Title: Elder abuse in a rural community in Malaysia: The who and the how

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Abstract:
Elder abuse is a phenomenon not studied widely before in the Malaysian context. A recent community based household survey employing face-to-face interviews with 2,112 elderly in the rural community of Kuala Pilah district, Negeri Sembilan state yielded a prevalence of 4.5% of overall elder abuse. How and whom elderly victims chose to disclose of this abuse to besides the perpetrator characteristics are focused on here. Screening of elderly respondents detected 84 elders who reported having experienced abuse in the past 12 months at the hands of someone they knew. Of this, half had actually disclosed of this to another person, commonly a family member. In one fifth of abused elders, the abuse stopped by itself, while in another fifth, the elder person spoke to the person abusing them. Another fifth had someone else speak to the perpetrator, while a further fifth were still in the abusive situation. These actions taken by the elder or another person were effective in almost forty percent of cases in that the abusive occurrences stopped or reduced. Almost a fifth of abused elders had experience of some abuse prior to turning 60. The perpetrator of abuse was usually a married male relative, not necessarily living in the same household, with only a handful having health problems. A minority had addiction problems or a criminal record. More needs to be done to increase awareness on elder abuse among the general population, health care workers and various agencies. An Elder Act, would help to ensure protection of elders.

Key words: Elder, abuse, prevalence, perpetrator, disclosure

1 BACKGROUND

Malaysia recognizes persons aged 60 years and above as belonging to the elderly age group (Malaysia. Ministry of Women Family and Community Development, 2011; Muneeza & Hashim, 2010). With the rapidly changing population demographics of the nation showing an ageing population, it is imperative that health needs of the elders are looked into. Population
ageing brings with it its share of maladies, including proper treatment of non-communicable diseases, increased risk of falls, and even abuse of elders (Lancet, 2012).

In line with successful ageing, it is therefore important to ensure that elders are protected from harm in all senses, to promote and protect their health and well-being, before focusing on other curative strategies (Bowling & Dieppe, 2005; Malaysia. Ministry of Health. Non-Communicable Disease Section, 2010). The National Policy on Elders, first drafted in 1995 by the then Ministry of National Unity and Social Development (Malaysia. Ministry of National Unity and Social Development, 1995), and subsequently amended in 2011 by the current Ministry of Women, Family and Community Development has six strategies pertaining to elders (Malaysia. Ministry of Women Family and Community Development, 2011). These are respect and self-worth, independence, involvement, care and protection, research and development, and lastly, an action plan formation. The first strategy includes enabling the elderly to live with respect and self-worth as well as being safe and free from oppression and abuse, while the second strategy, independence, includes enabling the elder to continue living with their family and society as long as possible.

The World Health Organization (WHO), of which Malaysia is a member, had declared violence to be a public health problem through the World Health Assembly resolution 49.25 in year 2002 (World Health Organization, 2002). Further to this, The Lancet had highlighted elder abuse as a growing issue and called upon all to meet the challenge of protecting the elderly from it (Lancet, 2011b). Malaysia, in response to this commitment, had set up a division within the Non Communicable Disease Division of the Public Health Programme, Ministry of Health, to specifically focus on abuse and mistreatment. This was the Mental Illness, Stress, Violence and Injury sector (MESVIP), set up in year 2009, which originally and even currently, looks into child maltreatment as a primary concern.
Although there is not much research done on elder abuse in our society, there are however, a few salient works by local researchers on elder abuse. “Elder Abuse: A Silent Cry” that appeared in the Malayan Journal of Psychiatry (Esther, 2006) highlighted the absence of any local information or data on elder abuse, lack of the health care system in detecting suspected elder abuse besides no mandatory reporting of elder abuse, and called for our community based health care to be expanded. Another paper in the Malayan Law Journal highlighted the importance of sociodemographic profiling of elders who are abused to allow better identification of such abuse. It recognizes that currently there are no laws to prevent elder abuse, besides the provision of the Domestic Violence Act 1994 which by default covers all family members including elders (Muneeza & Hashim, 2010).

A recent qualitative study examined the perceptions of elder maltreatment among community dwelling Malaysians and found that respondents’ life experiences shaped their perceptions of elder maltreatment (T.-A. Hamid, Za, Mansor, Yahaya, & Ali, 2010). They felt that older respondents are more susceptible to negative episodes than younger people; that the lower threshold of maltreatment has not been recognized as such, and without the element of violence, neglect is well tolerated by Malaysians. This was followed up by an attempt to develop a tool to measure elder abuse in Malaysia; however this is a short screening tool with ten questions, measuring abuse as a whole. Although it has items assessing psychological, financial and physical abuse, it can only provide one final score on overall abuse. Furthermore, sexual abuse and neglect are not included here (T. A. Hamid et al., 2013). Being short in nature, this particular tool could be used to merely raise suspicion of abuse, before being followed up by a more comprehensive measurement tool, in order to avoid underestimating the prevalence of abuse.
Essentially, all these works identified a lack of awareness on elder abuse within our community, no proper detection measures or screening in place, and no established frameworks in place for elder abuse reporting, thus making disclosure of abuse and reporting of perpetrators difficult.

This is in contrast to the abuse of children or battery of wives which has been highlighted by the local media increasingly over the past few decades (New Straits Times, 2014, 2015; The Star, 2013, 2015a, 2015b). However, little has been mentioned about elder abuse in the media. This is a phenomenon common in other countries as well (Lancet, 2011a). Abuse among the elderly has yet to be studied extensively here.

3. OTHER RESEARCH ON ELDER ABUSE DISCLOSURE AND PERPETRATORS

i. Disclosure of abuse

When abused elders were prompted further not just on incidents of abuse but how they felt and whom they spoke to about it, a large proportion of abused elders turned to their family members first, especially adult daughters. Besides family, friends, neighbours, and even professionals such as social workers and police were the persons sought to share their experiences (Iecovich, Lankri, & Drori, 2004; Naughton et al., 2012). A total of 34% of abused elders in Ireland had kept silent about the abuse, not telling anyone, while 41% had confided in another family member, and 20% had informed their general practitioner or even the police (Naughton et al., 2012).

Only about one in twenty or 5.9% of abused elders actually disclosed of abuse when compared to 21.4% who were identified as having signs of being abused and a further 32.4% deemed at high risk of abuse in one study in Israel, showing the difficulty that elders may experience in
talking about any abusive acts suffered. Those who did report it mostly suffered from physical or sexual abuse at the hands of family members, usually a partner, adult child, or the adult children’s spouses (Cohen, Levin, Gagin, & Friedman, 2007).

In the Chinese culture, most elder abuse cases are underreported due to the long standing cultural values held to by elders, where they are reluctant to disclose of abusive experiences to others in order to maintain family honour and harmony. This is especially so if the perpetrators are from within the family itself, as they perceive this to be an extremely private family matter inappropriate to be mentioned to others (Yan E.C.W, Tang C.S.K, & Yeung D, 2002). This was echoed in a study in Portugal, where although of a different culture altogether, similar family norms were said to influence the elder’s propensity to withhold from speaking about abusive acts perpetrated by members of the family, besides a mistrust of official or formal services (Gil et al., 2014).

The disclosure of abuse referred to here is in how elders report of or disclose of any abuse that has happened or is happening to them, to another person. This is in contrast with legal mandates calling on health care providers or social workers to report elder abuse (McGinn, 2004; Yaffe, 2010), where a recent study found that the relationship between the elder person and the reporter of abuse influences the decision and time taken to report the abuse. More superficial relationships between victim and reporter led to faster reporting to legal authorities, in contrast to closer relationships between the victim and reporter or even the offender, where closer relationships caused further delay in reporting to the authorities (Jackson & Hafemeister, 2015).
ii. **Reporting Elder Abuse**

There is a lack of data on how elder abuse is reported locally, unless the media were to be counted. Numerous accounts of elders being abandoned or neglected have surfaced in the newspapers over the years (Ebenezer, 2008; Sipalan, Lai, & Raman, 2012; The Star, 2012). Reporting of abuse, or rather, the disclosure of abuse by the elder is an important aspect of elder abuse and neglect.

In Asian culture, filial piety is greatly valued and abuse would be embarrassing, especially when the majority of elders reside with their grown children or families and the abuser would likely be a family member. Implying abuse itself may be viewed as an insult to the family structure and admitting to it may be seen as bringing shame to the family (Dong X.Q. & Simon M.A., 2010; Wang, 2005; Yan E.C.W & Tang C.S.K, 2001).

iii. **Reaction upon disclosure**

Elders react in different ways, ranging from shock and disbelief, to sorrow, anger, depression, and social isolation. Some were scared while others reacted by responding aggressively themselves towards physical and verbal abuse (Comijs, Pot, Smit, Bouter, & Jonker, 1998). These effects may indirectly affect their health, resulting in increased morbidity and mortality. Yan E.C.W and Tang C.S.K (2001) shows that abused elders reported more psychological distress, such as somatic complaints, depression, anxiety and social inappropriateness, as well as a general negative psychological functioning. In line with social exchange theory which states that the more dependent person in a relationship would experience feelings of powerlessness, depression and lack of control, the findings thus explain the higher levels of dependence of the elder on the caregiver being associated with poorer mental health. In a
national Irish prevalence survey of elder abuse, 84% of abused elders disclosed that they felt the abuse had a serious impact on their well-being (Naughton et al., 2012). Besides these health measures or effects on the elder, some of the interventions reported included family members speaking to the perpetrator of abuse on behalf of the elder, the elder breaking off contact with the perpetrator, or rarely, obtaining professional help (Naughton et al., 2012).

iv. **Perpetrators of elder abuse**

Generally, perpetrators tend to be someone known well to the elder (Puchkov, 2006) and especially so from among the family members themselves (Gil et al., 2014; Iecovich et al., 2004). In India, it tends to be the daughters-in-law, or dual combination of son and daughter in law, as Chokkanathan and Lee (2006) explains that commonly the newlywed wife goes to reside with her in-laws family, and with possible adjustment problems, a generation gap, difficulties on the mother-in-law’s part to let go of authority, conflicts arise and so does elder abuse. More so when the daughter-in-law works and is not the traditional homemaker, elders may be more vulnerable to abuse. He also goes on to say that when a family or marital matter has to be resolved, or through dowry problems, the wife’s family is often faulted and thereby conflicts arise where the husband may mistreat his in-laws, thus explaining the background of the son-in-law in abusing elders, as compared to adult sons and daughters-in-law.

A similar pattern is seen in other Asian countries, both China and Korea where the elders normally reside with the oldest son and family, and through their unwillingness or lack of ability to cope, increased conflicts and tensions may arise, causing caregiver burden or stress, which may be worsened by a pre-existing poor relationship, thereby causing the adult son and daughter-in-law to be the most likely perpetrators of abuse. This is compounded by the younger
generations shifting from an extended to nuclear family as they migrate in search of greener pastures from the rural to urban areas (Oh, Kim, Martins, & Kim, 2006; Wu et al., 2012).

Spousal abuse, where one elderly person is looking after another partner or spouse, was a common feature of elder abuse seen, where men were commonly the perpetrators (Beach et al., 2005; Iecovich et al., 2004). Other family members perpetrating the abuse included the elder person’s children, children in law or non-relatives (Canadian Task Force, 1994; Naughton et al., 2012; Puchkov, 2006).

It is found that caregivers caring for elders for longer durations of nine years or more, who are related to the elder, living with them, are in bereavement, having a deterioration in health or under stress, may tend to abuse elders. In particular, verbal abuse is more common among elderly spouses, while in physical abuse, the perpetrator is usually a spouse who abuses alcohol, has emotional or physical problems, and is dependent financially on the elder (Canadian Task Force, 1994).

Caregivers with some pre-existing illness were more prone to abuse elders (Beach et al., 2005; Canadian Task Force, 1994; Comijs et al., 1998; Iecovich et al., 2004; Naughton et al., 2012). Those with poorer cognitive levels were also more likely to abuse elders (Beach et al., 2005). Elders reported being more likely to be subjected to abusive or potentially harmful behaviour when tended to by caregivers who had more depressive symptoms and life events (Beach et al., 2005; Christie et al., 2009).

Caregivers who are dependent on elders were more likely to abuse elders, especially those dependent financially, who were more likely to physically abuse elders (Canadian Task Force, 1994). Unemployment among caregivers was shown to be associated with higher odds of elder abuse (Naughton et al., 2012) as were caregivers with financial problems (Iecovich et al.,
Prior poor family relationships has been shown to be common between perpetrators and elder abuse victims (Iecovich et al., 2004).

Living with someone who engages in risky behaviour such as excessive drinking or drug abuse predisposes elders to abuse as well (Naughton et al., 2012; Pérez-Cárceles et al., 2008), or in the case of others (Canadian Task Force, 1994; Comijs et al., 1998; Iecovich et al., 2004) such substance abuse, whether or not living with the elder, also predisposes them to abuse. In fact cohabitation predisposes the elder to abuse (Canadian Task Force, 1994; Naughton et al., 2012).

4 AIMS AND METHODS OF CURRENT STUDY

A questionnaire to screen for elder abuse was thus developed based on previous research in other countries, and pilot testing involving urban poor elderly found a prevalence of 9.6% of overall elder abuse in a sample of 291 elders in Kuala Lumpur. This was found associated with depression and current employment by as much as three times respectively (Sooryanarayana, Choo, Hairi, Chinna, & Bulgiba, 2015).

This questionnaire was then used to screen 2,112 elderly residing in Kuala Pilah district, Negeri Sembilan state. The focus here is on how these elders disclosed of abusive acts towards them by another person whom they knew and trusted in the past 12 months, besides identifying perpetrator characteristics among those abused elders. If an elderly respondent had answered affirmatively to having been abused by a person they knew or trusted in the past 12 months, they were prompted further on details of the abuse. A range of answers was read out after each question to enable the elderly person to choose an answer. Further details as told by the elderly respondent were noted where relevant.
Questions included whether they had reported, or disclosed of the instances of abuse suffered to anyone else, and if they had, they were asked whom this person was that they had confided in. In order to avoid such abuse from happening again, they were asked if they, or anyone else had stepped in to speak to the perpetrator of abuse, or if they themselves had taken some action such as avoiding the perpetrator. The effectiveness of the action, whether successful or not in preventing the abuse from continuing was also asked.

Further to this, details of the perpetrator were asked about. If there was more than one perpetrator, the two main persons involved were enquired about. This included details such as sex, marital status, living arrangements, employment status, relationship to the elderly person, education level, health status, substance abuse, and criminal records if present.

5 FINDINGS AMONG ABUSED ELDERS

A total of 84 elders had screened positive for self-reported experience of elder abuse in the past 12 months, and further details are as follows.

A Description of abuse
Of the 84 abused respondents, the majority or 48 elders (57.2%) did not recall or rather, did not share information regarding when the abuse started. Of the remaining, 20 admitted to the abuse beginning in their sixties, eight in their seventies and only one in their eighties. Seven elderly respondents also had the abuse beginning before they were 60 years of age and continuing now.

B History of prior abuse

Table 2: History of abuse prior to age 60 years

<table>
<thead>
<tr>
<th>History of prior abuse (Experienced abuse before 60 years)</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>14</td>
<td>16.6</td>
</tr>
<tr>
<td>No</td>
<td>68</td>
<td>81.0</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

The majority or 81% of elderly respondents had not suffered from any type of abuse prior to the current abuse mentioned. Almost twenty percent admitted to having suffered some form of abuse before. This was different from abuse that had occurred before turning 60 that was continuing now, as mentioned above.

C Disclosure of abuse

Table 1: Disclosure of elder abuse

<table>
<thead>
<tr>
<th>Disclosure of any occurrence of elder abuse</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>40</td>
<td>47.7</td>
</tr>
<tr>
<td>No</td>
<td>16</td>
<td>19.0</td>
</tr>
<tr>
<td>Refuse to answer</td>
<td>28</td>
<td>33.3</td>
</tr>
<tr>
<td>Total</td>
<td>84</td>
<td>100.0</td>
</tr>
</tbody>
</table>

From Table 1, it is seen that one third of these abused elderly did not mention if they had told anyone about the abusive acts happening to them. Almost half, however, admitted to informing
someone else about the abuse that had happened to them since turning age 60. One fifth of elders were bearing this burden in silence as they admitted to not telling anyone about the abuse.

D  **Person to whom disclosed of abuse**

<table>
<thead>
<tr>
<th>Person to whom disclosed of abuse</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
<td>35</td>
<td>41.7</td>
</tr>
<tr>
<td>Friend</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Neighbour</td>
<td>4</td>
<td>4.8</td>
</tr>
<tr>
<td>Nurse</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Doctor</td>
<td>3</td>
<td>3.6</td>
</tr>
<tr>
<td>Welfare officer</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Police</td>
<td>8</td>
<td>9.5</td>
</tr>
<tr>
<td>Hotline</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Others</td>
<td>2</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Of the 56 abused elders who had disclosed of this abuse to someone, 35 (62.5%) mentioned they had told a family member of the abuse. A handful disclosed of the abuse to a friend (4, 7.1%), neighbour (4 7.1%), doctor (3, 5.4%), even police (8, 14.3%), or other persons. The respondents were allowed to choose multiple responses for persons to whom they disclosed of the abuse.

E  **Consequences of disclosing abuse**
Upon disclosing of the abuse, most elders (38, 61.3%) had some form of action taken, either by themselves or by another person on behalf of the elder. The remaining 24 or 38.7% did not take any action, and had the abuse either ongoing (11, 17.7%) or stop by itself without any further intervention (13, 20.9%). Actions taken by or on behalf of the elder included the elder person themselves speaking to the person perpetrating the abuse (12, 19.4%), another person such as a family member or friend speaking to the perpetrator (13, 21.0%), a professional such as a doctor, social worker or police personnel speaking to the perpetrator (6, 9.7%), avoiding the perpetrator (6, 9.7%), or in one rare case, avoid going out or socialising altogether.

Among the elders who had disclosed of abuse, and had some sort of action taken by them or on behalf of them, half said this was not effective as the abuse continued or was ongoing. Another half reported the abuse to have reduced or even stopped and did not recur.

F  Impact of abuse in terms of physical injuries
Of the reported physical abuse suffered by 11 elders, five did not sustain any obvious injuries. Three sustained mild injuries while another three had to seek medical care, either at a clinic or the emergency department.

G  *Perpetrator characteristics*

The elderly respondents were asked various questions about the perpetrator of abuse, naming up to two perpetrators of abuse. Hence, 104 perpetrators information was obtained, and the characteristics are therefore as reported by the elderly respondent. The majority of perpetrators were adults (33, 31.7%); one third was actually other elderly persons (15, 14.4%) while some were youngsters aged below 25 years (8 7.7%), and the remaining not known. Among the elders who disclosed further details of the perpetrator, most were males (50, 48.1%), and married (60, 57.7%), however not staying together with the victim (69, 77.3%). The abuse generally occurred at the home of the victim (44, 42.3%), and was perpetrated by an adult child (19, 18.3%) or other family member of the elder (36, 34.6%). In most cases, the elder knew the perpetrator over many years, ranging from two to sixty years (53, 51.0%). Almost half (49, 47.1%) of the perpetrators had some formal schooling.

Most perpetrators did not have physical health problems. Almost ten percent had substance addiction problems, either alcohol or drug related, and another ten percent had some mental health problem.. Four percent of the perpetrators were said to have a previous criminal record as well.
In summary, abuse tended to occur most frequently at the elder’s own house, with perpetrators usually being amongst family members, namely adult sons. Elders disclosed of abuse to other family members generally, with various actions following which sometimes helped or did not help the situation.

4 FINDINGS IN RELATION TO OTHER RESEARCH

A Disclosure and consequences of abuse

The 84 elderly respondents who reported being abused in the past 12 months were asked firstly if they had told anyone of the abuse. A third were silent about it while almost half admitted that they had actually told another person about it, who was usually another family member. Family members were seen as the pillars of support, with abused elders confiding in them, and family members helping to take various actions on behalf of the elder.

The high numbers of elderly respondents who did not disclose of this abuse to anyone may possibly be explained in light of previous research which states that for elderly persons, preserving family cohesiveness is of greater priority compared to individual rights. Hence the elderly respondent may be unwilling to share what happens in the family with another person, preferring to suffer silently rather than break the solidarity of the family so as not to expose such private matters and avoid shaming the family (Lin & Giles, 2013; Schiamberg & Gans, 2000). Another reason is self-protection, whereby recounting the harrowing abuse may result in the elderly respondent having emotional or psychological repercussions (Lin & Giles, 2013). This concern for themselves may extend towards the abusive children too (Schiamberg & Gans, 2000). Pride may also be a factor, with abused elderly not wanting to admit that they have been abused, while social stigma is another reason, where abuse is perceived to be taboo and hence elders may be hesitant to talk about it with anyone else (Lin & Giles, 2013). Sometimes elders
may deny the abusive situation for other reasons such as fearing the worsening of the abusive situation, dependence of the elderly person on the perpetrator, or even deep seated feelings of love towards the abusive person (Schiamberg & Gans, 2000).

Previous research also shows that abused elderly find it difficult to disclose of being abused to another person, and if they do, it depends largely on the quality of relationship they share with the person to whom they disclose of this to (Jackson & Hafemeister, 2015). Only about a third of abused elders do inform someone else in order to seek help (Gil et al., 2014).

The various actions or measures taken by the older person or someone else among those elders who had disclosed of abuse were only effective half the time, with half the elders saying that the abusive situation continued. This is similar to previous research which shows that a third person, typically another family member or a professional who may be a mandated reporter or an adult protective services staff member, intervenes in many cases of elder abuse (Jackson & Hafemeister, 2015).

B  **Impact of abuse in terms of physical injuries**

The prevalence of physical abuse was relatively low at 0.5% or 11 elders who reported experiencing physical violence in the past 12 months out of the 84 abused elderly respondents. Although only three had sought medical care, health care workers should be trained to differentiate between injuries due to elder abuse and injuries faced by elders common to the ageing process (Kissal & Beser, 2011; Phua, Ng, & Seow, 2008; World Health Organization/International Network for the Prevention of Elder Abuse, 2002).
Perpetrator characteristics

After the disclosure of abuse, the elderly respondent was asked to elaborate on the abusive experience, with structured questions asking about the perpetrator in two major occurrences of abuse experienced. Therefore this section was self-reported by the elder as well and was not corroborated with the caregiver or abuser of the elderly respondent and should be interpreted with caution.

Even youth aged 18 to 25 years make up almost ten percent of perpetrators of abuse towards elderly respondents. Adults, ranging in age from 26 to 59 years make up the bulk of the perpetrators, at 58.9% of the 56 abused elders. Elders themselves make up almost a third of perpetrators of abuse towards other elderly respondents. Two thirds of perpetrators of abuse towards elders were married, followed by those who were single, and a few that were separated, divorced or widowed. Two thirds of the time, the perpetrator and the victim were not living together either at the time of the abuse or currently.

Most of the time, however, the abuse took place at the elderly respondents house itself, showing that home may not be the safest place of all. Almost half the perpetrators were working, and among those not working, one was actually a student. Mostly the perpetrators were relatives of the elder person, or an adult child. Very few were spouses. This is in line with the social exchange theory which explains elder abuse with respect to family caregiving, which is considered to be a generational event. The elderly person or parent, expects the adult children to ‘pay off’ the care and help that they had provided towards them when young, when the parents are old and ageing (Schiamberg & Gans, 2000).

Other perpetrators were friends, neighbours, or other persons not related, but known to them. One abusive experience was allegedly by a social worker where the older person claimed the
social support payment given to her every month was discontinued after a revaluation while she was admitted to hospital.

Most of the perpetrators were known by the elder over long durations of time, spanning 30 to 60 years, with a quarter of them having known the perpetrator for 10 to 30 years, and another quarter, two to five years. Most perpetrators had received some schooling, either primary or secondary level. Less than ten percent of perpetrators were said to have physical or mental health problems. Most were not reported to have alcohol or drug related problems, with only ten percent of elders saying the perpetrators had a drug addiction problem. A small percentage of perpetrators, four percent, were known to have prior criminal records. Some of these findings are common to other studies (Biggs, Manthorpe, Tinker, Doyle, & Erens, 2009; Chokkanathan & Lee, 2006; Gil et al., 2014; Naughton et al., 2012).

5 LIMITATIONS

The findings here are self-reported by the elder. Thus, recall bias, besides accuracy and validity of the elders responses are possible shortcomings faced. Verification of details on perpetrators was not possible, unlike a dyadic approach where both the elder and perpetrator would be asked separately about the alleged abuse. Underreporting is also a possibility, due to the inclusion criteria being elders able to communicate by themselves, those with severe cognitive impairment being dropped from analysis, and elders not reporting sensitive abusive events to the interviewers.

6 CONCLUSION AND RECOMMENDATIONS
Understanding how abused elders disclose of abusive acts towards them, and the persons or perpetrators involved will aid measures to help these vulnerable elders. As the majority of elders disclose of abuse to family, with perpetrators themselves coming from among the family, family and community support is important and should be strengthened.

The WHO, in its Global Status Report on Violence Prevention, had put forth various recommendations regarding violence prevention efforts, including elder abuse. These included strengthening data collection to emphasize the magnitude of the problem, formulating national level action plans, and integrating violence prevention into various health platforms, among others. This global survey had found that most countries lack national level data on violence against elders, despite most having policies pertaining to elders (World Health Organization, 2014). This study on elder abuse disclosure and perpetrators would help in formulating measures to protect vulnerable elderly persons.

Various measures that could be instituted include specific elder abuse toll-free hotlines, besides the general hotlines meant for domestic violence. Protecting whistle-blowers, or those who report about abused elders, is another. An Elder Act, specifically targeting elder abuse, could be drawn up so that elders, health and social workers and those in the legal fraternity would not need to depend on more general laws that exist currently.


