severe levels of abuse.

Living area

Living area refers to whether the area of residency is urban or rural. In the survey the majority of the respondents reside in urban area (65.7%), while 34.3% lives in a rural area.

Table 26 presents the results from the cross-tabulation between living area and mistreatment. The distribution of respondents living in urban or rural by overall abuse and types of mistreatment is relatively similar and no significant differences are found.

Table 26: Rates of Abuse by Living Area

	Overall abuse	**Neglect**	**Emotional abuse**	**Financial abuse**	**Physical abuse**	**Sexual abuse**	**Violation of rights**
Urban area	39.8	9.9	33.9	14.7	2.6	4.2	12.2
Rural area	36.6	9.5	29.9	17.0	3.6	3.1	12.8
Overall	38.7	9.8	32.5	15.5	3.0	3.8	12.4
p-value	*0.495*	*0.856*	*0.351*	*0.461*	*0.525*	*0.542*	*0.840*

Valid %, n > 495

Likewise, as it can be observed in table 27, the differences of the living area distribution by the types of abuse severity are not significant.

Table 27: Abuse severity by Living Area

	Type 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**
Urban area	60.2	7.5	22.9	9.3
Rural area	63.4	9.8	15.2	11.6
Overall	**61.3**	**8.3**	**20.4**	**10.1**

Valid %, n = 496, p-value = 0.209

The variable living area did not showed any significant association with mistreatment and abuse severity. Living in an urban or rural area did not distinguish the like hood of experiencing neglect, emotional, financial, physical, sexual abuse or violation of rights or even the degree of abuse severity.

Social activities

The respondents' involvement in nine of the different social activities inquired is presented in table 28. Given that multiple option format was used, each cell presents the total valid percentage of respondents whom sated to perform that activity. The most common activities were visiting friends, relatives or acquaintances, hobbies and physical exercise; while the least common was studying.

Table 28: Social activities

	Valid %
Visiting friends, relatives or acquaintances	55.5
Hobbies	51.3
Physical exercise or sport	51.3
Caring for family	40.7
Going to religious act	39.8
Cultural act or entertainments	31.7
Charitable or other voluntary work	15.7
Studying	8.9
Nothing	3.1

Valid %, n > 320

Regarding the number of activities, table 29 shows that the majority of respondents were involved in more than three activities (57.3%) and only a small number (5.9%) were not involved in any activity.

Table 29: Involvement in Different Social Activities

	Valid %
No activities	5.9
One to two activities	36.8
Three to four activities	37.1
Five or more activities	20.2

Valid %, n = 649

In order to analyze the relation between social activities and mistreatment, the cross-tabulations were employed with the number of different social activities performed (Involvement in different social activities). The results, presented in table 30, show that the distribution of the different categories considered for involvement in different social activities were relatively similar by overall and the several types of mistreatment. Furthermore the distribution did not present any significant difference by overall or different types of mistreatment.

Table 30: Rates of Abuse by Involvement in Social Activities

	Overall abuse	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of rights
No activities	33.3	8.6	29.4	22.9	2.9	2.9	14.7
1 to 2 activities	35.8	12.7	27.4	17.4	3.9	2.6	11.3
3 to 4 activities	42.9	6.6	38.2	15.5	2.3	4.0	13.5
5 or more activities	41.4	11.0	34.5	15.0	1.6	4.8	13.7
Overall	39.4	9.9	32.9	16.5	2.8	3.6	12.8
p-value	*0.435*	*0.164*	*0.116*	*0.670*	*Chi not possible*	*Chi not possible*	*0.861*

Valid %, n > 524

Similarly, the involvement in different social activities did not distribute significantly differently by abuse severity (table 31).

Table 31: Abuse severity by Involvement in Social Activities

	Type 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**
No activities	66.7	0.0	26.7	6.7
1 to 2 activities	64.2	6.7	16.1	13.0
3 to 4 activities	57.1	11.0	21.5	10.5
5 or more activities	58.6	8.1	26.1	7.2
Overall	**60.6**	**8.2**	**20.8**	**10.5**

Valid %, n = 525, p = 0.177

Feelings of unsafety

The feelings of unsafety (Elchardus & Smits, 2003) is a three items scale aiming the measurement of women's general feelings of insecurity regarding their environment. It ranges from 1.00 to 5.00 regarding, respectively, lower and higher feelings of unsafety. The respondents mean was 3.75 with a standard deviation of 0.85, which seems to point out that in this particular sample, there were many women perceiving high feelings of unsafety regarding their living environment.

The statistical procedure t-test for independent samples was undertaken to establish whether the feelings of unsafety are interlaced with mistreatment. However, no significant differences were observed in the scale mean and the overall abuse, neglect, emotional, financial, physical, sexual abuse and violation of rights. Additionally, the One Way Anova the comparison of the scale mean by abuse severity also did not reveal any significant differences by the three levels of abuse severity considered.

Loneliness

The loneliness was evaluated by a three items scale, which items were retrieved from "Social loneliness scale" (De Jong-Gierveld, 2006). It relates to the measurement of the feeling of missing a wider social network and it ranges from 1.00, lower perceived loneliness and 5.00, higher perceived loneliness. The mean obtained was 3.56 with a standard deviation, indicating high perceived loneliness within the sample.

Table 32 shows results from the t-test for independent sample, where the significant mean differences of the scale in mistreatment are displayed. In overall abuse and the six types of mistreatment significant differences were observed: women reporting neglect, emotional, financial, physical, sexual abuse and violation of rights perceived higher social loneliness than the women who were not mistreated.

Table 32: Feelings of Loneliness by Abuse Experience

	No abuse experience		Abuse experience		Sign.
	Mean	(Sd)	Mean	(Sd)	p-value
Neglect	2.37	0.84	3.01	0,97	0.000
Emotional abuse	2,32	0.82	2.57	0.95	0.002
Financial abuse	2.37	0.85	2.71	0.99	0.001
Physical abuse	2.39	0.86	3.43	0.94	0.000
Sexual abuse	2.41	0.87	3.00	1.07	0.002
Personal rights	2.40	0.87	2.65	0.96	0.022
Overall abuse	2.25	0.79	2.61	0.95	0.000

Valid %, n > 507

Additionally social loneliness also varies according to abuse severity (table 33). Although, the respondents who did not report any mistreatment only present significant differences regarding level III of abuse severity (respectively a mean of 2.25 for no abuse and of 3.30 for level III), between the three levels considered, significant differences can be observed. The respondents within level III describe to feel more social loneliness (3.30) than those in level I (2.19) and those in level II (2.43). Overall, as the severity of abuse heightens, so do the feelings of loneliness perceived by the mistreated women.

Table 33: Loneliness by Abuse severity

	Mean	**(Sd)**
No abuse (Never)	2.25	0.79
Level I: seldom AND single form	2.19	0.70
Level II: several forms AND seldom OR single form AND (very) often	2.43	0.79
Level III: several forms AND (very) often	3.30	1.07
Post hoc test (Scheffé)	**Sig.**	
No abuse – Level I	0.974	
No abuse – Level II	0.264	
No abuse – Level III	0.000	
Level I – Level II	0.435	
Level I – Level III	0.000	
Level II – Level III	0.000	

Valid %, n = 508

Women experiencing overall or all different types of mistreatment, in comparison to those not mistreated perceived higher social loneliness as well as those women reporting the most severe mistreatment (level III of abuse severity).

Coping strategies

Three strategies of coping were retrieved from the Brief COPE, an instrument aimed at assessing the potentially coping responses quickly (Carver, Scheier, & Weintraub. 1989): active coping, emotional support and behavioral disengagement. All of the three strategies were assessed as two items scales ranging from 1.00 to 4.00, corresponding, respectively, to coping strategy never used and highly employed. The strategy mostly used was active coping (mean of 3.23, standard deviation of 0.71), followed by seeking emotional support (mean of 2.67, standard deviation of 0.81) and behavioral disengagement (mean of 1.59, standard deviation of 0.78).

In order to observe differences of the coping strategies used and mistreatment, the t-test for independent samples was undertaken. Significant differences were observed regarding both active coping and behavioral disengagement in neglect and physical abuse and also in seeking emotional support in reference to sexual abuse.

The respondents reporting neglect, comparatively to women not reporting it, stated to less employ the active coping strategy (mean of 2.97 when neglect is present in comparison to 3.27 for when is not) (table 34) and to utilized more the behavioral disengagement strategy (table 35) (mean of 1.83 when neglect is present in comparison to 1.56 for when is not).

The pattern between neglect and the two strategies of coping was also observed in physical abuse. Older women stating to have experienced physical abuse apply less the active coping strategy (mean of 2.79 when physical abuse is present in comparison to 3.24 for when is not) (table 34) and more the behavioral disengagement strategy (mean of 2.15 when experience of physical abuse is present in comparison to 1.57 for when is not) (table 35).

Table 34: Coping, Active Coping by Abuse Experience

	No abuse experience		Abuse experience		Sign.
	Mean	(Sd)	Mean	(Sd)	p-value
Neglect	3.27	0.70	2.97	0,72	0.002
Emotional abuse	3.26	0.70	3.19	0.73	0.163
Financial abuse	3.25	0.71	3.15	0.71	0.215
Physical abuse	3.24	0.70	2.79	0.84	0.010
Sexual abuse	3.24	0.71	3.19	0.66	0.761
Personal rights	3.25	0.71	3.17	0.71	0.358
Overall abuse	3.28	0.71	3.20	0.72	0.217

Valid %, n > 516

Table 35: Coping, Behavioral Disengagement by Abuse Experience

	No abuse experience		Abuse experience		Sign.
	Mean	(Sd)	Mean	(Sd)	p-value
Neglect	1.56	0.77	1.83	0.83	0.013
Emotional abuse	1.55	0.77	1.65	0.81	0.163
Financial abuse	1.57	0.78	1.70	0.80	0.130
Physical abuse	1.57	0.77	2.15	1.01	0.032
Sexual abuse	1.57	0.77	1.76	0.85	0.273
Personal rights	1.56	0.76	1.75	0.88	0.066
Overall abuse	1.53	0.76	1.66	0.80	0.075

Valid %, n > 512

The coping strategy, seeking of emotional support, was only significant in regard to sexual abuse. Older women reporting to have been sexual abused, seek less emotional support than the respondents who didn´t experience this form of mistreatment (mean of 2.20 when sexual abuse is present in comparison to 2.68 for when is not) (table 36).

Table 36: Coping, Emotional Support by Abuse Experience

	No abuse experience		Abuse experience		Sign.
	Mean	(Sd)	Mean	(Sd)	p-value
Neglect	2.70	0.81	2.54	0.81	0.174
Emotional abuse	2.71	0.81	2.65	0.78	0.417
Financial abuse	2.69	0.81	2.60	0.77	0.350
Physical abuse	2.67	0.80	2.38	0.82	0.144
Sexual abuse	2.68	0.80	2.20	0.82	0.017
Personal rights	2.69	0.82	2.50	0.71	0.054
Overall abuse	2.71	0.82	2.66	0.79	0.486

Valid %, n > 511

The three strategies of coping, active coping, seeking emotional support and behavioral disengagement, didn´t revealed any significant difference regarding abuse severity.

Overall the active coping, which is a strategy where efforts are taken in order to manage or alter the problematic situation, is less used when neglect and physical abuse is present whereas the withdrawal of task-oriented efforts, the behavioural disengagement strategy is more employed. Additionally seeking emotional support, which concerns efforts to seek informational, instrumental or emotional support, was significant less used by women experiencing sexual abuse. Maybe there are coping strategies that can function as protective factors (active coping and emotional support) for some types of mistreatment, whereas other strategies (behavioural disengagement) may function as a risk factor. On the other hand the relation between coping strategies and mistreatment may relate to the abusive context, which can promote and inhibit the utilization of determined coping strategies.

3.5.2 Consequences of the Abuse

The consequences of the abuse were inquired in the survey on reference to the most serious incident felt by the women whom stated to have experienced, in the past twelve months, some form of mistreatment and it pertains by one hand, the emotional and psychological effects experienced and on other hand, the fact that incident was reported or talked about to someone.

The table 37 shows the total valid percentages of positive responses for each item describing different consequences where tension (87.7%), feelings of powerlessness (87%) and depression (73%) are the most signalized by the respondents, while fear (37.5%) and guilt (28.9%) are the least reported.

Table 37: Consequences of the Most Serious Incidence

	Yes
Tension	87.7
Feelings of powerlessness	87.0
Depression	73.0
Sleeping difficulties or nightmares	71.2
Anger, hatred	66.1
Concentration difficulties	62.7
Shame	62.0
Difficulties in relations with others	38.1
Fear	37.5
Guilt	28.9
Other problems	0.80

Valid %, n > 11

From the total women overall abused, who scored a positive response to at least one item of the several types of mistreatment evaluated, 26.1% reported or talked about the incident felt as the most serious.

The cross-tabulations, where the relation between reporting/talking about the incident and abuse severity can be observed, is presented in table 38. Given that the fact of reporting/talking about the incident refers only to mistreated women, abuse severity was divided in three categories. Although not statistically significant, the number of women not talking/reporting the incident seems to grow as the severity of abuse increases.

Table 38: Abuse severity by Incident Reporting

	Type 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	8.8	57.9	33.3
Not reported	15.6	37.5	46.9
Overall	**11.2**	**50.6**	**38.2**

Valid %, n = 89, p-value=0.171

The incidents of mistreatment were mostly talked to the informal social network, namely with family members (17.9%) and friends (14.5%) (Table 39). When reported to an agency, institution or professional group, the health professionals were the professional group mostly chosen (6.3%). Very few of the women mistreated did report the incident to the police (1.4%). The helpfulness or not of reporting the incident to an official or an agency was also address and less than half of the women stated to have found it to be helpful (43.8%).

Table 39: Reported the Incident to …

	Valid %
Family	17.9
Friends	14.5
Health professional (medical doctor, nurse, psychotherapist)	6.3
Priest	4.8
Professional carer, social worker or home helper	2.9
Lawyer	1.9
The police	1.4
Helpline or charity worker	0.5

Valid %, n > 7

Table 40 displays the total valid percentages of positive responses for each item describing reasons for not reporting the incident of mistreatment felt has the most serious. *Not thinking anyone would be able to do anything*, *thinking the incident was too trivial* and *not wanting anyone to get involved* were, of the reasons inquired, the three that respondents felt as the most important.

Table 40: Reasons for not reporting the incident

	%
Did not think anyone would be able to do anything	84.8
Thought the incident was too trivial	78.9
Did not want anyone to get involved	73.9
Was ashamed or had feelings of guilt	55.6
Was afraid the perpetrator might take revenge	37.5
Did not want the perpetrator to go to prison	36.4
Did not think anyone would believe me	33.3

Valid %, n > 11,

3.5.3 Wellbeing and quality of life

The wellbeing and quality of life was address by the EUROHIS-QOL 8-item index (Schmidt, Mühlan, & Power, 2006) and encompasses the psychological, physical, social and environmental dimensions. The scale, ranging from 1 (low quality of life) to 5 (high quality of life), obtained a mean of 3.60 with a standard deviation of 0.62.

The perception of general quality of life also shows that 53.3% of the respondents perceived it as being “good”; followed by “neither poor or good” (34.9%); “good” (6.8%); “poor” (4.1%) and “very poor” (0.9%).

Both the sufficiency of energy to perform daily activities and the sufficiency of money to meet needs was found it to be “moderately” (respectively 48.5% and 63%) for the majority of older

women. Relatively low women stated not to have enough energy to perform daily activities (0.3% for “not at all” and 6.7% for “little”) or enough money to meet their needs (2.4% for “not at all” and 12.1% for “little”).

Most of the respondents stated to be “satisfied” with: their health (45.8%); their ability to perform daily living activities (50.1%); themselves (55.7%); their personnel relationships (60.8%) and conditions of the living place (59.3%).

In general and given the scale mean (3.60) and the responses of the several items that constitute the scale; the majority of women in the sample perceived to have an overall high quality of life.

The comparison of means of the quality of life scale and mistreatment by the t-test for independent samples is displayed in table 41. This relation is statistically significant for overall abuse and all types of mistreatment; the quality of life is always perceived has being higher when no neglect or abuse experience is present and lower when there´s mistreatment. The mean difference of the quality of life scale is particular wider in physical abuse (mean of 2.88 when physical abuse is present in comparison to 3.65 for when is not) and neglect (mean of 3.05 when neglect is present in comparison to 3.67 for when is not).

Table 41: Quality of Life by Abuse Experience

	No abuse experience		Abuse experience		Sign.
	Mean	(Sd)	Mean	(Sd)	p-value
Neglect	3.67	0.57	3.05	0.55	0.000
Emotional abuse	3.75	0.56	3.41	0.63	0.000
Financial abuse	3.67	0.60	3.36	0.60	0.000
Physical abuse	3.65	0.59	2.88	0.59	0.000
Sexual abuse	3.63	0.60	3.24	0.66	0.004
Personal rights	3.66	0.60	3.24	0.59	0.000
Overall abuse	3.80	0.53	3.43	0.60	0.000

n > 326

The One Way Anova statistical procedure shows also an association between quality of life and abuse severity (table 42), which is not significant between no abuse and the level I and between level I and level II. Notwithstanding as the severity of abuse increases the quality of life decreases: 3.72 in level I; 3.49 in level II and 3.09 in level III.

Quality of life is, therefore, associated with the experience of mistreatment and abuse severity. Women experiencing overall or any type of mistreatment and those experiencing the most severe levels of abuse were more likely to perceived lower quality of life.

Table 42: Quality of Life by Abuse severity

	Mean	(Sd)
No abuse (Never)	3.80	0.53
Level I: seldom AND single form	3.72	0.48
Level II: several forms AND seldom OR single form AND (very) often	3.49	0.55
Level III: several forms AND (very) often	3.09	0.64
Post hoc test (Scheffé)	**Sig.**	
No abuse – Level I	0.848	
No abuse – Level II	0.000	
No abuse – Level III	0.000	
Level I – Level II	0.163	
Level I – Level III	0.000	
Level II – Level III	0.001	

Valid %, n = 630

4 Concluding points

4.1 Summary and Discussion of Main Results

The prevalence study of violence and abuse against older women (AVOW) is part of a partnership between five European countries (Austria, Belgium, Finland and Lithuanian and Portugal) aiming at the prevalence of mistreatment among older women (aged 60 years and over) living at private households. Mistreatment covered neglect, emotional abuse, financial abuse, physical abuse, sexual abuse and violation of rights.

Several points can be point out, not only in the matter of the survey results, but also in what regards the survey process and methodology employed.

1. Partnership

Working together in partnership toward common goals although in many aspects was a difficult entrepreneurship was also felt as an interesting and new experience of learning; what we have gained surpass some of the difficult moments of planning and discussing together all the pieces, steps and results of research.

2. Methodology

a. The questionnaire and its measures

These processes of group coordination lead us to include violation of rights as a kind of abuse that usually is not taken into account in several types of research. By other hand the inclusion of a complete measure of quality of life and three dimensions of coping strategies as features of people's usual way of face adversity was felt important to increase understanding coping and appraisal of quality of life in advanced age. Quality of life could be seen as a measure of divergent validity of the measures of abuse.

b. The process of getting in touch with participants

This was one of the most interesting and surprising findings of this research. Different countries have different realities respecting the best way to have participants entering into the study. In the case of Portugal we depart with some distrust respecting the use of mail. However, we finally took a different look to this, accepting its challenging nature. And since no one before in Portugal has used this kind of method to reach older adults as research participants, there wasn't any grounded evidence for rejecting this method. Then, we invest a lot in the pilot and in the cover letter and surprisingly we have about 40% of returned and filled questionnaires. One of advantages of this method was really the fact that we did not have to report abuse during the process of research or after, obtaining data not influenced by the fear

of the consequences of self-disclosure while at the same time we have provided the contacts and resources of agencies to where participants could request help if they want.

c. The issue of the sample representativeness

From the previous point resulted a non-representative sample at the national level. We begin with a representative sample but have finished with non-representative one. It's a consequence of the use of this kind of method. However we do not see strong inconveniences since the research agenda of older adults' abuse and neglect is far from being focused only on representative prevalence. Beyond this point we can say that the results really represent the sample obtained. But again representativeness is not the issue even if it was established as a goal for this study. Because we don't have an established, accurate and objective measure of abuse or neglect and in this sense any number of prevalence only can be referred to the adopted measures for each study.

3. Results

a. About overall prevalence

We will take a first look toward the results of abuse without any concern with the patterns of abuse and violence. We will, afterwards, consider the meaning of the prevalence in regard to the co-incidence of different types of abuse and abuse severity.

The global number of prevalence, very near to 40% in the past twelve months, seems very high. If we take into account the range of prevalence in two recent literature reviews (Lachs & Pillemer, 2004; Hajjar & Duthie, 2001; Cooper, Selwood, and Livingston, 2008) the numbers we got are surprisingly high. The explanation could be partially found in the fact that some studies grounded their prevalence rate on data provided by adult protective services or from health care professionals or from sentinels. This kind of gap between data from surveys and data from adult protective services is normal since in survey it was enough to have one item signalled to add it to abuse percentage. In real life it seems less likely to have women claim to authorities or to adult protective services if they are hurt one time. And even though not all research presents data provided by adult protective services and also in those cases our values are higher; some reasons, that followed, may be underlying the prevalence obtained and should, therefore, be taken into account in planning future research:

i. As many items of emotional abuse were retrieved from conflict tactics scale and this is a measure very sensible to interpersonal conflict, this can explain the higher values of emotional abuse from this research
ii. These data may well correspond to a particular Portuguese reality. Additional regional located studies carried in Portugal using different methods and instruments have also found high prevalence values (section 1.1) for both older men and women. For instance in two studies using the "Caregiver Abuse Screen", an instrument evaluating older adults abuse through the caregiver, the prevalence obtained ranged be-

tween 26,7% (Silva & Ferreira-Alves, 2009) and 47.4% (Afonso et al., 2009) (in Ferreira-Alves & Santos, 2010)

iii. The broader concept of mistreatment, in which six types of mistreatment are included, may widen the number of abusive behaviours inquired – and the measures are really directed toward behaviours. This may be particularly true in the case of violation of personal rights, a type of abuse hardly ever included in research on older adults abuse prevalence

iv. The inclusion of only older women may have heightened the prevalence values in comparison with studies encompassing both genders. International studies have found that women are more likely than men to experience overall mistreatment, even though differences are found when different types of mistreatment are individually considered (Eisikovits, Winterstein & Lowenstein, 2004; Marmolejo, 2008; National Elder Abuse Incidence Study, 1998; O'Keeffe et al., 2007; Ferreira-Alves & Sousa, 2005).

v. Additionally, mistreatment framed within a relation where there is an expectation of trust, was considered to be perpetrated by a wide range of close people and besides specific categories covering family members (spouse/partner, daughter, son, daughter and son-in law, grandchild, parents), additional options included someone else in the family, someone closely known, neighbours and paid home help or care workers. Given the broad range of perpetrators a large number of respondents may have reported mistreatment not included in studies were mistreatment is confined to a small number of perpetrators. For instance the United Kingdom Prevalence survey of elder abuse found that the prevalence rates increased when a broader definition of perpetrators, that included neighbours and acquaintances, was used (O'Keeffe et al., 2007)

b. *About the co-incidence and severity of the self-reported abuse*

Most of the incidence of mistreatment (22.4% of 39.4%) corresponds to the presence of one isolated type of mistreatment: emotional abuse alone accounts for 18.6%; financial abuse for 2.3%; neglect for 1.2% and violation of rights for 0.3%. Physical and sexual abuse are never reported isolated and in fact physical abuse is only experienced accompanying emotional abuse (respectively, 0.2% and 0.2%). In regard to the incidence of two types of mistreatment, emotional abuse is the only type of abuse concomitant with all other types.

The severity of mistreatment covers three levels: level I (single forms of abuse and seldom); level II (several forms and seldom or single form and often) and level III (several forms and often). Level II (several signalised mistreatment items taking place 1 to 6 times in the past year or one signalised item taking place once a month or weakly) encompassed 19.4% of all mistreatment, while level III (several signalised mistreatment items taking place once a month or weakly) comprehended 10.5%.

Overall mistreatment, except for neglect, is present since the age of 60 years old and previously to the twelve past months, indicating the existence of long-term mistreatment. Most of the mistreatment experienced by the women, for the past twelve years, corresponds to the occurrence of only one type, with particular relevance for emotional abuse. In fact emotional abuse is always present respecting the co-incidence of all other types of mistreatment; neglect, financial, physical, sexual abuse and violation of personal rights. Additionally the reported mistreatment appears to be relatively severe, given that a little more than one fourth of the overall mistreatment refers to the experience of several neglect and/or abusive behaviours occurring once a month and/or weakly.

c. About perpetrators and risk factors

Neglect, the fourth prevalent type of abuse (9.9%) was perpetrated mainly by a daughter (42.2%) spouse or partner (23.1%) and someone else in the family.(17.2%). Women reporting neglect were more likely to report poor physical health and symptoms of depression; to state the management of the household income as being badly; to perceive higher social loneliness and to, when facing stressful and difficult situations, less employ the active coping strategy and to utilized more the behavioral disengagement strategy.

Emotional abuse, the most prevalent type of mistreatment (32.9%) was perpetrated mainly by a spouse or a partner (55%), daughter (18.1%) and someone else in the family (17.6%). Women emotional abused were more likely to be married, to report poor physical health, symptoms of depression, to perceive the management of the household income as being badly and higher social loneliness.

Financial abuse, the second most common type of mistreatment (16.5%) was perpetrated mainly by a spouse or a partner (38.7%), someone else in the family (23.1%) and someone else closely known (6.6%). Women financial abused were more likely to report symptoms of depression, perceive the management of the household income as being badly and higher social loneliness.

Physical abuse, the least prevalent of the six types of mistreatment evaluated (2.8%), was perpetrated mainly by the daughter and son category, where also daughters and sons in law were included (42.1%). Within this category daughters were again the most common perpetrator (21.1%) in comparison with sons (10.5%), daughter-in-law (10.5%) and sons in law (10.5%). Women physically abused were more likely to report symptoms of depression, higher social loneliness and to, when facing stressful and difficult situations, less employ the active coping strategy and to utilized more the behavioural disengagement strategy.

Sexual abuse, the fifth most prevalent of the six types of mistreatment (3.6%), was perpetrated mainly by the partner or spouse (79.2%) and someone else closely known (8.3%). Women sexual abused were more likely to report symptoms of depression, perceive higher social loneliness and to, when facing stressful and difficult situations, seek less emotional support.

Violation of personal rights, the third most common type of mistreatment (12.8%), was perpetrated mainly by the partner or spouse (65%) and the daughter and son category, where also daughters and sons in law were included (20.3%) Within this category daughters were again the most common perpetrator (11.4%).Women who experienced violation of personal of rights were more likely to report poor physical health, symptoms of depression, to perceive the management of the household income as being badly and higher social loneliness.

Significantly associations were observed regarding overall mistreatments and the following variables: health status, mental health, management of household income and social loneliness. Of the overall mistreated women a higher number stated poor physical, symptoms of depression, reported the household income management as being badly and perceived high social loneliness.

In addition an association between the three levels of increasing abuse severity and age, physical health, mental health, household income management and social loneliness. Considering the three levels of abuse severity, a pattern can be observed within their progression. As abuse severity increases so does the number of cases of women: aged over 79 years; with poor physical health; perceiving the household management as being badly and perceiving high social loneliness. Regarding the variable mental health, only in the two most severe levels of abuse severity (level I and II) did a higher number of cases of women stating symptoms of depression was observed.

In summary, two factors consistently emerged as statistically significant in the overall and in all types of mistreatment: mental health and social loneliness. Symptoms of depression and higher perceived social loneliness distinguished the mistreated women from those not mistreated. Furthermore women aged over 79 years, stating symptoms of depression, with poor physical health, perceiving the household management as being badly, perceiving high social loneliness are more likely to, when mistreated, to experience more severe levels of abuse.

4. Summary and conclusion

The research findings suggest that the problem of abuse and neglect of older women in Portugal is at least as extended as to other western countries if not even more, specifically in what regards emotional and financial abuse and violation of personal rights. Roughly one fourth of the mistreatment fall down in the most severe level defined, comprehending several abusive actions occurring once a month and/or on a weekly basis.

Only one fourth of the mistreated women talked about the mistreatment to someone or reports it to an official or an agency. The findings suggest, by one hand that the phenomenon may still be viewed as taboo and by the other hand, that the majority of women mistreated do not rely on the proper services. Additionally when reported to an official or an agency half didn´t found it to be helpful.

One of the reasons for not uncovering may be the fact that the mistreatment takes place within a close relationship of direct relatives; primarily perpetrated by a partner or spouse and by the children.

The mistreated women report emotional and psychological consequences of their abusive experience, such as fear, tension feelings of powerlessness and depression, and perceived lower quality of life, which points out to the effects that mistreatment can have on older women health and well-being.

Notwithstanding the results can´t be generalised to the Portuguese population and even though other factors may have affected the prevalence, this study shows that older women are in fact being mistreated in Portugal and that the phenomenon may be even more under-reported that one would thought. Furthermore, the mistreatment, framed particularly by close family relationship, stills appears to remain a hidden subject resulting in poor well-being and health of women reluctant to seek informal or official help.

4.2 Recommendations

Interventions towards the public awareness can contribute to make the phenomenon visible, and more difficult to cover than uncover it. Additionally emphasizing the public responsibility in reporting it to the proper services could be a strong factor in dissuading the abusive responses and the silence around them. Additionally campaigns on the subject could also address the social stigma and, therefore, indirectly, improve the disclosure. And although many different reasons may be beneath the covering of the problem by the victim or others around, some are particular related to how the issue is perceived socially, such as, the shame and dishonor felt regarding the family name.

Emphasize the services and professionals' responsibility and capacity of recognition and respond to mistreatment should be a goal. Training and instruction about the mistreatment of older adults should be made available to specific professional groups working directly with this population, like physicians, nurses and other health professionals. Domiciliary support services and other care and social workers should also be targeted to have some training in alert signals.

Make the information on the services for victims of older adults' mistreatment available in settings attended by the older population, such as the private or public institutions providing care services, socializing centers; day care centers; health centers, churches, etc. Additionally these local services should established partnerships with other relevant organizations (police, hospitals, social services, support services for victims of violence) to improve the efficiency of actions taken, when older adults mistreatment is suspected, such as referring the person to the proper services and ensuring a quicker and safer response.

In what concerns the existing intervention services, in Portugal a large majority of them aim at domestic violence in general and do not target older adults' victims of mistreatment.

Therefore it would be important to create within the already existing attending services, specialized teams on older adults' population mistreatment assessment and management. Furthermore the creation of a knowledge base or basic alert signals in institutions usually attended by older population, could improve the disclosure and follow-up of the mistreatment. Given that older adults may attend in average two to three times more a health professional than the youngest population, it seems important, like we have said before that health services have proper education and training on all the forms of abuse and neglect suffered by older adults.

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