

Summary Report

Expert Group Meeting on the Measurement of Violence Against Older Women

Geneva, Switzerland

2-3 April 2019

Background

As part of the WHO and UN Women Joint Programme: Strengthening methodologies and the measurement of and building national capacities for violence against women data, the World Health Organization (WHO) convened an expert group meeting on the measurement of violence against older women.^{1,2} The meeting aimed to address the need to improve the quality and availability of data on violence against women (VAW), recognizing the limited availability and current limitations of data collection on older women. Also, for VAW surveys to consider the different forms of violence that older women may experience when compared to women of reproductive age. Furthermore, Sustainable Development Goal (SDGs) targets 5.2.1 on intimate partner violence and 5.2.2 on non-partner sexual violence, apply to women and girls aged 15 years and older, supporting the need to strengthen data collection for older women.

Meeting objectives

Given this background, the meeting objectives were:

- To discuss measurement and methodological challenges in generating data and evidence on violence against older women globally;
- To discuss the pros and cons of, and rationale for, broadening the forms of violence and the types of perpetrators currently included in violence against women surveys.
- To review survey methods and instruments currently used to quantitatively measure violence against older women globally; and
- To agree on a core set of variables to measure violence against older women and elements for a potential module for use in prevalence surveys globally

Key terms

Older person: a person whose age has passed the median life expectancy at birth.

Elder abuse: 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 such as financial, physical, psychological and sexual abuse.

Violence against older women: Abuse or exploitation (physical, sexual, psychological, financial, neglect, or abandonment) of women over the second half of life.

¹ World Health Organization. (2019). Elder abuse. Retrieved from Ageing and life-course : https://www.who.int/ageing/projects/elder_abuse/en/

² World Health Organization. World Report on Ageing and Health 2015. *World Health Organization* 2015.

Meeting proceedings

Meeting attendees included research, program, and/or clinical practice experts on violence against women or elder abuse, from the following WHO geographical regions: AFRO, AMRO, EURO, and WPRO. The meeting began with a welcome and introductions, followed by presentations on three systematic reviews commissioned by WHO on violence against older women (one preexisting and 2 currently under development). These addressed: 1) the prevalence of violence against older women based on available quantitative data³; 2) the qualitative evidence available globally on different forms of violence against older women⁴ (forthcoming); and 3) a review of the various instruments/questions in use globally to capture violence against women in elder abuse or violence against women surveys and the domains of violence addressed within those. Following these presentations and the subsequent group discussions, 4 experts participated in a panel on the basis of their current research on violence against older women in different countries; they discussed their experiences, challenges, and best practices. The final session of the first day was a small group discussion session on the key data gaps and core domain areas to be captured in measurement of violence against older women. On day 2, the meeting opened with a review of the core domain areas agreed upon during the previous day's small group discussion. This was followed by a presentation on the exploratory measurement tool developed by HelpAge International for measurement of elder abuse by practitioners. The hybrid tool has three measurement components: demographic characteristics, risk environment, and incident reporting. The group then moved on to a detailed discussion of the specific data areas to include within each of the broader domains in a questionnaire. The meeting closed with a group discussion on potential implementation challenges.

Evidence to date

Findings from the quantitative systematic review commissioned by WHO demonstrated uncertainty in prevalence estimates of violence against women, and of elder abuse more broadly. Very few surveys exist globally to specifically measure violence against older women, and for those that do exist, psychometric data and validation of the instruments is largely lacking. Until recently, violence against women surveys have focused largely on women of reproductive age, which means that there is a dearth of data on violence against *older* women. Meeting participants noted that this is due, in part, to a lack of political and organizational interest as well as limited funding for violence against older women research. Another reason is that the focus of these surveys has been intimate partner and sexual violence which are most prevalent in women/young girls of reproductive age. Most of the studies included in the systematic reviews on elder abuse

³ Yon, Y., Mikton, C., Gassoumis, Z. D., & Wilber, K. H. The Prevalence of Self-Reported Elder Abuse Among Older Women in Community Settings: A Systematic Review and Meta-Analysis. *Trauma, Violence, & Abuse* 2019; 20(2), 245–259.

⁴ Meyer SR, Lasater ME, Garcia-Moreno C. Violence against older women: a protocol for a systematic review of qualitative literature. *BMJ Open* 2019;9: e028809. doi: 10.1136/bmjopen-2018-028809

were from high-income countries, highlighting an even larger data gap in low- and middle-income nations.

The preliminary findings of the qualitative systematic review similarly found that most studies were from high-income countries. Common themes identified included the intersection of violence and ageing, whereby ageing influences patterns and dynamics of violence, and violence influences pathways and experiences of ageing for women affected by violence, and the influence of social and gender norms in older women's experiences and perceptions of violence. There was a lack of age disaggregation of data in study reporting, leading to an inability to analyze review findings by age within the qualitative evidence.

Participants acknowledged this lack of disaggregation as a consistent issue in the field. They noted that many nationally representative surveys that do include older persons lump all populations past reproductive age into one 50+ or 60+ age group. This is problematic as it ignores the growing heterogeneity and diversity seen in older age, especially in regard to physical and mental capacities, and care dependency status. Analysis of the main type of perpetrators is also missing from the quantitative review, as it was only available for approximately one third of studies reviewed.

As most countries measuring violence against women already measure intimate partner violence and sexual violence, participants agreed that it would be useful to introduce an additional set of questions, or a brief module, that captures forms or acts of abuse that are specific to older women.

Core domain areas and facets

The group agreed on 4 core domains for collecting data on violence against older women. These were:

- physical violence,
- sexual violence,
- psychological violence, and
- neglect/abandonment.

Experts acknowledged that a fifth domain, economic/financial violence, was important and generally recommended for inclusion, although some thought it was too difficult to measure accurately. Moreover, the group also agreed that query phrasing should capture all violence experiences, not just that violence perpetrated by “trusted others,” as is the case with many elder “abuse” surveys or intimate partners as is the case with many violence against women surveys.

Within these domains, several acts specific to older women were also discussed and agreed. These are summarized below in Table 1.⁵

⁵ Given that this set of potential questions was conceptualized as an addition to existing violence against women surveys, questions from previous surveys were not repeated. It is noted that intimate partner violence is a type of abuse many women experience that can include various domains. Questions for a women-specific module in elder abuse surveys also would require more discussion.

Table 1: Summary of existing and recommended core domains and acts of abuse

Domain area:	Physical violence	Sexual violence	Psychological violence	Neglect/ Abandonment	Economic/ financial violence
Agreed-upon acts to measure:	- Physical restraint - Expansion of perpetrator response options	- Sexual harassment - Expansion of perpetrator response options	- Role loss/ ignoring - Controlling behaviors - Expansion of perpetrator response options - Threats of harm to self/ family	- Lack of access to food/ basic needs - Lack of access to medicine / assistive devices - Expansion of perpetrator response options	
Acts where no clear decision made:	- Chemical restraint/medical abuse		- Humiliation/ insults - Social ostracism	- Abandonment to an institutional care home or other facility	- Control or exploitation of material assets or income by a known or unknown person

Physical violence

Within physical violence, the main form of abuse that participants recommended for addition was restraint. The group discussed both physical and chemical restraint. A clear decision was not reached on whether or not to include chemical restraint, but participants highlighted physical restraint as an important form of violence experienced by older persons, inside and outside of institutional settings. With regards to physical violence perpetrated by non-intimate partners, experts agreed that response options in existing surveys should be expanded to include children and current/former, formal/informal caregivers, such as home aides. Following this discussion, the group agreed to expand the response options for which person(s) perpetrated the violence across all domains.

Sexual violence

In the core domain of sexual violence, the group agreed that sexual harassment should be added although agreement was not reached on how to best include it.⁶ As some older adults may be care dependent, they are more vulnerable to certain types of violence that younger adults may be less likely to experience, such as having someone remove their clothing and/or take photos of them without their consent. Three proposed questions for this area were: (1) Has anyone ever taken pictures of you with your clothes partially or completely taken off when you didn't want them to? (2) Has anyone ever forced you to watch them take their clothing off, to watch them touch themselves sexually, to watch pornography, or verbally insulted you in a sexual nature? (3)

⁶ WHO notes that the revised WHO Multi-country Study instrument contains additional questions on sexual harassment, including inappropriate sexual advances, touching, harassment via electronic media.

Has anyone ever touched your breasts or pubic area or made you touch his penis by using force or threat of force? (These acts are not specific to older women).

Psychological violence

In the area of psychological violence, key facets discussed for inclusion were: threats of harm to self or family members, humiliation/insults, role loss/social ostracism and social isolation, controlling behaviors (such as family or friends not permitting visits to a hospital). Participants widely acknowledged psychological violence as both important and difficult to capture, due in part to the cultural differences in forms of psychological violence between countries and regions. In particular, what may be viewed as an important form of psychological violence in one region, such as being called a witch or being ignored, may be less relevant in another. The group agreed that one question should be asked about role loss/ignoring, and another about controlling behaviors, as these are amongst the more common forms of abuse that older women experience.

Neglect/Abandonment

The group held neglect/abandonment distinct from psychological violence, and also highlighted it as an essential area that should be discussed. Potential facets include abandonment in institutional care or other facilities against the will of the older woman in question, and not being given access to medications or other necessities, such as aiding devices, when resources are available. Participants discussed this area in less depth, but agreed that at least two questions should be asked in the domain of neglect/abandonment addressing these two issues. In regards to neglect specifically, the following was suggested: Have you had your basic needs to food or medicines denied when they were available and lack of money was not a constraint?

There were other areas which, while important, were seen as less clear-cut and dependent on contextual factors. For example, whether leaving someone in a nursing home facility is always considered abandonment.

Economic/financial abuse

This was a point of significant discussion during the meeting. The main areas participants discussed for inclusion within economic/financial abuse were control or exploitation of material assets and of income. Participants noted however that economic/financial abuse is very culturally and context specific, and may be challenging to measure across cultures. Some thought it therefore requires a full questionnaire to adequately capture all the aspects. Despite general agreement that it might be better to capture economic/financial abuse in a longer questionnaire, the group acknowledged that leaving it out from the proposed module entirely would also be inappropriate due to its potential impacts on quality of life. The group suggested that at least 3 questions be considered for inclusion within the core module to address economic/financial abuse, noting that including only 3 questions would give an imperfect but still helpful understanding of the scope of the issue. Then, perhaps a longer list of questions on economic/financial abuse could be included within a longer version of the module, for those countries that were more interested in its measurement. Some participants emphasized that in order to study financial abuse properly, a detailed questionnaire is necessary (one as long as 75 questions is in use in the USA). However, for the purposes of this module, only a small number of questions would be feasible. Proposed acts to measure included: transferring assets away from the victim without their consent, changing their legal will without their consent, and taking away

their pension. The group also noted that some exploration will be needed in determining what and who should be included within economic/financial violence, with some of the key points of contention being: internet and phone scams by unknown parties, financial or material scams by family members or friends that the victim does not necessarily feel is abusive (but others may consider abusive).

Questionnaire and implementation specifics

Given that countries are already (meant to be or) measuring intimate partner violence and non-partner sexual violence against women for SDGs 5.2.1 and 5.2.2, implementation specifics and potential measurement challenges were a key discussion topic during the meeting. Participants discussed issues including module length, regional variations, response options, preface statements, age bands, cognitive assessment, informed consent, incentives, referrals, and survey administration.

Module length

The expert group agreed that, as the set of questions will be appended to existing national violence against women surveys, the core set should be no more than 5 questions. Experts also discussed a potential module of 10-12 questions for those interested in going into abuse of older women in more depth, however WHO notes that this is longer than the modules most surveys include and may not be realistic. Given the discussion surrounding the difficulty of measuring certain domains such as economic/financial abuse, the group agreed that there should be both a short version (~5-8 questions) and a long version (~10-20 questions total, including all of the questions from the short version for comparability). This would allow countries to select whichever approach better suits their needs, whilst ensuring that a minimum set of data is collected across countries: countries with rapidly aging populations, for example, might prioritize the longer questionnaire. The importance of being able to compare data across countries while still respecting context-specific differences in older women's experiences of violence was repeatedly highlighted. The group also agreed that, for the purposes of comparability, the existing violence against women survey instrument should not be modified. However, in order to better address the experiences of older women, the group discussed possibility of adding new response options to existing questions. As older women often experience violence by their adult or adolescent children and by in-home caregivers, experts agreed that these perpetrator options should be added to existing questions on physical and sexual violence. Participants also discussed the possibility of adding response options across the questionnaire that can also capture culturally-specific forms of violence, (e.g. accusations of witchcraft in emotional/psychological abuse), especially when none of the current options match the respondent's experience.

Preface statements

Participants raised preface statements raised as an important component of any question to cognitively orient the respondent so that a greater proportion of violence experiences are disclosed. Participants emphasized that lack of preface statements can lead to falsely low

prevalence. This is true for all VAW surveys; the inclusion of preface statements is important both for ensuring quality and ethical data collection. Group consensus was that preface statements should be as wide as possible, specifically, the preface statement should clarify that all violence experiences, (1) whether or not they were reported to authorities, (2) whether or not the perpetrator was known to them, and (3) whether or not the event happened recently or in the distant past, should be reported.

Age disaggregation

Noting the tendency of existing surveys on violence against women to have wide age bands for older women or not disaggregate at all, the group extensively discussed how data should be disaggregated. The group agreed that, at a minimum, 5-year age bands should be used between ages 50 and 70 or 80. Several participants felt 5-year age bands should be used throughout; others felt that 10-year age bands would be sufficient after age 70 or 80.

Cognitive assessment of respondents

The group discussed cognitive assessments in regard to whether or not to conduct a cognitive assessment prior to administering the survey to determine comprehension level and ability to consent. Participants noted that, based on their experiences in research, certain types of cognitive assessment are more offensive to older participants than others. The clock-drawing test⁷, for example, was found to be very offensive. In this test, participants are asked to draw the numbers of a clock on a circle, then draw the hands to show a specified time. Other question-based forms of cognitive assessment, however, were not found to be offensive. Ultimately, the group suggested that interviewers are usually able to adequately determine general cognitive ability based on the initial consent conversation and that therefore, while important, there is in general no need to perform cognitive assessments. The complexity of and downsides to such assessments are often greater than what is gained from them, and this sort of inclusion criterion risks leaving out the most vulnerable populations.

Incentives, compensation and referrals

Incentives, compensation and referrals were also discussed in some depth. Several participants emphasized the importance of having referral information available as with all VAW surveys, regardless of referral uptake. Incentives and compensation were a more heavily debated topic. Many participants felt that at least some small incentive or compensation for the time spent in completing the questionnaire should be offered to those surveyed, such as a calendar or hat. Others noted that even provision of a referral information card was often sufficient in their experience. An agreement was not reached on incentivization. Group members noted that this is a culturally specific issue: in some countries a small gift or compensation is necessary, whereas it would not be in other countries.

⁷ Aprahamian I, Martinelli JE, Neri AL, Yassuda MS. The Clock Drawing Test: A review of its accuracy in screening for dementia. *Dement Neuropsychol*. 2009;3(2):74–81.

Mode of administration

Finally, in regard to survey administration, the group discussed several different modes of administration. It was noted that many older persons can easily use tablet or phone-based software, or mixed audio-computer assisted modes such as ACASI⁸, and that the potential of these novel technology options should not be ignored on the basis of age. At the same time, the group considered that these novel technology options may not be broadly available, especially in lower income settings. In regard to data collectors, participants noted that many older women will feel more comfortable if interviewed by someone of a similar age, sex, and culture, however they may feel less comfortable if interviewed by someone from the same community.

Next steps

The meeting report will be finalized, after review by meeting participants, and shared with meeting participants and others who were invited but not able to attend.

The review of instruments and items and their validity will be summarized and published as an article in a peer-reviewed journal.

A draft set of questions will be prepared by WHO, based on the above review and inputs from the meeting summarized in this report. This first draft will be sent to this group and a few other experts for review and input. The zero draft will be revised, taking into account the comments received. A final draft will be shared and WHO, with other partners, will explore potential opportunities and funding for pilot testing, at least the short version.

Efforts will be made to disseminate widely and increase awareness among those involved in collecting data and producing statistics on violence against women.

⁷ Brown J, L, Swartzendruber A, DiClemente R, J: Application of Audio Computer-Assisted Self-Interviews to Collect Self-Reported Health Data: An Overview. *Caries Res* 2013;47(suppl 1):40-45. doi: 10.1159/000351827