

Instituto Nacional de Saúde
Doutor Ricardo Jorge






PROJECTO ENVELHECIMENTO E VIOLÊNCIA









PTDC/CS-SOC/110311/2009 da FCT

Session 1 – Care and Quality of Life

**Health, well-being, violence and social support of population aged 60+:
results from a national prevalence study**

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Background

Research project funded by Foundation for Science and Technology (FCT) (PTDC/CS-SOC/110311/2009)

The coordinating institution: National Health Institute

Partners

Associação Portuguesa de Apoio à Vítima (Portuguese Association for the Victims' Support)
 Instituto Nacional de Medicina Legal e Ciências Forenses (National Institute of Forensic Medicine)
 Instituto da Segurança Social (Institute of Social Security)
 Guarda Nacional Republicana (Republican National Police)
 CESNOVA/FCSH Faculty of Social Sciences and Humanities of the *Universidade Nova de Lisboa*

Aim of the study

- **Estimate prevalence of violence** (financial, physical, psychological, sexual and neglect) among older people
- Identify **risk factors**

The structure of the study:

Stage 1

- **Development of research design** literature review
- **Pilot** (focus groups, in depth interviews)

Stage 2

- **Prevalence survey** (older people in the community) population-based representative sample (telephone interviews)
- **Victim survey** – (victims identified and referred by partners (face-to-face interviews))

Stage 3

- **Qualitative interviews** (victims identified by partners (semi-structured interviews))

Prevalence survey (stage 2)

Key aims

- **estimate prevalence of violence** (financial, physical, psychological, sexual and neglect) among older people in private households in Portugal
- examine **characteristics of violence** (Victims, aggressors' and conditions of its occurrence within the family context)
- Identify **risk and protective factors**

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Prevalence survey

METHOD

Eligibility criteria:

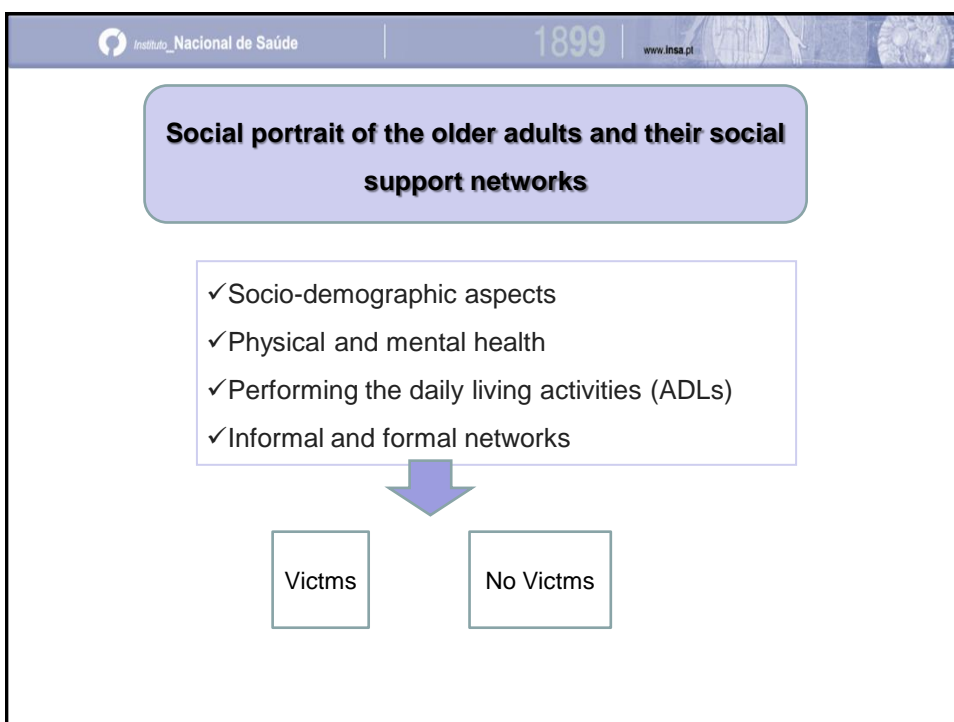
- Aged 60 plus,
- Residence in Portugal at least in the 12 months,
- Living at home

Data collection: Computer-assisted telephone interview

Nationally representative stratified probability
Sample N=1123

Achieved sample was weighted to match the Portuguese population distribution in terms of **geographic region, age group and sex**

✓ Significance level was set at 5%.



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✓ Socio-demographic aspects

- **Women** (56.4%)
 - A larger percentage (46.1%) of **younger older people** (60-69 years), 35.4% (70- 79 years) and a smaller percentage of **older people 80+ years** (18.5%)
 - The participants were **poorly educated**: 58.6% had only attended primary school (i.e., less than 5 years of education), and 9.1% had no schooling
 - The majority live in a **shared accommodation** (78.7%)
 - The majority is **retired**
 - The most respondents were **low-income semi-skilled and unskilled manual workers** (56.2%)
 - **Low income** (50% less than 500 euros).

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✓ Physical and mental health

Have at least one chronic disease	n	Population Estimates	
		\hat{p}	IC 95%
No	323	33.1	[29.2,37.1]
Yes	797	66.7	[62.6,70.5]

Note: N=1120

- 66.7% of the population has one chronic disease
- The disease is more **frequent in women**. Prevalence of **comorbidity** is also higher among them
- Prevalence of chronic diseases is higher among the **oldest old** (80+ years)

✓ Performing the daily living activities (ADLs)

	n	Population Estimates	
		\hat{p}	IC 95%
Independent	937	84.7	[81.6, 87.3]
Low	110	8.7	[6.7, 11.2]
Moderate	64	5.3	[3.8, 7.3]
Severe	12	1.3	[0.7, 2.8]

Note: N=1123

- Overall, **15.3%** of the older adults need help on ADLs, such as bathing, dressing, housework ...
- Disability is more frequent among **women** (19.6%) than men (9.8%), the difference is statistically significant ($p=0.013$)
- The severity of the disability occurs mainly among the **oldest old** (80+ years)

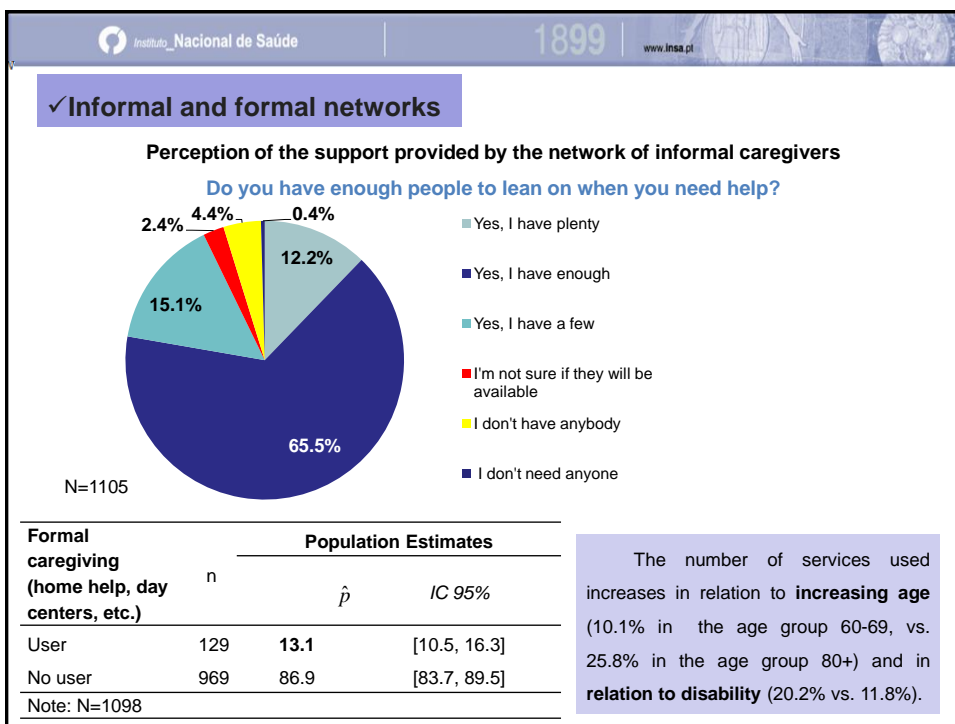
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✓ Informal and formal networks

Who help?	Population Estimates	
	\hat{p}	IC 95%
Partner	22.8	[15.9, 31.5]
Daughter	29.8	[21.3, 40.0]
Son	5.6	[2.2, 13.6]
Granddaughter	1.6	[0.4, 6.8]
Daughter-in-law/son-in-law	3.4	[1.2, 9.7]
Other family	3.8	[1.1, 12.0]
Friend/ neighbour	8.6	[4.3, 16.3]
Care worker	20.4	[13.6, 29.4]
Volunteer	1.5	[0.2, 10.1]
I have nobody	2.0	[0.7, 5.5]
Refusal to identify	0.50	[0.12, 2.0]
N= 186		

The network of Informal and formal Caregivers

The gender composition of the informal network change in relation to the gender of the cared for



		Victims (n= 209)	No Victims (n=914)	p	Women, with chronic illness and need of help in performing their daily activities and with a limited support network are more likely to have experienced some form of violence
		\hat{p}	\hat{p}		
Gender (N=1123)	Female	69.8	53.5	0.0036	
	Male	30.2	46.5		
Have at least one chronic disease (N=1120)	Yes	80.8	63.9	0.001	
	No	19.2	36.1		
Need help on ADLs (N=1123)	Yes	24.9	13.3	0.003	
	No	75.1	86.7		

		Victims (n= 209)	No Victims (n=914)	p	People with a limited support network are more likely to have experienced some form of violence
		\hat{p}	\hat{p}		
Perception of the support provided by the informal network (N=1105)	Yes, I have plenty	13.4	12.0	<0.001	
	Yes, I have enough	41.2	70.4		
	Yes, I have a few	29.3	12.2		
	I'm not sure if they will be available	4.1	2.1		
	I don't have anybody	10.1	3.2		
	I don't need anyone	2.0	0.1		
Formal care giving (home help, day canters) (N=1098)	User	15.3	12.7	0.482	
	No user	84.7	87.3		

Results and practice Implications

Changes in family structures in Portugal

- ❖ The nuclear family is the guardian of solidarity among generations but it can also be the source of conflict and violence
- ❖ The Portuguese literature highlighted the role of family and close kin in intergenerational solidarity (Aboim, Vasconcelos, & Wall, 2013); specific studies looked at intergenerational solidarity in relation to chronic illness and end of life (Gil, 2010).
- ❖ **Old age, illness and disability** are a reason for cohabitation of parents and adult children. This is a form of solidarity among generations; but cohabitation can also be a **violence risk factor** (marital violence, filial violence)

The most vulnerable group is women, oldest old, with physical limitations



The **knowledge of the group at highest risk of violence** among the older population is the first step towards **raising public awareness** and **creating specific measures to prevent and combat violence against older people**

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Thank you for your attention

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