



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

## **Breaking the Taboo**

### **Overview of research phase**

#### **- Portugal**

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## 1 Introduction

The origins and evolution of the public debate on domestic violence in Portugal are relatively recent, dating back from the political and societal changes that followed the 1974 Democratic Revolution. Violence within the family has traditionally been regarded as a “family matter”, deeply rooted in the reproduction of traditional patterns of family relationships based on male domination and gender inequality.

The increasing social visibility of NGO’s in the domain of domestic violence and the deep legal changes occurred during the last decades of the XXth century were major key drivers for the significant increase of social awareness regarding domestic violence in the Portuguese society. However, domestic violence against older people is still far from reaching the same level of visibility as violence against children or violence against women.

Organisations working in the area of victim support and the few research studies on violence against older people recognise that this a widely invisible phenomenon in the Portuguese society, even among professionals: “Many health and forensic professionals as well as the public opinion in general seem to be more aware than ever of the issue of abuse against children and also domestic violence. The problem of abuse and neglect against older people by their carers is an issue on which there is significantly less awareness.”(Ferreira-Alves, 2004, p.1)

*Breaking the taboo* aims at raising awareness amongst professionals of health and social services regarding violence against older women in the families. The active involvement of Portugal as a collaborating partner in disseminating the project’s key messages and outcomes comes at an important stage of the development of both public debate on domestic violence and policies addressed at raising awareness towards less visible dimensions of a phenomenon that has been excessively ignored by research, by intervention practices and by prevention strategies.

## 2 Methods

The information presented and analysed in this report has been gathered mostly by resorting to an intense search of literature and statistical data on domestic violence. Given the scarcity of available information on violence against older people – and particularly against older women – several personal contacts had to be made in order to get access to documents or data not publicly available.

It is important to recall at this stage that research on domestic violence is rather recent in Portugal. The first comprehensive research on violence against women in Portugal dates back to 1997 and as far as older people are concerned there is only one study which collected empirical data on abuse against older people in a specific community in the North of Portugal (Ferreira-Alves, 2006a). No studies specifically focusing on violence against older women have been found, nor any reference has been made to the existence of any in the several contacts we made during the research phase.

The collected information is dominated by articles, reports and unpublished documents. Some of it comes from conferences or seminars' presentations, other from articles in scientific journals and also university thesis. The statistical information was collected from three main sources: the major Portuguese NGO on victim support (APAV), the Ministry of Home Affairs (data from the security forces), the Commission for Citizenship and Gender Equality and the Ombudsman (Helpline of the Elderly Citizen).

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

#### **3.1 Definition of used terms in your country:**

##### **Abuse/Maltreatment/Violence**

In Portugal, as in many other European countries, the debate on domestic violence has been closely linked to the debate on gender equality, although the path into official acceptance and political acknowledgement of domestic violence as a social issue is very recent (mid 1990's).

In 2000, domestic violence became a public crime and the debate brought about by this legislative change introduced in the Penal Code enhanced a very vivid public debate around the issue of domestic violence. This change, which had long been claimed by feminist organisations, allowed for a strong increase in the visibility of the problem. Traditional ideas and prejudices about violence within the family sphere were affected by the legal framework change and the public importance given to domestic violence – through media, parliament debate, and political discussion – was vital for starting a social and cultural shift regarding the issue.

The latest revision<sup>1</sup> of the Penal Code includes in the definition any kind of physical or psychic abuse which is inflicted to the spouse or ex-spouse, to a person of the same or of different sex who has (or had) a relationship similar to that of spouses even if not cohabiting, to a progenitor of common descendant or to any cohabiting person particularly vulnerable given his/her health, disability, illness, pregnancy or economic dependency.

In Portugal, the few studies on violence against older people (Ferreira-Alves, 2004; Ferreira-Alves, 2006a; Ferreira-Alves, 2006b ) highlight the fact that most definitions

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<sup>1</sup> The Article 152<sup>o</sup> of the Penal Code was altered by the Law 59/2007 dated the 4th September 2007.

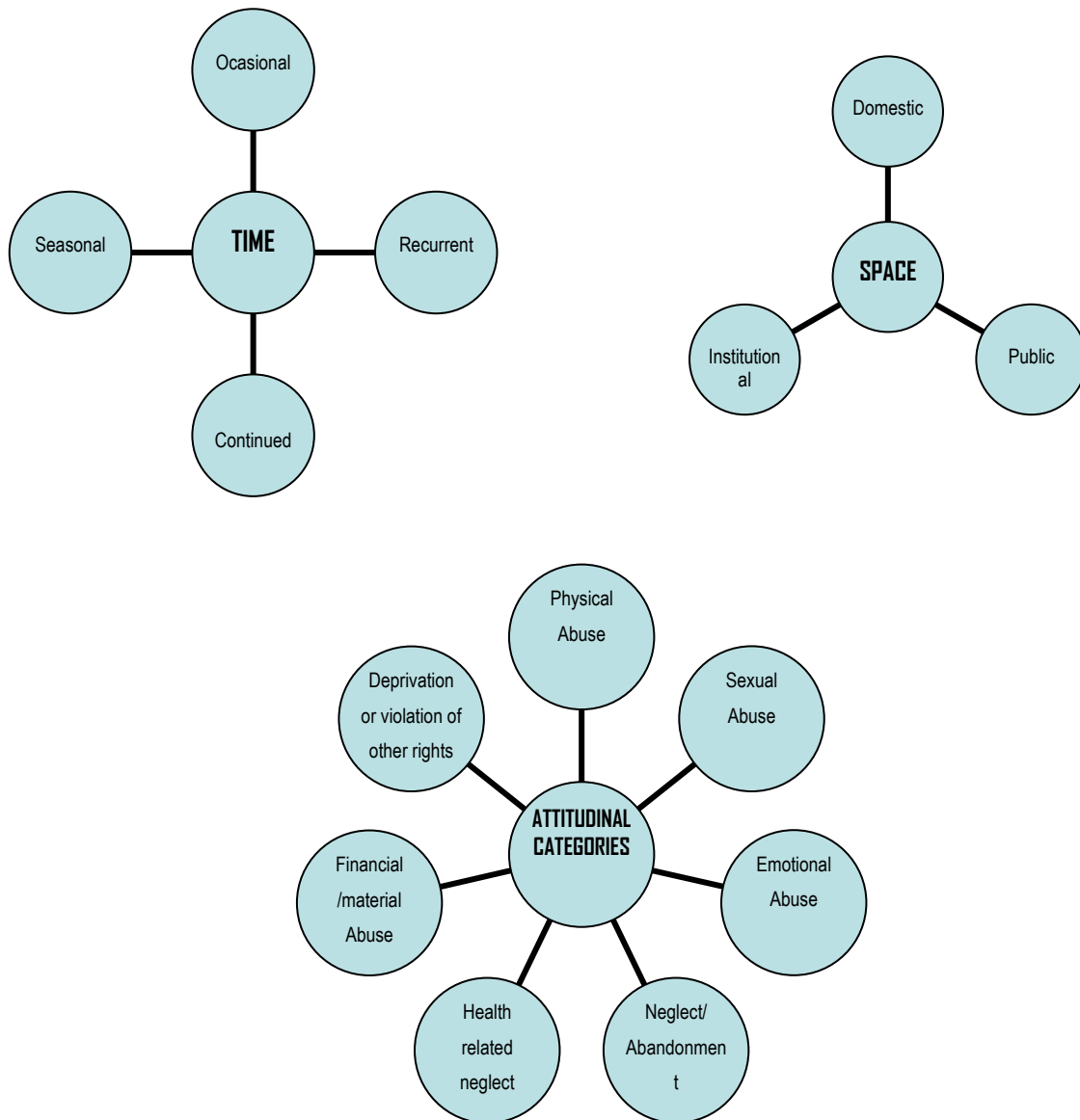
of abuse against older people are built in order to allow a legal identification of abuse and therefore “their aim is rather pragmatic than conceptual”. (Ferreira-Alves, 2004, p.2)

The same author recalls the recent attention drawn by the Portuguese media on the phenomenon of abuse and neglect against older people in institutional settings and how this focus on a specific kind of violence has, in some way, contributed to consolidate the taboo on family violence against older people: “A feeling of shock crossed the country and helped to consolidate the demonisation felt by many adults and older people regarding institutions providing care for the elderly and to disseminate the idea that abuse against older people is mostly an institutional phenomenon translated into the neglect of the provision of the most basic physical needs.” (Ferreira-Alves, 2006b, p. 2)

### **3.2 Forms of violence**

The available literature on this issue in Portugal basically revisits the categorisations found in international literature on the different forms of violence, namely the National Centre on Elder Abuse proposal (NCEA, 2007) regarding seven different types of abuse against older people living in non-institutional settings: physical abuse, sexual abuse, emotional abuse, exploitation (financial or material), abandonment, neglect and self-neglect.

Apart from this most commonly found categorisation of the different forms of abuse against older people, a specific study published by the Ministry for Labour and Social Security (Instituto para o Desenvolvimento Social, 2002) on violence against older people in institutional settings proposes a classification of abuse against older people according to three different axes: Time, Space and Attitudinal Categories.



All these typologies have been used and developed in order to include different manifestations of each of the forms of abuse reported, contributing to an easier identification of the abusive situations, which most of the times are difficult to detect.

### 3.3 Prevalence, statistical data

In Portugal there are no studies on the prevalence of the phenomenon of violence against older people. The data available give us some insight into the reality of violence against older people in Portugal, captured by different methods, with different purposes and perspectives.

In 1997 the first comprehensive study on violence against women (Lourenço et al, 1997) showed that - among a representative sample of Portuguese women – there was an incidence rate of one or more violent acts of 33% among women aged 65 years or more, which corresponded to the lowest incidence rate among all age groups. The most recent available data on domestic violence (APAV, 2007; CIDM, 2006; GSC, 2006) show the relatively low prevalence of this type of violence against older people: between 5% and 8% according to the different sources.

In spite of these relatively low figures, the reports from the different entities also show that there has been a significant increase in the number of reported situations involving violence against older people. The Victim Support Association (APAV) reports an increase from 290 cases of violence against older people in 2000 to a total of 346 cases in 2005. These figures, according to the Association representative, “hardly reflect what is really happening. They are just a pale reflex of reality” (in *Jornal de Notícias* 14/06/2006)

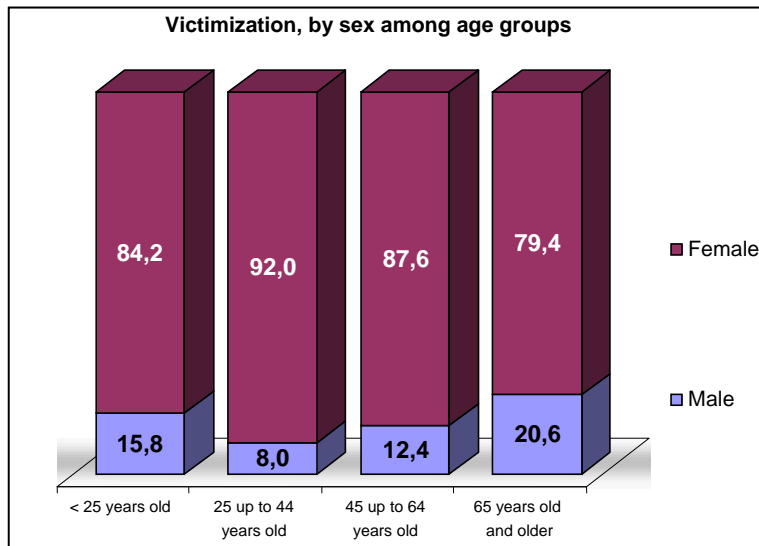
The Elderly Citizen Helpline, under the responsibility of the Ombudsman, registered a total of 282 calls during 2007 referring to neglect and abuse reports. 70% of those calls referred to women. Moreover, half of the abuse and neglect cases involved older people aged 71 to 80 years old (the highest incidence among the elderly).

The 2006 Annual Report on Home Security (MAI, 2007) points out that between 2004 and 2006 the number of domestic violence victims aged 64 or more almost doubled: from 346 cases to 683.

This growing trend in the reported cases – both of domestic violence in general and against older people – does not necessarily mean an increase in the actual number of situations, but rather a higher level of public awareness on the phenomenon and a lower tolerance regarding this kind of situations which leads to an increasing number of reported incidents and complaints.

The most recent data from the same source (Ministry of Home Affairs) relating to the first semester 2007 - coming from the new uniformised record of domestic violence *Breaking the Taboo – National Report (Portugal)*

incidents - used by all security forces in Portugal since January 2006 shows the following picture on victimisation by sex, among age groups:



Overall female victimisation is clearly higher than that of male, although in the older age group the percentage of older men who are victimised (20.6%) is the highest among all male age groups.

In fact if women aged 65 or older represent 6% of the total women victims in the first semester 2007, men aged 65 or more represent 13% of the total male victims in the same period.

From the data collected by APAV referring to the first semester of 2006 focusing on **older people** who were victims of crime it is possible to identify the following profile:

- Domestic violence accounts for over 70% of the total reported crimes;
- Over 80% of the victims are women;
- Almost one in every three victims is aged between 65-75 years old;
- Nearly half of the victims are married and 28% are widows(ers);
- Around 70% are retired;
- Over half of the crimes were perpetrated in the home where victim and abuser cohabited, and 30% in the victim's home;



- More than half of the victims lived in Lisbon (31%), Porto (12%) and Faro (9%).

Recently, a specific research was carried out in the North of Portugal aiming at collecting indicators of physical, psychological, financial abuse and neglect amongst a sample of older people living in the city of Braga (Ferreira-Alves and Sousa, 2006). The results show that only 27% of the older people enquired showed no sign of abuse. Furthermore, neglect and emotional abuse were the two most prevalent forms of abuse. Finally, three socio-demographic characteristics were strongly associated to abuse in general: health perception on the one hand (the worst the perception of health condition the higher the number of signs), and age (the older the person the higher the number of physical and emotional abuse signs) and sex (neglect signs are higher among women) on the other.

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

The ageing of the Portuguese population has been accompanied by the emergence of new social problems, of both an objective nature and a subjective or symbolic character.

Although there is an increasing low tolerance regarding violence in the domestic sphere, society in general continues to comply with the condition of deprivation, abandonment and isolation which affects a large number of older people in Portugal. According to the most recent data on poverty referring to 2006 (INE, 2008), people aged 65 or more continue to present the highest vulnerability to poverty (26%) compared to the population in general (18%).

These clearly discriminative living conditions under which live a significant share of the older people in Portugal are often aggravated by processes of marginalisation and symbolic violence.

Discrimination against older people is disseminated through individual and collective behaviours, through attitudes and prejudices in everyday life and through media



messages. Discrimination attitudes and behaviours seem to be rooted in a perception of ageing that automatically relate ageing to less capacity, less competence and less dignity.

Ferreira-Alves and Novo (2006) consider that “some cultures still seem too young to integrate, under conditions of intergenerational harmony and human value, a large quantity of older people“, contrary to what has happened regarding childhood and youth.

Nevertheless, older people, particularly older women, continue to play a relevant role in the maintenance of family support networks and a vital link between different generations (Perista et al, 2000). The role of women as informal carers has widely been recognised by several authors (Perista et al, 1997; Quaresma, 1996; Gil, 1999). Family support networks are actually and mostly a network of female mutual support.

In this context, “family cohabitation appears as the preferred modality for older women in need of support, whereas living alone appears as the privileged situation among other older women, since they value «intimacy at a distance». (Quaresma and Gil, 2004 , p.11)

Violence against older women within the family is symbolically counter-nature and therefore, when it occurs, it is difficult to be revealed or even admitted by both victim and abuser. Feelings of fear (of abandonment, institutionalisation), self responsibility, shame are some of the emotional components underlying the persistence of so many never disclosed situations of abuse against older people and older women.

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

Public awareness of abuse against women and children has gained a considerable increase in the latest years in the Portuguese society. Legislation changes, political endorsement, NGO’s activism and media efforts have been the main key drivers for this recent positive development.

Abuse against older people, however, has not reached the same level of public awareness and still remains very much an unspoken issue.

The dissemination of figures and statistical data on violence and more specifically on domestic violence has also contributed to this relative invisibility since it has traditionally highlighted the gender dimension, given the fact that the overwhelming majority of the victims are women.

The social representations on older people, on the other hand, reinforce negative stereotypes on ageing, acting both on the society as a whole and on the older people themselves. Confronted with their own ageing process, older people also have to endure different expressions of the social stigma attached to ageing: “uselessness”, “social burden”, “out of dating”, “frailty”, and “inability” and other forms of devaluating the social image and the social status of older people.

These kinds of perceptions regarding old-age are not only present in the society as a whole but they can also be identified among particular groups of professionals working closely with older people. Ferreira-Alves and Novo (2006) carried out a study on social discrimination of older people and found out – among a sample of 324 older people – that the health context is the one where there is a higher frequency of social discrimination events, namely regarding social interactions with a doctor or a nurse.

The fact that social discrimination may act as a “favourable” context for the emergence of violence against older people makes it even more relevant to develop specific prevention work, raising awareness and breaking taboos against violence against older people, and in particular older women.

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

Policies against abuse in Portugal are framed by the existing legislation, namely regarding criminal proceedings, given the fact that domestic violence is considered a public crime since 2000<sup>2</sup>.

Apart from this important legislative milestone and other legal instruments, policies against abuse are framed by the existence of National Action Plans against Domestic Violence, which are in existence since 1999. The Plans are guiding instruments for the development of policies aiming at preventing and intervening in the field of Domestic Violence and their conception, implementation and monitoring is currently under the responsibility of the Commission for Citizenship and Gender Equality.

The III National Action Plan (2007-2010) which was approved in June 2007 defines itself as a consolidating strategy for a policy of prevention and fight against domestic violence. The Plan is structured around five strategic areas: 1) Information, Sensitisation, and Education; 2) Victim Protection and Revictimisation Prevention; 3) Enabling and Reinsertion of Victims of Domestic Violence; 4) Qualification of Professionals; 5) Deepening the Existing Knowledge on the Phenomenon.

The first strategic priority of the III Plan is to have a decisive impact in changing mentalities which means that the issues of raising awareness should be given a specific focus and reinforced attention. However, the issue of violence against older people is given a marginal place in the whole document.

Nevertheless, an analysis of the measures proposed by the Plan showed us some potential for the development of initiatives directly linked with the objectives of the Project, namely:

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<sup>2</sup> Law 7/2000, changing article 152º of the Penal Code.

- Promoting a sensitisation campaign regarding violence against children, older people and people with disability in the domestic sphere;
- To implement specific services for domestic violence within health provision units;
- To qualify health and social service professionals, both in their initial training and on-job training.

Finally, a specific reference to the National Health Plan (2004-2010) which recognises that although violence, neglect and abuse against older people have been increasing it has received insufficient attention from the health sector. Thus, one of the strategic orientations included in the Plan is to promote the fight against violence, namely to empower health professionals for adequately detecting and refereeing situations of violence, abuse or neglect among older people.

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

### **4.1 Context of violence**

Looking at the few available statistical data on violence against older people in Portugal (see section 3.3) it becomes obvious that abuse against older people occurs mainly in the family context. Data from APAV referring to the first semester of 2006 confirm that immediately after the spouse or partner, the sons/daughters were the main aggressors of older people.

The few existing studies on abuse against older people in Portugal refer to existing international research which show that most of these situations occur in the home and that the perpetrators are often kin who are simultaneously the informal providers of care.

Caring for others is a demanding task which is linked to the idea of reciprocity, protection, support and sense of responsibility.

In Portugal as in other Mediterranean countries where there has been a traditional deficit of the provision of formal care, it is the family (more precisely women) who has taken responsibility for the provision of care to their older relatives. The relationship between care giver and care receiver usually evolves and becomes more complex during the caring period and the way in which the new challenges are faced and coped with may also derive into abuse situations.

Ferreira-Alves (2006b) revisits some of the theoretical models which may explain abuse against older people within a caring context:

- a) The situational stress model according to which abuse occurs in a caring situation when the carer cannot cope with the stress involved due to various reasons (e.g. socio-economic conditions, the victim's physical or mental incapacity; the carer's low coping skills);
- b) The social exchange theory according to which the relationship's reciprocity (namely power and reward) would become unbalanced given both the higher dependency of the care receiver, but also the ageism phenomenon and the lowering of the older person social status;
- c) The bidireccional model which considers that violence and abuse in this context are perpetrated by both carer and cared person, deriving from objective behaviours but also from communicational "noises", namely the symbolic interpretation of each others' behaviours.

## **4.2 Influence of social and biographical factors**

Care giving/receiving within the family necessarily introduces new dynamics to the existing relationship patterns. At the same time, several external factors have contributed to a progressive change of informal support networks, namely the growing nuclearisation of families and the privatisation of conjugal and family life (Wall, 2005), the prevalence of intra-family conflicts (Instituto para o Desenvolvimento Social, 2002), women's progressive entry into the labour market (Perista, 2002), and the weakening of proximity support networks (Instituto para o Desenvolvimento Social, 2002).



Care-relations involving older people occur within this context and they are marked by the existing (and changing) roles of the different family members, by the motivations and expectations of carers and care receivers and by the existing (and past) family dynamics.

Older people – as well as their carers – are often confronted with an increase of their dependency, a decrease of their autonomy and a change of their capacities. Both sides experience a change in their lives (e.g. different perceptions of time and space), a change in their roles and a change in their reciprocal self-image. Relationships may be threatened by this dynamics and very often reciprocity is replaced by obligation and bondage in an increasing power imbalance.

Reis (2000) identified several risk factors that may predict abuse against older people within a care relationship. The ones which showed a stronger association with abuse were: a carer presenting behaviour problems, being financially dependent and with mental or emotional troubles; a care-receiver who was abused in the past and has conjugal/family problems.

### **4.3. Risks and consequences of violence**

The existing literature on domestic violence in Portugal has highlighted several risks and consequences of abuse, namely as far as women and children are concerned. The issue of older people has not received specific attention within this context.

Nevertheless, the few studies of violence against older people agree that there is a risk of a continued growth of its prevalence and that it should be clearly envisaged not only as a human rights problem, but also a public health issue (Ferreira-Alves, 2004).

Lisboa et al (2003) carried out a study on the social and economic costs of violence against women and although not specifically focussing on older people, some of the results seem to be directly relevant to this specific phenomenon. The authors identify several societal costs resulting from the occurrence of violence, namely in the areas

of justice (e.g. trials, criminalisation and rehabilitation); home security (e.g. police intervention); specific support to women (e.g. refuges); education (e.g. absenteeism, school drop-out); labour market and health. In the field of health, the authors refer the more frequent resort of women victims of domestic violence to hospitals, to psychiatric or psychological services (women victims have twice the probability to resort to these services) and the long-term consequences of abuse in terms of incapacities.

Emotional risks have been frequently referred to as some of the most enduring and deep consequences of violence. When the relationship between abused and abuser involves caring support the complexity of interactions may deepen some of the factors involved (e.g. shame, fear of abandonment, sense of guilt, sense of uselessness, fear of public exposure).

Understanding these and other associated risks and consequences of abusive relationships involving older people is a vital task for services with specific responsibilities in this area. Raising awareness initiatives are certainly a crucial instrument.

#### **4.4. Gender Aspects**

The gender aspects related to the issues raised in the previous sections have in most cases been implicitly presented above, given the fact that most existing studies on domestic violence focus on women.

Women are in fact the overwhelming majority of victims of domestic violence in Portugal. The latest available figures from different sources show that women represent around 85% to 90% of the total victims. The figures regarding abuse against older people represent a slightly lower predominance of women (from 69% to 80%). These lower figures are even more interesting if we look into the total share of older women among the older age group comparing to the population in general: in 2006 women represented almost 60% of the total older people in Portugal whereas women in general represent 52% of the total population. The ageing factor seems to





introduce other relevant components, thus “softening” gender-violence related issues.

Nevertheless, the cultural and social constraints imposed on women, educational patterns, and social representations of gender roles and “natural skills” clearly influence the positioning of both men and women within their relationship with older people within the context of informal care support networks.

Women feel stronger objective and subjective caring “obligations”, they endure more stress factors related to work life balance and they are more frequently involved in care support networks, since several studies (Quaresma and Gil, 2004; Perista et al, 1997; Vasconcelos, 2005) have shown that women are the overwhelming majority of informal carers and therefore family support networks are mostly a female network.

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

Violence against older people is a complex phenomenon which is clearly underreported and very often difficult to detect. Social service and health professionals are usually in a privileged situation to identify and to support potential victims.

Gonçalves (2006) refers that health professionals – particularly those in Primary Health Care units – are in a favourable position for detecting and refereeing abused older people, as they are often the only people – outside the family – who regularly have a close contact with the elderly.

On the other hand, as people grow older they experience several changes in their lives that also affect the way they interact with others. At the same time, these social networks often diminish and some significant “others” may see their role reinforced:

social service and health professionals have been identified as some of these new reinforced actors (Carvalhais and Sousa, 2007).

However, several authors (Gonçalves, 2006; Ferreira-Alves, 2004; Carvalhais and Sousa, 2007) recognise the numerous constraints regarding health care support addressed at the older population, namely the lack of geriatric support and training, the insufficient number of health professionals (e.g. nurses) to ensure an individualised type of support, the lack of specific training among the professionals regarding abuse, the weak coordination between social service and health care support.

The available literature relevant for the understanding of the interconnections between health and social service practices and abuse against older people is almost inexistent. Nevertheless, some recent articles describe some interesting research results which are relevant for the understanding of the perception of older people on dimensions such as care support, care needs and social discrimination.

Based on a case study with a small group of older people Sousa and Figueiredo (undated) argues that the most important needs of these elderly are to be found at two levels: financial and instrumental support. On the relational aspects the participants highlight the lack of proximity of social service professionals regarding their reality and a feeling of low social value attached to their “unproductive” condition. From health professionals, the expressed need is for more “humanised care”.

Carvalhais and Sousa (2007) explore the perception of elderly hospital patients regarding health care support provided by nursing professionals. The first relevant result is the fact that 61% of the incidents reported were “positive incidents” and 39% were “negative incidents”. The relationship with the patient is the category which is most referred by the elderly, both positively and negatively. This shows the importance attached by the elderly to the affective interactions established with nursing professionals. On the other hand, “positive behaviours” by nurses (e.g. availability, caring and friendly, concerned) induce feelings of trust and security in the

elderly patients. The authors stress the importance of the results and the need to adopt several strategies to improve the quality of life of the elderly patients in hospital context. They recognise the need to improve communication patterns in order to build a good interpersonal relationship which will help to evaluate the nature of the perceived problems. The disclosure by older people – and particularly older women – will certainly benefit from the understanding of these and other relevant factors in the building up of relationships within a care context.

Finally, Ferreira-Alves and Novo (2006) argue that social discrimination towards older people is particularly significant in interactions established with health professionals. In their research, involving over 300 people living both in their own communities and in institutional settings, there is evidence of a higher frequency of discrimination events in health contexts, namely regarding interactions with nurses or doctors. Stereotypes attached to ageing, such as “hearing problems” or “understanding problems” are as present in those interactions, as with interactions with other people in general, despite the specific training of health professionals which should “soften” this kind of “a priori” judgements. The authors stress the importance of “combatting in the communities of health professionals what Gatz and Pearson (1988) called «Professional ageism», that is, the bias, either positive or negative, through which health professionals look into the ageing process and the elderly (...)” (Ferreira-Alves and Novo, 2006, p. 75).

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

The following paragraphs are based on the information and discussion presented in previous chapters, taking into account the specific methodological framework adopted for the reports of the collaborating partners.

From our perspective, it was possible to identify some relevant issues which should be considered in developing the project's further activities and which may be more or less country specific. These are presented below:

- Domestic violence against older women is an under-researched topic and has a low social visibility – raising awareness activities should not only consider each of these aspects but the interconnection between them;
- The production of knowledge on violence against older women (and older people) should be enhanced as well as an improvement in the production of statistical information (e.g. harmonisation and compatibility of data);
- Gender dimension should be given particular relevance since this cross-cuts the phenomenon of violence against older people: women are the main victims; women are the majority of formal and informal caregivers and therefore they are potentially overrepresented among abusers within a care support context;
- Informal and formal care givers have a crucial role and a complex and demanding task; priority should be given to the need of providing them specific support and training;
- The dissemination of existing knowledge regarding risk factors, different forms of abuse and their translation into supporting guidelines for professional staff should be promoted;
- It is important to strongly promote the general awareness regarding the myths and stereotypes on ageing which contribute to a negative social image of older people, taking into account communicational specificities in terms of the different audiences to target;



- The involvement of NGO's in the awareness raising activities should be considered a priority given the important role of these organisations both in the support to older people and in the domestic violence domain, at least in a country like Portugal.

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