COMMUNITY'S PERCEPTION OF ELDERLY ABUSE

Jesiendra Jango

Bachelor of Nursing with Honours 2013
COMMUNITY'S PERCEPTION OF ELDERLY ABUSE

JESIENDRA JANGO

(23670)

This project is submitted in partial fulfilment of the requirements for the degree of Bachelor of Nursing with Honours

Faculty of Medicine and Health Sciences
UNIVERSITI MALAYSIA SARAWAK
2013
TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>i</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENT</td>
<td>ii</td>
</tr>
<tr>
<td>KEY OF TRANSCRIPTIONS</td>
<td>iv</td>
</tr>
<tr>
<td>INTRODUCTION</td>
<td></td>
</tr>
<tr>
<td>Background of the Study</td>
<td>1</td>
</tr>
<tr>
<td>Statement of Problem</td>
<td>3</td>
</tr>
<tr>
<td>Research Questions</td>
<td>4</td>
</tr>
<tr>
<td>Research Objectives</td>
<td>4</td>
</tr>
<tr>
<td>Significance of Study</td>
<td>5</td>
</tr>
<tr>
<td>Operational Definition</td>
<td>5</td>
</tr>
<tr>
<td>LITERATURE REVIEW</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td>7</td>
</tr>
<tr>
<td>Perceptions of Elderly Abuse</td>
<td>7</td>
</tr>
<tr>
<td>Perceptions on Risk Factors of Elderly Abuse</td>
<td>9</td>
</tr>
<tr>
<td>Impacts of Abuse to Elderly People</td>
<td>12</td>
</tr>
</tbody>
</table>
Summary

METHODOLOGY AND METHOD

Research Design
Research Setting and Sampling
Ethical Consideration
Pilot Study
Data Collection
Data Analysis

FINDINGS

Introduction
Perceptions of Elderly Abuse
Feelings
Mistreatment and Harm
Emotional abuse is an awful form of abuse
Community responsibility to take action
Perceptions on risk factors of elderly abuse

Abuser’s Characteristic

i) Having a closed relationship with the victim

ii) Stress

iii) Under influenced of alcohol or drug

iv) Dependent/ independent

v) Hatred

Elderly’s Characteristics

i) Weak and Sick

ii) Dependent

iii) Annoying Behaviour

iv) Wrong Modelling

Perceptions on Impacts of Elderly Abuse

Depression

Impact on health status

Neglected and isolated
DISCUSSION

CONCLUSION

  Strengths of Study
  Limitations of Study
  Recommendations
  Implications of Study

REFERENCES

APPENDICES

  A: Application Letter for Ethical Approval
  B: Ethical Approval Letter
  C: Informed Consent Form
  D: Question Guideline
  E: Timeline / Gantt Chart
This qualitative study is on community’s perception of elderly abuse. The samples of the study were among the community in Kuching, Sarawak and Tambunan, Sabah. This study purpose is to explore the perceptions of community on elderly abuse, identifying how the community perceives about risk factors and impacts of abuse to the elderly. Data was collected within 20 participants by face-to-face and in-depth interview and reached the saturation level. The data was analyzed manually. Interviews were audio-taped, transcribed and coded line by line and grouped together based on the related categories. The themes then emerged through the process of categorizing and re-categorizing. The themes are, participants’ feelings toward this issue are sad, pity and angry. Elderly abuse is an action of mistreatment and harm, emotional abuse is the most awful form of abuse, and it is the community’s responsibility to stop the elderly abuse. Meanwhile for the risk factors, the themes divided into two that are abuser’s characteristics and elderly’s characteristics. The themes on impacts of elderly abuse are depression, health status affected, neglected and isolated. It is hoped that through this study it will add to further knowledge and increase the community’s awareness toward the elderly abuse and lastly, the health care personnel in the future should give more focus to this issue and having an actions toward the well-being of the elderly.
ACKNOWLEDGEMENT

Thanks God for the grace and help, I was able to complete this Final Year Project successfully.

Firstly, I would like to thank Dr. Zabidah Putit, a wise and helpful supervisor for her advice and guidance throughout the process of producing my Final Year Project Report. Her guidance and support, without any of them, could lead me to an uncertainty and thus I would like to show my greatest appreciation to her for always keeping me on track and motivating me along the way.

Next, I would like to thank my mentor Ms. Jane Buncuan for her support and encouragement during four year studying. Deepest appreciation also to all the lecturers and clinical instructors for their kindness, knowledge, help and for sharing their experienced that really help me throughout this study.

Thanks to all the participants for their willingness to be interviewed and their valuable contribution towards the study.
In particular, I would like to express my appreciation to my colleagues for their help and motivation, also to my family for being able to understand my busy project throughout the final year. Without my family and my colleagues, I would fail in combating challenges along the journey.

My greatest appreciation also goes to my dear friend, Shirley Diane anak Belor, for her willingness to give a helping hand in searching for potential respondents and for giving motivation and inspiration throughout four year studying. Not to forget, my roommate, Rozy Akim and Nelly Simin for the words of encouragement and helping each other in the process of completing the Final Year Project together.

This study has been made possible with the support and contribution of the people whom I sincerely thanked and acknowledged. I also wish to extend my deep and sincere appreciation for those who contributed in this study and for those names that are not mentioned. Once again, thank you so much!
KEY OF TRANSCRIPTIONS

<table>
<thead>
<tr>
<th>Keys or symbols</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Pseudonyms are used throughout this study to protect participants’ confidentiality.</td>
</tr>
<tr>
<td>“Excerpts (s)”</td>
<td>All excerpts written in italic and indented represent the interview data from the study participants.</td>
</tr>
<tr>
<td>../..</td>
<td>This symbol in the excerpts indicates the participants’ story that are stated in different time but said by the same participant</td>
</tr>
<tr>
<td>...</td>
<td>A pause during the participants’ story.</td>
</tr>
</tbody>
</table>

(Adopted from: Zabidah, 2010)
INTRODUCTION

Background of the Study

The world's population is rapidly ageing. The proportion of the world's population over 60 years old will double from 11% to 22% where it is expected to increases from 605 million to 2 billion between the years 2000 to 2050 (World Health Organization [WHO], 2012). According to United Nation (2009), by year 2050, there are one out of every five persons will be aged 60 years old or over in the world and the percentage is now increased in developed country. However, in developing countries the population ageing faster compared to developed countries (United Nation, 2009).

According to Yahya¹ (2010) the percentage of ageing people in Malaysia is on the increase:

(i) "In 2000, the number of elderly people was 1.45 million or 6.2% of the total population but in 2009, the number increased to 2.03 million or 7.1% of the total population,"  

(ii) "The government should therefore view seriously the ageing rate among the population especially because old people have their own requirements,"  

Cited in The star online news², 2010

---

¹ Welfare Department deputy director-general [Operations]  
² The star online news is the English News online
As the older persons experience the aging process and develop at least one debilitating illness, they become increasingly at the risk for abuse and neglect. Maurer and Claudia (2009) argued that the occurrence of elderly abuse will also increase due to their increased dependency and prone to be victims of criminal practices. Hence, it is important to provide care for the growing number of frail elderly.

National Elderly Abuse Incidence Study pointed out that approximately 450,000 elderly people in domestic settings are being abused, neglected or both during 1996 throughout United States (National Center of Elderly Abuse [NCEA], 2003). The incidence of elderly abuse is increasing where there are 565,747 cases of elderly abuse reported throughout United States according to the 2004 Survey of State Adult Protective Services (Teaser, Dugar, Mendiondo, Abner, Cecil, and Otto, 2006 cited in Hess 2011). Elderly abuse has been the subject of study and debate in North America and Europe for about 30 years and in Australia it has only been identified as a significant social problem on 1995 (Biggs, 1995; Pritchard, 1995 cited in Helmes, 2007). The issue of elderly abuse was first described as ‘granny battering’ by Baker (1975, cited in Lo, Lai and Tsui, 2010).

On the other hand, elderly abuse is still not identified as a major social problem in Malaysia and according to Jal Zaidi (2009), our community is having difficulty in believing that the elderly people became the victim of abuse and there is not much writing or exposure to the community in Malaysia about the cases of abuse and neglect among the elderly people. In addition, Hess (2011) reported from United States, the incident of elderly abuse are often neither identified nor reported.
Similarly, Esther (2008) reported that elderly abuse remains subtle and usually untold suffering among elderly persons in Malaysia. This could be due to lack of awareness in the existence of this phenomenon in our culture. Chan, Chun and Chung (2008) found that there are existed a good correlation between perception of abuse and tendency to report, and that reporting behaviour was influenced by knowledge and perception. Similar to domestic violence and children abuse, elderly abuse are the violation of human rights and a significant cause of injury, illness, lost productivity, isolation and despair (WHO, 2012).

According to National Center of Elderly Abuse (NCEA, 2011), elderly abuse can take a variety of form, such as physical, sexual, emotional or psychological abuse, abandonment, financial or material exploitation and neglect. Women and children abuse is identified as a major social problem while the elderly abuse were remained hidden from the public view and considered as a private matter, continues to be a taboo, mostly underestimated and ignored by societies across the world (WHO, 2012). This study is focusing on the community about their perception on elderly abuse. Discovering the community’s view about this issue is one of the best ways to make them think and reflect this issue while increasing their awareness. One way to prevent abuse is to increase awareness of it (Hess, 2011).

Statement of the Problem

Elderly abuse, like any other domestic violence in Malaysia remained as family issues rather than public issues among our community (Zabidah, 2010; Faridah, Zabidah, Aishah, Norjanah and Marilyn, 2010). However, it is a serious matter that we should look
upon and handle together as a community because WHO (2012), pointed out that elderly abuse is the violation of human right. Based on the study and survey, cases of elderly abuse increased in number (NCEA, 2003 and Teaser et al., 2006 cited in Hess, 2012). Despite of these facts, still the elderly abuse seems as not the significant problem in our community. This may be due to lack of awareness and not many researches were done on this issue in Malaysia. These lead the researcher questioning on the following question:

**Research Questions**

1) How does the community perceive on elderly abuse?
2) What are the community’s perceptions on risk factors of elderly abuse?
3) What are the community’s perceptions on impacts of elderly abuse?

**Research Objectives**

1) To explore the community’s perceptions of elderly abuse.
2) To identify the community’s perceptions on risk factors of elderly abuse.
3) To examine the community’s perceptions on impacts of elderly abuse.

**Significance of Study**

Population is ageing worldwide and elderly abuse is also increasing where we should look into it seriously. This study will explore the perceptions of community on elderly abuse, identifying how the community perceives about the risk factors and the impact of abuse to the elderly. Particularly, this study will add to the knowledge of elderly abuse and helps in improving the quality life of the elderly in order to protect elderly well-being and dignity.
Through research and education by health care team to the public, the awareness among the community can be raised.

**Operational Definition**

Below are the definitions of some terms which are frequently mentioned in this research:

**Community**

In this study, the community people are “mentally fit”. “Mentally fit” refers to a normal condition of mental health without having any psychiatric illness and able to function in the society (WHO, 2000).

**Perception**

The act or faculty of apprehending by means of the senses or of the mind, cognition, and understanding.

**Elderly abuse**

Elderly abuse in this study is defined as a single or repeated act that causes harm or distress to people aged 60 years and above which occurring in family that live at the same house or at a different house.

**Physical Abuse**

The use of physical force such as hitting or kicking that may result in bodily injury, physical pain, or impairment.
Emotional or Psychological abuse
The infliction of anguish, pain or distress through verbal or nonverbal acts.

Financial or Material exploitation
The illegal or improper use of an older person’s funds, property or assets

Neglect
The refusal or failure to fulfil any part of a person’s obligations or duties to an older person

Abandonment
Desertion of an older person by an individual who was assume for responsibility in providing care for the older person.
LITERATURE REVIEW

Introduction
Generally, there are three classifications of elderly abuse; domestic elderly abuse, institutional elderly abuse and self-neglect or self-abuse (National Center on Elder Abuse [NCEA], 2011). The scope of this study was narrowed focusing into the domestic elderly abuse due to time constraint and furthermore the researcher is novice in the research area. Institutional elderly abuse and self-neglect are excluded from this study. NCEA (2011), describe domestic elderly abuse refers to any several forms of maltreatment of an elderly peoples by someone who has special relationship with the elderly (e.g., a spouse, a sibling, a child, a friend, or a caregiver) that occur in the home, or in the home of a caregiver. Thus, in this section, literature review is under the following subheadings; perceptions of elderly abuse, perceptions of risk factors of elderly abuse and the impacts of abuse to the elderly people will be presented.

Perceptions of Elderly abuse
The awareness on elderly abuse among the community depends on the individual perception on this matter. Individual perceptions of the elderly abuse or to any phenomenon differ depending on their learning memory, and expectations (Bernstein, 2010). Particularly, the perception of abuse of elderly peoples may differ by ethnic and
cultural groups (Wieland, 2000; WHO, 2002). Wieland (2000), discussed on cultural differences in elderly abuse cases and found that African American adult are more likely to perceive mistreatments as abuse. On the other hand, XinQi, Chang, Wong E., Wong B., and Simon (2011) study reported that Chinese older adults in United States were considered elderly abuse as neglect from caregiver. XinQi et al. (2011) added that psychological mistreatment is the most serious form of abuse.

There are six forms of elderly abuse classified by National Center of Elder Abuse which are physical, sexual, emotional or psychological abuse, abandonment, financial or material exploitation and neglect (NCEA, 2011). Among these forms of abuse, public perceived that abuse differs in relation to the form of abuse. A study done by Chan, Chun and Chung in Hong Kong (2008), reported that public perceived the types of abuse that was seen as most abusive are physical abuse and sexual abuse. Bonnie and Wallace (2003, cited in Ziminski and Philip, 2011), stated that elderly abuse is an act of harm that is committed toward the older people by person in a trusted relationship.

Apart from that, community perceived elderly abuse is viewed as a family affair or problem rather than community problem, where it is a hidden issue or a private matter that may result to the isolation of the older peoples (Lowenstein, 2009; Sargent, 1995 cited in McGarry, Simpson, and Smith, 2011). This may be due to lack of awareness among the community and family members and there is limited access to institutional settings.
Perceptions on Risk Factors of Elderly Abuse

The perception on risk factor of elderly abuse from the public varies. For the perceptions, a study done by Lo, Lai and Tsui (2010), regarding the perceptions among nursing students found that the older persons who are female, having a financial problem or poor or having a mental problem are on the risk of elderly abuse. Similarly, studies found that those who are older are at risk of abuse (Cohen, 2008; Lachs, Berkman, Fulmer, and Horwitz, 1994; Lachs, Williams, O’Brien, Hurst and Horwitz, 1996; Pillemer and Finkelhor, 1988 cited in Daly, 2011).

In this theme of risk factors of elderly abuse, it is classified into four aspects that are invisibility, vulnerability, psychosocial factors and caregivers’ factors.

I. Invisibility

Dong (2005 cited in Miller 2009) stated that despite the increasing attention given to elderly abuse, there is less incidence reported even in the country with good reporting and intervention models. The factors that contribute to the unseen elderly abuse are the older people have less contact with the community, older people are unwilling to admit they are being abused or neglected because they fear of revenge or believe that alternative situations may be worse than the abusive one (Miller, 2009). In addition, there are myths and negative stereotypes associated with old age promote a strong denial of aging and a stronger denial from public associated with the vulnerable older people (Miller, 2009).
II. Vulnerability

Elderly peoples are vulnerable because of the combination of social, personal, situational and environmental factors (Miller, 2009). When they are old, they are vulnerable and require protective services in giving them a quality of life that they deserved (Anetzberger, 2002 cited in Miller, 2009). The result of this vulnerability is making the elderly suffers in term of their inability to maintain minimal social standard of care, to meet their own needs for food, shelter and warmth, to manage their own financial matter and to seek services for them (Miller, 2009).

III. Psychosocial factor

Impaired cognitive function and the elderly’s situation are among the risk factors of elderly abuse. Study have found out that people at lower income with impaired mental and physical health and with poor social support were most at risk of abuse (Naughton, Drennan, Lyons, Lafferty, Treacy, Phelan, O’Loughlin, Delaney, 2011). One of the cognitive function is dementia where the elderly have the risk factor of self-neglect and physical abuse (Dyer, Pavlik, Murphy, and Hyman, 2000; Flannery, 2003; Hansberry, Chen, and Gorbien, 2005 cited in Miller, 2009). Similarly, Natan, Lowenstein and Eisikovits (2010), reported that elderly that suffering dementia and the gender is female has a higher risk of abuse. The elderly also have the risk of abuse when they have psychosocial impairments like dementia but no one are willing to provide them with adequate and appropriate assistance. In addition, similar to domestic violence where
women have a higher risk of abuse due to poorer physical fitness, elderly women have a higher risk of being abuse (Pillemer, 1989 cited in Natan et al., 2010). Those who are having low educational level and low income level are at risk of elderly abuse (Baker, LaCroix, Wu, Cochrane, Wallace, and Woods, 2009; Cohen, 2008 cited in Daly, 2011). No doubt that the elderly’s situations plus with the cognitive function is putting the elderly to be at risk of abuse.

IV. Caregiver factors

Elderly people also at risk of abuse if the abusers are dependent in term of financial aid, housing, and other forms of supports (NCEA, 2011). Elderly people that are married are at risk of being abuse (Pillemer and Finkelhor, 1988; Podnieks, 1992 cited in Daly, 2011). National Center on Elder Abuse (2011), pointed out that living with someone else and being socially isolated have been associated with higher elderly abuse rates where abusers who live with the elderly have more opportunity to abuse. This become worst when the abuser and elderly are isolated from the larger community or may seek to isolate the elderly from others so that the abuse is not discovered. Apart from that, the potential volatility of care giving can be exacerbated when the caregiver sees the older adult’s behaviour as being difficult or provocative (Anetzberger, 2000 cited in Miller, 2009). Miller (2009) stated that the caregiver who is unable to do the role as caregiver due to stress, pathologic characteristics or personality characteristics can put the elderly at risk of abuse.
Impacts of Abuse to the Elderly People

According to WHO (2012), the impact of elderly abuse can be serious especially when they have physical injuries where it can lead to permanent damage because they are physically weaker and their bones are more brittle. Moreover, prolonged exposure to physical abuse is major to health problems and premature death (Women’s Aid, 2007 and Coker, Davis, Arias, Desai, Sanderson, Brandt and Smith, 2002 cited in McGarry et al., 2011). The impact of physical abuse can be far ranging, resulting in a high incidence of trauma-related injuries and physical conditions for example gastrointestinal disorder, genitor-urinary and musculo-skeletal disorders (Morgan Disney and Associates, 2000 cited in McGarry et al., 2011). Regarding on psychological impact, the World Health Organization has reported that several studies in developed countries show that a higher proportion of victims of elderly abuse suffer from depression and psychological distress (Krug, Dahlberg, Mercy, Swig, & Lazano, 2002).

A study done by Sandberg, Feldhousen and Busby (2012) found out the impact among victims who experienced abused is depressed feelings in their life. According to Patricelli (2005), a person who is being abused will have one or more psychological or medical illness and the victim commonly will develop emotional or psychological problems including anxiety disorders and depression. In addition, the result of the being abuse is having poor self-esteem that will lead to a broken relationship. Similarly, Fisher and Regan (2006) found that older women who reported being subject to domestic abuse has significantly increased the risk of reporting depression or anxiety. This result is similar with Zabidah’s (2010) study among the women who had experienced domestic violence in
Malaysia where the women suffer post-traumatic stress (PTS). PTS symptoms consist of depression, anxiety, fear, fragility and vulnerability.

Moreover, abuse also gives impact to one’s health. Study had shown that victim of abuse suffer from physical health like injury and illness disability and mental health where the victims have serious depression that lead them to take substance such as tranquilizers, sleeping pills or sedatives, antidepressant, and recreational drugs to make them calm (Lopez, Kruttschnitt and Macmillan, 2006). Mouton, Roadbough, Rovi, Hunt, Talamantes, Brzyski and Burge (2004) cited in McGarry et al.(2011) reported that older women who have experienced abuse are more likely to experience an injurious impact such as hypertension or chronic joint pain.

**Summary**

In summary, perceptions among the community regarding elderly abuse are different by ethnic and cultural groups and also differ in relation to the form of abuse. Perceptions on risk factors of elderly abuse can be classified into three parts that are invisibility, vulnerability, psychosocial factors and caregiver factors. Meanwhile, impacts of abuse are really serious that can bring harm to the victims’ health, physical and psychological.
METHODOLOGY AND METHOD

Introduction

This section will discuss on the methodology and method used in this study. Research design, research setting and sampling, ethical considerations, question guidelines, data collection and data analysis are described in detail as well.

Research Design

Qualitative research method was used in this study to answer the three research questions. The reason for using this method of research is to gain subjective data and found to be the most appropriate method to explore the perceptions of elder abuse among the participants (Streubert and Carpenter, 1995).

Thomas and Magilvy (2011), pointed out that a qualitative approaches can gain and enhance the understanding of a particular study compared to quantitative method where it only focusing in gathering information. Similarly, qualitative method is the best way to discover underlying feelings, perceptions, emotions, values, and attitudes of an individual (Streubert and Carpenter, 1995) and also the most suitable method to achieve the purpose of this study. When using a qualitative research design, it was understood that it was crucial to avoid personal assumptions or bias towards the participants’ subjective data so