

Perpetrators of abuse against older women: a multi-national study in Europe

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Abstract

Purpose – This article aims to explore the perpetrators of abuse among older women living in the community. The study examines whether differences between the perpetrators of different forms of abuse, and for different groups of older women (e.g. by income or age groups) can be detected. Finally, it aims to investigate whether older women talk about the abuse to family or friends, or report it to an official or formal agency, in relation to different perpetrators.

Design/methodology/approach – This article provides results from the prevalence study of Abuse and Violence against Older Women in Europe (AVOW-study). The study involved scientific partners from five EU countries: Finland, Austria, Belgium, Lithuania, and Portugal. In these five countries, the same study was conducted during 2010. In total, 2,880 older women living in the community were interviewed during the course of the study.

Findings – The results indicate that 28.1 per cent of older women across all countries have experienced some kind of violence and abuse, in the last 12 months, by someone who is close to them. The results offer specific figures for the prevalence of different types of abuse, i.e. physical, psychological, sexual, and financial abuse; violation of personal rights; and neglect. Furthermore, additional insights about the main perpetrators of abuse for different groups of older women are offered.

Research limitations/implications – The article does not address the differences between the five countries. Further research could examine the between-country variations and identify possible country-specific explanations.

Practical implications – The implications of these findings for the development of policy and practice are highlighted. Applying only a crime-focused approach on this topic is not sufficient. Health and social welfare sectors play a key role in ensuring dignity in, and quality of, formal and informal care and need to be supported to do so.

Originality/value – The paper presents the findings of an extensive multi-national survey on abuse of older women in five European countries.

Keywords Abuse, Mistreatment, Violence, Neglect, Older adults, Women

Paper type Research paper

Introduction

The EU population is ageing rapidly: the proportion of the population aged 65 and over will rise from 17.1 per cent in 2008 to 30 per cent in 2060. The numbers of people aged 80 and over will even triple during the same period (European Parliament, 2010). Elder abuse is a growing concern in all countries in the European Region. It is an infringement of human rights, and prevention of elder maltreatment is a common challenge across governments and many sectors (Sethi *et al.*, 2011). Prevalence rates of elder abuse in the community range from 0.8 to 29.3 per cent (de Donder *et al.*, 2011), and an increase in the older population will result in an increase of older people at risk of elder abuse and maltreatment.

Gender is an important factor in ageing as well as in elder abuse. First, women outnumber men in older age groups in all European Union countries. Of over-75-year-olds, women make up two-thirds of the population; of over-85-year-olds the proportion of women is 71 per cent

(Eurostat, 2008). These gender differences are projected to narrow in the future from a difference of 6.1 years in 2008, to a difference of 5.3 years in 2030, as extending the life expectancy of men will occur faster than that of women (Eurostat, 2010).

Second, most research suggests that elder abuse differs across gender. Notwithstanding older men as well experience abuse, studies provide evidence that women are more often victims of abuse than men (Iborra, 2008; Iecovich *et al.*, 2005; O'Keeffe *et al.*, 2007; Vandenberg *et al.*, 1998). Consequently, research on elder abuse could possibly benefit from a gender-specific analysis (Nerenberg, 2002).

In order to provide evidence-based recommendations for policy and professionals, this article explores the perpetrators of abuse among older women. The paper examines whether we can detect differences in the perpetrators for different forms of abuse, and for different groups of older women (e.g. by income or age groups). Finally, we investigate the reporting behaviour of older women in terms of different perpetrators.

Elder abuse: definition and forms

Elder abuse was described for the first time in a British scientific publication in the year 1975 using the term "granny bashing or granny battering" (Baker, 1975; Burston, 1975). Several definitions exist, but the most commonly applied is that of the UK charity Action on Elder Abuse (AEA) (1995) which was subsequently adopted by the International Network for Prevention of Elder Abuse and the World Health Organisation (WHO) (2002, p. 3) in their Toronto declaration. Elder abuse is defined 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".

Elder abuse can take various forms, including physical, psychological, sexual, and financial abuse, neglect, and violation of personal rights (WHO, 2002). First, physical abuse refers to actions causing physical pain or injury (WHO, 2002). Second, psychological/emotional/verbal abuse describes all actions inflicting mental pain, anguish or distress on a person through verbal or non-verbal acts. Examples can be bullying, threats, humiliation, infantilisation of the older person, and so forth (WHO, 2002). Third, sexual abuse refers to non-consensual sexual contact of any kind (e.g. unwanted intimacy, touching in a sexual way, rape, undressing in front of the victim). Next, financial/material abuse or exploitation describes all actions of illegal or improper use of an elder's funds, property or assets (WHO, 2002). Examples are: problems with powers of attorney, disappearance of money or goods, obstruction in managing one's own money, legacy hunting, and extortion. The fifth type, neglect, deals with the refusal or failure by those responsible to provide essential daily living assistance and/or support such as food, shelter or health care (WHO, 2002). Finally, violation of the personal rights of an older person includes for instance the violation of privacy and the right to autonomy, freedom, refusing access to visitors, isolating the elder or reading or withdrawing mail (WHO, 2002).

Elder abuse can occur in the community, as well as in residential and nursing settings. As our study concerned older women living in the community for the purpose of this paper only articles that focus on abuse in the community are reviewed and covered.

Perpetrators of abuse

The concept of perpetrator needs some clarification. While victim protection organisations have a clear understanding of victim versus assailant, health and social care organisations tend to have a "softer" picture about the dynamics of a victim-perpetrator relationship, especially in patient groups with a high level of need and care (Hörl, 2009). This "softer" approach generally refers to the distinction that might be made between intentional and non-intentional maltreatment. The latter suggests that the perpetrator is not always aware of his or her behaviour and of the possible threats to the older persons' wellbeing.

A key component of the definition of elder abuse is that the abuse occurs within any relationship where there is an expectation of trust. Consequently, the perpetrator is someone

who is known to the older person and who is trusted by them. The literature reports that in most cases of elder abuse in the community the perpetrator is the spouse or current partner. In their UK Study of Abuse and Neglect of Older People, O'Keeffe *et al.* (2007) have found that 51 per cent victims of abuse reported their partner as perpetrator of the mistreatment. In addition, the older victim's daughter, son or other relatives are possible perpetrators (Hirsch and Brendebach, 1999; Lundy and Grossman, 2004; Naughton *et al.*, 2010; O'Keeffe *et al.*, 2007). Furthermore, professional caregivers in the home setting, such as domiciliary and health care workers, can be found as perpetrators (Naughton *et al.*, 2010).

In terms of socio-demographic profile of the perpetrators, research indicates that perpetrators are more likely to be men than women (Iborra, 2008; O'Keeffe *et al.*, 2007). Furthermore, perpetrators are in most cases younger than the victims of abuse (O'Keeffe *et al.*, 2007). Several risk factors for perpetration can be detected in the scientific literature: i.e. substance misuse (Campbell and Browne, 2001; Homer and Gilleard, 1990; Naughton *et al.*, 2010), history of violence (Campbell and Browne, 2001) and mental or psychological problems (Campbell and Browne, 2001; Iborra, 2008; Williamson and Schafer, 2001).

However, it is important not just to consider individual risk factors. Several additional factors on the level of relationships and community can also be detected: financial dependence of the perpetrator on the victim (Görge *et al.*, 2009), perpetrator living together with the victim (O'Keeffe *et al.*, 2007; Sethi *et al.*, 2011), lack of social support and social isolation of the caregiver (Rojo-Perez *et al.*, 2008).

Research questions

First, this study aims at examining the perpetrators for the different forms of elder abuse experienced by older women. The second research question is whether severity of abuse varies across perpetrator groups. Next, several risk factors have been identified on the level of victims and perpetrators (Sethi *et al.*, 2011). However, there has been a general lack of research examining types of perpetrators for different types of older people and abuse. In addressing this research gap, this article aims to explore whether specific groups of older women experience abuse by particular types of perpetrators. Finally, this study investigates whether older women talk about the abuse or report it to an official or formal agency independently of the perpetrator, or whether this reporting behaviour depends on the type of perpetrator.

Data and methods

Data collection

This paper reports on part of the prevalence study of Abuse and Violence against Older Women (AVOW) which took place between 2009 and 2011 and was funded by the EU's Daphne III programme concerning violence against women and children. The AVOW study investigated the prevalence and the perpetrators of abuse and violence against older women in five European countries (Austria, Belgium, Finland, Lithuania, and Portugal). Owing to the participation of several countries, different data collection methods were used which were most suitable[1] for the national context. Three partner countries used a postal survey (Belgium, Finland, and Portugal) and two selected a face-to-face survey (Belgium, Lithuania). In one country (Austria), a telephone survey was realised. Despite different data collection methods being used across different countries, all were based on the principles of random sampling (simple, multi-stage, and so forth). Data were collected in spring 2010. Respondents were informed about the confidentiality of data handling, and anonymity of data analysis was guaranteed. To cover the needs of the target group of the study the layout of the questionnaire was structured and formatted as clearly as possible. The survey instrument was developed in English and then translated to the languages of the five participating countries (Dutch, French, Finnish, German, Lithuanian, Portuguese, and Russian).

In a survey about the prevalence of abuse special attention must be given to ethical issues. In relation to the overall study the research received approval from an ethical committee, responsible for the country/region (e.g. the Helsinki City Medical Board in Finland). In countries where face-to-face interviews (Lithuania and Belgium) or a telephone survey (Austria) were executed attention was given to informed consent and the interviews were conducted by trained and experienced interviewers. Additionally, in order to meet potential needs for support, all countries provided (contact) information about a violence protection service (e.g. Weisser Ring in Austria). Moreover, in postal surveys, respondents were given the possibility to call the principal researcher. Finally, data were collated in a European SPSS database with only a research number referring to the individual questionnaire. The questionnaires and database are stored separately from any personal identifiers.

Participants

The target population of the study comprised home-dwelling women aged 60 years or older. Owing to the multi-country participation in the study, different sampling procedures were chosen which were considered suitable for the respective country. In Austria, Belgium, and Portugal, random probability or stratified random sampling methods – either by community or age groups – from different registers (telephone or post office registers) were used. In Finland, a simple random sampling was put into practice on the basis of the population register. In Lithuania a multi-stage random sampling was applied. The sampling fraction varied between $n = 436$ and 687. In total $n = 2,880$ participants were surveyed or interviewed. More methodological information can be found in Luoma *et al.* (2011).

The age of the respondents ranged between 60 and 97, with about half of the participants being aged between 60 and 69 years (47.8 per cent), one-third (32.5 per cent) between 70 and 79 years old and about one-fifth (19.7 per cent) were 80 years or older; with a mean age of 71.4 (SD = 8.2). Half (50.5 per cent) of all the older women in the total sample were married, lived in a civil partnership, or co-habited with another person. About one-third (31.8 per cent) were widowed. More than one-third of the older women (38.2 per cent) lived alone and about half (49.7 per cent) lived in a household with two people. With regard to education, about one-third (32.0 per cent) of participants had completed between five and nine years of schooling, and 13.4 per cent had less than five years of completed education. Although dementia is an important risk factor for elder abuse, women with dementia were not included in the study.

Measurement of variables

We measured the self-reported prevalence of elder abuse and distinguished between six different forms of abuse: neglect, emotional, financial, physical, and sexual abuse; and violation of personal rights. The reference period for the abuse was the last 12 months. Each form of abuse was operationalized by several items[2] representing different incidents, which were selected and adapted from the Conflict Tactics Scale 2 (CTS2) (Straus, 1996, 2007). Neglect and emotional abuse were measured by nine items each, financial abuse, physical abuse, sexual abuse as well as the violation of rights by four items each. The answer format for each indicator was a four-point scale with frequency categories (1 = never, 2 = 1-6 times, 3 = once a month, 4 = weekly)[3].

By combining the information about density (number of different items) and intensity (how often an incident occurred), a new variable providing information on the severity of elder abuse was created (after Bennett and Kingston, 1993, p. 13f). This variable consisted of three possible categories. Level 1 referred to abuse with the lowest density of abuse and the lowest intensity: a single incident that happened one to six times in the last year. Level 2 meant a high density but low intensity (multiple incidents experienced seldom), or low density with a high intensity (one incident that happened monthly or more). Finally, Level 3 referred to most severe level of abuse: high density and high intensity of incidents experienced.

For each form of abuse, a question about perpetrators was asked. A perpetrator was defined as someone who was close to the individual. Respondents could choose from a list of different persons or group of persons: partner or spouse, daughter, son, daughter-in-law,

son-in-law, (step) parent, grandchild, other relatives, neighbour, paid caregiver, someone else they knew well closely (e.g. friends, acquaintances, ex-partner, and so forth). Multiple answers were possible.

To identify possible risk groups, several variables were used. Age was measured by asking the year of birth. Next, to assess physical health status we asked the respondent to rate their health on a five-point scale ranging from very poor to very good. In addition, respondents were asked about their feelings of depression using two items (e.g. in the past two weeks, have you felt sad, low or depressed most of the time?), which were combined creating an index of feelings of depression. Furthermore, participants were asked how the household could manage with their available income (ranging from very badly, to very easily). Finally, to assess reporting behaviour, respondents were asked whether they had talked to anybody about the most serious incident or reported it to an agency.

In order to answer the research questions we applied cross-tabulations with χ^2 analysis. Statistical significance was set at $p < 0.05$ for all analyses. Tables only provide information about significant differences.

Results

Prevalence of abuse and violence against older women

The results indicate that 28.1 per cent of older women ($n = 707$) reported they had experienced at least one kind of violence and abuse in their own home in the previous 12 months by someone who was close to them. 7.6 per cent older women experienced Level 1 abuse, 14.7 per cent experienced Level 2 abuse and 5.8 per cent older women experienced the most serious level of abuse (multiple incidents, each at least monthly). Figure 1 shows the prevalence rates for every form of abuse. Emotional abuse was the most widespread form of violence in all countries. Financial abuse had the second highest prevalence ranking. Violation of rights and neglect were ranked third and fourth. Physical and sexual abuse of older women were the least prevalent forms of abuse reported.

Perpetrators of abuse

Table I provides an overview of the perpetrators of abuse, in total and for every form of abuse. 41.4 per cent of older women who reported experience of abuse in the previous 12 months indicated that the current partner or spouse was the perpetrator. In 27.7 per cent of cases, the perpetrator was identified as a child (or child-in-law). Next, in one out of six cases other relatives, and in one out of seven cases neighbours and other people well known to the woman were mentioned as the perpetrators of elder abuse. Of all the perpetrator types, paid caregivers least often abused older women.

Figure 1 Prevalence rates of abuse of older women (%)

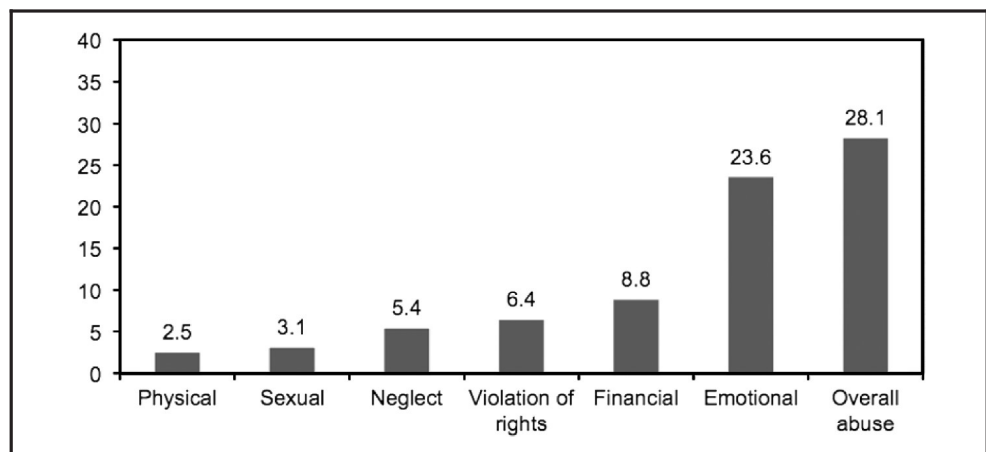


Table I Frequencies of perpetrators of abuse (%)

	Neglect	Emotional abuse	Financial abuse	Physical abuse	Sexual abuse	Violation of personal rights	Total
By current partner or spouse	17.4	43.9	34.2	48.6	54.7	59.3	41.4
By adult children (in-law)	41.6	24.9	29.1	17.1	3.5	16.4	27.7
Adult daughter	27.5	13.5	13.6	5.7	0.0	7.3	16.8
Adult son	16.1	10.9	18.1	8.6	1.2	8.5	13.9
Adult daughter-in-law	6.7	5.7	3.3	2.9	1.2	2.8	5.4
Adult son-in-law	6.7	3.5	2.1	2.9	1.2	2.8	4.2
By other relatives	14.8	14.6	17.3	8.6	3.5	6.2	16.5
Parents	0.0	0.9	0.4	1.4	0.0	0.6	0.8
Grandchildren	6.7	2.4	5.8	1.4	0.0	0.6	3.5
Someone else in the family	9.4	11.5	12.3	5.7	3.5	5.1	13.4
Other people well known	4.0	11.7	14.4	17.1	20.9	7.9	13.9
By neighbour	9.4	13.9	4.9	7.1	5.8	2.8	13.4
By paid home help or paid care giver	13.4	0.8	2.9	2.9	0.0	1.1	3.8

Perpetrator information differs with the type of abuse (Table I). In most cases, perpetrators of emotional abuse, physical abuse, sexual abuse, and violation of rights were the women's partners or spouses. The exception to this was neglect, where in most cases older women were abused by their adult son or daughter (or child-in-law).

Next, looking at the different possible perpetrators, several results are notable. In terms of abuse by adult son or daughter (or child-in-law), the results indicate that neglect was more often committed by the daughter than by the son. Conversely, it is the son rather than the daughter who more often abuses his parents financially. Regarding neighbours as perpetrators, it can be stated that they mainly commit emotional abuse and neglect. They are reported as involved less often in financial abuse and violation of personal rights. Finally, the paid home help or caregiver is mainly involved in neglect rather than other forms of abuse. The prevalence rates of the other forms of abuse are very low.

Table II presents an overview of the differences of perpetrators of abuse according to the level of severity. On the one hand, the results demonstrate that abuse by neighbours, other relatives, paid home helps and other people well known to the women, did not vary in the three levels of abuse. On the other hand, Table II clearly shows that abuse by an adult son or daughter or the current partner happened far more often in the most serious level of abuse. 59.6 per cent of older women who reported that they had experienced that most serious abuse, experienced abuse by the partner. Among older women who experienced Level 1 abuse, this was only 23.6 per cent.

Identifying risk groups

Table III presents the results of the cross-tabulation between perpetrators and age of the victim. Abuse by the current partner or spouse happened more often among women in the youngest age group. Victims of abuse aged between 60 and 69 reported that they were abused four times more often by their partners than victims aged 80 and over. Furthermore, abuse by an adult son or daughter (or child-in-law), by neighbours, or paid home helps occurred less frequently in the youngest age group. The results demonstrate that prevalence rates of abuse by other relatives or other people well known to the women did not differ across the different age groups of older women.

As illustrated in Table IV, abuse by a partner occurred significantly more often among older women with good physical health than among women with poor physical health. On the other hand, victims of abuse with poor physical health more often reported that they were abused by their adult son or daughter (or child-in-law), than victims with good physical health.

	Level 1	Level 2	Level 3
By current partner or spouse	23.6**	43.5**	59.6**
By adult son or daughter (or in-law)	21.5*	28.4*	34.2*

Note: Significance at: * $p < 0.05$ and ** $p < 0.01$ levels

	Victim between 60 and 69	Victim between 70 and 79	Victim aged 80+
By current partner or spouse	53.9**	30.6**	12.2**
By adult son or daughter (or in-law)	23.5*	34.0*	31.6*
By neighbour	10.6*	16.7*	18.4*
By paid home help or paid care giver	1.5**	5.3**	10.2**

Note: Significance at: * $p < 0.05$ and ** $p < 0.01$ levels

Table IV Perpetrators of abuse of different physical health groups (%)

	<i>Victim with good physical health</i>	<i>Victim with poor physical health</i>
By current partner or spouse	44.1**	32.1**
By adult son or daughter (or in-law)	25.7*	35.2*
By paid home help or paid care giver	2.4**	8.5**

Note: Significance at: * $p < 0.05$ and ** $p < 0.01$ levels

Also, abuse by a paid home help was more likely among women who reported poor physical health.

Table V provides information on the relation between the mental health of older women and the perpetrators of abuse. The prevalence of abuse by adult son or daughter (or in-law), other relatives and paid caregivers increases significantly when the mental health of the victim worsened. One out of five victims who reported good mental health were abused by their adult son or daughter. Among victims with very poor mental health, this number was doubled, to 41.6 per cent.

Perpetrators varied for the different income groups, as shown in Table VI. The proportion of older women who managed easily with their household income and who were abused by their partner was twice as high as that of victims who managed badly with their income. An inverse relationship was detected for abuse by an adult son or daughter. Such abuse occurred more often among women who reported they managed badly with their household income. Analogously, abuse by neighbours and abuse by paid home helps happened more often in households with lower incomes.

Talking about the abuse or reporting it to an official or formal agency

Finally, the reporting behaviour of victims of abuse was investigated (Table VII). In general, the results demonstrate that over half of the female victims of elder abuse do not report it to an official agency, nor talk about the incident(s) with friends or family. Particularly, older women reported and talked less about abuse, which was committed by their current

Table V Perpetrators of abuse of different mental health groups (%)

	<i>Victim with good mental health</i>	<i>Victim with poor mental health</i>	<i>Victim with very poor mental health</i>
By adult son or daughter (or in-law)	20.9**	31.2**	41.6**
Other relatives	15.7*	10.9*	22.5*
By paid home help or paid care giver	1.7**	5.1**	7.9**

Note: Significance at: * $p < 0.05$ and ** $p < 0.01$ levels

Table VI Perpetrators of abuse of different income groups (%)

	<i>Victim can manage badly with the income</i>	<i>Victim can manage averagely with the income</i>	<i>Victim can manage easily with the income</i>
By current partner or spouse	26.0**	43.7**	49.7**
By adult son or daughter (or in-law)	35.1*	28.0*	19.5*
By neighbour	17.6*	14.5*	7.4*
By paid home help or paid care giver	8.4**	3.4**	0.7**

Note: Significance at: * $p < 0.05$ and ** $p < 0.01$ levels

Table VII Frequencies of reporting behaviour of the victim for different perpetrators (%)

	<i>Victim reports or talks about it</i>	<i>Victim does not report or talk about it</i>
By current partner or spouse	37.2	62.8
By adult son or daughter (or in-law)	49.6	50.4
By neighbour	59.0	40.6
By paid home help or paid care giver	81.3	18.8

partners or spouse. 62.8 per cent women who were abused by their partner did not report it or talk about it. If abuse was committed by the neighbour or by the paid home help, older women were more inclined to talk about it than not to talk about it.

Discussion and conclusion

This article has examined the perpetrators of abuse of older women. Across five European countries, 28.1 per cent older women have experienced elder abuse at least once during the past year. Emotional abuse occurs most often (23.6 per cent), followed by financial abuse (8.8 per cent). In general, the results demonstrate that the current partner or spouse most often commits the abuse. This finding is in line with recent previous studies (Soares *et al.*, 2010) and literature reviews (Sethi *et al.*, 2011). However, when distinguishing between the different forms of abuse investigated by the study, a more nuanced picture appears. Depending on the type of abuse, different perpetrators can be found. For example, adult sons or daughters (or child-in-law) are most often the perpetrators of neglect.

While most studies (Sethi *et al.*, 2011) report that perpetrators are more likely to be men than women, our results nuance this finding. Regarding abuse by adult children, daughters are reported as perpetrators more often than sons. For example, concerning neglect: 27.5 per cent cases of neglect were reported as committed by the daughter, versus 16.1 per cent by the son. On the contrary, financial and physical abuse were reported as occurring more often by sons. Furthermore, this research shows that the type of perpetrator varies among different groups of older women. In terms of health, the results indicate that older women who reported good physical health are more often abused by their partner than older women with a poor physical health. Conversely, older women who reported poor physical and mental health are more often abused by their adult son or daughter (or child-in-law) and paid home helps. Moreover, as women grow older incidents of abuse by adult son or daughter, neighbours and caregivers increase. In terms of income, the results show that abuse by spouses or partners happens more often among women who manage easily with their income. On the other hand, among women who manage badly with their income, abuse by adult son or daughter, neighbours and paid home helps is reported as occurring more often. These findings shed a different light on feminist thinking that violence stems from women's inferior status in society (Nerenberg, 2002). The finding that (younger) women also frequently abuse older women suggests that a sole focus on gender-based power inequities is not sufficient to understand elder abuse of older women (Neysmith, 1995). Rather the development of an integrative view concerning the cumulative effects of vulnerability, poverty and health could help to explain the problem (Nerenberg, 2002).

Finally, abuse by the partner or the spouse is underreported as older women reported that they were less likely to talk about it with friends or family or to report it to an official agency. On the contrary, when women are abused by a paid home help, they report or talk about the abuse in 81 per cent of cases.

Limitations and future research

Although this study aims to formulate general recommendations, a number of critical comments should be noted. The findings reported in the investigation, are the results of five European countries. However, these data were collected in different ways (i.e. postal,

face-to-face, telephone). Future research could benefit from including the way of data collection as an independent variable in a multivariate analysis, to control for its possible influence.

Next, this article did not address the differences between the five countries. We collected data on self-reports of elder abuse. However, the way that older women experience or perceive abusive actions may vary between countries, cultures and ages. Further research could examine the between-country variations and identify possible country-specific explanations.

Finally, we must acknowledge that this article only investigates abuse of older women. The extent to which these results are transferable to elder abuse of men could be explored in future research. Similarly, the focus of this study was to examine elder abuse in the community. Findings about perpetrators of abuse in residential and nursing settings may likely be different from the findings reported in this article, with its focus on community settings so future research could explore the similarities and differences between the settings and locations in which elder abuse occurs.

Practical and policy recommendations

Different interventions should be developed to prevent and combat elder abuse. Many countries already have a legislative framework to combat elder abuse. However, applying only a crime-focused approach is not sufficient. As highlighted in the WHO European Report (Sethi *et al.*, 2011), health and social welfare sectors play a key role in ensuring dignity in, and quality of care. More national policy plans need to be developed on this level. Moreover, since many of the victims of severe elder abuse return to the environment in which the abuse occurred (Lee *et al.*, 2011), there is a clear need to also include the social context of the victim in the considerations on elder abuse. For example, this study demonstrates that when being cared for, a proportion of older women experience neglect by their adult son or daughter (or in-law) and professional caregivers. Therefore, several initiatives could be taken on the level of both informal and formal caregivers. On the one hand, initiatives should be developed to prevent burnout, stress and social isolation among informal caregivers (Sethi *et al.*, 2011). Knowledge and skills of the informal carer are not always appropriate for the tasks they need to fulfil. Supporting and developing these skills through training and exchange of experiences between informal (and formal) caregivers could offer expertise, a sense of support and understanding. On the other hand, abuse by professional caregivers appears to increase when the health of older women deteriorates. Professional carers are often put under huge pressure and work under difficult or inappropriate conditions. Actions to tackle elder abuse must therefore take paid carers' needs into account and address the difficulties they challenge. Finally, also the wider social network of older people could be strengthened. This should include informal social networks, the promotion of local connectedness and social inclusion, perhaps particularly for older women who are more numerous in the older population.

“Quality management is more than just satisfying the inspector once a year” (European Social Network, 2010, p. 102). This calls out for action by policymakers, as well as professional organisations, and older women themselves. Policymakers could provide legislative frameworks on quality standards of care, and install regulations for inspection, enforcement and sanctions. These could help to protect vulnerable care workers and enable respite care solutions for informal carers who are overburdened. Professional organisations for their part could provide information to their staff in order to raise awareness about elder abuse and how to recognise it, to provide clear procedures and regulations on elder abuse and quality of care, and on a frequent basis assess the needs of the caretakers and include care recipients, complaints in the management of services (Eustacea, 2010).

Such participatory quality development, control and labelling tools need to be developed in order to ensure the quality of long-term care. Also older people in general, and older women in particular, should be included in the whole process (Age Platform Europe, 2010). Since half of the older women in our study did not talk about their experience of abuse with friends

or family, nor report it to an official or formal agency, particular attention should be given to this topic. It is widely accepted that data from social and health services only present a tip of the iceberg of cases of elder abuse. This study demonstrates that older women mainly do not talk about elder abuse when their partner or children are the perpetrators. Raising awareness that elder abuse is not trivial and that elder abuse is not "normal" is a significant recommendation, particularly for older women. With respect to the topic of elder abuse still, there is a need to "break the taboo", not only among policymakers and professionals, but also among the global public. As 2012 is the European Year on Active Ageing and Intergenerational Solidarity, this momentum could be seized to engage in new projects on promoting dignity of older women and fighting elder abuse.

Finally, the study provides evidence that in different groups of older women abuse is committed by different perpetrators. Thus, different approaches and responses are clearly needed for particular groups. Policy makers and practitioners need to take into account such differences when developing and implementing services relating to the abuse of older women. In particular, the fact that there are different sets of perpetrators with respect to victims of different age, income, and health groups emphasises the need for the development of different strategies for these varying groups. Standardised initiatives to counter elder maltreatment will not succeed and women aged from 60 years and above must not be considered as a homogenous group with identical needs.

Notes

1. In Lithuania for example, it was not possible to collect information from a postal survey due to a lack of widespread postal system. Therefore, data were collected using face-to-face interviews.
2. For instance, the older women were asked if somebody close to her has "[...] insulted you or sworn at you/called you fat, ugly or other names/shouted or yelled at you?/destroyed something that belonged to you? [...] thrown a hard object at you or used some kind of weapon?", etc.
3. For items representing neglect the answer format/scale represents the frequency of refusals (1=never refused, 2=refused 1-6 times, 3=refused once, 4=refused weekly. For people without a need for help in everyday life an answer category was added (0=no, did not need help).

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