1.7 ABUSE AND VIOLENCE AGAINST OLDER WOMEN LIVING IN THE COMMUNITY: A SYNOPSIS OF RESULTS FROM THE MULTI-NATIONAL AVOW STUDY

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Introduction

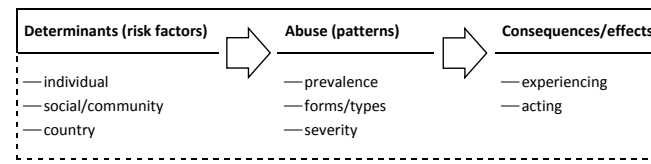
Elder abuse is a violation of human rights; abuse of older people is recognised as a global problem and is accepted as a complex phenomenon. For instance, a differentiation between personal and structural abuse and distinction of the social context in which abuse takes place is necessary (e.g. in public, in institutions or in private households). The Toronto declaration of the WHO defines elder abuse as "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person."

Abuse has many facets whereby abuse is categorised as several types: physical (intent to cause pain/injury), psychological/emotional (anguish or distress, verbal/non-verbal), sexual (non-consensual sexual contact of any kind), financial/material abuse (illegal/improper use of funds, property or assets), and neglect (refusal/failure by those responsible to provide essential daily living assistance and/or support) , sometimes violation of personal civil or human rights (e.g. violation of privacy, right to autonomy, freedom) is included. Abusive behaviour by the perpetrator can be intentional or unintentional. Further, elder abuse can vary in severity taking into account the combination of intensity (frequency) and density (number of behavioural acts).

Abuse against older people is a taboo topic and insufficiently noticed, despite generally acknowledged social change, which is linked to far-reaching and profound societal changes, such as the age structure and feminisation of age (e.g. growing population of older women living at home). This background is relevant for elder abuse because functional impairments and cognitive complaints increase with age. Coincidently, the importance of additional situations such as dependence on social contacts and networks increases with health restrictions. The living conditions of older people can be characterised by marginalisation. With increasing dependencies, older women in particular are at risk of being exposed to external compulsion in their social relations, which in extreme cases can lead to violence and abuse.

Although there are primary studies, literature reviews and meta-analyses available using samples of older women, only some of them have the focus on violence. Therefore the objective of the present paper is to contribute to the dissemination of knowledge and awareness about domestic abuse and violence against older women living in the community. In order to obtain the most comprehensive picture, at least three elements are required: first, the primary concern is the prevalence and establishing patterns of the phenomenon. Second, the determinants or risk factors of abuse should be tracked and third, some of the effects and consequences of abuse should be investigated.

Figure 1: Determinants and consequences of domestic abuse against older women



Since these elements can be best explored by experiences among community-dwelling older women, the following research questions were addressed by a multi-national study:

1. What is the prevalence and what are the patterns of abuse for older women living in the community?
2. What are the most common risk factors of domestic abuse in older women?

3. What are the consequences and effects of abuse for these women?

With regard to prevalence and patterns of abuse, particular attention was paid to different types and severity levels of abuse. As far as the risk factors are concerned, possible determinants can be viewed at different levels (individual, social/community, country). Consequences of abuse are differentiated under aspects of behavioural actions and psychological processes.

Methods

Measures
The EU-funded prevalence study Abuse and Violence against Older Women (AVOW) was based on the above-mentioned conceptual distinctions. A survey instrument was developed, adapted from the literature. Abuse types were operationalised with 34 questions, each asking how often abusive acts against an older women were committed by someone close to the individual in the last 12 months. Respondents could self-report on a four-point frequency scale.

Additionally, for the description of the consequences of domestic abuse, emotional consequences (e.g. tension, anger or hatred) of the most serious incident and an instrument measuring subjective quality of life were included. Moreover, help seeking behaviour (formal or informal) or reasons for not reporting the incident were added. Finally, background factors were included, e.g. individual age, educational attainment, health status, coping styles, social/family status, leisure time activities, living area and country.

Data collection
The study was undertaken in five European countries during 2010, based on random sampling. In total, N=2,880 older community-dwelling women from Austria, Belgium, Finland, Lithuania, and Portugal answered the questions; from n=436 to n=687 per country.

Population sample
The target population comprised women aged 60 years or older (mean age=74.4, median=70.0, SD=8.2). Half of the respondents were married or cohabiting (50.5%), one third were widowed (31.8%), and 17.7% were single or divorced. 45.4% of respondents reported less than nine years, and 54.7% had 10 or more years of completed education.

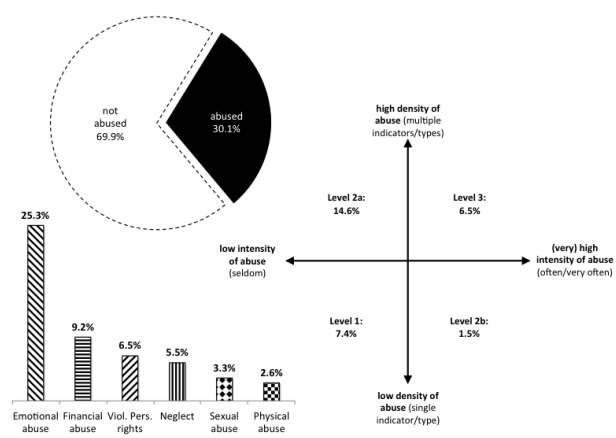
Results

In this section, the main results of the AVOW study in relation to the research questions is reported. For more details, reference to original articles will be made.

Prevalence and patterns
A total of 30.1% of older women aged 60 years or older reported they had experienced at least one kind of abuse in the previous 12 months by someone who was close to them. Regarding different types of elder abuse, overall, emotional abuse was reported most frequently (25.3%). 9.2% of older women reported financial abuse, 6.5% violation of personal rights, 5.5% neglect, 3.3% sexual and 2.6% physical abuse.

In terms of severity, 7.4% experienced level 1 abuse (single indicator/type, seldom), 16.1% reported level 2 (single incident/type, (very) often or multiple indicator/types, seldom), and 6.5% of older women faced the most serious level of abuse (multiple indicator/types, each at least monthly) which represents the most vulnerable group of older women.

Figure 2: Patterns of abuse against older women: prevalence, types, and levels



41.4% of older women who reported experience of abuse indicated that their current partner or spouse was the perpetrator. In 27.7% of cases, the perpetrator was identified as a child (or child-in-law). In 16.5%, the perpetrator(s) were other relatives, in 13.9% other people well known to the woman and in 3.8% of cases abuse was initiated by a paid home help or caregiver.

Risk factors

Analysis of risk factors revealed that there were determinants at individual and social/community levels that were significantly associated with abuse and greater severity of abuse against older women. The following older women had a higher risk of most severe abuse (level 3): married women with poor physical and mental health who adopted a behavioural disengagement coping strategy to solve problems, lonely women, and those who managed poorly with their household income. These older women had a risk for high abuse (level 2): the younger old (60-69 years), married women, women with poor mental health who adopted a behavioural disengagement coping strategy, and lonely women. In contrast, low abuse (level 1) barely differentiated individuals from older women who were not abused at all.

Table 1: Likelihood of older abuse severity (odd ratios)

		Level 1	Level 2	Level 3
		... vs. not abused		
Individual level				
Age group	60-69 years	ns	3.00*	ns
	70-79 years	ns	2.11*	ns
	80+ (*reference*)	-	-	-
Marital status	married	ns	1.57*	1.97*
Physical health	poor	ns	ns	2.25*
Mental health	poor	ns	1.23*	1.75*
Coping strategy	behavioural disengagement	ns	1.43*	1.77*
Relationships level				
Household size		ns	ns	ns
Manage income	badly	.58*	ns	2.55*
	averagely	ns	ns	ns
	easily (*reference*)	-	-	-
Loneliness		ns	1.35*	1.83*

Note: * p<0.05, ns = not significant; Cox & Snell R^2=15.6%, Nagelkerke R^2=18.6%

Additional correlations appeared between country-level factors and severity of abuse, albeit weakly. Higher levels of abuse of older women were significantly (p<0.05) related with a lower education level for older people in a country (Spearman r=0.129), a higher old age dependency ratio (r=0.126), higher gender inequality (r=0.084), and higher population density of a country (r=0.104). Socio-economic parameters such as GDP per capita, risk of poverty, and social protection expenditures were not significantly related.

Consequences and effects

Just under half (45.7%) of the older victims had spoken with someone else about the most serious incident of abuse in the past twelve months, but of those who did so this was more often to their informal network (e.g. 15.0% to family, 12.5% to friends) than to formal institutions (e.g. 7.7% to a medical doctor/ nurse/priest, 6.1% to counselling/police/lawyer). This reporting behaviour varied for types of abuse, e.g. 63.2% reported if physical abuse, 54.2% if a personal rights violation happened. Moreover, reporting frequency differed significantly according to the severity of abuse. The reporting took place at 22.1% for level 1, 47.1% for level 2 and 55.8% for level 3 abuse. Almost half (47.7%) said that the support received following reporting was helpful. On average, however, the majority (54.3%) of older abused women did not talk about the incident and reasons for not reporting varied by type and severity of abuse.

Irrespective of whether the incident was reported or not, abuse indicated many emotional implications for victims like tension, anger/hatred, feelings of powerlessness, sleeping difficulties/nightmares, depressive feelings, fear, concentration difficulties, shame, difficulties in relationships with others or guilt. In all of these consequences, again, there were significant and quite considerable differences depending on the types of abuse – particularly in the case of sleeping problems, difficulty concentrating, feelings of shame – as well as for severity of abuse.

Domestic abuse against older women also resulted in significantly lower quality of life compared to those not abused. Negative effects were greater in cases of neglect, physical or financial abuse, violation of personal rights, and sexual abuse. In addition, quality of life decreased significantly and gradually higher levels of abuse severity.

Table 2: Consequences of domestic abuse on quality of life

		Mean difference in quality of life
Abuse	Total	−0.34*
Abuse forms	Emotional	−0.28*
	Financial	−0.44*
	Personal rights	−0.47*
	Neglect	−0.77*
	Sexual	−0.40*
	Physical	−0.72*
Abuse levels	Low (level 1)	−0.11*
	Medium (level 2)	−0.32*
	High (level 3)	−0.65*

Note: Reference category: no abuse; * p<0.05

Conclusions

This multi-national study revealed a self-reported prevalence rate of abuse against older community-dwelling older women of 30.1%. When distinguishing between different types and levels of abuse, a complex pattern and more nuanced picture appeared. The results call for an in-depth understanding of abuse against older women.

Particularly, it showed details of the most vulnerable group of older women with the highest potential risk of abuse. The level of severity of elder abuse is clearly associated with individual, social/community and country-level factors. This supports the hypothesis that structural inequalities increase the risk of abuse among older women. Because elder abuse occurs within a social context (family, local networks), not only individual determinants of elder abuse need to be included in considerations.

As one important consequence, elder abuse is clearly associated with many emotional burdens and lower quality of life for victims. There is not only differentiation by types of abuse (e.g. physical abuse, neglect) but quality of life also decreases gradually with increased severity level of abuse. Particular attention should be given to the issue of lack of reporting or talking about abusive incidents by victims. Raising awareness that elder abuse is neither trivial nor "normal" is a major recommendation.

The study indicates that older women need to be considered as a heterogeneous group with different needs. Standardised initiatives to counter elder abuse will likely not succeed. According to this nuanced picture, different interventions by various actors, at different stages and action contexts need to be developed to prevent and combat elder abuse. Comprehensive and multi-faceted efforts should address the complicated and multiple layers of the phenomenon in order to find appropriate solutions to this complex social and public health problem, by integrating health promotion, risk prevention and public health strategies.

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