

Description of the action

1. OVERVIEW

1.1. Title

Elder Abuse: A multinational prevalence survey

1.2. Priority area and action

Health information (HI 2007) and Actions to improve health information and knowledge for the development of public health

1.3. Summary (objectives, methods, expected results)

Elder abuse and its health/well-being outcomes are increasingly a source of great concern world-wide, but there is relatively little concrete information about these subjects. Some available findings suggest that the abuse of elder persons is relatively common and have negative health/well-being outcomes. However, these findings present various limitations. For example, elder abuse prevalence/incidence data are shaky and inconsistent, the data are in many cases based on care-givers reports rather than on reports from the elder's themselves and the assessment of elder abuse has often as starting point a broad range of blurred conceptualizations.

The lack of reliable data about elder abuse and its health/well-being effects are evident in the EU, not least in the States participating in the project. For example, not only there is a lack of reliable data about the prevalence and effects of elder abuse, but also on availability and effectiveness of procedures in reporting it as well as on possible prevention and treatment strategies. Nor there are cross-national data addressing issues of cultural differences, for instance, in the perception of the phenomenon.

There is therefore an enormous need of confident data on the situation of older people with regard to these topics. This will be tackled by the project through collecting, among other things, representative and comparable data on the magnitude/characteristics of elder abuse, its determinants and health/well-being effects in 7 Member States. This will allow relying on standardized statistics to facilitate comparisons between countries, thus, contributing to the planning and/or improvement of policies related to the care of the abused older women/men namely in terms of for instance health services provision, reporting strategies and prevention programmes.

A crucial added value of this project will consist in the delivery of comparable data on the influence of culture on the perceptions of elder abuse. From a methodological point of view, the project will furthermore provide and disseminate a validated assessment tool potentially available in the future to anybody addressing issues of elder abuse with the aim of identifying its possible health and well-being consequences, and will disseminate its findings across EU and interested organisations.

2. OBJECTIVES

2.1. General objectives

1. To collect empirical, reliable and representative data on the magnitude, characteristics and determinants of abuse, and its health/well-being outcomes. The target groups are female/male persons aged between 60-84 years living in urban centres in 7 Member States.

2. To contribute to the development of evidence-based policies, research and practice strategies aimed at early detecting and preventing abuse, but also at intervening to support/care of the abused elder individuals. This objective will be addressed by:

a) A research methodology for multi-country examination of elderly abuse and related variables (e.g. health) including an assessment tool will be developed and confident data on abuse and related variables (e.g. health) will be available.

b) A booklet with the research methodology and assessment tool will be available.

c) A series of reports concerning the findings will be available.

d) A booklet, based on the findings, concerning policies, research and practice strategies will be available.

e) The findings and the booklets will be disseminated to the website, relevant official bodies in Member States, stakeholders (e.g. AGE) and elderly research centres. In addition, the findings will be presented in conferences, a symposium and scientific publications. Moreover, the project has connected to itself a number of experts and organisations (e.g. AGE) in the elderly area, which will disseminate further the findings.

c) If feasible and possible a communication strategy will be implemented to spread the findings and policy suggestions etc to key persons (e.g. policy makers) and the media, primarily in the 7 participating States.

2.2. Specific objectives

ABUEL has the following specific objectives:

1) Development of a tool for assessment of elder abuse with a link to

- WP4: establishing the research methodology and protocol, and developing the specifications of the assessment tool (including the prevalence of abuse and its characteristics, differences between abused and non-abused in demographic/socio economics, physical and mental health, medications, health care services, functional status, lifestyle, quality of life and social support; and identification and quantification of determinants of abuse and health).

- WP5: Validation of the tool

2) Use of the tool on the field with a link to

- WP 6: Data collection

- WP 7: Data input pooling

- WP 8: Data analysis

3) Dissemination of the tool with a link to:

- WP 2: dissemination

2.3. Indicators chosen

The following output indicators will be used, with the target value to achieve:

1. Visibility of the ABUEL website. Target to achieve: Dissemination to the public, relevant official bodies existing in Member States, not least the involved States (e.g. social departments) and others such as organizations involved in elder research and relevant

stakeholders (e.g. AGE). This will be reflected by the number of news, summaries or citations concerning the contents reported in the project's website as well as of the web-links directly referring to it.

2. Comprehensiveness and uptake of the information about the project, e.g. methodology, the assessment tool and descriptions of the findings in the ABUEL website. Target to achieve: 50-100 PDF downloads.

3. Comprehensiveness and uptake of other dissemination channels:

-Booklets on the methodology/assessment tool and policies/research/practice strategies, and findings resulting from the project. Target to achieve: 2 booklets and 7 reports distributed to relevant official bodies existing in Member States, not least the involved States (e.g. social departments) and others such as organizations involved in elder research and relevant stakeholders (e.g. AGE). The relevant stakeholders (e.g. AGE) will further distribute the booklets/reports across and outside Europe. ABUEL estimates that up to 1000 copies will be distributed totally.

-Website hits. Target to achieve: 6,000-10,000

-Conference presentations. Target to achieve: 5¹

-European Symposium. Target to achieve: 1²

-Peer-reviewed publications. Target to achieve: 1³

4. Dissemination (if feasible/possible) of the findings and policy suggestions etc to key persons (e.g. policy makers) and the media.

5. Given the nature and time frame of ABUEL, most of the peer-reviewed publications will be produced only after the study has ended.

6. Given the nature and time frame of ABUEL, some of the impact will only show after the study has ended. This applies in particular to the further use of the assessment tool developed and validated within the study, as well as to the possible extension of the survey to target groups not covered by this project.

Other output indicators to be used are:

1. Bi-monthly accounts of the time used in the project (hours/days).

2. Bi-monthly accounts of the activities performed.

3. For the research methodology etc, following the approach indicated by Pillemer (1988)⁴, the application of the described methodology will be monitored through the compilation of bi-

¹ Nota bene-these conferences are not organised by ABUEL.

² Nota bene-the symposium is organised by ABUEL

³ Nota bene-this involves submission to publication

⁴ PILLEMER, K.A. (1988) Combining qualitative and quantitative data in the study of elder abuse. In S. REINHARZ & G.D. ROWLES (Eds.). *Qualitative gerontology* (pp. 256-273) New York, NY: Springer.

⁵ COMIJS, H.C., DIJKSTRA, W., BOUTER, L.M. & SMIT, J.H. (2000). Quality of data collection by an interview on the prevalence of elder mistreatment. *Journal of Elder Abuse and Neglect*, 12 (1), 57-72.

monthly progress reports, in order to detect on time possible deviations from the planned objectives and intermediate milestones. The linguistic and cross-cultural validation of the standardised assessment tool will be granted by means of back-translation of the identified instrument. In-depth training of interviewers will ensure the quality of data collection through the development of ad-hoc expertise and awareness of interviewers themselves (Comijs et al. 2000)⁵.

5. Each and every produced booklet/report will be, before publication, evaluated in terms of quality etc internally and by colleagues at our departments, but also externally by sending them to experts (see footnote in the section methodology) and organisations such as AGE when appropriated. This will be done by means of written comments.

6. The usefulness of the conferences and symposium. Target to achieve: Presentation of the findings from the magnitude of the abuse to its health/well-being consequences to people involved in the elderly area (e.g. researchers). The usefulness will be assessed by the number of people attending the presentations.

7. The usefulness of the peer-reviewed publication. Target to achieve: 1 scientific paper. The usefulness will be assessed by its acceptance, the ranking of the journal and number of citations.

8. The usefulness of the booklets/reports. Target to achieve: 2 booklets and 7 reports from methodology and magnitude of abuse to its health/well-being outcomes. When appropriated, the usefulness will be assessed in a brief questionnaire through post or telephone aimed at the recipients of the booklets/reports, e.g. official bodies in Member States, elderly researcher centres and organisations (e.g. AGE).

2.4. Rationale and relative merits of the project

Population at risk

The world is growing older. Estimations indicate that by the year 2025 the number of persons in the world aged 60 years and older will more than double, from 542 million in 1995 to about 1.2 billion. A similar trend is expected for the over 65 year old population in the EU, which between 2000 and 2030 will increase from 15.7% to over 24.7% of the total population. This demographic development is pushing in many countries for structural changes in the organisation of current welfare systems, especially in terms of pension schemes and provision of health and long-term care. If these changes do not take place or occur too slowly, the possibility to provide appropriate emotional, social, health and material support to older people becomes difficult, causing marked inequalities between and within countries in terms of, for instance, financial resources, employment opportunities, pension and access to good services and health care. Older age is also often associated with chronic, largely incurable and disabling diseases, such as for instance diabetes, dementia or osteoporosis. Overall, this makes the elderly vulnerable to a range of problems, including neglect, abuse and financial as well as psychosocial difficulties.

Abuse and health/well-being effects among elder

Elder abuse and its consequences on health/well-being are nowadays public health/criminal justice problems in the EU, and indeed world-wide. Over the years the European Union and its organisms have passed a number of policies and supported various initiatives/projects concerning for example older people's quality of life, well-being, health and care management, experiences of abuse/neglect and strategies to improve health (e.g. Healthy

Ageing; Violence and Grave Neglected of the Elderly, InMoSion, Netcarity, CAALYX). Many of the projects pertain to for instance reviews of data, recommendations for an integrated EU approach ageing and health, and focus groups where participants are asked about the roles of the elderly and their views on what elder abuse is, and how often does it occur etc. Indeed, there is surprisingly relatively little concrete, reliable information about elder abuse and its health/well-being outcomes.

However, some data do exist about elder abuse and its health/well-being effects, albeit mostly from North America. These data suggest that elder abuse is relatively common (an overall abuse rate of up to 36 per 1000 elderly persons has been reported) and connected with a high risk for ailments such as depression, anxiety, injuries and physical symptoms (e.g. heart), which may confer an additional risk of death. For example, in an American study about mortality rates among 2812 older people, it was found that 13 years after the study began 40% of those originally reporting no abuse/neglect were still alive, contrasted to 9% of those who had been abused/neglected.

Although countries in the EU, including those participating in this project, have some kind of policies concerning elder abuse, they tend not to be evidence-based and there is indeed a lack of confident data concerning the prevalence of elder abuse and its health/well-being effects. A few studies exist nevertheless in the EU, including in some of the participating countries (UK, Greece, Poland, Finland, Spain, Sweden, the Netherlands), suggesting that abuse may be a rather common phenomenon. For example, a study conducted in a northern Swedish municipality found that 16% of the participating women had been exposed to some type of abuse since turning 65 years of age. A Finnish study addressing abuse after retirement found a higher proportion of female victims (7%) than male victims (2.5%). Data from England indicate that 3-6% of those aged 65 and over are the victims of physical and psychological abuse, and continuous neglect. Studies in Spain suggest that 4.7% of the elderly are subjected to some kind of abuse and 5% of those over 65 years of age. In an interview study in Greece with 757 elderly respondents, 117 (15.4%) had been exposed to some kind of abuse.

Although data on risk factors for elderly abuse has emerged the past year, most of the information is based on studies from the USA and Britain. Among the risk factors mentioned are mental health/personality disorders in the abusers, quality of the relationship between the care giver and the recipient of care, cognitive dysfunctions in the abused, particularly in the oldest ones and social isolation of older people. As abovementioned abuse have negative health effects such as depression, and leads to increased injuries rates and premature death. However, most of the information is based on studies from the USA and England.

Notwithstanding, the available studies pertain in several cases to domestic violence and selected groups, so that the true prevalence of elder abuse remains largely unknown, not least in the participating countries. Even less is known about the health/well-being effects of abuse and risk factors for abuse. To the best of our knowledge, there are no cross-national studies either nor in the EU or elsewhere, which for example consider cultural differences in the perception of abuse.

Limitations of available findings

The available data has several limitations. As described in the WHO world report on violence and health, information about elder abuse frequency has relied on five surveys conducted in the 80's and 90's in five developed countries (Canada, Finland, Netherlands, UK, USA). The results show a rate of abuse of 4–6% among older people if all instances of abuse are included (physical, psychological and financial abuse, and neglect). These surveys present various limitations, such as for instance the fact that prevalence/incidence rates as well as the data on its health/well-being effects are shaky and inconsistent. Furthermore, these data are in many

cases based on care-givers reports rather than on reports from the elder's themselves. Moreover, in many cases the data concerns solely domestic violence and the issues of risk factors are poorly researched. Also, the assessment of elder abuse has often as starting point a broad range of blurred conceptualizations. Finally, it is difficult to compare available findings because of the different time frames and methods applied in the research. All these limitations are largely true, as already mentioned, also for the EU, not least in the participating countries.

The need for research/information

The lack of unambiguous, consistent and reliable data about elder abuse, its risk factors and consequences on health/well-being are evident internationally and in the EU. In particular, in the States participating in the project there is not only a lack of reliable data about prevalence, risk factors and effects of elder abuse, but also on availability and effectiveness of procedures in reporting it as well as on possible prevention and treatment strategies. Nor there is cross-national data addressing issues of cultural differences, for instance in the perception of the phenomenon. There is therefore an enormous need of concrete, reliable data on the situation of older people with regard to this topic, which will be tackled by this project by collecting, among other things, representative and comparable data on the magnitude and characteristics of elder abuse and its health/well-being effects in 7 Member States. This will allow relying on standardized statistics to facilitate comparisons between countries, thus contributing to the planning and/or improvement of harmonised policies related to the care of the abused older women/men in terms of health services provision, reporting strategies, prevention programmes, empowerment and implementation of effective legislation and policies.

A crucial added value of this project will consist in particular in the delivery of comparable data on the influence of culture on the perceptions of elder abuse. From a methodological point of view, the project will furthermore provide and broadly disseminate a validated assessment tool potentially available in the future to anybody addressing issues of elder abuse with the aim of identifying its possible health and well-being consequences.

Summarising, this project will contribute to the collection of reliable data on the so far rather neglected but ethically and politically strategic issue of elder abuse and its effects on health and well-being. This reliability will be based mainly on the large size of the samples recruited for the study, the careful methodology used to design sampling, recruitment and assessment procedures, the representativeness and cross-national comparability of the collected data and the development of a culturally sensible assessment tool. Moreover, the project's findings in terms of highly strategic information about the experiences of women/men in the age span 60-84 years in various European countries will facilitate the further development of preventive measures to reduce future abuse and its consequences. The expected findings might in the end also contribute to improve the overall understanding of the modalities and predicting factors concerning perpetration and effects of elder abuse, and used for further, more in-depth research in the field.

3. EXPECTED RESULTS

3.1. Outcome

The implementation of the specific objectives will provide the following main results:

1. Cross-national, both descriptive and statistically processed data on:

- Prevalence of different types of elder abuse (e.g. physical), detailed characteristics of the victims (e.g. marital status) and basic information on the perpetrators (e.g. age);
- Mental and physical health factors reported by abused vs. non-abused older people;
- Quality of life and social support reported by abused vs. non-abused older people;

-Factors independently associated with abuse, mental and physical health, quality of life and social support.

2. A cross-culturally validated, sensitive methodology and tool to assess elder abuse as well as its determinants and consequences on health/well-being.

3. The possible identification of further research gaps in this field, of both conceptual and methodological nature, to be tackled by future, more in-depth and sophisticated studies (e.g. particularly vulnerable sub-groups or specific typologies of abuse).

4. The cross-nationally comparable quantitative database made available through the project will allow making available Europe-wide knowledge on both risk and protective factors relating to elder abuse and neglect, thus allowing increasing awareness both in terms of policy and practice. The knowledge production will be supported by among other things publications and via the project web-site. The improved theoretical understanding deriving from this will allow identifying, reporting and therefore possibly modifying existing patterns of “ageism” leading to forms of elder abuse and neglect in our societies, thanks to the planned involvement of older people organisations. The knowledge obtained in ABUEL will lead to enhanced research activities and further studies with detailed questions concerning the health impact of violence against elderly persons. The impact will be also in the development of specific multi-country research skills and capacity in the European region. ABUEL will lead to workforce development and to a critical capacity to appropriately use existing data. Moreover, this knowledge will help to identify violent behavioural patterns in European societies and will raise awareness in the public. This will lead to awareness that can be used for improving information about how to address violent behaviours against the elderly in the whole European region. This knowledge will lead, further, to regional/international guidelines and policy development.

In addition, through the identification of relevant indicators associated with the presence of phenomena of elder abuse, including the development of models analysing the role played by different risk factors, the project is expected to provide suggestions for the early detection of the phenomenon and for the development of interdisciplinary strategies/policies aimed at preventing and tackling it. These interdisciplinary strategies/policies will lead to interdisciplinary trans-national communication among experts involved in the care of elderly persons. Thus, the overall outcomes of ABUEL are likely to lead to the reduction of violence against the elderly and improve their health.

4. METHODOLOGY

4.1. Methods used, references, significances

The ABUEL strongly emphasizes that the methodology described here is preliminary, since core methodological issues will be processed thoroughly during work package 4 prior to the initiation of the survey. To this purpose, an International Advisory Board has been put in place, involving experts in the field of elder abuse from different countries, who will provide advice and counselling on conceptual and methodological issues arising during the project, and especially in its inception phase⁵.

⁵ The following experts have accepted to be part of the project’s International Advisory Board: Thomas Goergen, German Police University, Muenster (Germany); Ariela Lowenstein, University of Haifa (Israel); Bridget Penhale, University of Sheffield (UK); Gabriele Walentich, Crime Prevention Council of the State of North Rhine-Westphalia (Germany). The last three experts are also involved in the International Network for the Prevention of Elder Abuse (INPEA: www.inpea.net), of which A. Lowenstein is European representative and B. Penhale

Participants and settings

The participants consist of randomly selected, from census; women/men aged 60-84 years living in urban centres in the participating Member States either at home or institutions⁶. A sample size calculation will be conducted to determine the participant's number. Most likely in the sample calculation we will use a confidence level of 99%, a confidence interval of 5% and a response distribution of 50%. The expectation is that thousands of women/men will be examined. In any case, the expectation is that at least 500 cases per country will be examined. To counteract non-response rates, if possible, matching substitutes for each woman/man will be selected by means of identical procedures.

Assessment measures

An assessment tool comprising instruments aimed at measuring the different relevant variables will be developed. The instruments will be translated to the language of each of the participating States and back-translated to the original language in all seven participating States (by means of pilot interviews with a total of at least 28 respondents, corresponding to 2 respondents for each sex per country) to validate their appropriateness and acceptability. As a rule, the project will emphasize validity, reliability and culture significance. The following areas are planned to be assessed:

-Abuse. It will be classified as *physical* (e.g. beatings), *emotional* (e.g. insults), *economic* (e.g. forcibly taken money), *verbal* (e.g. hostile language) and *sexual* abuse (e.g. molestation), injuries (e.g. bruises) and *neglect* (e.g. not cared-for for a long time). The women/men will be asked to indicate the number of incidents with which each item was experienced during the past 12 months (from once to more than 20 times) and ever abused. In addition, data will be gathered concerning the perpetrator's main characteristics (e.g. age) and where the abuse occurred.

-Physical health, medication and health care. The occurrence/severity of *diseases* (e.g. diabetes), *pain* (e.g. back-pain) and *complaints* (e.g. tinnitus), and use of *medication* (e.g. anxiolytics) and *health care* (e.g. physician visits) will be assessed;

-Functional status. It will be assessed in terms of *activities of daily living* (e.g. personal care) that the respondents are able to perform (can not-can do by themselves);

-Life-styles. *Alcohol* and *tobacco* use (e.g. how often), and diet (e.g. how often one eats vegetables) and *activity* (e.g. exercise) will be assessed. Finally, a *Body Mass Index* will be computed for each woman/man with the formula kg/m²;

-Mental health. *Cognitive functioning* will be assessed in order to see whether the participants suffer from a cognitive disorder (e.g. dementia). In addition, the project will assess *depression* (e.g. loss of vital energy) and *anxiety* (e.g. nervousness) in terms of not at all-very much, and *hopelessness* (e.g. negative expectations about the future) in a "yes/no" format;

-Quality of life. It will be assessed in terms of domains (e.g. feeling of safety);

and G. Walentich board member. Furthermore, it is foreseen that a representative of AGE – The European Platform of Older People (the federation of European older people's organisations) will also be member of this body.

⁶ notice that exclusion criteria are very sick people (e.g. demented) that are not reachable. Notice also that this requires the authorisation of the institutions owners, at least in Sweden where most of them are private.

-Social support. It will be assessed in terms of dimensions (e.g. informational support);

-Demographics and socio-economics. Various *demographic and socio-economic* dimensions such as age and marital status will be assessed. *Financial strain* (preoccupation with how to make ends meet) will be assessed with one question in a “no/sometimes/often/always” format. A woman/man will be defined as having financial strain if she/he chooses any response other than “no”.

Design and procedure

As mentioned above, all methodological aspects are preliminary and will be processed thoroughly, prior to the initiation of the survey, under the supervision and advice provided by the experts and older people’s representatives involved in the project’s International Advisory Board. The study design is cross-sectional, although measures will be undertaken to make follow-up interviews possible, if allowed by respondents. The data will be collected during 6 consecutive months by means of interviews held at the respondents’ residence places, carried out by carefully trained interviewers.

The sampling will be performed according to well-established methods (see participants and settings above). Once the addresses of potential subjects will be identified, a letter will be sent to the potential participants to explain aims and contents of the ABUEL project and an interviewer will call to decide upon an eventual visit to explain in detail the project or, if this is the case, directly arrange a date/time for the interview. Written informed consent will be obtained from each respondent, unless national legislations and cultural traditions would suggest deviating from this. In that case, verbal informed consent will be sufficient. Strong emphasis will be put in any case on voluntariness and confidentiality of participation. In particular, since many of the areas assessed by this project are extremely sensitive, the utmost attention will be paid to that the interviews are conducted without the interference of third parties (who might represent the possible perpetrators of the abuse to the respondents). The interviewers will also pay particular attention to participants that may be deaf or blind and have difficulties with the country’s language.

The screening will consist of two phases. In the first phase, the interviewers, previously taught how to use the instruments, will administer the cognitive functioning instrument. On the basis of the results, the respondents will be nominated as probable dementia/non-dementia cases. Doubtful cases will be accepted as probable cases. The interviewers will record a probable “diagnosis” of dementia in all probable cases and will assess them on other areas, at least demographics/socio-economics wherever possible. In the second phase, all non-dementia cases will be administered the instruments.

Non-responders and dementia cases will be, if possible, replaced by their substitutes. In these situations demographics/socio-economics data will be recorded, if possible, to establish weighting for subsequent analyses. In case respondents wish to answer the questions by themselves, the interviewers can still be available to clarify questions that the respondents may not understand or have difficulties with.

Data preservation

Each national research team will be responsible for their data and the main partner for all compiled data across states. The data will be preserved according to rules of each country. Only the research partners will have access to the data. It will not be possible to discern single persons. For example, in Sweden each person has an identity code composed of year, month and day of birth, and four additional numbers. When collecting the data, in their input and processing no such information will be available, i.e. only birth year will be collected.

Statistical analyses/selection bias (attrition)

Various statistical analytical methods will be applied to the survey data such as ANOVAs, chi-square tests, correlation analyses, multivariate linear and logistic regression analyses and multi-level analyses.

Selection bias is a systematic error in selecting subjects that can lead to under/over-estimations or under-estimations of the strength of the association or its direction. Selection bias is an issue in case of control studies, where controls are not randomly selected from the studied population. Randomisation and a sufficiently large sample tend to rule out this type of bias. In ABUEL subjects will be randomly selected from the general population and their number will be large. *Therefore, no systematic selection error is expected.*

Selection bias is however an issue in the ABUEL study as some of the sampled respondents will probably drop-out. That is, randomisation will not impede a participant to drop-out after it occurred and can result in systematic error leading to under/over-estimations. As the reasons for drop-out are “infinite” and unknown, they are difficult to control a priori. One way to deal with this is to conduct “attrition” analyses. This can be done in two forms. Firstly, analyses of whether the participants differ from the non-participants (e.g. age) can be conducted. Secondly, contact per telephone a randomly selected sample of the non-participants. These non-participants can be asked for example about why they did not participate. “Attrition” cases are examined with usual statistical methods (e.g. magnitude), but can also be examined with for instance regression-based analyses if the “attrition” is considered problematic. Methods to counteract low response rates will be thoroughly processed in work package 4. For example, as suggested earlier, substitutes for each participant will be selected, if possible, by means of identical procedures.

4.2. Analysis of the risks and contingency planning

ABUEL will assess across gender, age and cultures a number of factors associated with elder abuse, health, social support and quality of life. This may involve a number of risks, which will be thoroughly considered during the work packages prior to the initiation of the survey, but which sometimes will also need to be tackled during or even after it. In particular, ABUEL would like to emphasize the following risks and contingency planning:

1. ABUEL involves the development of a culture-adapted methodology and assessment tool to measure abuse and some related dimensions. In the accomplishment of such complex and non-banal task, problems may arise that, for example, might end up with prolonging the performance of given activities beyond the planned time framework. In order to reduce the risk that this happens, a close interaction with the members of the International Advisory Board has been planned, so that appropriate advice from qualified and experienced experts can be timely sought after as soon as circumstances will require it.

2. The success of ABUEL will depend on the active participation by all partners involved to prepare, collect, process and analyse the required data. This participation will be ensured by continuous communication between the coordinating centre and the national partners, through phone, e-mails and virtual web-office facilities, in order to ensure that tasks are conducted within their expected milestones. There will be continuous monitoring of the progress of the project and a monthly progress report produced. An agreement with all partners will be reached in the first steering group meeting on the most efficient way to deal with problems arising throughout the duration of ABUEL, including the agreement on the most suitable modalities to discuss and identify proper solutions to these problems.

3. ABUEL involves interviewing people. Thus, there might be the risk, for example, of a selection bias (attrition). This is indeed a non-secondary issue in the ABUEL study, since it can be expected that some the sampled respondents will drop-out, thus possibly resulting in a systematic error, leading to under/over-estimations in data analysis. A way to deal with this is to perform (as more thoroughly described in the methodology section) “attrition” analyses, to identify possible differences between participants and non-participants or reasons for not participation, and to examine “attrition” cases through appropriate statistical analyses. Strategies to counteract low response rates will be in any case processed prior to the start of the survey, identifying possible matched substitutes for dropping-out respondents.

Other risk areas, essential for an optimal pursuit of ABUEL’s aims, and which a contingency plan has been thought for, are the following:

4. Information about the participants prior to consent. The names and addresses of the potential respondents are available before their consent to participate in the project. This will be managed by informing the potential respondents that participation is voluntary (verbally/in writing).

5. Data gathering. The project collects a great deal of data, part of them very sensitive and personal. This will be managed by emphasizing anonymity, confidentiality and carefully informing participants in advance about what will be assessed and expected from them (verbally/in writing).

6. Spreading of data. The respondents may be afraid that the collected data will be forwarded to and/or be used by others than the investigators, such as authorities and relatives. This will be managed by emphasizing anonymity and confidentiality. Also, participants will be assured that no data will ever be made available to any person (verbally/in writing).

7. Emotions. Participation in the project may lead to strong emotions as for example the abuse experiences may be revived during the assessment. This will be managed by properly training the interviewers to manage such situations. Addresses and names of specialists (e.g. psychologists) and authorities (e.g. social services) will be made available, if necessary (verbally/in writing).

8. Reprisals. If a person is a victim of abuse and lives with the abuser, the assessment of abuse in the presence of the latter may lead to further abuse. This will be managed by emphasising voluntary participation and making sure that the assessment is not conducted in the presence of the abuser. Again, addresses and names of specialists (e.g. psychologists) and authorities (e.g. social services) will be made available, if necessary (verbally/in writing).

9. Evidence of abuse or poor health. During the assessment, the interviewers may find that the respondents are victims of abuse or in poor health. This will be managed by asking them if they wish the interviewer to report their case to the local social services or other relevant authority.

10. Exclusion. The instruments for assessment considered in this project demand an effective interaction between the interviewer and the older person. Dementia and other mental disorders may be related both to decisional impairment as well as to abuse (vulnerability). A mental assessment will determine the participant’s suitability to complete all the instruments. Only demographic data from mental impaired subjects will be collected and examined. This particular project does not include invasive procedures. Particular attention will be paid to

cases of blindness, deafness or any other severe form of physical disability and language problems.

11. Efforts. One may wonder if the expected results are proportionate to the efforts made by the participants. Experience from similar projects indicates that the answer is “yes”.

5. MEASURES TO ENSURE VISIBILITY OF COMMUNITY CO-FUNDING

EU policies systematically aim at ensuring, among other things, equity in access to mainstream services and respect for fundamental rights and freedoms for all European citizens. ABUEL will collect, elaborate and properly disseminate much valuable information to for example policy makers, researchers, NGO’s and other stakeholders that work to defend the rights of older people and to improve their socio-economic and health status, at a both national and international level. This will represent a strategic benefit deriving from ABUEL not only in terms of comprehensive, reliable data on the current prevalence of elder abuse and its related risk factors and health/well-being consequences, but also of an assessment tool suitable for future, standardised and more extensive data collection on these issues. Indeed, the outcomes of ABUEL are likely to be relevant for the development of targeted actions and policies by the Member States in all areas concerning older people’s quality of life.

The knowledge made available by ABUEL will be disseminated to EU-relevant institutions and to a broad range of interested stakeholders. To this purpose, ABUEL has been able to involve and organise a consortium of partners who are experts in various, related fields such as mental health, epidemiology, gerontology and socio-economic sciences. In addition, ABUEL has deliberately established connections to a number of experts and representatives of national and international stakeholders operating in these areas, who have been asked to use their expertise to address this EU-wide significant public health issue in multidisciplinary terms, thanks to their involvement in the project’s International Advisory Board. Although a detailed plan of dissemination activities of the results will have to be agreed later on with all participating partners, we can already anticipate expecting that following activities will be implemented to disseminate the results in a way to fully acknowledge community co-funding:

1. A project website will be set up in conjunction with all partners and with the support of computer services at the co-ordinating centre. The website will be designed and functioning from the very beginning of the project and regularly updated. It will highlight the importance of the issues under investigation and will aim at increasing the awareness of the importance of preventing elder abuse, its risk factors and consequences on health/well-being, by using different terminologies and examples to facilitate access and understanding according to the various categories of potential users (e.g. elder care professionals).
2. Information packages written in a simple, non-academic language will be produced and placed on the website for downloading, in order to facilitate the widest dissemination of the project’s aims, methodology and findings to a national and international audience. To the extent possible this will be done also in print. The core messages of these documents will be written in English and to the extent possible in the native languages of the participating State. This task will be accomplished as ABUEL progresses. Scientific information will be made available in English to ensure a broad, ready consultation by anyone interested in elder issues from both a professional, political or personal level.
3. Reports of the results will be sent to main official bodies existing in Member States (e.g. social departments), not the least the participating States, others (e.g. policy makers), organizations involved in elder research and relevant stakeholders (e.g. AGE), which will

distribute the report across and outside Europe. Wherever possible and appropriate, these institutions will be asked to provide their own feed-back on the reported findings (e.g. prepare a position paper or short statements for press release), in order to act as possible multipliers in disseminating the project's results.

4. The findings of ABUEL will be prepared for presentations at scientific and non-scientific meetings on a national and international level. This will allow dissemination of the findings to for instance policy makers, practitioners and academics.

5. The results of ABUEL will be prepared for publication in leading general scientific journals as well as specific journals in the field, both internationally and nationally. The target will be academics, policy makers as well as professionals.