



**Breaking the Taboo – Empowering  
health and social service  
professionals to combat violence  
against older women within families**

## **Breaking the Taboo**

### **Overview of research phase**

## **Belgium**

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*Every person - every man, woman, and child - deserves to be treated with respect and with care. Every person - no matter how young or how old - deserves to be safe from harm by those who live with them, care for them, or come in day-to-day contact with them*  
(<http://www.apa.org/pi/aging/eldabuse.html>).

## **1. Introduction**

While there has been little research in European countries on violence against older women, those findings that have been reported show that violence and other forms of abuse often occur in the immediate family.

Elder abuse in Belgium is still far too much ignored (Vlaams Meldpunt ouderenmisbehandeling, 2007; Berg, Moreau & Giet, 2005; Messelis, 2003).

Violence against older women is in Belgium a taboo and therefore even less visible in society than violence against younger women. There is a lack of awareness of this issue among the public and also a lack of provisions for older women who are victims of violence and abuse. Health and social service professionals who work with older people in their own homes are often the only ones who have access to older victims of violence. Therefore, their awareness concerning different types of abuse is especially relevant in order to help prevent violence against older people with families.

The aim of the project is to:

- raise awareness concerning violence against older women in families;
- empower health and social service professionals to recognize abusive situations and to help combat them;
- develop awareness raising activities and materials;
- develop tools and strategies to improve early recognition of violence against older women in the family and to support professionals to react accordingly.

The project work will focus on a first research phase, including overview, interviews with health and social service staff on their experiences as well as a short survey with health and social service organisations, which provisions they have for dealing with abuse against older



women within families. The second project phase will be focussed on awareness raising activities for health and social service professionals at all levels, but also for those working in institutions addressing violence in general.

The main products of the project will be:

- a European research report;
- a brochure containing tools to recognise violence, strategies how to deal with violence and country specific information on the legal framework as well as organisations to turn to;
- awareness raising workshops for professionals in the field in Austria, Italy, Poland and Finland;
- an expert conference in Austria, Finland, Italy and Poland;
- short summary of the experiences of the project for policy makers.

The main activities of the project will be carried out in Austria, Finland, Italy and Poland. Collaborating partners are participating from Belgium, France and Portugal and the evaluation is carried out by a German partner.

The 'breaking the taboo' project in Belgium deals with a number of important problems in order to improve the quality of life of an ageing population. Actions must be taken to intervene in any social pathology affecting older people and older women. Just like in other countries, certain areas require more in-depth investigation, especially considering that this is a rather neglected field.

Violence against older people is still a taboo topic in Belgium. There is a lack of studies and publications examining violence directed against older people in general and against older women in particular, although some organisations are working very hard to increase the awareness of abuse against older people.

This report describes the first phase conducted in Belgium, including a literature overview. As Belgium is a collaborating partner, we haven't been involved in doing interviews with health and social service staff on their experiences, neither in the survey with health and social service organisations.

The chapters of this report are structured as followed:

- chapter 2 gives the overview of the methods used in this report;
- chapter 3 until 5 are based on literature review and on information of the Belgian Reporting Points for Elder Abuse;
- chapter 6 shows strategies to handle domestic abuse.

## 2. Methods

A literature review examining elder abuse was completed as part of this program for Belgium. To obtain data on domestic violence against older people, especially against older women, the following methods were used: Belgian databases, Walloon and Flemish databases of the Reporting Points for elder abuse, newspapers, scripts of scientific research in High Schools and universities, the info lines on elderly care, books,... Also international databases were included in this review. Variations on the following search terms were used: violence, violence in the family, older people, maltreatment, mistreatment, elder abuse and in the case of international publications, Belgium, Walloon or Flanders. Our co-financing organisation 'The Flemish Reporting Point for Elder Abuse', who is the main expert in Flanders in the field of elder abuse, sent us extra information about existing literature, project, thesis,... We did not succeed in motivating our Walloon colleagues\* from The Walloon Reporting Point for Abuse of older persons to become the other co-financing partner, which is a pity. Nevertheless, we will try to give an overview of the Belgium situation, and not only the Flemish one.

So, we will concentrate on the violence of older people and older women in families and will not concentrate on the violence of older people and older women in institutions.

\* CAPAM has reread and corrected the information for the Walloon Region. So we can reassure that all information mentioned in the paper is also correct for the Walloon Region.

### **3. General background on violence against older people with a special focus on older women**

Life expectancy at all ages has increased amazingly. In Belgium, the life expectancy at birth is in 2004 for men 75,9 years and for women 81,7 years ([www.statbel.fgov.be](http://www.statbel.fgov.be)). In descending order, the leading causes of death in persons 65 years or older are heart disease, malignancy, cerebrovascular disease, and pneumonia (Bayingana, e.a., 2006). Although – fortunately – violence and elder abuse are not part of the leading causes of death, we cannot neglect the importance of elder abuse.

#### **3. 1. Definition of used terms in Belgium**

There are many definitions of elder abuse. According to the WHO (2005) elder abuse was for the first time described in a British scientific publication in 1975 in terms of “granny battering” (Baker, 1975).

Belgian literature doesn't use a uniform terminology relating to abuse. Different terms are in use (Comijs, e.a., 1996; Everaerts, Peeraer & Ponjaert-Kristoffersen, 1993; Eastman, 1987). An overview of definitions has been made in 2007 by the Commission 'older people' of The Flemish Women's Council ([http://www.vrouwenraad.be/dossiers/2006/ouderen/aanbevelingen\\_ouderenmisbehandeling.pdf](http://www.vrouwenraad.be/dossiers/2006/ouderen/aanbevelingen_ouderenmisbehandeling.pdf)).

The most widely described concept deals with maltreatment.

Originally, with the use of the terms abuse and mistreatment, the Flemish Reporting Point wanted to stress the difference between intentional actions, seen as abuse, and non-intentional actions or lack of actions. This differentiation was made because of the very negative connotation linked with the term abuse (e.g. as in child abuse or sexual abuse). Nowadays, the term mistreatment is preferred as (intentional) abuse is considered to be one of the forms of elder mistreatment. The term mistreatment also has a less threatening connotation for those confronted or involved with the problem. Although we also prefer the use of the term mistreatment, it is so that - in the light of the international character of this report and the universal use of the term elder abuse - we will also keep on using the term



“abuse”. In this report we will apply the overall definition of Comijs, e.a. (1996), which is most often used in Belgium.

This definition contains:

- the age (55 or up);
- the perpetrator : the person who does the abusing (a personal or a professional relationship);
- the victim : the person who suffers from the abuse (the older person, more or less dependent from help);
- types of abuse: in this definition we stress the intentional aspect as well as the non-intentional aspect of the abuse. This can be an act of commission (abuse) or an act of omission (neglect).

If the abuse is unintentional in a context of care, we call it ‘derailed care’ or ‘misspent care’ (Thys, 2004). This means that the perpetrator is not always aware of how he treats an older person. Some authors call it a subtle form of elder abuse (Bakker, e.a., 2000; Van de Ven, 1997). Others (Decalmer, e.a., 1994; Tarbox, 1983) stress that it has to do with values and norms that are internalized within professionals.

Another term which is used in Belgium is ‘intra-familial violence’. Sometimes, this term is associated with partner violence. This is only one form of ‘domestic violence’. Research shows that the different forms of violence in families (child abuse, partner abuse, elder abuse, violence between children and stalking) contain more similarities instead of differences. This kind of violence affects the welfare of the families on the one hand and the interaction with the environment on the other hand (Bulckens, e.a., 2007).

### **3.2. Forms of violence**

In the Belgian report, we use the following typology to describe the forms of violence against older people (consultation of the site <http://www.elderabusecenter.org/> on the 22nd of January 2008):

- Physical Abuse- Inflicting, or threatening to inflict, physical pain or injury on a vulnerable elder, or depriving them of a basic need.

- Emotional Abuse - Inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- Sexual Abuse - Non-consensual sexual contact of any kind.
- Exploitation or financial/material abuse - Illegal taking, misuse, or concealment of funds, property, or assets of a vulnerable elder.
- Neglect - Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- Abandonment - The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Some authors add a 7th form of violence: the „multiple problem situations“ (Van den Bossche, 2005).

According to European studies, the most frequently mentioned forms are:

- physical abuse, emotional abuse, exploitation (Bennett, Kingston & Penhale, 1997; De Deken & Pas, n.d.; Eastman, 1987; Economic and Social Council, 2002; Everaerts, Peeraer & Ponjaert-Kristoffersen, 1993; Glendenning, 1997; Nerenberg, 2002; Ramkema, 1996);
- sexual abuse (De Deken & Pas; n.d.; Eastman, 1987; Nerenberg, 2002; Ramkema, 1996).

The Flemish Reporting Point registered in 2006 the following forms as most frequently reported (Vlaams Meldpunt Ouderenmisbehandeling, 2007):

- Psychological abuse: 60% of the cases
- Financial abuse: 40% of the cases
- Multiple problem: 15% of the cases

Next to these results, the reporting point also noticed that there are clusters to be recognised concerning the co-occurrence of the forms of elder abuse:

Cluster 1: physical, psychological and financial abuse

Cluster 2: psychological abuse and neglect

Cluster 3: psychological abuse and home care is left to be desired

According to the Walloon Reporting Point, the types of violence for 2006 are as following (Capam, 2006):

| TYPE DE VIOLENCES DENONCEES |     |     |
|-----------------------------|-----|-----|
| N=527                       |     |     |
| Financières                 | 141 | 29% |
| Psychologiques              | 137 | 28% |
| Physiques                   | 40  | 8%  |
| Droits civiques             | 60  | 10% |
| Négligences passives        | 48  | 10% |
| Négligences actives         | 43  | 5%  |
| Voisinage                   | 21  | 4%  |
| Médicamenteuses             | 5   | 2%  |
| Inconnu                     | 9   | 4%  |

**Figure 1: types of violence in Wallonia (2006)**

### 3.3 Prevalence, statistical data

#### *The world - Europe*

According to the WHO (2000) abuse of the elderly is a problem that may continue to grow because many countries experience a rapidly ageing population. According to the same organisation: 4 to 6% of the older people, who are living at home, are confronted with situations of elder abuse ([http://www.who.int/violence\\_injury\\_prevention](http://www.who.int/violence_injury_prevention)).

During the second World Assembly on ageing (Madrid, 2002) the VN Secretary General presented a report, called „abuse of older persons: recognising and responding to abuse of older persons in a global context“, examining the abuse of older people around the world. The report was based on approximately 20 different studies. One of the main results was that abuse is very common.

The 2004 report of the National Centre on Elder Abuse stated that 8.3 cases of abuse are reported for every 1000 elder Americans (National Centre on Elder Abuse, 2006).

Survey studies in a number of European countries have found that the total rate of elder abuse ranges from 3-11%.

The Belgian situation is as follows.

### ***Belgium***

Information on the extent of abuse in elderly populations is scarce in Belgium. E.g. The National Elder Abuse incidence study (which systematically collects and monitors data) doesn't exist in Belgium and official statistics, related to the ages of victims, don't exist either. Moreover, Belgium also lacks recent studies with representative research data. As elder abuse is worldwide recognised as a very serious problem within a specific segment of the population (the population of elders) and as it is internationally the subject of academic research, it's very frustrating to have to observe that Belgian scholars show hardly no interest what so ever in the subject.

The only representative research available on elder abuse in domestic situations was conducted in 1998 (Vandenberk, e.a., 1998). The only representative study on elder abuse in older peoples homes was also conducted in 1998 (Bawin-Legros, e.a., 1998).

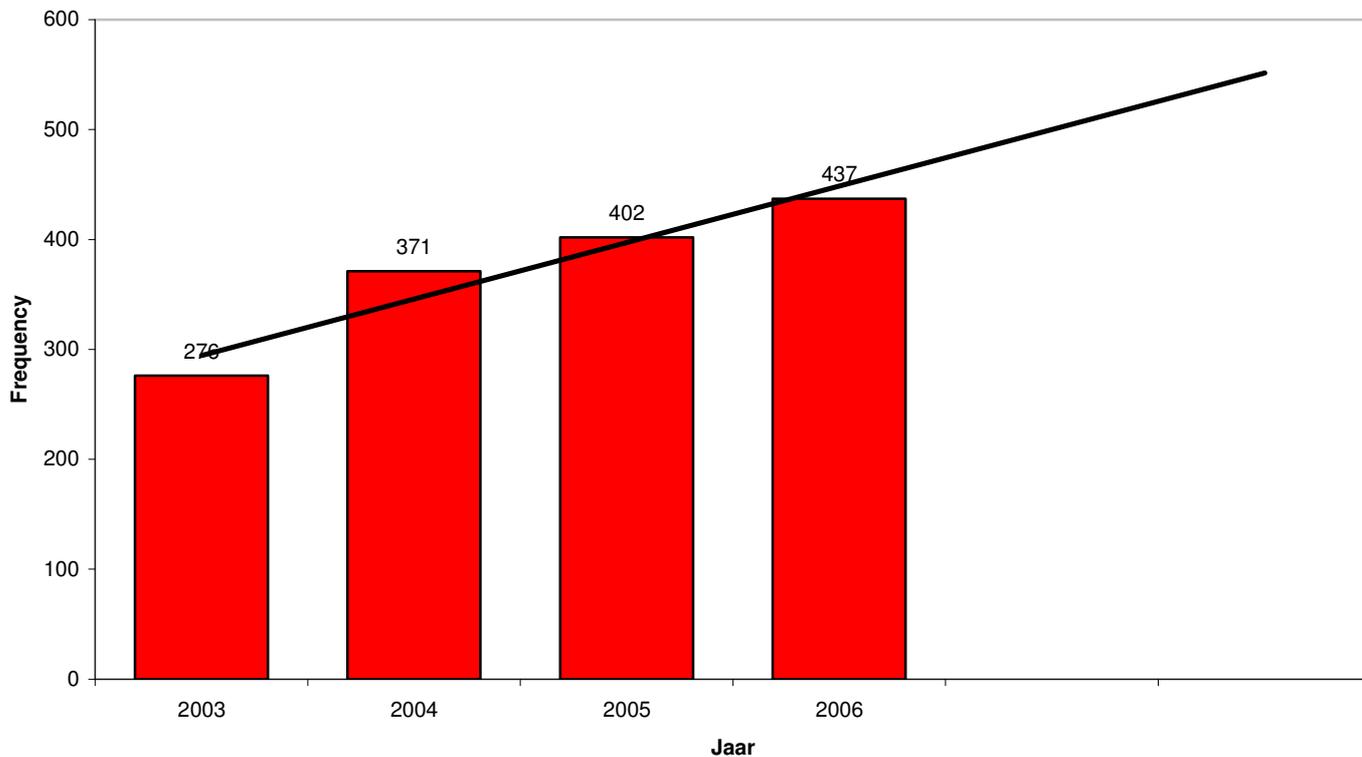
Vandenberk e.a. (1998) pointed out that 1 out of 8 older persons above 65 is in Belgium sooner or later the victim of physical, sexual or psychological abuse. Taking financial abuse into account, the rate increases up to 1 out of 5. This is comparable with figures on marital violence. The perpetrator is often a person who has got close connections with the victim. There are also gender differences, because of different reasons: the fact that women live longer than men, they are at higher risk to be a victim of abuse (Vandenberk, e.a., 1998).

This kind of violence is often the result of difficult relationships and conflicts which haven't been solved between the older person and his or her environment (Bawin-Legros, e.a., 1998; Moreau, 2004). Abuse can be caused by isolation of the elder, by an unwanted situation of living together in which the privacy of the senior is broken. Decreased autonomy and increased dependency lead to bigger risk for abuse.

### ***Flanders and Brussels***

The agency that deals with reports of elder abuse in Flanders and the Dutch speaking part of Brussels (Flemish Reporting Point for elder abuse) points out that 437 older people have been abused in domestic settings in Flanders in 2006 (Vlaams Meldpunt Ouderenmisbehandeling, 2007). Figures increased, compared with 2003 (276 cases), with 2004 (371) and with 2005 (402 cases). The increase can be explained in two ways : either

there is a real increase of cases, either there is an increased willingness to report these cases, or possibly both. According to the opinion of the Flemish Reporting Point on elder abuse, this number doesn't reflect the reality.



**Figure 2: Frequency of elder abuse in Flanders in 2006**

### ***Wallonia***

The agency that deals with reports of elder abuse in Wallonia (Walloon Reporting Point on elder abuse) says that 527 older people have been abused in Wallonia in 2006 (CAPAM, 2006). These numbers contain also the reported cases of elder abuse in institutional settings, as CAPAM registers both elder abuse in home and institutional settings. According to CAPAM's opinion, this number doesn't reflect the reality either.

### **3.4. Cultural and historical background**

There is no single explanation for elder abuse and neglect. Elder abuse is a complex problem that can emerge from several different causes, and that often has roots in multiple



factors. These factors include the background of the family, specific family situations, caregiver issues and cultural issues.

In earlier times, securing care and help for aging parents, including support especially in the event of illness, has traditionally been the responsibility of adult children. But a transition process took place.

Currently, we cope with changing family structures and better living standards (Moreau, Glaude & Berg, 2007). Health conditions have caused an increase of very old people with a rising possibility to be subject to severe pathologies and in need of care. The average life expectancy gap between men and women contributes to the fact that older women are suffering more often and for longer periods of time having health problems (Messelis, 2007). Although we have a lot of people who have been living in rest homes, the government motivates people to stay at home as long as possible because homecare is cheaper for society, c.q. the taxpayers. While a lot of adult children are still taking care for their parents, a lot of professionals have been involved in home care.

Abuse against older persons was discovered in Belgium in the 1990's when the academic community began to show some interest in the problem. Experiments to help the victims of family violence were also launched in the 1990's, especially in Wallonia. E.g. In 1999, Wallonia produced the first minutes based on complaints done by persons who are living in an older peoples home. 149 complaints in which 10% concerned abuses and neglects (Nyssen, 2003).

### ***Historical background of the Flemish Reporting Point for Elder Abuse***

The Flemish Reporting Point was established in September 2002. This is it's history: The social service „Sociaal Huis Pandora“ was established in 1996 (De Streekkrant, 1996), as the need for a supporting and reporting point for victims of violence was very high in the region of south East Flanders. The idea for this specific service came from the local female head of police, who based upon her experience as police officer, experienced a lack in social services in this specific domain. Initially, the aim of this service was to provide in crisis shelter, to inform and make the public sensible and to offer support to victims of violence (counselling, and information). The service worked with volunteers only. Today, this supporting and reporting point does not exist anymore. Victims of violence can now make use of the by the Flemish government official recognised service „help for victims“. These state funded services are nowadays spread through the whole state of Flanders, but still all



work with volunteers who are coordinated by a professional. The social service „Sociaal Huis Pandora“ merged with other social services in the area and is now a part of the greater social service „CAW Zuid-Oost-Vlaanderen“.

In 1999, the chairman of the council for seniors from the city where the „Sociaal Huis Pandora“, is located was confronted with cases of elder abuse. When he tried to find out where among the existing social services these victims could turn to, he was forced to conclude that there was not a single service in the area that was able to or prepared to deal with these cases. He then turned to the government of the province of East Flanders. The provincial welfare service organised a local hearing about this topic and the decision was made to establish a reporting point for elder abuse within the „sociaal huis pandora“, funded by the province. In the following year 2000, the „reporting point for elder abuse for the south of the province of East Flanders“ was then implemented, when the government of the province of East Flanders provided funds to the social service „Sociaal Huis Pandora“ to start with this reporting point. Pretty soon, this local reporting point received a lot of reporting of cases outside the area, so the need for an expansion was very high. Given this fact and the attention that was drawn to elder abuse by the WHO in 2002, the Flemish government granted funds to „Sociaal Huis Pandora“ to develop a project to implement a Flemish reporting point. The Flemish reporting point started as a project in 2003 and the local reporting point became a provincial supporting point, partial funded by the province East-Flanders and the Flemish government. The Flemish reporting point now coordinates (or tries to) the provincial supporting points. In 2003 the Flemish Focal reporting Point started their work on elder abuse with different goals: to register the reported cases; to support the victims and everyone concerned; to make efforts to illustrate the extent and types of the problem; to inform people about the problem: broader public, professionals, volunteers, students; to provide in training for professionals, students, home carers, volunteers; to establish preventive and curative measures and to stimulate academic research. In 2003, it also conducted a limited research in order to gain insight into the opinions of primary care services concerning the topic of elder abuse (Van den Bossche & Vervaecke, 2003).

### ***Historical background of the Walloon Reporting Point on elder abuse***

In 1996, in the province of Liège : professionals were responsive to situations of elder abuse. In the same year, the organisation l'APAM (Aide aux Personnes Agées Maltraitées) started its work in the province of Luxembourg under impulse of the social service from the city Libin. The goal was to react to problems on elder abuse, for people who were living in the province of Luxembourg.



In April 1998, CAPAM (Centre d'Aide aux Personnes Agées Maltraitées) has been established in the province of Liège by a multidisciplinary team of professionals working with older people. In June 2001, they could be contacted via a toll free number 0800/30330. There has been a permanent telephone line system, organised by l'Apam and Capam.

In 2003, Libr'âge has been developed. It is regrouping the associations CAPAM (provinces of Liège and Luxembourg), E.M.P.AGE (Charleroi) and URGEDES (Sambreville). This means that Libr'âge covers the majority of Wallonia. At the end of 2004, they expanded the system. One new antenna has been developed in the province of Brabant, another one in 2007 in the province of Hainaut. These regional offices answered the growing need for assistance in these provinces.

### **3.5. Public awareness of abuse against older people**

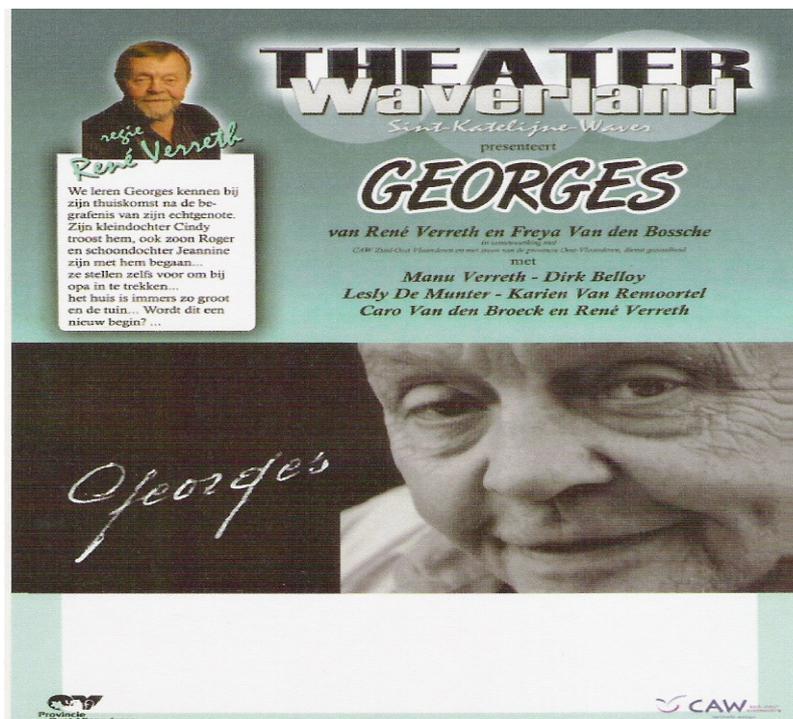
As mentioned above, in Belgium elder abuse is still a taboo although different initiatives have been developed.

Public awareness differs in the way violence is recognized. In the opinion of the Reporting Points in Belgium we only have reached „the top of the iceberg“. This opinion is consistent with the iceberg theory described by Cyphers (1999): the larger proportion remains hidden with only the smaller representation of the ‚problem‘ visible. Although there are several initiatives in Belgium with respect to awareness of elder abuse, they are still occasional and disconnected from each other.

The aims of the different initiatives are the following:

- to inform the general public and political decision makers;
- to follow up international and national studies as well as intervention programmes;
- to set up support groups for abused elderly;
- provide for telephone information services for the elderly (e.g. in the nursing home setting: in a home care or domestic setting: telephone lines (or e-mail)
- to recognize abuse;
- to prevent of abuse;
- to develop consultancy methods;
- to set up information campaigns ;

- to increase the awareness because the social consciousness concerning the issue is low
- Examples of public campaign:
  - Libr'âgé (The Walloon association on elder abuse) has developed different brochures. The Flemish organisations have also developed brochures to use for public awareness.
  - The Flemish Reporting Point also developed a play, called Georges and has been developed in 2007. This play tells the story of Georges, who we meet after he gets home from the funeral of his wife. His son, daughter in law and granddaughter decide with the best intentions to move in with him. What should be a new beginning for all of them, becomes pretty soon a nightmare...



**Figure 3: Public Campaign in Flanders: The Play Georges (2007)**

- The Flemish Reporting point developed a website, which discloses a lot of information concerning the topic, the aims of the reporting point and the services it can offer (telephone helpline; registration of reported cases in order to gain statistics for policy purposes; providing information, advice and consultation for everyone interested or involved in a case; offering training sessions for professionals and home carers). It also provides downloadable documents such as a leaflet and a fact sheet

concerning the topic; the annual reports and the scarce research papers or master thesis's that are available ([www.meldpuntouderenmishandeling.be](http://www.meldpuntouderenmishandeling.be)).

- The Walloon Reporting point also developed a website; which discloses a lot of information concerning the topic, the aims of the reporting point and the services it can offer. It also provides information concerning prevention, campaigns, statistics,... ([www.capam.be](http://www.capam.be); [www.librage.be](http://www.librage.be); [www.rifvel.be](http://www.rifvel.be)).
- The Walloon and the Flemish reporting points also provide in training sessions for professionals, volunteers, home carers and students. The sessions are organised around the following main topics: prevention, early detection of elder abuse and dealing with elder abuse.

### **3.6. Policies against abuse /policy background**

In Belgium many efforts have been done concerning intra-familial violence, especially partner violence. The newspaper , Het Belang van Limburg' pointed out on the 07th of March 2006 that there will be a zero tolerance against intra-familial violence, initiated by the former Federal Minister of Justice, Mrs. Onkelinckx.

Moreover, the VN Convention on Elimination of All Forms of Discrimination against Women (CEDAW) has been approved and ratified in Belgium. The convention is monitored through national reporting. The Institution for Equalities in women and men have conducted the report in 2006 (<http://www.iefh.fgov.be/ShowDoc.aspx?levelID=18&objectID=330&lang=nl>).

Although general rules have been made (e.g. for intra-familial violence), the federal policy in Belgium on elder abuse is still in a project phase. Despite the lack of any specific legislation in relation to elder abuse, certain laws are useful at times. These include laws in relation to well-being, interfamilial violence, partner violence and those relating to competence and mental health.

Belgian Senators have been working for the last five years on the criminal law protection of vulnerable people, which includes elder abuse. Multiple suggestions for a law concerning the criminal law protection of vulnerable people have been proposed :

- on the 22nd of March 2002 and again on the 07th of July 2003 by senator Clotilde Nyssen (CDH) ([www.senaat.be](http://www.senaat.be));

- the same suggestion has been done in the House of Parliament by Melchior Wathelet (CDH) (2002);
- on the 24th June of 2004 and again in November 2007 by senator Sabine De Bethune (CD&V);
- On the 02th of July 2004 by senator Christine Defraigne (MR).

These purposes want to create a federal government policy on the criminal law protection of vulnerable people. Prevention of all forms of violence against persons as well as the professional assistance is the responsibility of the different communities.

An overview of law on professional secrecy, civil judicial aspects on elder abuse and penal judicial aspects on elder abuse can be found in a brochure made by the provincial supporting Point Antwerp in 2007 (<http://www.provant.be/welzijn/index.htm>). On the other hand, the provincial supporting Point West-Flanders organised in 2006 an educational course on the juridical aspects of elder abuse based on insights of Prof. Dr. Em. Marriette Verrycken (expert on this topic) ([http://www.west-vlaanderen.be/jahia\\_upload/welzijn&zorg/ouderenmishandeling/juridisch\\_leidraad\\_inhoud.pdf](http://www.west-vlaanderen.be/jahia_upload/welzijn&zorg/ouderenmishandeling/juridisch_leidraad_inhoud.pdf)).

Concerning the juridical side of the problem, there are more or less two visions in Belgium: on the one hand, scholars who are against specific legislation concerning the elderly (Verrycken, 2002) and on the other hand the workers on the field of social work and healthcare, who constantly are calling attention to the fact that there is a great need for specific laws to protect and deal with abused elderly (Cel Ouderen Provincie Vlaams-Brabant, 2007).

### ***Flanders and Brussels:***

On the World Elder Abuse Awareness Day – on the 15th of June 2007 – the Flemish Reporting Point for elder abuse organised a congress in Brussels. A co-worker of former Minister of Wellbeing- Mrs. Inge Vervotte - attended this congress. She announced a structural recognition of the reporting point and doubled their working allocation up to €100.000 a year for centralisation, registration of reports, advice and professionalizing, sensitization and informing, intervention, a policy task and stimulation of scientific research (Vlaamse overheid, Departement Welzijn; Volksgezondheid en Gezin, 2007). According to the Flemish Reporting for elder abuse, the former Flemish minister for Welfare, Health and Family abolished the allocations of 20.000 euro per year for the 5 provincial supporting points

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for the abuse of older persons and for the supporting point that was operational in Brussels Capital District. These political decisions mid 2007 resulted in an actual cut in Flemish government investments of € 70.000, despite the pleadings of the Flemish Reporting Point, the provincial supporting points and the organisations on the field of health and social services for more money and for the structural implementation of regional expertise and helping networks.

### **Wallonia**

Currently, three structures have been financed by an optional system of subsidization (<http://www.inforhomeswallonie.be/spip.php?article64>) :

- **CAPAM** (Centre d'Aide aux Personnes Agées Maltraitées) : € 135.000
- **URGEDES** (Unification des Ressources Gérologistes pour le Dépistage et le Soutien des personnes âgées) : € 50.000
- **EMPAGE** (Ecoute à la Maltraitance des Personnes Agées) : € 75.000

Although these structures have been independent from a juridical point of view, they have become federal matter since the end of 2003 in which Libr'âge has been responsible to integrate the working process between the different organisations.

According to above mentioned website, the Walloon Government considers elder abuse as a priority. In the framework of a 2005 social cohesion plan, they have decided to adjudge an extra amount of € 200.000 yearly to combat violence of older people, starting in 2007. These extra sources have to be used for an information and awareness campaign, as well the creation of an acceptable decree on this matter.

→In conclusion, one can say that the Walloon and the Flemish Reporting point on elder abuse want to draw attention to the importance of elder abuse. Therefore they have written together a letter to the politicians of the Federal Government and to the presidents of all the democratic political parties in Belgium (2007) ([http://www.capam.be/lettre\\_ouverte.pdf](http://www.capam.be/lettre_ouverte.pdf)).

## **4. Domestic violence against older people with a special focus on older women**

### **4.1. Context of violence, social and biographical factors**

Understanding the typical victim and perpetrator is crucial to detect and prevent elder maltreatment.

#### ***The typical victim***

Although many international studies have shown that men and women appear to have similar per capita rates, in 2004 the National Centre on Elder Abuse found two thirds of victims in North America to be women. This same study showed 77% were white. The victim is usually socially isolated and lives in close proximity to or with the perpetrator. The elder victim usually has a personal relationship with the perpetrator (e.g. relative, neighbour, nurse/sitter/caregiver, family friend). Often the victim is dependent on the perpetrator. Inherent factors in the elder that appear to put him or her at risk include cognitive impairment, dementia, physical impairment, functional debility, incontinence, provocative actions of the elder, guilt, fear of nursing home placement, and a fear of retaliation. The maltreatment most often occurs at home, either the home of the victim or the perpetrator (NCR, 2004).

In Flanders, 63% of the victims from the reported cases in 2006 were women. In 51% of the cases, the perpetrator was a child, in 10% it was the partner. In 38% of the cases, the victim was physically disabled. In 10% of the cases the victim suffered from dementia. In 10% of the cases, the victims had financial/material problems and 14% experienced no problems at all (Vlaams Meldpunt, 2007).

In Wallonia, 78% of the victim's lives at home and 22% lives in an institution. 74% of the victims from the reported cases in 2006 were women. In 28% of the cases, the victim was physically dependent. In 24% of the cases the problem is not know and 20% did not mention any problem (Capam, 2006).

### ***The typical perpetrator***

The same North American study points out that over time and generations, a type of revenge framework may be created within the family. This is often termed trans-generational violence. Violence is a learned behaviour, an expression and/or reaction to particular experiences or difficult situations. Abused spouses later abuse their abusers; abused children later abuse their parents as well as their own children, perpetuating the cycle. Intimate violence in partnerships and intergenerational violence are definite factors in such domestic cases with elder victims and family member perpetrators. The typical perpetrator, or abuser, is a relative who lives with or near the elder. Three characteristics of the perpetrator are known risk factors: a history of mental illness and/or substance abuse, excessive dependence on the elder for financial support, and a history of violence within or outside of the family. Up to 35% of perpetrators have psychological disorders or are substance abusers. Many of them have little interest or activity outside of the home. In 2004, it was reported that 33% of perpetrators were the adult children and also detected were other family members in addition to the spouse. Male victims are most often abused by their wives. Female victims are most often abused by their children; the children more likely to be male as opposed to female. Maltreatment often occurs at times of stress with the perpetrator. A family tradition of using violence in times of stress is perpetuated with the stressed caretaker abusing the elderly victim (NCR, 2004).

In Flanders: in 51% of the cases, the perpetrator was a child of the victim (29% adult sons, 22% adult daughters), in 10% it was the partner. In these cases, 16% of the perpetrators experience psychosocial problems (e.g. relation problems, divorce), 14% has financial problems and 14% are substance abusers. 8% of them suffer from psychiatric disorders (Vlaams Meldpunt Ouderenmisbehandeling, 2007).

In Wallonia, in 44% of the cases, the perpetrator was a child, in 61% it was a member of the family (Capam, 2006).

## 4.2. Risks and consequences of violence

Beneath, we will describe some risks and consequences of elder abuse.

### *Risks of elder abuse*

There are many causes why elder abuse occurs in the Belgian society and every where else in Western Europe. Our modern society does not have a lot of time for older people and a lot of children don't have the culture any longer to care for their parents. Our population is ageing and a lot of older people are becoming older and more dependent from care. Care stress can become so big that 'accidents' can happen...

Therefore, it is interesting that we can concentrate on prevention.

To work in a preventive way, it is important that all the risk factors are known. Risk factors are influenced by cultural and historical aspects (Vettenburg, e.a., 2003). A handful important factors given beneath are based on a review, made by Damman, (2006).

- Older people with an extended network around them have a smaller risk for elder abuse (Schiamberg & Gans, 1999; NRC, 2002).
- Risk factors typical for the perpetrator are :
  - a high pressure to take care of the older person (Movsas & Movsas, 1990)
  - a mental illness of the carer (Movsas & Movsas, 1990; NRC, 2002)
  - too less experience to care or less support from the environment (Schiamberg & Gans, 1999).
- Risk factors typical for the victim are :
  - alcohol abuse (Schiamberg & Gans, 1999)
  - dependency from the carer, eventually leading to financial abuse (Ansello, 1996; Erlingsson, Carlson & Saveman, 2003; Hwalek, e.a., 1996).
- The phenomenon of the 'reversed parenthood'. Older persons always took care for the care of their children and are now in need of care from their children (Marcoen e.a., 2006). The loyalty of the children towards the parents has got a risk factor (Yan & Tang, 2004). Research shows that older people with a high degree of dependency have got a higher risk of elder abuse (Anme, 2004). Steinmetz (2005) expresses the importance of the context: "If one defines dependency in terms of ability to perform

ADL's, then a relationship between dependency and abuse is limited. However, if one defines dependency in terms of the number of responsibilities that the caregiver has to fulfil and the inability to be relieved of these responsibilities (such as when the elder lives with the caregiver, or when others are unavailable to assist in this care) then a relationship between dependency and abuse is found" (p. 201).

In general, one can say that the main risk factors can be described as follow: higher dependency, care stress, the family history, psycho-social problems and some illnesses in which the behaviour and/or the personality have changed.

### ***Consequences of elder abuse***

There consequences might be the following: bad influence on well-being, physical and psychological problems, social isolation and loneliness, fear for unknown situations, distrust towards other people, doubts about their selves, bad relationships with the children, feelings of guilt (Nederlandstalige Vrouwenraad, 2007). Physically vulnerable people with a higher rate of dependency might have less future perspectives (Gezinsbond, 2004). The consequences of elder abuse have also been described in terms of increased morbidity and increased mortality (Wang & Lee, 2006)

### **4.3. Gender Aspects**

Domestic violence is often seen as a gender-related issue and mostly addresses relationships. Violence against older people is not as much considered in this context.

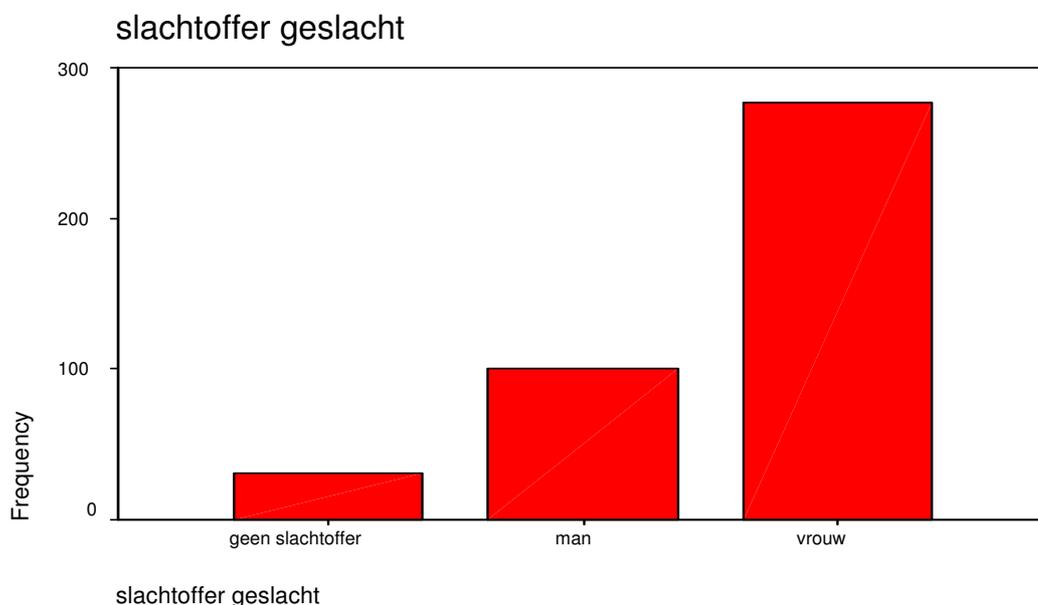
Much attention has been made for marital violence. The University of Hasselt (1998) showed that one out of 7 persons is a victim of marital violence. In 1999, 400 women died because of marital violence (Université des Femmes, 2004). The social image plays an important role.

Other research in 1998 showed that women are more victim than men for physical, sexual, emotional and financial abuse (23% -15%) (Vandenberk, e.a.,1998).

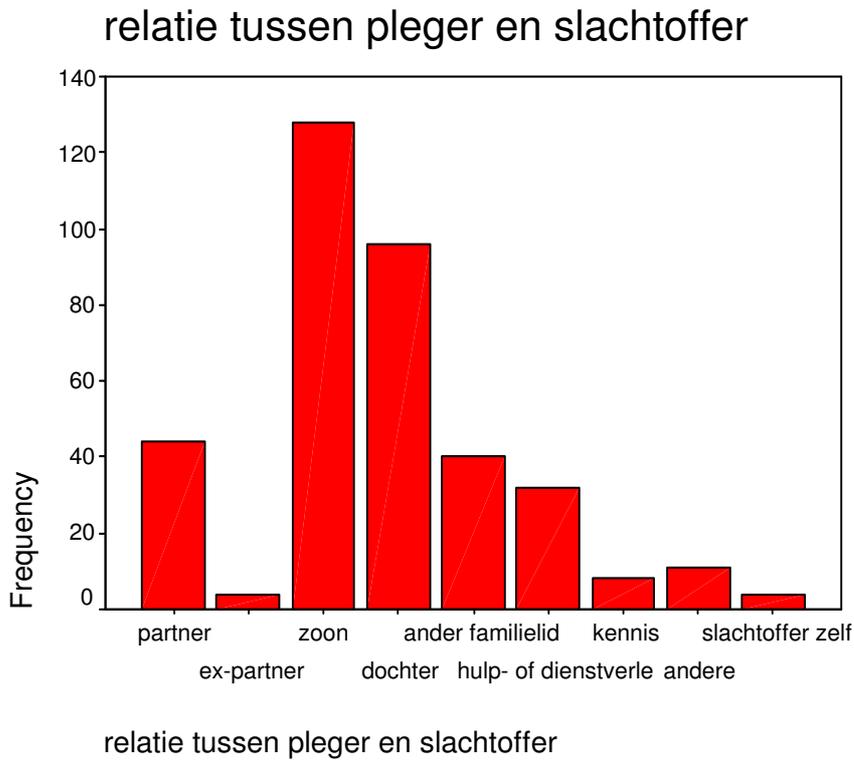
For Flanders, Callewaert (2008a) pointed out that, after statistical analyses of the data from the year 2006 obtained from the Flemish Reporting Point, in these cases of elder abuse the following forms of abuse occur significantly more within women than within men: psychological abuse (76% vs. 23%), financial abuse (73% vs. 27%), violation of rights (75% vs. 25%) and multiple problems (76% vs. 23%).

In most cases the abuser in Belgium is the victim's own flesh and blood. Some of the results of a recent Free University of Brussels study (Wauters, 2007) into the problem have been published in an edition of the daily 'Gazet van Antwerpen' (22.11.2007). Many of the victims of elder abuse are elderly widows. In three-quarters of all cases, the abuse is perpetrated by the victim's own child. Ten percent of victims are over 90. The survey also declines some typical statements about elder abuse. It is often believed that most victims of elder abuse suffer from dementia and/or have little social contact outside the home. However, this is not the case and 71% of victims are mentally and physically fit with only 10% of them suffering from dementia. The study also revealed that sons are more likely than daughters to abuse their parents. Most abusers (66 %) are over 50 with only 3 % of elder abusers being younger than 30. The figures quoted in the study refer to all forms of abuse and not limited to physical violence (<http://elder-abuse-spotlight.blogspot.com/2007/11/400-pensioners-abused-each-year-belgium.html>).

For Flanders, 63% of the victims are women. 25% of the victims are between 80-84 of age. 29% of the perpetrators are the sons, followed by the daughters: 22%. In 10% of the cases the perpetrator is the partner (Vlaams Meldpunt Ouderenmisbehandeling, 2007).



**Figure 4: gender perspectives of the victims in Flanders (2006)**



**Figure 5: relation between perpetrator and victim in Flanders (2006)**

For Wallonia, 74% of the victims are women. 63,5% of the feminine victims is between 70 and 90 years old (Capam, 2006).

## **5. Perspectives of health/social service professionals and organisations with respect to violence against older women within families**

### ***5.1. Experience with domestic violence against older women***

From Belgium we are working as collaborating partners in the Daphne project. As mentioned above, we were not involved in doing the questionnaires and the interviews with the professionals and the organisations. At the moment, we are investigating how we can conduct further research using surveys and interviews, because we are lacking information concerning the perspectives of health and social service professionals and organisations with respect to violence against older women within families. The research for Flanders will probably be conducted in the context of a master thesis within the master course social work at the university of Ghent (department psychology and educational sciences), as described by the student in question in his research proposal (Callewaert, 2007). The research for Wallonia will probably be conducted by the Office of Expertise on Ageing and Gender, LACHESIS.

Currently, specific actions don't take place towards older women within families although we have noticed that elder abuse in Belgium occurs more in older women than in older men. This is not only the case in Wallonia, but also in Flanders and in Brussels. So, at present, professionals and organisations don't make big differentiations between violence against older people and violence against older women.

Abuse against older people has to be considered as a complex health and social problem. The problem of violence directed against older people within families is encountered by social workers, community nurses, General Practitioners,... Although we lack scientific studies that point out the main problems of health and social service professionals and organisations dealing with domestic violence, there are some results of educational courses that illustrate that there can be barriers for professionals, such as ignoring the problems, avoiding conflict situations with the care givers, occurring communication problems with the care giver, not knowing how to interfere.

Van der Gucht (2007) describes these barriers as taboos for these social workers who legitimate them not to report or to act:

- the term abuse as such: it's difficult to accuse someone of abuse without clear evidence (this is why the term mistreatment is preferred);
- fear that reporting or acting will do more harm than good;
- fear that nothing can be changed in the situation;
- doubts about how to deal with it;
- fear of being thrown out by the victim and/or the perpetrator.

### ***Flanders and Brussels***

In 2006, the majority of the reported cases from Flanders and the Dutch speaking part of Brussels, as registered by the Flemish Reporting Point, concerned reporting made by professionals situated in primary care (e.g. social workers, nurses, domestic helpers,...) (Vlaams Meldpunt Ouderenmisbehandeling, 2007). In 44% of these cases, these professionals reported physical abuse, also in 44% of the cases they reported psychological abuse and 35% of the cases concerned reporting financial abuse (Callewaert, 2008b).

In Flanders there is, as earlier described, the reporting point for everyone concerned who wants to report cases of elder abuse. Until mid 2007, the provincial supporting points and the supporting point of Brussels Capital District were all operational. As these supporting points worked regionally, they lowered the barriers for reporting cases of elder abuse and worked as a primary care service. As mentioned above, these supporting points lost their funding by the Flemish government, resulting in abolishing the primary care function of the provincial supporting points and the shutting down of the point in Brussels. This means that the barrier for reporting is again very high, since there are no local reporting points anymore and the central role of the Flemish Reporting Point is still not known well enough throughout the state of Flanders. There's an intention to close a deal between the Flemish Government, the provincial governments and the Brussels' government which would contain a minimal engagement for dealing with elder abuse regionally. This deal should be closed on January 30<sup>th</sup> 2008. (Information obtained orally at the Flemish Reporting Point, January 2008).

The Reporting Point points out that when reporting is made, they are often made very late and that most organisations try to deal with the cases themselves, without having the right expertise present. The organisations concerned who try to deal themselves with these cases, often hesitate to even report these cases to the reporting point in the context of providing statistical data, although there's a policy that reporting not necessarily have to disclose the identity of everyone involved (Vlaams Meldpunt Ouderenmisbehandeling, 2007).

## **Wallonia**

In 34% of the cases, the family of the victim reported the elder abuse. In 23% of the cases, it was the person him or her self who reported the abuse. One out of 5 persons (26%) who reported the abuse was a professional (CAPAM, 2006).

### ***5.2. Recognizing domestic violence against older women***

In Belgium, like it is in other countries, the identification of violence is a crucial moment for any intervention. Recognizing situations of the abuse against older people is not an easy task. Therefore, it is useful that professionals are applying a protocol to recognise elder abuse.

In Belgium, there has been work since the 1990's, comprising both research and service development. The care sector is still developing and the Flemish Reporting Point points out that the care in Flanders is still in an embryonic phase. It is a fact that more awareness is needed, in Flanders as well as in Wallonia. Social debates have to be initiated.

### ***Flanders and Brussels***

The Flemish Reporting Point for elder abuse registers all cases that are reported and gives information and advice to everyone concerned in the cases. It also tries to find the best service to intervene when necessary or desired by the victim. The reporting point also provides in training sessions concerning early detection or and dealing with elder abuse, for professionals, caregivers, volunteers and students. The sessions are based on the work delivered by Van den Bossche (2005), a former member of staff of the East Flemish supporting point for elder abuse.

In every province of Flanders, there is a provincial supporting point for elder abuse. Except for the province of East Flanders, these supporting points only aim to support existing services who are confronted with elder abuse by sharing their expertise on the matter and supporting them when needed. As mentioned above, since mid 2007, they have stopped their primary care role and they do not intervene themselves in the reported cases. The supporting point that was established in the district capital Brussels was abolished mid 2007. So, for the Dutch speaking part of the elder population in Brussels, there's currently no regional service to turn to. They have to turn to the Flemish Reporting Point, which now tries to establish a network of help services for these cases.

### Early detection of elder abuse

Based on the work of Van den Bossche (2004), the Flemish Reporting Point developed a tool that is called “Guidelines for the early detection of elder abuse”. This tool is available as a small guide in book form and is used during training sessions. It can also be bought by everyone interested. The contents of the booklet are as follows: introduction, definition of elder abuse, forms, signals and indicators of elder abuse and practical examples.

### **Wallonia**

A branch of the French organization ALMA (Allo Maltraitance Personnes Agées) was developed. ALMA Wallonië-Bruxelles and a number of help-lines have developed over the past 5 years, but ALMA Belgium does not exist any longer. A number of conferences and symposia have been held to assist in the training of professionals, students and volunteers and in 2003 a training program for frontline doctors was established. Also in 2003, a pilot project, Libr’âge was established by 3 different organizations (CAPAM : Centre d’Aide aux Personnes Agées Maltraitées); URGEDES : Unification des Ressources Gérologiques pour le Dépistage et le Soutien des personnes âgées) and EMPAGE : Ecoute à la Maltraitance des Personnes Agées)) to provide a specialist service in each province. This consists of a telephone helpline, training program for professionals and also campaigns concerning prevention of elder abuse

([http://www.inpea.net/downloads/publications/inpea\\_dec04.pdf](http://www.inpea.net/downloads/publications/inpea_dec04.pdf)). In 2007 and 2008, Libr’âge is the only organisation who has been involved in initiatives concerning elder abuse.

### **5.3. Coping strategies**

The most adequate intervention is early prevention in which we can promote a culture of solidarity, a culture of promoting an active education about ageing and a culture of improving social awareness as to the issue of violence and elder abuse in the family. Moreover, it is good when we can target the general population as well as the professionals working with the victims and the perpetrators.

As violence against older people and older women is not a well known and not a well acknowledged phenomenon, health and social care workers need specific instrument to cope with elder abuse, such as:

- a guideline to distinguish the individuals in danger and those who are already suffering abuse;
- adequate training courses to work on different goals;

- an intervention cycle in which they know how to react from the prevention phase until the implementation phase;
- Strategies to implement after the abuse: e.g. family counselling.

Dealing with elder abuse:

Based on the work of Van den Bossche (2005), the Flemish Reporting Point developed a tool that is called “Guidelines for dealing with elder abuse”. This tool is available as a small guide in book form and is used during training sessions for primary carers. It can also be bought by everyone interested. The contents of the booklet are as follows: introduction, definition and risk factors of elder abuse, dealing with elder abuse and a fully worked out case of elder abuse as an example. We think it’s interesting for the reader of this report to know how the Reporting Point suggests how one can deal with cases of elder abuse, so we will give a short overview below.

In dealing with elder abuse, the Reporting Point suggests to work in steps:

Step 1: recognising signals of abuse: efficiently dealing with elder abuse requires firstly learning how to recognise the signals, in order to react properly to them.

Step 2: focusing on the signals: To have doubts about the signals is a healthy process. It keeps people alert and cautious. Guidelines in dealing with these doubts and responding cautiously on these signals:

- trusting ones own intuition
- observing closely and registration of every incident
- having an examination of conscience
- objectivity suspicions by consulting colleagues or other persons

Step 3: checking suspicions with victim and perpetrator: within the boundaries of what is possible in the specific situation.

Step 4: talking about the suspicions in your own organisation: sharing the burden can be relieving.

Step 5: asking the victim and perpetrator if help is required: when in the previous steps it’s clear that victim and perpetrator are recognising that there’s a problem, in this step the time has come to make clear to them that help is available if needed and wanted.

Here are three steps starting for the organisations themselves:

Step 6: Reporting: the organisation that knows of a situation of elder abuse, is best to report this to the Flemish Reporting Point and to ask it for expertise and support

Step 7: developing an own strategy: Organisations who are often confronted with elder abuse, are best to develop an own, specific strategy in preventing and dealing with elder abuse. In this context, they can appeal to the Flemish Reporting Point in helping with the development and implementation of this strategy

Step 8: drawing up an action plan: when an organisation decides to take on a coordinating role, an action plan has to be developed. This plan contains agreements such as who is doing what, who will be contact person for the victim and who will be the case manager.

The use of case management in dealing with elder abuse:

In the province of East Flanders, the supporting point for elder abuse, until further notice still fully financed by the provincial government, has 1.5 FTE case managers who are able to intervene in the specific cases as well as to act as experts when consulted by other professionals. To realise their interventions and to optimise their cooperation with other professionals, they implemented the model of 'strengths based case management' (Van der Gucht, 2006), since case management has proven to be an effective method in realising (social work) interventions (e.g. case management is often used in relation to helping drug addicts or other substance abusers (e.g. Vanderplasschen, Lievens & Broekaert, 2001)). Day (2007) also mentions case management as a commonly implemented solution for dealing with elder abuse. With this strengths based model, these case managers aim to support the victims in their search to gain more control over their lives, by using the strengths and possibilities of the clients themselves. This choice to use case management in cases of elder abuse is also fully endorsed by the Flemish Reporting Point. According to both the reporting point and the supporting point, there are a number of reasons why case management is the obvious method in dealing with cases of elder abuse:

- Elderly are confronted with problems that mostly concern several domains of life and therefore several domains of required assistance.
- The core business of the use of case management in dealing with this specific group is to motivate them to allow social assistance and/or to receive the right assistance. Starting point are the needs and possibilities as formulated by the victims, from which

case manager and victim together search for obtainable solutions to deal with the problematic situation.

- Older people often don't find the way to existing social services (partial because of physical impairments and partial because of a lack of knowledge about existing services). This reason makes it necessary to give great attention to coordination of their situation and to advocacy.
- There are situations in which a lot of helping services are already present, but where no-one acts as representative of the elder, which makes it necessary for the case manager to act as coordinator of the situation and as advocate for the elder.

Also other persons involved, e.g. non-professionals often find it hard to act as advocate for the elder, because of lack of skills, knowledge or out of loyalty with the perpetrator

The case managers of this supporting point follow also a plan with different steps (Steunpunt Ouderenmisbehandeling Oost-Vlaanderen, 2004):

Step 1: receiving the data concerning the case, ideally via the Flemish Reporting Point which uses a standardized reporting form.

Step 2: contacting, if possible and allowed, the victim in order to obtain his or her consent to intervene.

Step 3: House call: intake with victim. Introduction, exploring the whole situation and context.

Step 4: developing an action plan, in collaboration with the victim and if possible, in collaboration with social services who are already working in the situation.

Step 5: organising a meeting with other social services and victim.

Step 6: informing the victim (if not present in step 5) about the meeting. Adjusting the action plan when required.

Step 7: evaluating after 6 weeks.

Step 8: End evaluation after 3 months. If all objectives are realised, the file is closed, if not, the file is adjusted.

Step 9: Returning all official documents and if required, making new appointments for the future in case things go wrong again.

#### ***5.4. Further support/strategies needed***

Given the above mentioned aspects to recognize situations of elder abuse and the fact that adequate training exists, but still not well developed, the following recommendations can be done:

- more training for young professionals;
- more information concerning mental illness;
- more long term support of services;
- more network initiatives (Various institutions and social agencies are involved in preventing domestic violence. It is not always clear how many organisations directly cope with families and victims. More network cooperation is needed);
- more education for the population;
- an education package on elder abuse for the training of primary health care & social care professionals;
- a European inventory of good practice for the prevention of abuse concerning older women;
- a protocol for GP's and other workers with specific screening questions.

Although we have already got clear regulations, we still need more procedures which should be followed in cases of violence against older people.

## **6 Conclusions: Strategies for professionals to deal with domestic violence against older women**

The goal of this report has been to draw attention to a phenomenon which has been widely neglected until now. The objective of this project is to initiate changing attitudes and actions in the field. It is remarkable that there is hardly a gender difference in this matter although we face more problems of elder abuse in older women than in older men. Nevertheless, we still live in a patriarchal society where women are still subject to many kinds of oppression, violence and abuse which puts older women even more at risk than male. Therefore we would be interested to know if the existing organisations, who are supporting women, are adequate for the kind of help older women are seeking.

We can point out that elder abuse is a complex phenomenon to be approached in different ways. In this respect, awareness raising initiatives are important, but educational courses for persons are important too. Another aspect is the integration of the work of professional caregivers. We need to create more interdisciplinary teams, we have to increase the awareness of local authorities and we need legislative changes to prevent violence.



First of all, public awareness rising is further important as well as to work on the discrimination of ageism and sexism.

Secondly, we have to investigate if there is a real difference between abusive acting against older women and older men so we can differentiate our services.

Thirdly, further strategies are needed regarding Health and Social services.

- Increase of the awareness
- Policy makers: more policy and more money
- More education for professionals
- More support and education for family carers
- More project on intergenerational solidarity
- More sensitization of victims
- More cooperation between the Reporting Points for elder abuse
- More exchange of good practices
- More sensitization of professionals
- More assertiveness of vulnerable people who are staying at home (victims of elder abuse at home go less often to a professional...): strengthening, empowerment,...
- Information campaigns
- Special support for older people as well as home carers
- More (academic) research

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