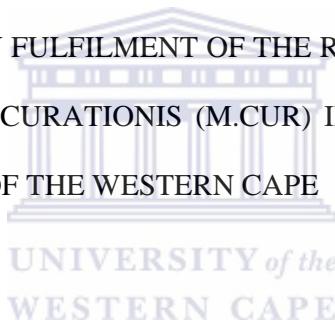


AN INVESTIGATION INTO HOW ELDERLY PERSONS PERCEIVE ELDER
ABUSE

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**AN INVESTIGATION INTO HOW ELDERLY PERSONS PERCEIVE
ELDER ABUSE.**

KEY WORDS:

GERIATRIC

ELDERLY

AGED

FRAIL

ABUSE

PHYSICAL ABUSE

FINANCIAL ABUSE

NEGLECT

PERCEIVE

HEALTH



ABSTRACT

AN INVESTIGATION INTO HOW ELDERLY PERSONS PERCEIVE ELDER ABUSE

The international concern about human rights, gender equality, domestic violence and the increase in the aging populations has brought elder abuse into the public focus. Elder abuse is a complex, multi-faceted health, social, criminal justice, international public health and human rights issue. The widely divergent and varying definitions is a controversial problem to understanding elder abuse

The elderly have been excluded from national gender-based programs on domestic violence and the abuse of women and children. In South Africa victims of elder abuse are often physically and or cognitively unable to speak for themselves which necessitates that the public be empowered and trained to become advocates for the aged. Lachs & Pillemer (2004 : 1265) states that “ the physical and psychological impairment of elder persons could be predisposing factors for elder abuse “. Statistical evidence on the incidence and prevalence rates of elder abuse is lacking as elderly persons are reluctant to identify care givers for fear of abandonment, retaliation and being left destitute (Lachs & Pillemer, 2004 : 1265). Despite the Bill of Rights as set out in the South African Constitution and the Older Persons Act, No. 13 of 2006 which was developed to deal with the empowerment and protection of elder persons and promote and maintain their status, rights, safety, security and well being the abuse of elder person continues to occur (Older Persons Act, No. 13 of 2006).

This qualitative research study is allied with the phenomenological approach in an attempt to understand elder person’s perception, viewpoints and perspectives from their lived experiences and personal lives. Three (3) focus group discussions and

eighteen (18) one-on-one interviews were conducted with elder persons living in the suburbs of Cape Town. Data from participants were audio-taped, transcribed verbatim before an inductive analysis lead to the emergence of broad themes and patterns. The main findings of the research study concluded that elderly persons were informed but not empowered about financial, emotional and verbal abuse. The abuse of the elder person in old age homes also featured prominently.

The findings of the research study can be used to provide education and empower elder persons and the general public on specific aspects related to elder abuse which are : Financial, Emotional, Verbal and the abuse by staff at old age homes. These findings could be utilized by health and social welfare advocates and organisations who offer community educational and development programs to advocate against elder abuse.



DECLARATION:

I declare that *An Investigation into how Elderly Persons Perceive Elder Abuse* is my own work, that it has not been submitted for any degree or examination in any other University, and that all sources I have used or quoted have been indicated and acknowledged by complete references.



AUDREY PATRICIA SPLINTER

MAY 2009

SIGNED:

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Praise and adoration to my Higher Being for guidance, blessings and grace bestowed on me and for focussing my energies on personal and academic growth and development.

This study on Elder Abuse is dedicated to my parents, Godhold (Goddy) and the late Connie Splinter. Godhold, you have taught me more about Alzheimer's Disease than any textbook or research reference could ever describe and prepare me for your continuing care and support.

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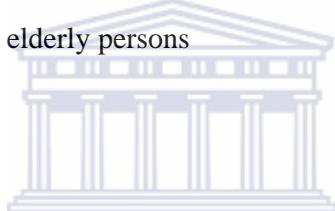
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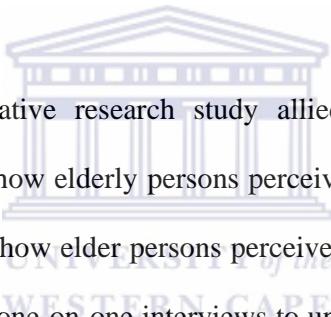
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CHAPTER ONE

INTRODUCTION AND BACKGROUND

1.1 Introduction

This chapter provides background information to the study of how elderly persons perceive the concept of elder abuse. The problem statement contextualises the study on elder abuse as a public health problem which should be taken more seriously by health and social welfare agencies which advocate for elderly persons and empower the general public on elder abuse.



The purpose of this qualitative research study allied with a phenomenological approach was to investigate how elderly persons perceive the concept of elder abuse. The research question asked how elder persons perceive “abuse,” and used data from focus group discussions and one-on-one interviews to understand the elderly persons’ perceptions of, insights into and knowledge about the concept.

Better understanding of how elderly persons perceive elder abuse could lead to the empowerment of the elderly as to what elder abuse actually entails. Empowered elderly persons would be able to identify and report elder abuse and seek appropriate health and psychosocial support services in the community. Knowledge on elder abuse would provide information to the health and social welfare agencies which provide services to elderly persons who may have experienced abuse, as well as enriching the knowledge of community advocates for the elderly.

1.2 Formulation of the problem

South Africans have become aware of domestic and gender-based violence with resultant abuse of women and children through the mass media (i.e. radio, television, newspapers and magazine). In South Africa community-based educational and developmental programmes presented nationally on an annual basis, such as the “16 Days of Activism against Gender Violence,” focus on domestic and gender-based violence against women and children. These national programmes currently exclude the elderly however, abuse of the elderly needs to be included in such national and community-based educational and developmental programmes.

Statistical evidence on the incidence and prevalence rates of elder abuse is lacking, since elderly persons are reluctant to identify “caregivers” who abuse them for fear of retaliation and abandonment (Lachs & Pillemer, 2004: 1268). Failure to report elder abuse compromises the quality of available evidence and delays legal investigations (McCarthy, 2002: 860). Prosecution for elder abuse is further hampered by the failing memories of victims and their elderly witnesses, illustrated by a report from investigators who stated that a victim’s roommate in a nursing home in the United States of America (USA) was able to identify the attackers during the investigation but was unable to identify them again during the court trial held five months later (McCarthy, 2002: 860).

In South Africa elder abuse rarely, if ever, reaches the legal justice system. The high incidence of crime and corruption in South Africa has created lengthy court rolls, with criminal cases taking precedence over cases of elder abuse (personal experience, 2006). Furthermore, the majority of elderly persons in South Africa are from marginally disadvantaged backgrounds, and not in a financial position to be able to

afford the legal costs of court cases of elder abuse through the legal justice system, where lengthy court rolls prolong the adjudication process. The time lapse between court appearances impacts negatively on the ability of the elderly person to appear as a reliable witness.

According to Ferreira (2003: 28), elder abuse in Africa is more violent in nature than elder abuse in developed countries. Elder abuse has not always been recognised as a priority in government reports in South Africa. As a case in point, the South African Demographic and Health Survey conducted by the National Department Health in 1988 did not even mention elder abuse. However, in 2000 and 2003 the Ministerial Committee on Abuse, Neglect and Ill-treatment of Elderly Persons revealed increasing evidence of neglect, exploitation, desertion and violent abuse where the health and well-being of the elderly were being compromised in the *National Report on the Status of Older Persons* (2002: 15-19)

Background to the study

Elder abuse dates back to ancient societies where intergenerational cohesiveness and family harmony were important values (Lee, 1997: 602). Abuse of the elderly remained a private matter never discussed as a family and hidden from view for many years (Ministerial Committee on Abuse, Neglect and Ill-treatment of Elderly Persons, 2002: 43). Elderly persons who were raped or sexually abused were too ashamed to report such abuse, and remained silent to prevent dishonour to the family or clan name (Brown, 2000: 105).

As a predominantly Christian country South Africa is influenced by Christian religious values, but also follows the traditional, patriarchal system. Patriarchy refers to a societal system where men hold power over women and children, and it may be a contributing factor in violence against women and children (Kaldine in Visser, 2007: 235). In the patriarchal system the husband is regarded as dominant, the head of the household, and responsible for supporting the family, while the wife is regarded as subordinate and responsible for the housework and children (Kaldine in Visser, 2007: 236). The religious and sociocultural socialisation of elderly persons who follow the religious teachings of subservience to the husband or the common-law partner believe that a “hiding” or beating is part of a good marriage, often expressed as “*dit is my lot*” [“this is my situation”] (personal discussions, 2007). These elderly women did not recognise that abuse of this nature is actually gender-based violence which has evolved from the subordinate status of women in society (Heise, Ellsberg & Gottemoellet, 1999: 1). This generation of elderly women believes that the husband should be respected as head of the home and disciplinarian of anybody who resides at his residence (personal discussions, 2007).

Societal and community education of women on domestic violence and child abuse has not reached the vulnerable, elderly population in both the urban and rural communities of South Africa. Community groups and advocates for the elderly have successfully alerted the South African public to this problem, but have not made adequate provision for the elderly (especially the frail elderly) to access this information and utilise scarce community resources when seeking help for problems of elder abuse (Halt Elder Abuse Hotline (HEAL), 2003; Liley, 2000: 10).

1.4 Significance of the study

Knowledge of and insights into what elderly persons understood and perceived as abuse would be used to direct community-based educational programmes for health and social welfare agencies which provide services to elderly persons who may have experienced abuse. This information on elder abuse would enrich the knowledge base of advocates in the community, who in turn would be able to empower and educate elderly persons to prevent them from being abused.

Through clinical nursing practice the researcher became aware of the marginalisation of elderly clients at medical and trauma/emergency units when they were brought in after a medical emergency, a fall or accident causing bruising, burns, depression, disorientation or incontinence. Elderly clients were never assigned a high priority in these units, despite their physical and psycho-social pain, stress and distress. Assessment and treatment of elderly persons were delayed due to their chronic health problems, cognitive impairment and inability to verbalise what had happened to them.

These elderly clients were often found to be isolated, unaccompanied, and in dire need of care, support and love.

Reports of elder abuse in the mass media highlighted what elderly persons have had to endure at the hands of family and community members or paid caregivers. An article authored by the late Naomi Slabbert, pioneer and chairperson of the Concerned Friends of the Frail Aged, evoked the interest of the researcher and led to her becoming involved in this advocacy and lobby group. This group's work included bringing elder abuse to the attention of policy makers, health and social welfare

departments and non-governmental organisations which provided community services for the aged, especially the frail aged (Pamphlet: *Focus on Elder Abuse*, 1995).

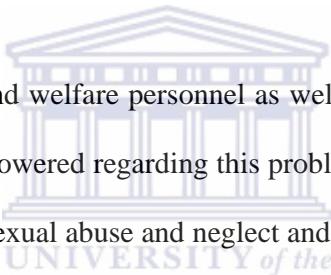
Discussion with elderly persons who had been abused confirmed that they did not realise that they were being abused. Psychological and financial abuse was even harder for elderly persons to comprehend (personal discussions, 2007). Elderly persons would protect the abuser for fear of retaliation, abandonment and being left destitute (Lachs & Pillemer, 2004: 1263).

Often well-meaning children and family members who would like to care for their elderly relatives in their homes do not understand the basic care needs of elderly persons. What families fail to understand is that care continues 24 hours a day, round the clock, and it takes more than one person to meet the care needs of an elderly person in the family home. Foner (1994: 247) states that caring for an elderly person is physically strenuous and emotionally wearing, leading to tiredness, frustration and irritability of caregivers, which could lead to elder abuse. Elderly persons who are physically dependent or cognitively impaired are more vulnerable to abuse by family members and paid caregivers (Lachs & Pillemer, 2004: 1264).

Through this qualitative, explorative study the researcher used interactive focus group discussions and one-on-one interviews to investigate and highlight the insights and understanding of elderly persons of the concept of elder abuse. Analysis of the findings will contribute to redressing health and social welfare services for elderly abused persons, ensuring that elderly persons are included and provided for in the primary,

secondary and tertiary health services of both governmental and non-governmental organisations in South Africa.

Despite current educational and developmental campaigns offered at community level, elderly persons need to be empowered to recognise that abuse is not only physical beatings and injury, but includes psychosocial emotional deprivation, financial and sexual abuse, neglect and violation of human rights; this has typically been difficult for elderly person to identify and comprehend (Pamphlet: *Focus on Elder Abuse*, 1995).



The general public, health and welfare personnel as well as advocates for the elderly need to be educated and empowered regarding this problem, and to concentrate on the psychosocial, financial and sexual abuse and neglect and violation of the human rights of elderly persons. Elderly persons who have been abused in the above ways require appropriate community resources to meet their needs.

1.5 Aim of the study

To investigate how elderly persons perceive the concept of elder abuse.

1.6 Objectives of the study

- i) To describe how elderly persons perceive and understand the concept of elder abuse.
- ii) To provide education and empower elderly persons on elder abuse and seek appropriate community help and support.

- iii) To provide information on elder abuse to educate and empower the general public, health and welfare organisations and advocates who offer educational and developmental programmes at community level and to inform them on how to implement the legislative provisions in the Older Persons Act. No. 13 of 2006 and National Guidelines on Prevention, Early Detection/identification and Intervention of Physical Abuse of Older Persons at Primary Level (Department of Health, 2002: 2-17).

1.7 Research design and methodology

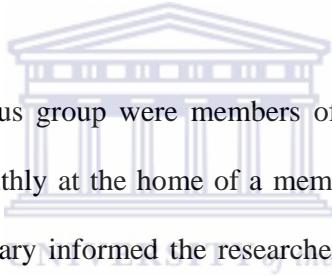
This qualitative research design using focus group discussions and one-on-one interviews will answer the question: What do elderly persons understand by the concept of elder abuse? Three focus group discussions and 18 one-on-one interviews were conducted with elderly residents in the suburbs of Cape Town. The focus group discussions and one-on-one interviews were tape-recorded, and the audio-tapes listened to repeatedly before being transcribed to facilitate analysis. Field notes made during and after the focus group discussions and one-on-one interviews were included in the transcribed data. The recorded audio-tapes were listened to repeatedly during review of the typed transcripts and field notes were scrutinised to ensure accuracy of the transcribed data.

1.8 Research setting and sample

The 18 participants in this study were all resident in the suburbs of Cape Town. All participants met the following inclusion criteria:

- Age 60 years or older;
- English-speaking;
- Able to hear normal-volume conversation with or without hearing aids;
- Able to understand the purpose of the study; and
- Volunteered to participate in the study.

Three focus groups were conducted, each with six participants. The first two focus groups took place in a church hall used by elderly persons for a monthly seniors meeting. Elderly persons who attended the monthly meeting were invited to participate in the focus group discussion since all members met the criteria for inclusion into the focus group.



Participants in the third focus group were members of a support group for retired postal workers that met monthly at the home of a member, the venues being rotated among members. The secretary informed the researcher of the address for the third focus group at the private home of one of the members in a suburb of Cape Town. Participants in the third focus group also met the inclusion criteria. The researcher was satisfied that these venues were private and comfortable for participants to freely participate in the focus group discussions and add more in-depth knowledge on how they perceived elder abuse.

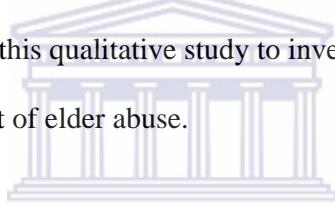
The 18 one-on-one interviews took place approximately two weeks after the focus group discussions. These interviews allowed participants to freely reflect on the focus group discussions and to add more in-depth knowledge and understanding that may have been too sensitive to discuss in a group. Members opted to be interviewed individually in their homes for the one-on-one interviews.

1.9 Data analysis and interpretation

Since the responses from the focus group discussions and one-on-one interviews were the primary source of information, themes and patterns were extracted from the transcribed discussions obtained from the recorded audio-tapes and field notes. This included comparisons, differences and diversity of expression from all the participants during each of the three focus group discussions and 18 one-on-one interviews.

1.10 Operational definitions

The operational definitions were formulated from the literature sources to specifically give meaning to this qualitative study to investigate how elderly persons perceive the concept of elder abuse.



1.10.1 Geriatric

Refers to the medical specialty that addresses the diagnosis and treatment of the physical problems of the elderly person. Nursing care of the elderly is called geriatric nursing and focuses on basic knowledge and skills combined with specialised knowledge of the diverse needs of the ageing population (Hodkinson, 1975: 1; Kozier *et al.*, 1995: 640).

1.10.2 Elder

There is no generally agreed definition of the age at which an individual becomes elderly. Various criteria have been used by different researchers to define “elder”. Chronological age of 60-65 years is but one classification, while another refers to physical or social or mental ability, and another combines social, physical and

psychological characteristics to define it (Hattingh, van der Merwe, van Rensburg & Dreyer, 1996: 12-13). This research study will use the definition “elder” to operationalise Hattingh *et al.*’s definition, which combines social, physical and psychological characteristics.

1.10.3 Aged

This is classified in Western societies in terms of chronological years: 60 for females and 65 years and older for males as the onset of old age (Older Persons Act No. 13 of 2006: 2). “Aged” cannot be pinpointed, but coincides with retirement from the active, economic workforce or because of the bio-psycho-social decline of an elderly persons who can no longer carry out their functional activities of daily living independently or carry out their family responsibility or work role. Persons in this category are referred to as “aged,” which is a genetically determined response to the ageing process which commences from conception and is the sum total of gradual physiological and functional impairment and decline of bodily functions or failure of the immune system to provide protection against illness and infection (Hattingh *et al.*, 1996: 9).

1.10.4 Frail

Physical and psychological fragility, weakness and vulnerability to illness and infection (Hattingh *et al.*, 1996: 9). The frail elderly describes the elderly who have significant physiological and functional impairment.

1.10.5 Abuse

There is no universal agreement on what constitutes elder abuse. The Older Persons Act No. 13 of 2006 defines abuse as “the maltreatment of an aged person or any other infliction of physical, mental or financial power on an aged person which adversely

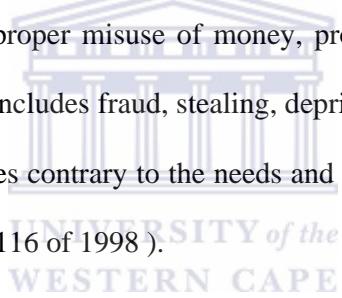
affects that person.” The concept generally includes physical, psychosocial, financial/economic, or sexual abuse.

Physical abuse

This is non-accidental use of physical force or coercion to inflict bodily harm. It might involve slapping, hitting, assault, rough handling, burning and sexual abuse, or withholding basic requirements such as food, personal care, hygienic care, medical care or over-medication and restriction of freedom (Lach & Pillemer, 2004: 1264).

1.10.7 Financial abuse

Financial and economic abuse is used interchangeably to explain the broad context of deprivation or illegal or improper misuse of money, property or assets by someone other than the owner which includes fraud, stealing, deprivation of money or using the money of elderly for purposes contrary to the needs and interests of the aged person (Domestic Violence Act No. 116 of 1998).



1.10.8 Neglect

Lachs and Pillemer (2004: 1264) describe neglect as “the failure of a designated carer to meet the needs of a dependent elderly person”; neglect can be active or passive and lead to any type of abuse. Neglect is active when the caregiver consciously fails to meet the basic needs of the elderly, e.g. deprivation of foods, liquids, medication and services necessary for maintaining physical or mental well-being. In passive neglect the caregiver does not intend to injure the dependent elderly person.

The cognitive ability to understand; being aware, having insight and knowledge or an idea (*Collins Dictionary*, 1981: 691; *Oxford Dictionary* 1999: 322).

1.10.10 Health

The World Health Organisation (WHO) states that health is a holistic wellness - a state of complete physical, mental and social well-being without symptoms of illness, disease or infirmity (Weller, 2005: 179).

1.11 Study outline

Chapter One introduced the study and expounded on the formulation of the problem, the background and significance of the study, aims and objectives the study set out to achieve, research design and methodology, research setting and sample, data analysis and interpretation. Operational definitions and the study outline concluded this chapter.

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Chapter Two presents the literature review, exploring the multiple perspectives that have contributed towards the literature on elder abuse. Chapter Three presents the research design and methodological processes, while Chapter Four discusses the research analysis and findings.

Chapter Five summarises the research findings and problems encountered, providing recommendations, and Chapter Six provides the conclusion.

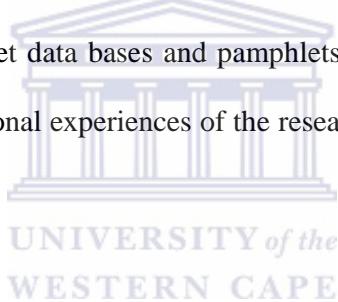
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

Chapter Two reviews the literature that informed the researcher's knowledge base, understanding of and insight into the concept of elder abuse. At the same time, the literature review provides knowledge and a deeper insight into the multiple perspectives on elder abuse.

Literature was obtained from a number of different sources, e.g. reference books, professional journals, Internet data bases and pamphlets, as well as discussions with elderly persons and the personal experiences of the researcher, for whom geriatrics is an area of interest.



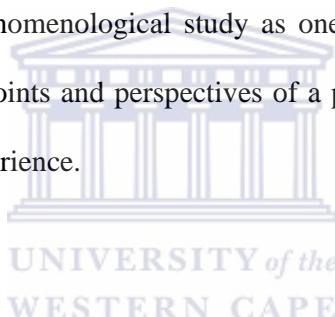
Delport and Fouche (2005: 263) in De Vos *et al.* cite Marshal and Rossman (1999: 43): “the literature review defines and refines the research question in qualitative research. The literature review identified gaps in previous research and the proposed study would be part of cumulated knowledge-building to fill a demonstrated need.” A review of the literature has led to an informed discussion of the related literature, demonstrating that underlying assumptions could build a logical framework for the research study (Delport & Fouche, 2005: 263).

The paucity of reported research on the perceptions of elderly persons regarding elder abuse led the researcher also to review literature on phenomenological approaches to

qualitative research. The researcher could only locate a research report by Ferreira (2003: 28) which recorded a phenomenological approach to the qualitative study of the perceptions of elderly abuse in three historically black townships in Katlehong, South Africa.

2.1.1 The literature review in a qualitative, phenomenological study

Qualitative research is used when little is known about the phenomena of humans as lived and experienced by the actors themselves. The qualitative research design is allied with the phenomenological approach. Delpot and Fouche in De Vos *et al.* (2005: 161) describe a phenomenological study as one that attempts to understand people's perceptions, viewpoints and perspectives of a particular situation from their lived lives and personal experience.



This literature review explores what constitutes elder abuse, the various perspectives of elder abuse relating to risk factors, diagnostic and clinical manifestations, the health team and caregivers, and elder abuse as a public health and human rights problem, including the legislative implications of elder abuse. The literature review further discusses elder abuse in South Africa and different countries such as sub-Saharan Africa, Tanzania, the United Kingdom, China and African-American communities.

2.2 What constitutes elder abuse?

There is no universal agreement on what constitutes elder abuse. Lachs and Pillemer (2004: 1264) states that the frequency of any clinical event depends on a case definition that ideally meets international criteria and is clinically acceptable.

The following discussion illustrates the widely varying definitions as a controversial problem to understanding elder abuse. Brown, in her paper on elder mistreatment in African-American communities, states that the important issue rarely addressed in the literature is “what abuse means to different communities” (Brown, 2000: 106). The perception of one community may not be the same or even similar to that of another community of abuse, due to the diverse cultural and historical differences in communities (Tomita in Brown, 2000: 106). Lachs and Pillemer (2004: 1265) add that ethnic and cultural context influence every aspect of elder abuse, from definition to societal response. The term “elder abuse” incorporates a variety of behaviours, attitudes and conditions, making it difficult for investigators to reach a clear consensus about what constitutes elder abuse (Brown, 2000: 111).

Professionals and policy makers need to collaborate in order to reach an international, standardised definition and to develop indicators for each category of elder abuse. Researchers must be encouraged to include the elderly and abuse indicators in their field of study of elder abuse so that scientific knowledge may advance. In order for elderly persons to report abuse and accept intervention, we need to understand how the elderly define and perceive elder abuse (Brown, 2000: 106).

Patterson (1993: 922) concludes the discussion on the varying definitions of elder abuse by stating that “the lack of consensus regarding the definition of elder abuse makes synthesis of evidence difficult and explains that the scope and definition of elder abuse lacks precise boundaries and detection manoeuvres which are not well evaluated nor is there clear evidence that interventions are effective.”

The Ministerial Committee on the Abuse, Neglect and Ill-treatment of Older Persons in South Africa found that abuse - physical, emotional, financial and neglect - was common in residential homes, within families, within communities and by government officials and other service providers (*National Report on the Status of Older Persons*, 2002: 43). Reports from HEAL (Pamphlet: *Halt Elder Abuse Hotline*, 2003) provide distressing evidence of physical abuse causing from discomfort, tenderness and soreness to intense physical trauma and fractures of the fragile skeletal system. Physical acts of abuse include pushing, slapping and multiple acts of violent beatings with or without an object, causing severe trauma or fractures, eviction, desertion, under-feeding resulting in malnutrition, rape, burning and setting the houses of old people on fire, being locked up in backyard shacks and brutal murder (Joubert & Lindgren, 2003: 15). The loss of physical and mental abilities in the elderly is exacerbated by the ignorance of those on whom they depend, and proud elderly persons are stripped of all dignity and self-worth and forced to face situations they may have been trying to avoid their entire lives (Pamphlet: Focus on Elder Abuse, 2003).

Higher rates of physical abuse have been reported in patients with dementia and mental health conditions (Lachs & Pillemer, 2004: 1263). This makes elderly persons with mental health conditions more vulnerable, since their disruptive behaviour would be a major cause of stress and provoke retaliation from caregivers. Elder abuse encompasses not only physical abuse but also sexual, psychological and financial abuse as well as neglect, self-neglect, abandonment and abduction (Mosqueda, 2001: 2).

2.3 Elder abuse as a public health and human rights problem

Elder abuse is a complex, multi-faceted social, criminal justice and international public health and human rights problem. Elder abuse was first seen as a social welfare problem and subsequently as a problem of old age, but abuse of the elderly (like other forms of family violence) has developed into a public health and criminal justice problem (WHO, 2003: 125). The public health and criminal justice systems have largely dictated how abuse is viewed, analysed and dealt with (WHO, 2003: 126).

The Joint Symposium on Elder Abuse Focus in Africa convened by the WHO in 2003 recognised elder abuse as a global health and human rights problem, and focused on the emergence of the problem on the African continent. Ferreira (2003: 28) argued that elder abuse in Africa was more violent in nature than abuse occurring in developed countries. The increase in sexual abuse, burning and witchcraft-related killings of elder women makes the Western classification inappropriate for analysis of elder abuse in Africa (Ferreira, 2003: 28; Lachs & Pillemer, 2004: 1264).

In response to media reports in 2000, a Ministerial Investigation confirmed that elderly persons were exposed to ill-treatment, victimisation and violence (Joubert & Lindgren, 2003: 29). HEAL, a toll-free help-line in South Africa (renamed Age in Action) substantiated a variety of forms of elder abuse, e.g. physical harm and injury, beatings, assault, eviction, malnutrition, rape, setting fire to the houses of elderly persons, being locked up in a backyard shack or chained up (to prevent a confused or demented elderly person from wandering away) (Joubert & Lindgren, 2003: 29).

2.4 Perspectives of elder abuse

The Ministerial Committee on Abuse, Neglect and Ill-treatment of Older Persons

(2003: 43) in South Africa found that abuse occurs in many countries, both developed and developing, and South Africa is no exception. The abuse of elderly persons by family members dates back to ancient times, but was a private matter hidden from public view. Initiatives to address child abuse and domestic violence in the last quarter of the 20th century forced elder abuse to be recognised as an international social welfare problem (WHO, 2003: 125). Abuse of the elderly is a form of family violence which has become a public health and criminal justice concern (WHO, 2003: 125).

Mistreatment of older persons was first described in the British scientific literature in 1975 as “granny battering” (Burston, 1975: 592; Baker, 1975: 20 – 24). The United States Congress first raised elder abuse as a social and political issue, and reacted with research and the provision of practitioners (WHO, 2003: 125). Following on from the US Congress, developed countries (i.e. Australia, Canada, China, Norway,

Sweden, the United Kingdom and others across Europe) during the 1980s responded by providing reports on research and governmental action

(WHO, 2003: 125). Although elder abuse was first identified in developed countries, where most of the existing research was done, in the decades that followed the South American countries (i.e. Argentina, Brazil and Chile) and South Africa, Israel, India and Japan followed with anecdotal evidence, and reports from developing countries have shown that elder abuse is a universal public health phenomenon (WHO, 2003: 125; Reiss & Nahamish, 1975: 125).

Demographic changes in both developed and developing countries have eroded the interdependence between generations of family members, resulting in material and emotional hardships for the elderly. Family and community support has weakened and in some cases been destroyed by socio-economic and developmental changes occurring with establishment of nuclear families in urban settings while the rural, extended family has disintegrated.

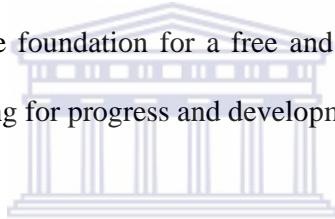
Below are highlighted perspectives of elder abuse in South Africa, followed by discussion on elder abuse in other countries such as sub-Saharan Africa, the United Kingdom, China and African-American communities.

2.4.1 South Africa

The elderly in South Africa have been part and parcel of the apartheid regime with its oppressive, marginalised history. The following discussion needs to be taken cognizance of when discussing elder abuse in South Africa.

South Africa has one of the most rapidly ageing populations in sub-Saharan Africa after Nigeria (Wolvaardt, 2005: 17). The WHO has emphasised that “having more elder persons in the population means an increased prevalence of frailty, chronic disease and disability as elder populations are expected to continue to grow into the next two decades” (Wolvaardt, 2005: 17).

Joubert & Lindgren (2003: 17), specialist scientists within the Medical Research Council (MRC)’s Burden of Disease Research Unit, highlight the fact “that South Africa did not have much of a chance to prepare for an ageing society with changing health needs.” Despite the changes that have taken place since democracy in 1994, elderly persons who laid the foundation for a free and fair South Africa have been excluded from future planning for progress and development.

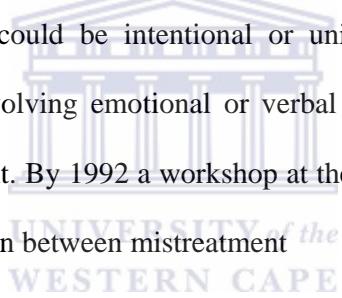


The growth in the elderly population has come at a time when a mere 13% of those aged 65 years and older have access to a medical aid and/or medical insurance (Wolvaardt, 2005: 17). Escalating costs of private health care makes health care inaccessible to the majority of marginalised elderly persons, thus overloading a public health system which can barely cope with providing health care to all the citizens of South Africa. The public health services, including primary health care, are free for all elderly persons, but dedicated geriatric services have been marginalised as health care for elder persons have been overshadowed by an emphasis on child, maternal and reproductive health care (Wolvaardt, 2005 : 17).

The prevalence of HIV/AIDS in the general population is of pandemic proportions - for which the democratic government of South Africa had very little time to prepare (

Wolvaardt, 2005: 17). Elderly persons who need care themselves are now providing parenting and care for siblings and dependents who suffer from HIV/AIDS or have died from it. Munyama (2003: 27) states that “this epidemic has denied elder persons the right to rest, leisure, food and freedom of association as they are forced to become primary caregivers in dire circumstances with very little governmental support and accessibility to community resources.”

In 1981 discussion on elder abuse surfaced in the literature in South Africa. The WHO in the *World Report on Violence and Health* (2003: 126) states that abuse of older people is an act intended to do harm, a commission or omission (in which case it is described as neglect) that could be intentional or unintentional. Abuse could be physical, psychological (involving emotional or verbal abuse), financial or another type of material mistreatment. By 1992 a workshop at the MRC under the auspices of the WHO drew the distinction between mistreatment



(verbal abuse, passive and active neglect, financial exploitation and over-medication) and abuse (which included physical, psychological and sexual violence and theft) (MRC workshop notes, 1992).

Irrespective of the type, elder abuse leads to unnecessary suffering, pain, injury, decreased quality of life and violation of basic human rights. At the MRC workshop in 1992 Ferreira reported on research using focus groups with older persons recruited from three historically black townships of Katlehong in South Africa to determine level of knowledge and understanding of elder abuse within these communities. This research by Ferreira revealed the typical Western type of abuse, and was the first attempt to classify elder abuse in a developing country

(MRC workshop notes, 1992). This research Katlehong also drew a link between poverty and violence and how dysfunctional family life, a lack of money for essentials, lack of education and job opportunities have all contributed to a life of crime, drug peddling and prostitution by young people which puts elderly persons in a vulnerable position for elder abuse (MRC workshop, 1992; Joubert & Lindgren, 2003: 26). Physical, verbal, financial and sexual abuse and neglect was well recognised by the researchers; these focus groups in Katlehong added the following which were relevant to the culture and socialisation of these indigenous groups of research participants (MRC workshop notes, 1992):

- Physical beatings and manhandling by both family and paid caregivers.
- Emotional and verbal abuse with hurtful words, insults, intimidation and false accusations.
- Discrimination on the basis of age and gender.
- Psychological pain and distress.
- Loss of respect for elders, which was equated with neglect, withholding affection and lack of interest in the care and well-being of older persons.
- Abuse by systems, i.e. dehumanising treatment and mistreatment at health services and bureaucratic government offices, and marginalisation by the government.
- Financial abuse including extortion and control of pension money, theft of property and money or personal belongings, and robbery since the elderly are seen as easy targets for abuse.
- Sexual abuse which includes rape, incest, sodomy and other types of sexual coercion.

A shift in geriatric care from residential to community, home-based care has not been successful since the changing health and social needs of the elderly have not been taken into consideration. By 1994 a preventative programme on institutional care was established by the State and private sector. Activists working to prevent elder abuse mooted for a national strategy to include elder abuse in the Declaration of the Southern Africa Development Community Conference held in Maseru, Lesotho in 2000. Implementation of this national preventive strategy resulted in the shift from residential to community home care, which has not been without problems as the comprehensive changing health and social needs of the elderly have not been dealt with adequately. It was only in 2006 that the Older Person's Act No. 13 of 2006 was promulgated to protect older persons in South Africa (*Government Gazette*, 2006). Currently the government has an integrated developmental approach to redressing the needs of older persons through the provision of water, housing, electricity and strengthening of the public sector (Wolvaardt, 2005 : 17).

The erosion of close family ties by rural-urban migration for formal education and employment has resulted in the loss of traditional family roles and values and the support of extended family members. Social, economic and cultural changes taking place in some developing societies will leave families less able to care for their frail relatives (WHO, 2003: 129). Elderly persons living alone with minimum resources and family support have a greater risk of abuse, neglect and exploitation. Their survival on a limited monthly pension has had a significant impact on the quality of their lives, besides often being sole provider for dependent children and grandchildren, all dependent on the elderly grandmother or grandfather's pension for food, education and support. The vulnerability of elderly persons to injury in these

overcrowded homes or informal dwellings could lead to serious and chronic illnesses. Loneliness, isolation and chronic health problems make elderly persons easy targets for fraudulent schemes such as Pyramid Financial Schemes where elderly persons have lost their hard-earned retirement savings (MRC workshop notes, 1992).

In addition, societal and community factors of patrilineal and matrilineal inheritance and inequality of land rights affects the distribution of power and the way societies view the role of women as land owners (WHO, 2003: 127).

2.4.1.1 Factors contributing to elder abuse in South Africa

In South Africa widespread poverty, crime, violence and HIV/AIDS are regarded as contributing factors making communities unsafe and insecure for elderly persons. Community resources and accessibility to proper housing, safe water, heating, sanitation, safe and reliable transport, recreational facilities, health and welfare services contribute to the compromised health and social well-being of elderly persons living in South Africa (Joubert & Lingren, 2003: 29).

The physical impairment of elderly persons could predispose factors for abuse, since they are unable to escape abusive situations (Lachs & Pillemer, 2004: 1265). Lachs & Pillemer (2004: 1265) state that “customary patterns of medical and social care in some countries might be judged to be abusive but not in others” - the degree to which physical restraints are tolerated, to which health care proxies direct care decisions without consent, and degree of impairment to allow elderly persons with cognitive impairments to live independently (Lachs & Pillemer, 2004: 1265).

Furthermore, no effective screening techniques for elder abuse have been developed; if there were effective screening strategies, no study has shown that intervention in those identified actually improved clinical outcomes, since elder abuse might worsen in a violent abusive family situation (Lachs & Pillemer, 2004: 1266).

The diagnostic assessment and clinical manifestations of elder abuse require a comprehensive clinical and psychosocial assessment for accurate diagnosis and intervention. Lachs & Pillemer (2004: 1264) relate that “the hectic pace of clinical practice makes this type of assessment difficult, requires expertise and explains why elder abuse is frequently missed in an outpatient or emergency-room setting.” The elderly patient should also be examined away from the suspected abuser or one-on-one contact with the vulnerable elderly person will be lost. Elderly persons are generally ashamed to admit that they are being abused. Chronic geriatric problems have many features of elder abuse (e.g. falling, with bruises or fractures), further compounding early recognition of elder abuse. There is a paucity of intervention studies on which to base clinical evidence of elder abuse. Joubert and Bradshaw (2003: 158) state that “no reliable data is available on the prevalence of elder abuse in South Africa, nor are there any empirical studies on the health consequences of mistreatment.”

2.4.2 Sub-Saharan Africa

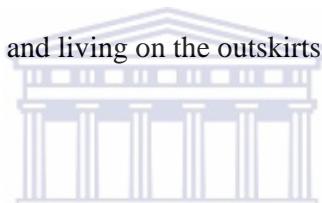
Women outlive men in nearly all countries of the world, whether they are rich or poor. However, the *World Report on Violence and Health* (WHO, 2003; 126) reports that the gender gap is considerably narrower in developing countries of sub-Saharan Africa because of high rates of maternal mortality and, in recent years, the HIV/AIDS

epidemic which is claiming the lives of young adults. These demographic changes are taking place in these countries alongside mobility and changing family structures. Industrialisation has eroded long-standing patterns of interdependence between generations of families, resulting in material and emotional hardship for the elderly (WHO, 2003: 127). In many developing countries of sub-Saharan Africa, family and community networks that had formerly provided support and care to the older generations have been weakened or destroyed by social and economic change (WHO, 2003: 126).

The AIDS pandemic has significantly affected the lives of elderly people in many parts of sub-Saharan Africa. Children are being orphaned in large numbers as their parents die from HIV/AIDS. Older women become the caregivers of adult children who are ill, as well as the caregivers and providers for their grandchildren (Ministerial Committee on Abuse, Neglect and Ill-treatment of Elderly Persons, 2002: 34). These orphaned grandchildren have become the responsibility of elderly grandparents, who bear the costs of the household including food, transport, schooling and medical expenses. Elderly persons may not always be aware how the HIV/AIDS virus is transmitted since HIV/AIDS campaigns target the youth and younger adults, and may not have the necessary awareness and knowledge about protective techniques required in caring for infected hiv/aids persons (Ministerial Committee on Abuse, Neglect and Ill-treatment of Elderly Persons, 2002: 34). The elderly, who had anticipated support and care from their children in their old age, now find themselves the main caregivers and without a family to help them in the future (WHO, 2003: 12).

2.4.3 United Republic of Tanzania

The World Report on Violence and Health (WHO, 2003: 128) reports that in Sukumaland in northern Tanzania 500 older women are murdered each year following accusations of witchcraft often connected with unexplained events in the local community (e.g. a death, drying up of a well or crop failure). These accusations of witchcraft have resulted in large numbers of older women being driven from their homes and land. The traditional healers are frequently urged by family members or neighbours to make accusations of witchcraft (WHO, 2003: 128). Such acts of violence have become entrenched as social custom and may not be considered locally as elder abuse (WHO, 2003: 127). These older women who flee their homes and communities end up destitute and living on the outskirts of urban cities.



The low status of women, land disputes, violence against widows, false accusations by traditional healers who influence the family members or neighbours and myths about witches are some of the predisposing factors to elder abuse in Tanzania (WHO, 2003: 128). The aim of Help Age International, a non-governmental organisation operating in Tanzania, is to change attitudes and beliefs about witchcraft and address practical issues of poverty, poor housing, lack of education and too many people living off too little land (WHO, 2003: 128). The low status of women in Tanzania equates to gender inequality, and has resulted in the elderly becoming the scapegoat for any misfortunes that befall their communities (WHO, 2003: 128).

2.4.4 United Kingdom

McCormick Solicitors, who provide a comprehensive legal service to elderly people in the United Kingdom, state in their report *No Secrets* [Sa] that elder abuse has been

debated for many years and can be found in institutions, hospitals, public and private homes. Elder abuse is not aired publicly since it is an uncomfortable topic, meaning that the elderly who are most vulnerable and dependent on the abuser continue to be abused (McCormick Solicitors, [Sa]). The victims of elder abuse hide the fact that they are being abused because they are frightened or ashamed or do not want to lose the only support they might have. *No Secrets* further discusses a term that they call “poor practice” - poor standards of nursing and care can become the norm, and perpetuate elder abuse as older persons become more dependent on others (McCormick Solicitors, [Sa]). Elder abuse also results when procedures are designed to meet the needs of the organisation’s staff rather than the needs of the elderly client (McCormick Solicitors, [Sa]). Action on Elder Abuse in the United Kingdom elaborates on the convenience of over-sedation and physical restraints to accommodate the lack of both material and human resources in institutions for the elderly (Pamphlet: *Action on Elder Abuse*, 1995).

The above findings are common, even in South Africa. Personal experience of the researcher revealed that community institutions/old age homes will not admit any old person unless they are on prescribed sedation (Personal experience, November 2007). What is even more distressing is that older persons are then more vulnerable to feeling drowsy, being unsteady on their feet, and slipping and falling resulting in injuries requiring medical care and attention. If these minor injuries are not noticed and treated immediately they can result in chronic health problems. Lack of adequately trained health personnel to observe the side-effects of these prescribed medications makes elder persons vulnerable to injury and accidents.

2.4.5 Chinese community

Lee (1997: 602) reports that 14% of the Chinese population is aged 60 years and over, and this is predicted to grow to 24.3% by the year 2025. To live to old age was considered a blessing, and old people were respected for their wisdom and experience (Lee, 1997: 602). Children were expected to care for, respect and obey their elders. Chinese values fostered interdependent family ties, high filial expectations and strong intergenerational cohesiveness (Lee, 1997: 602). The family was traditionally the focus of primary care and basic support for the elderly.

Economic and infrastructure modernisation has lead to an increase in the number of nuclear families living in small flats. Lack of space has made it difficult for the younger generation to live with and accommodate extended family members, and residential care facilities became the only option for elderly family members (Lee, 1997: 603). This transition is seen as parental failure, loss of respect, the ultimate betrayal and a violation of family ties, leading to stress, fear and uncertainty which compromises the health and well-being of the elderly in China (Lee, 1997: 603).

2.4.6 African-American communities

The African-American community is presently the largest minority group of elderly in the USA, yet there is scant information concerning abuse among this population group (Griffin & Williams, 1994: 27). Griffin and Williams (1994: 27) say “ it is important to study abuse among African American elders because it is likely that they may have issues that may not be covered in studies using predominantly white elders or other minority groups as racial, cultural and historical influences may affect their ideas about elder abuse.” The unique intergenerational living arrangements, low financial status, culturally normative and protective behaviours are unknown to

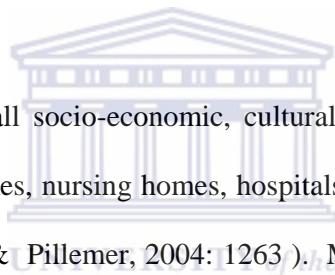
researchers and require qualitative investigations to disentangle those issues which affect African-American communities (Brown, 2000: 111).

Baron and Welty (1996: 33), in a report on law and ageing, state that African-Americans over the age of 65 years will increase by 75% by the next century (Brown, 2000: 105). Despite medical technology, improved nutrition and healthy lifestyle contributing to a longer lifespan, resources geared specifically for the elderly have not increased. Increased demand for resources means more responsibility for families already overburdened, and a stressed family environment could lead to elder abuse among African-American communities (Brown, 2000: 105). Elder abuse is a sensitive issue and data collection is challenging, but researchers who investigate issues concerning the elderly omit matters of elder abuse. Similarly, investigators who research domestic violence neglect to survey the elderly (Brown, 2000: 111).

2.5 Legislative implications of elder abuse

In South Africa, despite the Older Persons Act No. 13 of 2006 spelling out the protection of elderly persons living in the community as well as at geriatric community-based care facilities, there is no guarantee that the human rights of elderly persons are protected. There is a need for registration of homes for the elderly, management committees formed by residents to manage their care, safety, security and everyday living conditions, undertake enquiries into these homes and report abuse, and keep registers of abuse by caregivers to the Director-General (Older Persons Act No. 13 of 2006). The lack of trained health and social welfare personnel to supervise geriatric care, service centres and community welfare organisations is but one of the many problems confronting the elderly and especially the frail elderly in South Africa (Older Persons Act. No. 13 of 2006).

The Older Persons Act No. 13 of 2006 further stipulates that “any registered dentist, medical practitioner, nurse or social worker or any other person who examines, attends to or deals with an elderly person and suspects that an elderly has been abused or suffers from any injury should notify the Director-General or relevant officer who will implement the relevant treatment and protection of the aged person.” The Act as well as the national guidelines on the prevention, early detection and intervention of elder abuse are well meaning - but more caregivers and advocates for the elderly need to be trained to understand its full implications and utilise the human rights protection of this legislation in South Africa.



Elder abuse occurs across all socio-economic, cultural and ethnic strata and in all settings, e.g. residential homes, nursing homes, hospitals and community-based long-term care facilities (Lachs & Pillemer, 2004:1263). McCarthy (2002: 860) states that “abuse in nursing homes in the United States of America often goes unreported and unpublished and if reported is delayed for weeks which compromises the quality of available evidence which hinders investigations.” McCarthy (2002: 860) further states that “prosecution is hampered by the failing memories of both the victim and the elderly witnesses.” The long time lapse between the abuse, the investigation and the trial date hampers identification of abusers as well as perpetrators. McCarthy (2002: 860) also reports that incidences of elder abuse went unreported because victims, witnesses and family members feared retribution by staff and management of nursing facilities in the USA. “Family members feared that elderly persons would be asked to leave the old age homes and were troubled by the prospect of finding a new

place for their elderly or disabled family to live as they were also unsure of where to report incidences of elderly abuse” (McCarthy, 2002: 860).

The elderly in South Africa are faced with similar situations, i.e. rising costs of residential care, especially frail care, and long waiting lists at geriatric community care facilities. One basically has to wait for the demise of a resident to obtain admission to geriatric community-based care facilities.

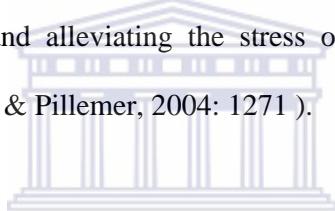
2.6 Caregivers of the elderly

Abuse can occur through the unwitting or deliberate action of caregivers (Lachs & Pillemer, 2004: 1264). Caregivers may have good intentions but are often unprepared and overwhelmed by the basic care needs of the elderly. Marshall (2000: 1265) relates that “abuse by a caregiver can be fuelled by the psychological need of the perpetrator to control another human being, trans-generational violence, dependency or by more fundamental factors such as stress, ignorance, frustration, desperation and the inability to provide adequate care”.

Lachs and Pillemer (2004: 1264) report that mental illness (especially depression and alcohol misuse) by caregivers who become perpetrators seems to be a significant risk factor for elder abuse. Perpetrators - often spouses, children, relatives or paid caregivers - who commit elder abuse tend to be financially dependent on the person they are mistreating (Marshall, 2000: 2; Lachs & Pillemer, 2004: 1265). Marshall (2000: 2) further elaborates on “the environment where elder persons live and the

financial relationships(s), if any, between caregivers and victim may be another potential variable for elder abuse.” Lachs and Pillemer (2004: 1264) reveal that “abuse results from the attempts by relatives and paid caregivers to obtain resources from the victim resulting in tense and hostile relationships.”

Elder abuse in institutions requires a multifactorial health team approach collaborating with discipline-specific experts to provide physical and psycho-social geriatric care and support (Lachs & Pillemer, 2004: 1271). Day care, respite programmes and home-based care with additional in-home assistance from trained health and social welfare agencies may be the best intervention to help the elderly person, as well as keeping the family intact and alleviating the stress of caring for an aged family member in the home (Lachs & Pillemer, 2004: 1271).



The Older Persons Act No. 13 of 2006 clearly spells out the minimum service standards required by old age homes in South Africa. These minimum requirements include basic and medical care of residents, accommodation, nutrition and safety measures to prevent and combat abuse of residents by the use of medications or physical restraints. The accompanying Regulations No. 1361 to the Older Persons Act No. 13 of 2006 spells out the National Register kept by the National Minister on abuse of aged and debilitated persons for the sole purpose of protecting such persons (Older Persons Act No. 13 of 2006: 24). The National Guidelines on Prevention, Early Detection/Identification of Physical Abuse clearly describe a comprehensive programme which includes the training of personnel who care for the elderly to improve their quality of life and monitor care outcomes (Department of Health, 2000: 1).

Good-quality care is essential and nursing is a risk-laden profession which should be practiced by persons who have the insight, knowledge, skill and integrity to act responsibly so that the patient may feel safe at all times (Searle & Pera, 1992: 250). Post-registration education and training of nurses in Geriatric Nursing needs to be revived and active recruitment done to utilise experienced, registered nurses who have taken early retirement packages but are still capable of nursing. Similarly, post-enrolment courses need to developed to attract enrolled nurses to this specialty in nursing science, in South Africa.

A newcomer to the South African health scenario is the “home-based carer”. These are community members who are given basic training skills to care for aged, disabled or mentally handicapped persons in old age homes or private residential homes (Kadalie & Versfeld, 1994: 12). In South Africa these home-based carers have filled a void left by experienced health and social welfare personnel, but they lack the insight into the comprehensive care and needs of the aged, specifically frail and cognitively impaired elderly persons. Their training, although basic, includes meeting the hygiene, nutritional, elimination, safety and security needs of a client/patient, and is not controlled and regulated by any Regulating Authority but falls under the Seta’s, level 1 of the South African Qualifications Authorities, as set out in the Higher Education Act No. 101 of 1997. They often work unsupervised and are exploited financially, with no in-service training and life-long learning incentives. They are not even protected by labour unions who could intervene for them regarding hours of duty, job descriptions and financial rewards (Kadalie & Versfeld, 1994: 12).

2.7 Universal risk factors for elder abuse

Brand (2006: 4) states that social isolation is a risk factor for elder abuse. Elderly persons who live alone, have no children or living relatives are at risk of being abused (Brand, 2006: 4). Marshall (2000: 2) adds that “when an elderly person can no longer live independently they may be more vulnerable to mistreatment in the form of physical assault, psychological or emotional abuse, sexual abuse, financial manipulation, neglect and violation of human rights.” Patterson (1993: 923) reports from Canada that risk factors for victims of elder abuse include dependency, lack of close family ties, a culture of violence in a family, lack of resources, lack of community support, low pay and poor working conditions of caregivers. Lachs and Pillemer (2004: 1265) add that “any shared living arrangement is a major risk factor for elder abuse as there is increased opportunity for contact and thus, conflict and tension.”



Victims of elder abuse are often physically and cognitively unable to speak for themselves, and many are not able to understand and comprehend that they were being abused (Mosqueda, 2001: 2). Physical impairments of elder persons may diminish the person’s ability to defend themselves or escape the abusive situation (Lachs & Pillemer, 2004: 1263). Several studies have reported higher rates of physical abuse in patients with chronic illness and increased dependency, i.e. dementia and mental illness, than in persons without these impairments (Lachs & Pillemer, 2004: 1263). Frail cognitively impaired and socially isolated elderly persons who may refuse help, actively hide their abuse from health professionals for fear of abandonment and further isolation by caregivers (Lachs & Pillemer, 2004: 1265).

Caregivers who might be old and frail may become victims themselves of assault by an elderly person with dementia or mental illness (Lachs & Pillemer, 2004: 1263). The paranoia, delusions or hallucinations, aggressive and disruptive behaviour by an elderly person with dementia are a major cause of stress and distress, which can provoke caregivers to retaliate with physical abuse (Lachs & Pillemer, 2004: 1265).

Patterson (1993: 922) explains that a “lack of close family ties, a culture of family violence, lack of financial resources, lack of community support and the poor working conditions of caregivers are interacting characteristics of victim, perpetrator and social circumstances which further complicate elder abuse.”

2.8 Conclusion

Elderly abuse in South Africa shares similarities with that in all the other countries that were discussed, but at the same time the above literature review identifies differences that exist between countries.

Abuse of the elderly is not a new social problem. The generation gap and moral decay are blamed for failing to understand elderly people and meet their basic care needs. Aspects of witchcraft, stigmatisation and ostracisation by communities and clan affiliations add new knowledge and understanding for the researcher.

The dehumanising treatment of older persons at health facilities, pension offices and commercial environs such as banks, shops, restaurants and public facilities (the library, government departments and offices) - in fact, in all walks of life, whether intentionally or unintentionally, is alarming. The detrimental effects of elder abuse on

health and physical well-being has not been measured nor quantified. Similarly, reliable data on the prevalence of elder abuse in South Africa is not available (Joubert & Bradshaw, 2003: 158).

To address and raise awareness of elder abuse we need to hear and listen to the unique cultural or contextual experiences, perceptions and viewpoints of older persons and how they understand elder abuse (Podnieks, at the Geritrix Conference, 2003: 29). Focus group discussions and one-on-one interviews among elderly people allow for an explorative investigation in a non-threatening environment where interaction and discussion among diverse individuals could lead to an understanding of elder abuse

The next chapter discusses the research design and methodology used in this study in an attempt to achieve this.



CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

Chapter Three provides an overview of the research design and methodology applied in this study. The discussion will focus on the research design, research instrument, sampling procedure, data collection, data analysis, ethical considerations and limitations of the study.

3.2 Research design

A qualitative research design using focus group discussions and one-on-one interviews was implemented to explore the richness of data from elderly persons on the topic of elder abuse. Polit and Hungler (1987: 349) describe qualitative research as “modes of systematic inquiry concerned with understanding human beings and the nature of their transactions with themselves and their surroundings.” Qualitative research is further described by Polit and Hungler (1987: 349) “as holistic, concerned with humans and their environment in all their complexities.” Qualitative research is used when little is known about the phenomena of humans as lived and experienced by the “actors” themselves. “Qualitative research aims to provide an in-depth understanding of people’s experiences, perspectives and histories of their personal circumstances or settings”, say Spencer *et al.* (2003: 3), who further relate that the distinctive features of qualitative research are characterised by exploring phenomena from the social context of those people being studied using unstructured

methods which are sensitive to capture data which are rich, in-depth and detailed, from their personal life experiences and socialisation.

Polit and Hungler say the qualitative research design is allied with the phenomenological approach “because of the subject’s realities which require a minimum of researcher-imposed structure and maximum researcher involvement as the researcher tried to explore, comprehend and describe the in-depth richness of perceptions and experiences of people in this study” (1987: 350).

3.2.1 The phenomenological approach

Fouche in De Vos *et al.* (2005: 270) explains that “the phenomenological approach aims to understand and interpret the meaning the subjects give to their life world or life setting of their everyday lives.” Polit and Hungler (1987: 145) describe phenomenological studies as “capturing what people think, feel and behave in their naturalistic environments”. The term phenomenology is summarised by them (1987: 534) as an approach to human inquiry that emphasises the complexity of human experiences and the need to study that experience holistically as it is actually lived. The concept of elder abuse is experienced differently by each subject, and therefore each subject’s life experiences will be described differently during the interactive focus groups and one-on-one interviews during data collection.

Based on the above, the researcher decided to utilise a qualitative research design as the most appropriate to explore the perceptions of elderly persons of elder abuse.

3.2.2 Focus groups

Focus groups are in-depth qualitative interviews with small groups of carefully selected people to investigate the life experiences of participants, and provide a sense of what is going on in the minds and lives of participants (American Statistical Association (ASA), 1997: 1). Kruger describes a focus group as a “carefully planned discussion designed to obtain self-disclosure on a defined area of interest in a permissive, non threatening environment” (Kruger in De Vos *et al.*, 2005: 300).

Focus group discussion encourages the active input of participants regarding what they think, feel and understand as elder abuse, generating in-depth qualitative data through interviews, where there is a give and take and sharing of information, listening and comparing different points of view from subjects about the phenomenological concept under discussion (ASA, 1997: 1). The researcher needs to listen as people share and compare different points of view which would provide a wealth of information, not only about what they think but why they think the way they do.

Focus groups are conducted by trained “moderators” who are skilled in maintaining good group dynamics to keep the group focused and at the same time generate a lively discussion on the predetermined topic (Rennekamp & Nall [Sa]: 5). The moderator places the research question before the group, who discuss the question among themselves and ask additional questions from the moderator to generate interaction among participants (ASA, 1997: 4).

For this study the composition of the focus group was based on the homogeneity or similarity of the group members, i.e. being from the same church-based senior's group and support group for postal workers. Bringing subjects who are similar together in a focus group makes it easier for them to carry on a productive, interactive discussion (ASA, 1997: 2). The focus groups were made up of six persons each to give everyone an opportunity to speak during the discussions. Discussion ended when data saturation had been reached among the participants of the focus group.

3.2.3 One-on-one interviews

This qualitative study utilised the unstructured or in-depth interview also known as the one-on-one interview. Greef (in De Vos *et al.*, 2005: 286) describes the one-on-one interview as “a conversation with a purpose or an interactional conversation”. This purposive conversation was focused around a specific topic to elicit information in order to understand the individuals’ perceptions, opinions and points of view as formed by their socialisation and cultural and life experiences.

The one-on-one interviews with all the subjects who participated in the focus groups used a flexible approach to data collection, by allowing the elderly persons to talk freely about how each perceived the term elder abuse. The goal of the one-on-one interviews was to elicit in-depth information that was too sensitive to raise in the focus group discussions (Polit & Hungler, 1987: 229). The one-on-one interviews ended when data saturation had been reached.

3.2.4 Research question

This qualitative, exploratory study was implemented to answer the research question: What do elderly persons understand by the concept of elder abuse? The researcher took cognizance that the research question should be clearly formulated and easily understood since the participants were elderly persons. Knowledge and insights of what elderly persons understood and perceived as abuse would be used to direct community-based educational programmes for health and social welfare agencies and advocates which provide services to elderly persons who may have experienced abuse. This knowledge would also empower vulnerable elderly persons to prevent elder abuse in their communities.

3.3 Recruitment of participants

Since the research question was related to elder abuse, the researcher needed to look for community-based groups of elderly persons, i.e. aged 60 years and over, made up of both males and females and who were willing to participate in the research study.

Recruitment of a church-based seniors' group commenced by talking to the chairperson of this group. This communication was followed up by written correspondence to the secretary requesting permission to attend their monthly meeting to explain the research study. The research proposal and consent forms accompanied this correspondence. This correspondence was put onto their agenda and discussed at their October 2006 monthly meeting. Since it was nearing the end of the year, the meeting extended an invitation for the researcher and research assistant to address the group in November 2006 to explain the research study and what was required from the group of participants. Data collection commenced in February/March 2007.

The second group of elderly persons was recruited after discussion with elderly persons in the community. This led the researcher to an interesting support group for retired postal workers who were employed by the General Post Office prior to 1994 and the formation of the democratic South Africa. Initially they formed a social and recreational club to keep in contact with one another. In the 1980s there were about 50-60 retired postal workers who met monthly and had social outings about four times a year where wives and lady friends were included. Over the years many postal workers no longer showed interest or had become chronically ill or died. The remaining postal workers still met monthly to chat, visit ill colleagues, keep in contact and discuss correspondence regarding their pensions and medical insurance. Discussion with the chairperson to enquire about their interest in the research study was followed by written correspondence to the secretary explaining the research study with consent forms to explain their participation. A visit to their February 2007 meeting allowed the researcher and research assistant to meet the members and explain the research study, consent forms and participation in the focus group and one-on-one interviews.

3.4 Research instrument

The research instrument was a carefully worded open-ended question to elicit a response from the three focus groups and 18 one-on-one interviews to investigate and explore the perceptions of what elderly persons understood by the term elder abuse. The question was read out verbally to the participants of each focus group and one-on-one interview. The researcher read slowly and clearly to make sure that all participants heard and understood the research question. The interview guide

(Annexure A) includes the probing questions used to elicit responses from the participants and maintain focus on the topic of elder abuse.

3.5 Data collection

In order to address the research problem, methods had to be developed to collect research data as accurately as possible. The qualitative research was utilised because little was known about how elderly persons perceived elder abuse. The qualitative research methodology was the most appropriate for data collection in this research study as it requires minimum researcher-imposed structure while at the same time permitting participants the full opportunity to express themselves and behave in as natural an environment as possible (Polit & Hungler, 1987: 38). The use of focus group discussions and one-on-one interviews was a flexible approach to allow participants to freely express their perceptions, opinions and points of view as formed by their socialisation, culture and life experiences. Audio tape-recordings and field notes written by the research assistant during the focus group discussions and one-on-one interviews allowed the researcher to record the actual words of participants in the study verbatim.

3.5.1 Research setting for focus groups

Members of two different senior clubs participated in the focus groups, hence the different research settings described below. The researcher and research assistant attended the monthly meetings of both senior groups prior to the collection of data. This interaction was necessary to meet members of both senior groups to inform them

of the study and explain the research processes, i.e. consent, ethical issues and plans to collect data by means of focus group discussions and one-on one interviews.

3.5.1.1 Church-based senior group

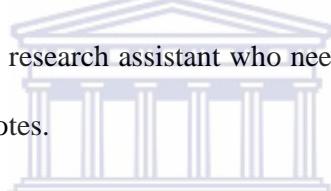
This was a relatively new seniors' group founded about three years previously under the auspices of a church. Two groups of six elderly persons each participated in the focus group discussions. The research setting was a church hall in a suburb of Cape Town, where members of this church-based seniors' group met on a monthly basis. A side room at the church hall was available for focus groups to take place in private, to allow for the free discussions among participants. Comfortable seating was arranged around a table so that all participants could see one another, which was good for interaction and facilitated dialogue. Adequate lighting and ventilation made this side room a comfortable, safe venue. Participants were informed that discussions would be tape-recorded and that the research assistant would take field notes so that the researcher could analyse the discussions and write a research report.

3.5.1.2 Postal workers' support group

This is a group of retired postal workers who formed a social and recreational group after retirement to socialise and discuss correspondence from their central office, since they all receive pensions from the General Post Office (as their employer was known prior to 1994 and formation of the democratic South Africa). They had a roster for the year and met at the homes of members on a monthly basis. A transport system allowed for interested members to attend - they just had to contact the secretary to book transport to the meeting venue. Wives were invited to attend with their spouses

and priority was given to infirm and bedridden members or where support was required.

Attendance of the postal workers at these meetings varied, since many of the members were no longer interested, had become ill and bedridden or had died. The chairperson informed me that six retired postal workers would form the third focus group and the transport bookings confirmed this. The setting for this meeting was the home of one of these postal workers who was ill and had just been discharged from hospital; hence the bedroom of this participant became the research setting for the third focus group. Chairs were arranged around the bed of the ill member to include the other five members, the researcher and research assistant who needed to record the focus group discussions and write field notes.



3.5.1.3 One-on-one interviews

The 18 participants who were part of focus group discussions were also interviewed in their homes on a one-on-one basis. During interaction with members of both senior groups, members decided it could be easier for them to remain in their homes with the researcher and research assistant visiting them, to collect data on a one-on-one basis. Telephone numbers were exchanged to facilitate making appointments to suit the elderly persons' routines and times when they would be available for the one-on-one interviews.

3.5.2 Inclusion criteria

All members of the church-based seniors club and the retired postal workers were elderly persons who were retired and pensioners. Women were in the majority in the church-based seniors' club, and on average 18-20 elderly members attend monthly meetings.

Males formed the majority of members of the retired postal workers' group. All retired postal workers who attended on the set date were eligible to participate in the focus group discussion.

All participants met the following inclusion criteria:

- Aged 60 years and older;
- English speaking;
- Able to hear normal volume conversation with or without hearing aids;
- Able to understand the purpose of the study; and
- Volunteered to participate in the study.

3.5.3 Exclusion criteria

Attendance at monthly meetings was not compulsory. Members who did not attend on the prescribed date and those who were cognitively impaired or ill or who refused to participate on the date on which the focus groups would be held were excluded.

3.5.4 Data collection process

3.5.4.1 Preparation of the research assistant

The researcher recruited a research assistant who had research experience as well as competent clinical skills in working with elderly persons as well as collecting data for research purposes. A psychiatric nurse was employed to fulfil this dual role as research assistant to assist in collection of data as well as providing debriefing and support for participants during and after the focus group discussions and one-on-one interviews. The decision to employ a psychiatric nurse to fulfil this dual role was made so that participants were not exposed to too many people, in order to respect their anonymity and confidentiality about what was shared in the focus group discussions and one-on-one interviews.

The researcher trained the research assistant in the use of the electrical recording device, insertion of audio-tapes and when to switch the recording device on and off during data collection sessions. Training of the research assistant also included taking field notes of non-verbal communication. Once all data had been collected the research assistant was trained to listen to and transcribe the recorded data from the clearly marked audio-recorded tapes for each focus group and one-on-one interviews. Debriefing as required by the participants was discussed with the research assistant whose competent psychiatric clinical skills was an advantage for this type of qualitative phenomenological research among elderly persons.

3.5.4.2 Sample group

Members of the church-based seniors' clubs and the retired postal workers were a homogeneous group of aged persons from different sociocultural backgrounds who had retired and were pensioners but were socially active despite their chronic health

problems. A transport system was in place for members of both groups to attend the monthly meetings, thus ensuring that the sample size for the study would be adequate.

The study population consisted of 18 participants composed of three focus groups (groups 1, 2 and 3) made up of six participants each. These 18 participants would be interviewed on a one-on-one basis two weeks after the focus group discussions had taken place. Contactable telephone numbers were exchanged between the researcher and the participants to facilitate making the necessary arrangements for these.

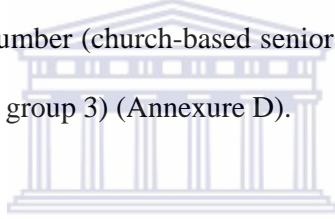
3.6 Procedure for focus group discussions

Members of the church-based seniors' club were given numbers (e.g. 1, 2, 3, 4 etc.) on arrival at the church hall to attend their monthly meeting. Once the agenda of the monthly meeting was completed the chairperson allowed the researcher to collect the research data. The researcher explained the numbers that members received on arrival at the meeting, in order to make respondents understand that only six members would be required to form a focus group. Attendance on that particular day was 14 members. All those who had even numbers (i.e. 2, 4, 6, 8, 10, 12) formed focus group one, while the uneven numbers (i.e. 1, 3, 5, 7, 9, 11) would form focus group two. The chairperson and the lady who prepared the tea and snacks asked to be excluded from the focus group discussions. Focus group two enjoyed tea and snacks while the researcher and research assistant collected data with focus group one. Focus group two was interviewed later on the same day. This was decided upon in case members did not turn up at the next meeting. Members of the church-based seniors' club were

very accommodating of the researcher, the research methods and time required to participate and collect data for the research study.

The third focus group was composed of six retired postal workers. By the time the researcher contacted this group as a whole, their numbers had diminished to 10 due to lack of interest, ill health and the demise of members over the years. The chairperson assured me that at least six members would be present since the transport bookings confirmed this. All six members formed the third focus group.

All audio-tapes used to record the focus group discussion were clearly marked with the name of the group and number (church-based seniors' group - focus groups 1 and 2, and postal workers - focus group 3) (Annexure D).



3.7 Procedure for one-on-one interviews

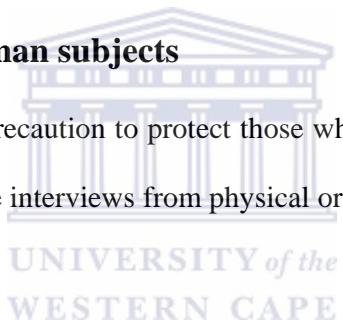
Participants were informed during the visits to each senior group that two weeks after the focus group discussions each participant would be interviewed on a one-on-one basis to further discuss the topic of elder abuse. The church-based seniors' club members were given the option of coming to the hall for this interview or being interviewed in the comfort of their homes. All felt that they would prefer to be interviewed in their homes. The retired postal workers' group also had no problem with being visited and interviewed in their homes.

The researcher set the dates for these interviews and was accompanied by the research assistant, who recorded the discussions and controlled the change of audio-tapes as well as taking field notes. The participant selected the room and chair where they

wanted to talk to the researcher. Once the participant was comfortable the researcher read the research question and allowed the participant to talk until data saturation had been reached. Each participant was thanked for their participation and a fruit package offered to be enjoyed in their own time. The research assistant offered debriefing before the one-on-one discussion ended. All audio-tapes used to record the one-on-one interviews were clearly marked from 1 to 18 and stored for safe-keeping by the researcher. The researcher and research assistant worked together on listening and re-listening to the audio-recorded data before transcribing the data verbatim (see Annexure E).

3.8 Protection of human subjects

The researcher took every precaution to protect those who participated in each of the focus groups and one-on-one interviews from physical or psychological harm, distress or emotional discomfort.



First the proposal for the study had to be submitted to and approved by the Higher Degrees Committee of the University of the Western Cape (Annexure F). No data would be collected before this approval was granted for the study to proceed. Secondly, a consent form (Annexure B) was devised for all participants to sign to give their informed consent about participating in the study. Before any data could be collected from any participant the study had to be explained and the procedure of collecting data by focus group discussion and one-on-one interviews had to be explained.

Thirdly, the researcher had to provide a psychiatric nurse to provide debriefing for all participants in the study. The psychiatric nurse also doubled up as the research assistant in order not to expose the participants to too many people and to respect confidentiality about what was shared in the focus groups and one-on-one interviews. Fourthly, telephonic contact was made with the chairpersons of both senior clubs, followed up by written correspondence to both to obtain access to the meetings and seek permission to address members and explain the research study (Annexure C). Visits to both clubs clarified any written correspondence and gave members an opportunity to ask questions. The written correspondence was accompanied by the research proposal and consent forms.



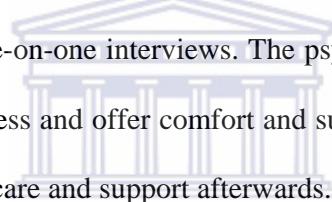
The researcher also ensured that the research question was read out slowly and clearly to all participants in the focus groups and one-on-one interviews; the research question was explained to all and that the research would in no way require the participants to admit to aspects of themselves, their personal lives or life experiences (Polit & Hungler, 1987: 22). Although sensitive, the research question did not in any way require participants to admit to anything personal. Participants were also free to leave the focus group discussion or discontinue the one-on-one interviews should they feel uncomfortable. Participation in the research study was completely voluntary as long as participants were fully informed of the research process.

Participants were volunteers whose identity was anonymous and responses, although tape-recorded, were private and confidential to the researcher and research assistant. Pledges of anonymity and confidentiality were honoured by the researcher and

research assistant, and that information obtained would not be used against any participant.

3.9 Debriefing

Focus group discussions and one-on-one interviews could affect participants in ways which cannot be foreseen, and provision must be for any eventuality. Debriefing is defined by Uys and Middleton (2004: 239) as “a form of crisis intervention used by groups or individuals who have experienced a stressful or tragic event”. Debriefing should take place as soon as possible after the distress or traumatic event. An experienced psychiatric nurse was recruited by the researcher to comfort and destress participants who felt distressed and uncomfortable and wanted to leave the focus group or discontinue the one-on-one interviews. The psychiatric nurse would need to assess the extent of the distress and offer comfort and support to participants or make arrangements for follow-up care and support afterwards.



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A private and comfortable side room at the church hall was available for debriefing of participants of the church-based focus groups. The lounge area of the home was available for the postal workers who might require debriefing, since the third focus group took place at the home of one of the members. A box of tissues was available but hidden from view during focus group discussions and one-on-one interviews. A jug of water and drinking glasses were available for participants at discussions and interviews.

The psychiatric nurse was present during the one-on-one interviews in the privacy of the participants' homes. Fortunately none of the participants of the three focus groups

and 18 one-on-one interviews required debriefing, but support was offered where participants became tearful or felt sad. The researcher and research assistant stayed with these participants until they were composed. All respondents were thanked for their participation in the research study. Since refreshments are served at the monthly meetings of all senior groups, the researcher contributed refreshments for respondents of all focus groups. Individual packets of fruit were made up for the respondents who were interviewed on a one-on-one basis in the privacy of their homes.

3.10 Data analysis

Data analysis is described by De Vos *et al.* (2005: 333) as “the process of bringing order, structure and meaning to the mass of collected data.” Qualitative data analysis involves the integration and synthesis of narrative, non-numerical data (Polit & Hungler, 1987: 4), to organise, provide structure to and elicit meaning from the research data (Polit & Beck, 2008: 507). These authors (2008: 519) also discuss “different approaches to the analysis for descriptive data by Colaizzi (1978), Giorgi (1983) and Van Kaam (1966) based on Husserl’s philosophy from the Duquesne school of phenomenology where the basic outcome of all three methods are the description of meaning of an experience through the identification of essential themes.

”

A second school of phenomenology is the Utrecht school where Van Manen’s approach combines both the characters of description and interpretive phenomenology in which researchers try to grasp the essential meaning of the experience being studied (Polit & Beck, 2008: 519). The analysis of qualitative data is an active and

interactive process where researchers typically scrutinise, read and reread data carefully and deliberately in order to search for meaning and a deeper understanding (Polit & Beck, 2008: 508). In this study the researcher followed Van Manen's approach where the collected data were read and reread in order to interpret and describe emerging themes and patterns.

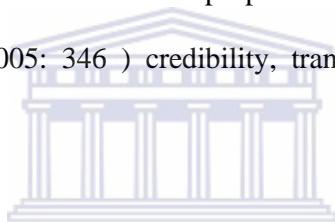
Responses from the focus group discussions and one-on-one interviews as audiotaped and field notes were the primary source of data for this qualitative study. The researcher and research assistant listened repeatedly to the audio-tapes to ensure an accurate and a valid reflection of the totality of the interview experience before commencing with verbatim transcriptions of them and accompanying field notes which recorded gestures and articulations of participants (Polit & Beck, 2008: 508). Transcription conventions dictate that transcribed data reflect through symbols who is speaking, e.g. I for interviewer and P for participants (Polit & Beck, 2008: 509). This was a critical step in preparing and organising data for manual data analysis since the amount of data collected was relatively manageable.

In analysing data from this phenomenological study, broad themes were developed. Data were colour-coded according to each broad theme, e.g. Financial abuse or Emotional abuse, through careful reading and scrutiny of the collected data. Related concepts when grouped together emerged as a pattern and were colour-coded to fit under the broad themes (Polit & Beck, 2008: 510). Colour-coded data from each focus group and one-on-one interview filled in patterns as sub-categories of data for each theme discussed.

3.11 Validity of the qualitative research study

Various constructs have been suggested as indicators of the validity of this qualitative research study. De Vos *et al.* (2005: 346) state that “the strength of a qualitative study that aims to explore a problem or describe a setting, a process, a social group or a pattern of interaction will be its validity.” Validity is further enhanced by the in-depth description of the complexities of variables and interactions which will be so embedded with data from the research setting that it cannot help but be valid (De Vos *et al.*, 2005: 346).

This study was evaluated against the criteria proposed by Lincoln and Guba (1985) cited in De Vos *et al.* (2005: 346) credibility, transferability, triangulation and conformity.



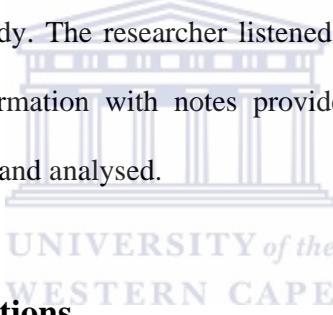
Credibility: This refers to the truth and believability of the findings that have been mutually established between the researcher and participants as a true reflection with regard to their perceptions and experiences of the phenomena. Through focus group discussions and one-on-one interviews participants were given the opportunity to describe their perceptions and understanding of the concept of elder abuse. Each data collection session was summarised by the researcher and validated by the participants themselves.

Transferability: The purpose of this qualitative study was to obtain in-depth knowledge of elder abuse, and it was not for generalisation. The literature review could not provide adequate information on how elderly persons perceive the concept

of elder abuse. The researcher hopes that the findings of this study would be used in similar research contexts.

Triangulation: Polit & Hungler (1987: 537) describe triangulation as “the use of multiple methods to collect and interpret data about some phenomenon.” The use of recorded focus group discussions and one-on-one interviews to collect data together with writing field notes complete with verbatim transcripts of research data added to the credibility of the research study.

Conformability: This refers to what the researcher heard and observed with respect to the phenomena under study. The researcher listened to the audio-tape recordings repeatedly to compare information with notes provided by the research assistant before data were transcribed and analysed.



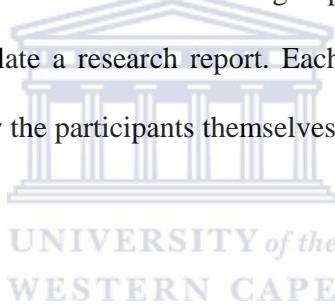
3.12 Ethical considerations

Permission to conduct the research study was sought and obtained from the Ethical Committee of the Faculty of Health Sciences, University of the Western Cape (September 2006).

The researcher asked the chairpersons telephonically and by letter to address the members of both senior clubs to explain the research process and seek the participation of members in the focus groups and one-on-one interviews. A date and time to fit into the annual programme of both clubs was determined to conduct the focus groups and one-on-one interviews. Voluntary, informed consent was explained

to and obtained from each participant who volunteered to participate in the focus group discussions and one-on-one interviews.

Confidentiality was ensured, since an audio tape-recording was made of the discussion that transpired among participants of each focus group and one-on-one interview. All participants were aware that the discussions were tape-recorded. Data collected on each audio tape were marked correctly, i.e. focus group1, 2 and 3 and one-on-one interviews 1-18, and securely locked up by the researcher until it was time to transcribe them. This would assist the researcher and research assistant to transcribe and analyse the data obtained from each focus group discussion and one-on-one interview in order to formulate a research report. Each data collection session was summarised and validated by the participants themselves.



3.13 Limitations

The approval of the research proposal and consent to conduct the study were obtained in September 2006. This was rather late for the researcher to collect data from the senior groups, since they were winding down their activities for the year. However, the researcher could introduce herself and explain the study to elicit their interest in participation, and hope that they would still be interested in participating in 2007.

Initially the researcher approached the “Forever Young Club,” a homogeneous group of actively retired persons. Prearranged appointments were not kept and miscommunication with the chairperson lead to disappointments where data collection could not be carried out by the researcher after obtaining permission to address the

group who seemed interested in participating in the research study. A pilot study was done with six members, but after that they were more interested in the social programme of their club. The conclusion made was that elderly persons have their own agenda, and maybe the data collection dates were not suitable, being near the end of 2006 and coinciding with end-of-year functions. This led the researcher to find another group, the retired postal workers' group.

Another limitation was that this qualitative research study was conducted only in the southern suburbs of Cape Town, the capital of the Western Cape Province, South Africa.



3.14 Conclusion

This chapter described the methodology used by the researcher to uncover what elderly persons perceived and understood as elder abuse. The research findings are presented in the next chapter.

CHAPTER FOUR

RESEARCH FINDINGS AND DISCUSSION

4.1 Introduction

This chapter presents details of the data analysis. De Vos *et al.* (2005: 333) describe data analysis as “bringing order, structure and meaning to the collected data.” Qualitative data analysis transforms data into meaningful findings from which to build

a coherent interpretation and discussion. Van Manen in Polit and Beck (2008: 713) explains that qualitative writings may be seen as “an active struggle for understanding and recognition of the lived meaning of the lifeworld requiring that we be attentive to the ways that other voices speak to us. ”

4.2 Research analysis

The data collected in this study were read several times to familiarise the researcher with the content, develop a structure and framework, and clarify points expressed by the participants. Data were analysed through the inductive process by organising them into themes and patterns using colour codes. Links between categories of data provided the basis for themes to emerge. The themes were then conceptualised to effectively report the information expressed by the participants on elder abuse. Babbie in De Vos *et al.* (2005: 47) describes inductive reasoning as “moving from the particular to the general or from the specific observations to the discovery of a pattern that represents some order among the given events.” Leedy in De Vos *et al.* (2005: 47) adds that inductive reasoning uses specific occurrences to draw conclusions about subjects or events. In other words, they observe a sample and draw conclusions about the population from which the sample came.

The transcribed data from the three focus group discussions and 18 one-on-one interviews were analysed in totality before cross-analysis commenced. Field notes were incorporated into the transcribed data. The objective of the study was to describe how elderly persons perceive the concept of elder abuse.

4.3 Themes and patterns

Discussion of the findings using the five themes which emerged from the transcribed data on elderly abuse, with divergent patterns under these broad themes, follows.

Themes and patterns on elder abuse which emerged from focus group discussions and one-on-one interviews with the 18 participants

Theme 1: Financial abuse

- Pattern 1: Financial deprivation by spouse
- Pattern 2: Financial abuse by children and grandchildren
- Pattern 3: Financial abuse due to alcoholism
- Pattern 4: Financial abuse due to substance abuse of children
- Pattern 5: Financial abuse due to theft by children
- Pattern 6: Financial abuse due to the apartheid system
- Pattern 7: Financial abuse caused by the government



Theme 2: Emotional abuse

- Pattern 1: Shared living arrangements
- Pattern 2: Emotional abuse by women
- Pattern 3: Emotional abuse by children and grandchildren
- Pattern 4: Emotional deprivation by children and grandchildren
- Pattern 5: Emotional abuse by hospital staff

Theme 3: Verbal abuse

- Pattern 1: Behavioural characteristics of elderly persons

Theme 4: Old age homes

- Pattern 1: Negative perceptions of old age homes
- Pattern 2: Fear of old age homes

Theme 5: Previous exposure to information on elder abuse

4.4 Theme 1: Financial abuse

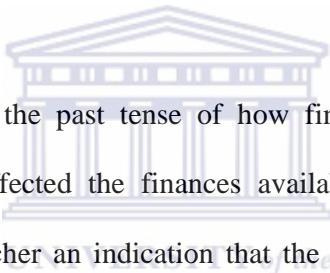
Participants in the focus groups and one-on-one interviews spoke about being financially abused in the following ways, discussed under the patterns that emerged under this broader theme.

4.4.1 Pattern 1: Financial deprivation by spouse

Financial abuse by spouses seems to be a long ongoing problem among elderly married couples. Some husbands felt that wives were spending too much money on the household and themselves. One participant said: “*this problem has become worse now that we are on pension*” and that “*spouses did not give sufficient money to keep up with inflation and the rising cost of living*”. Despite going shopping together, elderly persons did not seem to keep abreast of rising food prices and costs of living.

A participant who had problems with the amount of money her husband gave her monthly for household expenditure threatened to report him to the Maintenance Office: “*I did not know what to do and thought that I will go to the Maintenance Office to state my case.*” The mere spectre of the embarrassment of the husband being reported to the Maintenance Office forced this couple to confront their financial problems. During the one-on-one interview this participant said that the problem was resolved by working out a monthly budget together to give the husband insight into their household expenses and reaching an amicable solution to their financial problems which affected communication with each other, their children and their interpersonal relationships as a family.

Another spouse acknowledged in a one-on-one interview that “*I did not realise that I was being financially abusive by giving my wife a fixed amount of money every month as we are living on a fixed income and needed to be careful with the money that was available to us in our old age.*” Participants also feared that their private pension money that they had invested would be depleted because of inflation and the economic recession, and that they would eventually be forced to apply for government pensions to maintain themselves. Another said: “*Your spouse does not always understand how one is trying to balance the scales 50/50 between you and your wife regarding money, what she or you wanted or what money is available to do things in and around the house.*”



Participants often spoke in the past tense of how financial deprivation due to a partner’s drinking habits affected the finances available for the household. This information gave the researcher an indication that the participants understood what financial abuse entailed, although the majority of married couples did not share in drawing up a monthly budget and taking equal responsibility for their household expenditure and financial status as elderly persons. This was verified by a participant who shared that “*I always had to make do to see that there was food on the table and roof over our head.*” She also expressed that she felt solely responsible for the financial situation of her household.

Summary: The financial affairs between elderly couples was a very sensitive issue, but participants has sufficient insight and understanding of financial abuse to realise that financial deprivation was occurring between spouses, and were open and honest enough to talk about it in the focus groups and one-on-one interviews.

4.4.2 Pattern 2: Financial abuse by children and grandchildren

Financial abuse by children and grandchildren was discussed in all three focus groups and in the one-on-one interviews. Although grandparents often spoilt their children and grandchildren on their birthdays or special occasions, they clearly recognised that they were being abused financially by their children and grandchildren.

One participant spoke about struggling financially and just about coming out on her pension, saying that “*grandchildren thought that granny had an endless supply of money and things to eat*”. She complained about her daughter dumping the grandchildren on her without bringing food or luxuries for them to eat. Her insight about being abused by her children and grandchildren was expressed as follows: “*the children think I am nasty when I talk about not having money to feed extra mouths. Food is expensive and we have had to cut down on everything we buy.*”

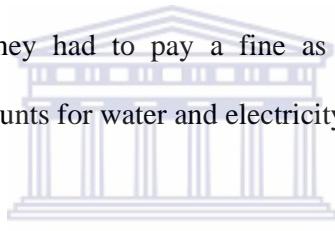
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Another participant said “*elderly people were subsidising their children who do not want to work or who were ‘tik’ (crystal methamphetamine) addicts out of love and wanting to help them get on their feet. I don’t feel sorry for those parents as they are digging a hole for themselves.*”

Participants felt that children who stayed with parents even when married were exploiting them financially. One elderly participant shared that “*instead of saving, the water and electricity bills were higher because more people were occupying the dwelling who were not economical about the resources, especially electricity and water that have to be shared.*” Talking to their children was a sensitive matter which

led to family arguments and tension in the home. Another shared that “*children, either single or married do not have enough money to live on their own and are envious of their parents’ retired lifestyle, they must learn to cut their coat according to their cloth*” - implying that they had to live according to their budget and the money they generated.

A participant who shared his home with his married children spoke of his experiences: “*Children who live with parents are not generous with finance when it comes to paying their part of the monthly bills.*” Participants complained that children were not punctual with their rent/board and lodging money and paying bills late led to additional expenditure as they had to pay a fine as well as the amounts owed, especially on municipal accounts for water and electricity.



Elderly parents often felt afraid and insecure about living on their own due to the high crime rate in the Western Cape, and felt safer with a child (either single or married) living with them in the family home. However, invariably it did not work out as problems arose either with their children, grandchildren or their childrens’, leaving them worse off than before. Stress and conflict increased for both the elderly parent and the live-in children and grandchildren, adversely affecting their health and psychological and social well-being.

Children also exploit their elder parents financially because of the high unemployment rate in the Western Cape. Elderly parents understood that times have changed, but had difficulty understanding why the children cannot get a job: “*As parents we have sacrificed a lot to give our children the best education and training we could afford.*”

Parents who were sympathetic to the plight of their children often came off second-best: “as *children are selfish and will take from parents as long as they can.*”

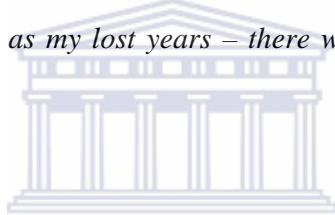
One participant blamed elderly parents who spoilt their “*do not want to work children,*” and said they perpetuating the problem by providing them with money: “*Children must learn to come out on their money as mummy and daddy will not always be around the to fill the hole.*” This participant added that children spend their money on luxuries: “*they must learn to fend for themselves and go without when they don't have money.*”

Summary: A clear pattern of financial abuse by children and grandchildren emerged, and indicated that participants understood that they were being financially abused.

4.4.3 Pattern 3: Financial abuse due to alcoholism

In one of the focus groups “*drinking*” reared its head as the cause of lack of money for food and essentials for the home or themselves. As discussion continued, the researcher became aware that participants were talking of their past experiences as one said that she could not admit to being abused as her situation was different: “*You see he drank and then we would have arguments that was not very nice as one is short of money for food and essential things for the children, the house and yourself.*” Another participant said “*one cannot argue with a drunken person and we experienced unpleasant times, yet when he was sober you could not wish for a better person. It used to make me very angry because I think it was just plain selfish of him to drink up money that could be used for the home and children.*” She concluded that “*sometimes one is blinded by your own mistakes.*”

Another participant admitted to abusing his wife and children over the years due to his drinking: “*I had a drinking problem for a long time and it is when you are sober that you realise how you abused your wife and children. Not coming home on time, your drinking friends mean more than your wife and family, your life is dominated by drink and when you are home you are impossible to live with. You find fault with everybody and everything because your mind just tell you – drink, drink, drink. When you eventually sober up, you realise the wasted years and money.*” This participant regretted those years: “*deep down inside one feels sad because you missed out on so many years of bliss and togetherness with your wife and children when they were still growing up. That, I regard as my lost years – there was a different type of demon living inside me.*”



A focus group admitted to alcohol abuse being a problem among their members, causing untold problems at work as well as family problems as their lives were dominated by alcohol. One of the members of this focus group who was deployed to the human resources department spoke at length about working with these social problems and having to deal with wives and families who could not cope with their husband’s drinking habits. All colleagues that had a drinking problem were referred for ‘drying out’ and rehabilitation for their alcoholism as a condition to retain their employment: “*This treatment and rehabilitation programme saved many of my colleagues from losing their homes and families.*”

Although the above data related to how alcohol had affected their lives in the past, the participants had gained meaningful insight into the effects of alcoholism on family members which could adversely affect them as elderly adults.

Another participant shared that her child was especially rude to her when he was drunk: “*You would never believe the things that came out of his mouth when he is drunk.*” This son is unemployed but always intoxicated and this parent suspects that he steals from the household.

Summary: The personal experiences of living with alcoholism could be used by these elderly persons to become change agents and assist with counselling those persons who may have a problem with alcohol.

4.4.4 Pattern 4: Financial abuse due to substance abuse of children

One participant believed that elderly people are to blame for supported their children’s substance abuse and addiction. ‘Tik’ is the street name for crystal methamphetamine, one of the dominant drugs of abuse in the Western Cape. Substance abuse poses a significant threat to the health, social and economic fabric of families and communities (Uys & Middleton, 2004: 396). Abuse of substances made the elderly vulnerable to physical abuse since children would fight with elderly parents to obtain money to sustain their substance abuse habits. One participant felt that parents were digging a hole for themselves because “*children would kill to get money for their drug habits*”. This was considered a serious problem in the suburbs

of the Western Cape, with drug lords are living in the same areas as many of the participants.

Summary: Substance abuse is a serious problem in any household, more especially when elderly parents are vulnerable to physical and financial abuse by children addicted to illegal substances.

4.4.5 Pattern 5: Financial abuse due to theft by children.

One elderly mother spoke about the horrifying effects of a child who steals from the home: “*Cooked, uncooked food, groceries - in fact anything have. I cannot stock up for a rainy day or Christmas or just have nice things in the house – it’s gone before I wipe out my eyes. He even goes to people to lend money saying it is for me – he really tears the skin off your face.*” She added: “*I am so scared when people come to the house as things disappear but one does not have enough proof to lay a charge with the police.*”

A participant spoke about her children who borrow on “*the never, never*”- meaning the money is never returned, which amounts to stealing from the elderly parent.

Another participant complained that she could not see the figures on the automatic banking machine because of failing eyesight, and sent her child instead - but soon discovered that more money was being withdrawn than the amounts she had requested. When she confronted her child about the money missing from her account, the theft was vehemently denied: “*He knows I cannot see properly and need glasses*

but I don't have the money. I was trying to save up for my new glasses. My hands are tied .”

Summary: The desperation of elderly persons who shared their problems of financial abuse by children stealing from them was recognised

4.4.6 Pattern 6: Financial abuse due to the apartheid system

The focus group made up of postal workers specifically expressed their anger towards the apartheid system under which they had lived and worked before the dawn of the democratic South Africa: “*We worked like donkeys carrying those heavy postbags and wages were very low - we worked for peanuts. This still affects us today as our pensions remain low.*” They were still struggling financially with the high costs of living. This group of participants blamed the apartheid system for their current health problems since they had had to carry heavy postal bags and walk up and down hilly, uneven terrain to carry out their work. They felt that the present postal workers had much easier jobs and were assisted with the heavy postal loads by having bicycles and delivery vans.

One participant stated that they were poor in the apartheid days and no better off now that the government had changed: “*The new politicians are lining their pockets first before they see to the people who voted for them.*”

Another explained there was not much of a choice during the apartheid system when it came to choosing a career: “*Besides teaching or nursing for women you worked in ‘service’ meaning domestic work or a factory, earning very low wages.*”

Summary: The apartheid system deprived these elderly persons of their basic human rights, including access to work opportunities with equitable salaries and fringe benefits so that they could enjoy a reasonable standard of living in their retirement.

4.4.7 Pattern 7: Financial abuse caused by the government

Participants felt that the government was exploiting pensioners: “*When you retire you lose thousands on taxes, on money you had saved for your retirement.*” One participant felt that the government was “*squeezing the pensioners dry with the high cost of electricity, food and petrol prices, in fact everything has gone up and your pension money does not go very far.*” In this focus group discussion followed on how the present government was abusing elderly persons financially, one participant saying: “*Those guys in Parliament are so busy lining their pockets that they don’t care about us who voted them into power. They are as corrupt as they come and we thought it would be better. This country is the laughing stock of the world.*”

Another participant commented on how their travel plans that they looked forward to during their retirement had to be cancelled due to financial constraints they experienced once actually retired: “*We had great plans to go overseas when we retired but that had to be cancelled due to the rising cost of living and the retirement*

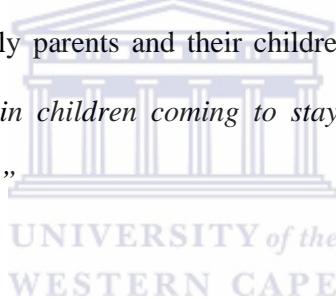
funds being taxed so heavily. What did you work for and save for all these years if one cannot even retire and be comfortable in your old age?"

Summary: In a democratic country even elderly persons have freedom of speech to express how they feel about the present government and how changes in monetary policies have affected their retirement funds.

4.5 Theme 2: Emotional abuse

4.5.1 Pattern 1: Shared living arrangements

One of the prime problems in terms of emotional abuse arose out of the living arrangements between elderly parents and their children, who were either single or married: “*I never believed in children coming to stay with parents as that is the biggest cause for arguments.*”



Elderly parents blamed either the son- or daughter-in-law for turning their children against them: “*Sons- and daughters-in law are just as guilty because they turn your children against you, meanwhile they are eyeing your assets and how they can lay their hands on the things you have.*”

A participant explained how she was ignored in her own home where her child would not even come to her room to see if she was still living nor offer any help when she was not feeling well: “*They have the run of the house and expect me to stay in my room all day. It's a cardinal sin if I come out of my room when they have visitors.*”

This was often the cause of family conflict, causing stress for the elderly person, who felt abandoned and alone. On the other hand, when children lived far from parents,

again the son- or daughter in-law was blamed for keeping their child and grandchildren away from the elderly parents.

Summary: Accommodation is expensive and shared accommodation is a reality for many newlyweds, despite the interpersonal tension and conflicts it causes. Elderly parents lay their subjective feelings on the son- or daughter-in-law, which reflects their insecurity and denial that their son or daughter has taken a partner in marriage. This in no way reflects that the elderly parents have been rejected by their children. Where children share accommodation with a mother or father living on their own, a healthy relationship should exist where the children and grandchildren show an interest in the well-being of their elderly parent or grandparent.

4.5.2 Pattern 2: Emotional abuse by women

A male participant felt that men had always been emotionally abused by women, even into old age. Such feelings expressed by male participants may have originated from the community educational programmes on gender-based violence, which during the last 10 years has put emphasis on the abuse of women and children in South African society. Men are also abused, but there is less emphasis on the abuse of men in these community educational programmes. Also, when people retire they have more time to observe the dynamics of family life and might feel excluded from family interactions and decisions.

One participant who might have felt excluded from family dynamics said: “*They, the women only made us feel that we were the head of the house, but women had always been in charge of the house and us, as husbands.*” Another summed up his feelings

about emotional abuse by women as follows: “*Life was not a bed of roses and women were getting more attention than men, who are also abused.*” Another said: “*Couples can get on one another’s nerves, have squabbles and come to blows even in their old age.*”

One participant felt that as men grew older and became chronically ill, they were more easily discarded by their wives because they did not get the attention and caring as before: “*The older and more chronic you are the more easily you are discarded.*”

Another said his ex-wife often provoked him so that she could have proof of abuse and go and tell her family: “*I stuck it out until the children were finished with their schooling otherwise she would have fleeced me - we got divorced eventually because she did not care, it was always her family, and who feels like going on with such problems as you grow older.*” One participant spoke about a woman in their neighbourhood who was very abusive towards her husband: “*Shame, I feel so sorry for him, he is an old man already but he is always outside like a servant around the house.*”

A participant who had a very interesting outlook on life shared that he felt that marriage was a 50/50 business and that he and his wife shared everything that they did since they did not believe that there was any difference in a man or woman’s work and always spoke about their problems and tried to resolve them before they went to bed: “*We are equally house proud and sharing the work load is no problem, it’s teamwork. In the same vein, we have always shared and talked about issues that*

affect one another and never go to sleep without resolving a problem that might exist between us – no matter how small the problem might seem.”

Another participant spoke about her overcrowded house, which was a problem for her but not her husband: “*He could not see that we needed a bigger house so that we could all be comfortable. We had eight children and all the band instruments and teaching apparatus as we were both teachers. You see it is things like this which is a problem for a woman irrespective of age, but not for a man.*”

Summary: It was interesting to note that some male participants felt abused by their spouses and should be respected for sharing their views. It is a reality in South Africa that women and children have been the focus of attention regarding gender-based family violence. Men might feel excluded from these national and community educational programmes on gender-based violence, and may not have been given the same opportunity as women to share their views. The researcher agrees with the participant who stated that marriage is a 50/50 partnership and that sharing work and resolving problems as they arose is a healthy manner of preventing problems between spouses. It was also enlightening to hear from some male participants who felt that women saw things differently from men. Differences in socialisation and life experiences enables women to have different perspectives on a problem and use appropriate problem-solving techniques.

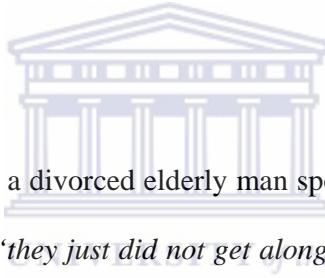
4.5.3 Pattern 3: Emotional abuse by children and grandchildren

The emotional abuse felt by grandparents was expressed by one participant as follows: “*We the grannies are abused as our homes become the dumping ground for*

children and grandchildren. Not only did my daughter do it - her children are into the same habit of just dumping their children by granny irrespective of your plans for the evening or weekend. When things go well I don't see them but as soon as there is a problem all of a sudden they come to stay over. Children do not realise that old people do not have the strength and energy to look after small children."

Another participant and his wife saw their roles as grandparents very differently:

"We keep busy by being involved with the children and grandchildren's lives. We are sort of on standby, always fetching this one or dropping off that one or looking after the sick ones as the parents need to work and we the grandparents take over the parenting."



One participant who married a divorced elderly man spoke of emotional abuse by his children and family, saying "~~they just did not get along at all.~~" She could not expect any support from her family as they did not approve of her marrying a divorced man with children, and "*basically, I had to grin and bear it as I was in love with him.*"

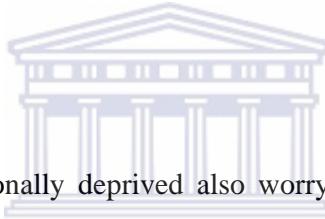
Summary: Emotional abuse and how they managed this varied among the elderly participants, with some feeling grandchildren were 'dumped' on them and others wanting to be involved with their children and grandchildren's lives. The energy levels of elderly persons wane as they get older, and children need to take cognizance of this.

Divorce and remarriage is an everyday reality, and accepting a new partner in the family circle evokes different reactions from children and family members. When

elderly persons remarry it is often for companionship and to cope with loneliness and social isolation. Elderly persons have emotional needs like any other person, which should be respected and supported.

4.5.4 Pattern 4: Emotional deprivation by children and grandchildren

Participants whose children had emigrated overseas missed their children and grandchildren and felt emotionally deprived of family ties: “*We sacrificed so much to give them a good education and now they are all overseas and will never come back here.*” One participant shared that he felt the grass was not always greener on the other side, and while at first he enjoyed visiting them he no longer likes to travel overseas.



Participants who felt emotionally deprived also worry about getting older and not being able to care for themselves in the future: “*I am alone all day and it gets very lonely – I wish they would just phone to check up that I am okay.*” This participant spoke about her loneliness during the day, but did not want to sound ungrateful as she was comfortable living with her daughter and son-in-law.

Summary: Emotional deprivation is a real problem for elderly parents who realise that children who have emigrated will not return and who face a bleak future on their own. Although elderly parents are quite comfortable and grateful for living with their children there are times of being alone and feeling isolated during the day while their children are at work.

4.5.5 Pattern 5: Emotional abuse by hospital staff

Emotional abuse experienced at the hands of hospital staff, especially nurses, evoked a lively discussion in the focus groups. One participant spoke of the nurses at the day hospital he attended on a monthly basis: “*Those nurses at the day hospital are so rude you will think they own the place.*” Participants complained bitterly about the staff at day hospitals who were rude and shouted at them, and did not realise that old people had to get there by 06h30 to be seen on that day otherwise “*they just give you Panados no matter what is wrong with you.*” One said: “*I don’t have the money for a private doctor so I must sit and wait and be patient - you sometimes come out there by 5 o’clock after sitting there all day.*”

Summary: The emotional abuse felt by participants at the day hospital needs to be taken cognizance of, since this is a public community service serving the health needs of elderly persons who depend on them. Health services, other non-governmental organisations and the mass media can assist in awareness-raising about the marginalisation of elderly persons and the ageing process, foster positive attitudes, help overcome myths and stereotyping of ageing, give recognition to the contribution of elderly persons in society and that elder abuse exists. Elderly persons need to be guided about being assertive and expressing themselves about abuse by hospital staff.

4.6 Theme 3: Verbal abuse

Participants in the study did not directly express verbal abuse. The researcher identified aspects of verbal abuse in the way that participants behaved and expressed themselves in the focus group discussions and one-on-one interviews. One participant shared that you had to be scared of just saying things to people because in the new

South Africa people were more aware of their basic human rights and what you say could be interpreted as verbal abuse.

4.6.1 Pattern 1: Behavioural characteristics of elderly persons

A participant admitted that he was the type who called a spade a spade: “*I might have said hurtful things to people or they might have thought that I was rude but I am a very straightforward person and have always been like that all my life.*” He said that he did not become like that overnight or when he was an old man: “*That is the way I have always been ... if people did not like the way I am they should tell me to my face not go behind my back to smear my name and gossip behind my back.*” This participant actually questioned the focus group whether there was a thing called verbal abuse, and concluded that what he had said sounded like verbal abuse. A very nervous round of smiles from participants followed this revelation!

One tearful participant shared as follows: “*I don't think that I was abused but my partner is very short-tempered and abrupt and could hurt you so easily by what he said.*” She described the verbal abuse as “*like a knife cutting through you*”. Early on in the marriage she saw her partner’s verbal abuse as a mask to prevent him from being hurt as he was a very sensitive person. Over the years of marriage she had seen laugh lines develop, and what the children could not get the grandchildren seemed to get right, since today they are able to laugh at his behaviour and how much marriage has mellowed him: “*He still has his temper outbursts but has become more aware of how it affects me and how much it hurts me. I know he really tries not to hurt me.*”

Another said: “*I am the quiet type and most people think I am moody. I don’t just open my mouth for the sake of talking - people must talk sense. I’m a no nonsense type of person. I do things that suit me when I feel like it and nobody bothers me – I am the no-frills-attached type.*” Yet others described themselves as “softies” - they allowed other people to take advantage of them before they realised it: “*We are talked into doing something for somebody and at times we were being exploited by other people who were more verbal than others and getting what they wanted.*”

Another shared that she could not say no to her children: “*Before I know it I am the one doing the cooking when they have visitors or doing the washing when they have been gallivanting and having a good time over the weekends.*”

Summary: Verbal abuse was emotionally upsetting to most participants, and included shouting at one another and verbally attacking the other partner. Some participants again spoke of their past experiences and how these affected not only them but all the family members. As children when younger they were scared of the verbally abusive parent, and blamed this for not having friends since it scared people from coming to their homes. It is not clear whether those participants who described themselves as “softies” were scared of their more verbal counterparts and consented to their requests to keep the peace, or whether it was part of their nature to please other people at their expense. Helping children is probably part of all parents’ attempts to keep their children involved in their lives.

4.7 Theme 4: Old age homes

4.7.1 Pattern 1: Negative perceptions of old age homes

The majority of respondents in all the focus groups and one-on-one interviews were very negative about old age homes, which were seen as places where a lot of abuse took place: “*The scary thing for me is the amount of abuse taking place in the old age homes - if the government wanted to wipe out elder abuse they must start at the old age homes.*” One participant felt that the government knew what was happening in these old age homes but that “*people are not concerned with old people who could no longer contribute towards the economy - we are the forgotten ones who built this country.*”

Participants recognised that it was difficult for children to work and look after elderly parents “*so the government had to step in to protect elderly citizens in old age homes.*” The retirement places were seen as too expensive and wanting more than a government pension for board and lodging when the care the old people received was of poor quality. A participant reported on the abuse of a relative who was “*not being cared for properly for incontinence and developing bedsores which eventually became infected causing her death*”. Another reported on a lady “*disappearing from an old age home and weeks later her body was found near a vlei*”. Another participant said “*You actually pay someone to abuse you at these old age homes.*”

Summary: Participants spoke of visiting friends in old age homes, and negative experiences included not providing due care and security for demented elderly persons, who tend to wander and could get lost, like the old lady whose body was found near a vlei. Also mentioned was lack of basic nursing care to prevent complications of bedrest – which can be regarded as neglect. Nursing staff and

community care providers need to be educated and alerted to this. Appropriate training of care providers needs to sensitise them to the ageing process, identify early signs of elder abuse and empower them with knowledge of community support services. Care providers may also have personal problems requiring support and counselling.

4.7.2 Pattern 2: Fear of old age homes

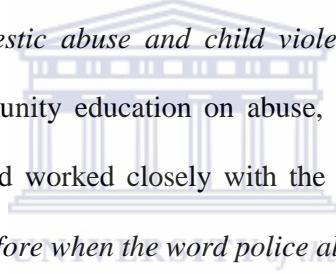
Most participants were actually scared of going to live in an old age home. They shared that the staff in old age homes had a lot to account for in the way they ill-treated old people in their care. Participants also mentioned thefts from elderly persons in old age homes, e.g. of money, jewellery, clothing, fruit and snacks brought by visitors. Said one: “*My wife and myself have saved for our old age but what will happen if one of us dies – the remaining one will have to go and live in an old age home then the abuse will start as they don’t have any respect for your individuality and privacy.*” The routine in old age homes was described as being like a conveyor belt, i.e. line up to wash, eat and sleep: “*I have seen it as we go and visit friends of ours who live in an old age home.*”

Summary: Fear of the unknown is a reality, and what participants shared was hearsay from friends in old age homes. The close interaction of elderly residents and the staff at old age homes is fertile ground for elder abuse, and should not be taken lightly. Health and Social Welfare agencies need to be alerted to findings of this study and informed of the negative perceptions and fears of elderly persons.

4.8 Theme 5: Previous exposure to information about elder abuse

4.8.1 Pattern 1: Informed elderly persons

During focus group discussions some participants spoke about their previous exposure to information on elder abuse: “*You know, we had a hearty discussion about this topic at the Seniors’ Forum.*” This particular participant spoke about how they wanted to empower old people so that they could report elder abuse when they come across it or suspected something fishy in a family. However, they remained suspect about the “*involvement of the police when the crime rate in the country was so high - it’s a sad state of affairs. Abuse, is the in-word as everybody talks about it and where to report and when you open the newspapers and switch on the radio, it’s there in your face not like before when nobody spoke about it. One hears this word abuse a lot now that they speak so freely about domestic abuse and child violence.*” Most respondents had previous exposure to community education on abuse, and some had served on the local Community Forum and worked closely with the South African Police (SAP): “*It is such a change from before when the word police alone frightened you.*”



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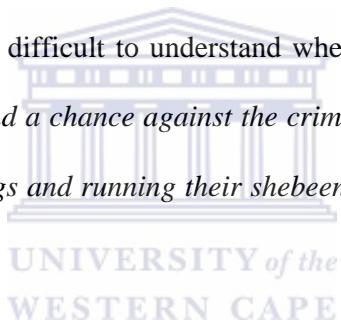
Participants in the church-based seniors’ group spoke about how the SAP came to speak to them about domestic violence and elder abuse and how to protect themselves in their homes. Another spoke about an elderly lady that was murdered in her home by her tenants, warning that: “*You could never be sure about people no matter how much you wanted to help them. We put safety gates on to protect us in our home. I will not allow anybody to abuse me while I still have the energy to look after myself.*”

Another respondent expressed that democratic South Africa had brought about many changes, that people spoke more freely about abuse and that there were places people could go to for protection against abuse: “*Before the police used to turn abused*

women away but now that the laws have changed they have to help those women and children.”

Participants questioned the abuse that was taking place in South Africa by asking “*How can a child that is being looked after be raped or just disappear? How can any person who calls himself a man rape a baby or young child, or children be raped by their fathers? That is an animal who behaves like that,*” and stating “*It is cruel to abuse old people who are at the stage when their energies are failing and who may be sick and need to be looked after by that child who is abusing granny or grandpa.*”

Another participant found it difficult to understand where the human rights of older people were: “*We don’t stand a chance against the criminals as they live amongst us doing their illegal drug things and running their shebeens and attacking innocent old people.*”



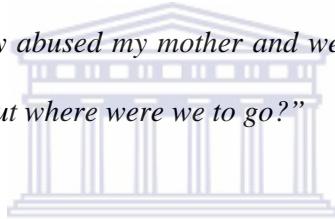
Summary: Previous exposure to information on elder abuse informed elderly persons rather than empowered them, since they did not discuss what they would do should they suspect or come across elder abuse.

4.9 Conclusion

The research study did not expect participants to discuss their personal experiences about abuse. One participant stated during a one-on-one interview that he thought the question of elder abuse was a very personal one - and even if there was abuse, no man would admit it as old people were closed books.

Some participants identified abusive situations, this providing a clear indication that elderly participants had a clear perception of what elder abuse entailed: “*I know some of my friends who did suffer at the hands of their husbands or children;*” “*Women always cover up for one another which is wrong, but on the other hand you don't want to see your friend suffer.*”

Participants who were abused in the past were too ashamed to talk about what they went through in focus groups. These sensitive issues were shared in the one-on-one interviews: “*It is hard to live with a man who abuses you. Everybody came to talk to him to change his ways but it did not help us or him;*” “*I come from an abusive home because my father physically abused my mother and we as children got hidings that really hurt and bruised us, but where were we to go?*”



Participants spoke about their perceptions of elder abuse from their personal frame of reference and revealed issues not readily accessible in the literature. Some group discussions revealed incidents that had happened in the past and how these experiences had affected their lives; these lived experiences evoked lively discussion in the focus groups since most participants had experience of how such abusive situations had affected their personal or family life. The information shared by participants provided insight and understanding of elder abuse.

The next chapter summarises the findings, draws conclusions, makes recommendations and discusses limitations of the research study.

CHAPTER FIVE

DISCUSSION OF FINDINGS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a summary of the major findings of the research study. The discussion of the research findings follows the themes and patterns reported on in the previous chapter, and links relevant studies in the literature to the research findings. The recommendations and conclusions reached from this study are based on what the participants shared in the three focus groups and 18 one-on-one interviews.

5.2 Theme 1: Financial abuse

Financial abuse seemed to be the greatest problem, verbalised especially by the female participants in the study. These participants had sufficient insight to realise that they were being financially abused by their spouses. This information was extracted from the transcribed data shared in the focus groups and one-on-one discussions. The theme of financial abuse is related to literature sources which describe financial abuse as “the illegal use or improper misuse of money, property or other assets by someone other than the owner which includes fraud, stealing, deprivation of money from elderly persons for purposes contrary to their needs and interests, misappropriation of money, valuables, property, forced to change a will or other legal document and denial to overspending on personal finances” (Lachs & Pillemeyer, 2004: 1264).

The warning signs of financial abuse are spelt out by HEAL as unusual banking transactions, disappearing valuables or property, a change in the quality of living conditions and bills that are not paid (HEAL, 2003). Financial abuse was also reported by Ferreira at the MRC workshop in 1992 on marginalised persons living in three historically black townships of Katlehong in South Africa Financial abuse in this study by Ferreira included extortion and control of pension money leading to a lack of money for essentials, and theft of property and personal belongings since the elderly were seen as soft targets for financial abuse and exploitation.

5.2.1 Pattern 1: Financial deprivation by spouse

Participants in the study who spoke about deprivation of finance by a spouse had sufficient insight to realise that this was financial abuse. Findings from this study revealed that the majority of female participants spent the money in the household. The involvement of husbands in spending money on the household was questionable, since most of them went shopping with their wives but did not give input about the rising costs of food and commodities for everyday living - but did complain that wives were spending too much money on household expenditure.

Recommendations

- Those spouses who felt that their wives were spending too much on the household must be advised to draw up a monthly budget as both spouses should be involved in the financial matters of the household.

- Inflation has affected all South Africans, not only pensioners who live on a fixed income. Budgeting is essential and should be included in community

education and empowerment programmes for elderly persons who live on a fixed income. Couples should make budgeting an activity shared by both so that they can know what their financial obligations are and where their money goes to on a monthly basis. Being open and honest is essential for financial planning and budgeting to succeed. Support for the couple can be obtained from non-governmental and community-based organisations who teach elderly persons about budgeting and how to manage their financial affairs, e.g. providing the number of the National Helpline (0800 003 081) to ensure availability of services as required by the elderly person (National Department of Health, 2000: 5).

- Elderly persons need to know their financial status, i.e. where and how their income is derived from, investments, insurance policies and how their financial status will be affected should they become ill or one of the spouses die. Elderly persons need to know about and be assured of their financial stability and could involve a child or reputable independent financial consultant to assist them with their finances.

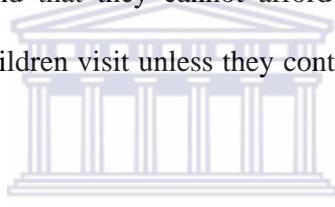
5.2.2 Pattern 2: Financial abuse by children and grandchildren

Surviving on a pension has a significant impact on the quality of life of elderly persons (MRC workshop, 1992). Participants who shared information about being financially abused by children and grandchildren were aware that this was financial abuse.

Burston (1975: 92) first described mistreatment of older persons as “granny battering” in the British scientific literature, but no further evidence could be found to describe the involvement of children or grandchildren as financial abusers of elderly parents. Perpetrators could be anyone who has contact with an elderly person, i.e. family members or caregivers.

Recommendations

- Since most elderly people have had to cut down on everything they buy, they need to be empowered to be open and honest with their children about their financial position, and that they cannot afford to feed extra mouths when children and grandchildren visit unless they contribute towards meals and any food shared.



- Professional support services working in multidisciplinary teams need to co-ordinate and collaborate their services to compile and implement a victim empowerment programme. Telephone checks (if a telephone is available) could be useful, but frequent home visits by community volunteers to check on the environment where the elderly person lives could identify abusive situations which may have gone undetected for a long time (National Department of Health, 2000: 5-6).

5.2.3 Pattern 3: Financial abuse due to alcoholism

Most of the participants who spoke about alcoholism and how it affected their lives, spoke in the past tense. Participants were insightful enough to realise how alcoholism affected the finances available to the family and household. It was regrettable that

participants only realised the wasted years, selfishness and money wasted after they had sobered up.

Lingren (2003: 26) discusses how the incidence of domestic violence was exacerbated by crime, alcohol and drug abuse, unemployment, prostitution and the historical past, leading to dysfunctional families in South Africa and creating the climate for elder abuse. Lachs and Pillemer (2004: 1264) add that alcohol misuse by caregivers is a significant risk factor for elder abuse.

Recommendations

- Elderly persons in this study who had a problem with alcohol and had stopped drinking had first-hand experience of the havoc alcohol caused in their lives and households. These elderly persons are ideal candidates to volunteer their services at non-governmental community organisations (e.g. the South African National Council on Alcoholism and Drug Dependence has branches in most suburbs of Cape Town, Alcoholic Anonymous provide services specifically for persons battling with alcohol abuse, and “Al-Anon” is a non-governmental organisation providing information, counselling and support to family members affected by alcohol abuse). Elderly persons with time available could offer to serve as volunteer counsellors at the above non-governmental community facilities. Elderly persons may need to be trained and acquire skills relevant to the organisation they choose to serve; they can use the telephone directory to contact the community organisation of their choice.

- Community involvement is one way of combating the social isolation and loneliness some elderly persons may experience. In this way, elderly persons can make contact with other people and enlarge their circle of acquaintances - and still feel useful to people in need who could benefit from their wisdom and lived experiences.
- The elderly need to be informed and empowered to report the presence of *shebeens* and the illegal trade in alcohol in their residential areas to the SAP and local civic counsellors so that they can intervene since alcohol affects the lives of families and destroys entire communities.

5.2.4 Pattern 4: Financial abuse due to substance abuse of children

Substance abuse, specifically ‘tik’ or crystal methamphetamine, is a major problem in the suburbs of Cape Town where most of the elderly persons in this study reside. The abuse of illegal substances made the elderly vulnerable to elder abuse, since children could fight or steal from elderly parents to obtain money to sustain their substance abuse habits. Lachs and Pillemer (2004: 1265) discuss how the physical or mental impairment of elderly persons could diminish their ability to defend themselves or escape these abusive situations. Lachs and Pillemer (2004: 1263) also discuss the interacting characteristics of victim, perpetrator and social circumstances which complicates elder abuse when the perpetrator abuses illegal substances. Substance abuse by children of elderly parents is a risk factor for elder abuse.

Children of elderly parents who abuse substances need to be assessed at the community clinic where an appropriate health education, treatment and rehabilitation programme can be implemented

Recommendations

- Community service providers need to be vigilant about the social circumstances of elderly persons, especially where substance abuse is suspected. Children who abuse illegal substances need counselling, treatment and rehabilitation. The elderly who are affected by this scourge need to be informed and empowered about community resources that provide these services (e.g. The National Council on Alcoholism and Drug Dependency and Narcotics Anonymous, who have branches spread throughout the Western Cape).
- Elderly persons need to report the presence of ‘drug kings’ and the sale of illegal substances in residential areas to the SAP, and need to be informed and empowered to make use of Community Police Forums set up to serve the community in terms of illegal substances.

5.2.5 Pattern 5: Financial abuse due to theft by children

Financial abuse due to theft by the children of elderly parents is a serious problem which directly affects the trust and honesty among members of a household. Theft by children could affect the entire household, causing untold anxiety and stress which could affect the health and well-being of elderly parents.

Lachs and Pillemer (2004: 1265) state that “People who commit elder abuse tend to be financially dependent on the person they are mistreating and elder abuse can result when adult offspring or relatives attempt to gain resources from the victim.” These financially dependent children could also be unwilling and refuse to leave and lose the parental support (Lachs & Pillemer, 2004: 1265).

Recommendations

- The participant who shared this information in the focus group must be empowered to take a “tough love” approach and report the incidents of theft in the home to the police. In this way the child would get the message that missing objects were taken cognizance of and sufficient evidence could be gathered to make a case with the police.

A second participant who had poor eyesight and was financially exploited by her child was offered transport and assistance to the bank by one of the participants in the focus group. In this way, participants who shared problems also found solutions among their elderly peers.

Elderly persons who share a dwelling with children (either married or single) need to have a round-table discussion to state the financial implications of sharing a home and resources. It would be preferable for them to draw up a written contract to get agreement about the financial expenses to be shared, and when to pay - to alleviate the unnecessary fines payable to the municipality when water and electricity accounts are paid late. Parents should discuss these financial issues with their children in order to come to an amiable solution to avoid stress and anguish. Assistance with planning can be obtained from the community legal services to ensure a more acceptable and practical living arrangement. Once a decision has

been made, elderly persons need to be firm so that children and grandchildren do not take advantage of them.

- Community educational and developmental programmes need to inform elderly persons of the findings of this study. Awareness-raising of financial abuse by children could lead to elderly persons becoming empowered about managing their finances and reporting any theft of their money or personal possessions.

5.2.6 Pattern 6: Financial abuse due to the apartheid system

The policy of apartheid was enforced through laws to enforce spatial and social segregation and repression of the majority of South Africans, where the needs of people in terms of education, housing, employment and health were severely curtailed (Visser, 2007: 245). Lack of basic education and opportunities to improve the lives of most South African meant that the majority of the people became the unskilled workforce of the apartheid regime, with low salaries and fringe benefits and poor working conditions. While one recognises the injustices of the past, it was difficult to advise or recommend a solution to this problem and its impact on the present.

Recommendations

- Since the postal workers still had contact with the pension offices in Pretoria, from which they received correspondence about their pensions and medical aid, the group should be assisted by an advisor on labour problems to write and state their problem of how their low pension money was compromising their quality of life. It is unfortunate that these postal workers were not members of a trade union at the time they were

employed during apartheid, who could be approached to take up their problems for retribution. This group was advised to enquire whether an ombudsman was available to assist with their specific problems resulting from the past regime. Legal Advice offices in the community or on university campuses with a Law Faculty provide legal advice to indigent persons.

5.2.7 Pattern7: Financial abuse caused by the government

The current financial crisis is an international one and affects all people, including the elderly. Taxation will always be with us, and there is no way one could avoid paying taxes even on retirement funds. In terms of the democratic South Africa and corruption by government officials, civil society, which includes elderly persons, needs to hold the government accountable for meeting the needs of citizens by lobbying, advocacy and participation in political processes at local, provincial and national level.

Recommendations

- Pensioners must be informed about making use of shopping discounts on pensioner's day or asking for pensioner's discounts and concessions. An Ombudsman investigating specifically financial mismanagement and abuse by banks and insurance companies would be approached to seek answers on inflation, taxation and retirement funds.
- The elderly need to be informed and empowered to take action and participate in the political processes of the democratic South Africa, and join advocacy and lobby groups to make their needs known to the relevant governmental department/s. This might present a challenge for elderly

persons who were previously excluded from the political processes in South Africa.

5.3 Theme 2: Emotional abuse

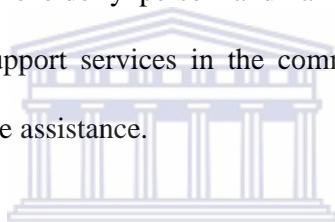
Emotional abuse falls under the category of psychological abuse. Lachs and Pillemer (2004: 1264) define emotional abuse as acts carried out with the intention of causing emotional pain, anguish and injury on a personal level. Emotional abuse includes both verbal and non-verbal intimidation, humiliation, harrassment or ignoring an elderly person (HEAL, 2003).

5.3.1 Pattern 1: Shared living arrangements

Accommodation is an expensive commodity and in short supply for all age groups, even in the suburbs of Cape Town. Elderly persons who are physically dependent or suffering from cognitive impairment or lacking sufficient financial resources to be self-sufficient may have to reside with children or grandchildren, or allow their children or grandchildren to share the family home with them. Elderly parents may also feel that they want to help their children to find their feet when they get married - implying that they offer to share the family home with them in order to help them save until they can afford to rent or buy a home or flat. The shared living arrangement has been identified by Lachs and Pillemer (2004: 1265) as a major risk factor for elder abuse, since as there is an increased opportunity for contact and therefore conflict and tension. Under these circumstances interpersonal relationships were difficult, and blaming one another when problems arose was an obvious problem, no matter how good the intentions were to share living arrangements.

Recommendations

- The social circumstances of every household are different. People in a shared living arrangement need to respect one another and allow personal space for each member of such a household. A discussion about the division of labour and accountability of the members of such households could be a solution to living together in harmony.
- Self-care and social integration of elderly persons with supportive community services can contribute towards healthy ageing. Public education to respect the autonomy of the elderly person and their right to self-determination needs to be encouraged. The elderly person and family should be provided with information about support services in the community, respite and day care facilities or social care assistance.



5.3.2 Pattern 2: Emotional abuse by women

This pattern, expressed by some of the male participants, was a surprising one. Emotional abuse by either sex is not to be condoned. A patriarchal-dominated structure of society where men hold power over women and children still exists (Visser, 2007: 235). Visser (2007: 235) adds that male superiority norms are in the process of transition as the status of women changes and they begin to experience legal recognition and socio-economic opportunities leading to their physical mobility improve. It might be that these male participants who felt that they were abused by women are stressed and frustrated in trying to retain their male dominance.

The process leading to a more equal society could lead to a reduction in domestic violence and abuse. In the same vein, abuse could increase as men will not easily give

up their sex-stereotyped roles and could use abuse to retain their dominance in society (Visser, 2007: 236). Elderly persons are not excluded from being abused where domestic violence takes place in the household. The elderly also need to broaden their understanding of abuse, which is more than just physical abuse, to include gender discrimination which robs women of their self-esteem and power as human beings (Visser, 2007: 236).

Male participants were thanked for their courage in raising the issue and encouraged to discuss their feelings with their spouses.

Recommendations

- Counselling would be one intervention to resolve any feelings that male participants felt about emotional abuse by their wives. This information on the emotional abuse felt by these male participants needs to be included in gender-based community educational and development programmes on elder abuse. Men must be informed and educated on gender discrimination against women in order for them to change their attitudes and behaviour towards women. Community organisations who develop and provide gender-based educational and development programmes need to be informed to give heed to the voices of elderly males participants and their learning needs in order to influence positive changes on gender equality and overcome myths and discrimination among the elderly (National Department of Health, 2000 : 3-7).

5.3.3 Pattern 3: Emotional abuse by children and grandchildren

Despite the joy of being grandparents, one participant who was a “granny” expressed that her children and grandchildren were abusing her emotionally as her home became

a dumping ground irrespective of her plans for the evening or weekend. This behaviour by children and grandchildren was considered by participants in the group as inconsiderate; they advised the “granny” involved to put her foot down, by refusing to look after the grandchildren unless prior arrangements were made.

Recommendations

- This confirms that although elderly persons were informed about elder abuse, they are not empowered to take appropriate action to prevent emotional abuse by children and grandchildren. The family must be provided with knowledge of support through community and voluntary services to improve domestic situations and resolve conflict situations as they arise, which could diffuse and prevent elder abuse Personal stress could be prevented through counselling and psychosocial intervention at community health services. Although emotional abuse should be guarded against, grandparents should not push children and grandchildren away as life becomes lonely as one grows older.

5.3.4 Pattern 4: Emotional deprivation by children and grandchildren

The emotional deprivation caused by children who have emigrated was regrettable. The real concern was that children were not available to care for elderly parents as advancing age encroached on their lives. Emotional deprivation experienced by elderly persons relating to *demographic changes was discussed in the World Report on Violence and Health* [Sa: 126], which states that the interdependence between generations of family members has been eroded, resulting in emotional hardship for the elderly. Ferrera reports the loss of respect for elders, which was equated with

neglect, withholding affection and lack of interest in the care and well-being of older persons as abuse (M.R.C workshop, 1992).

Recommendations

- Elderly parents must be encouraged to keep contact with family members via electronic mail, telephone or letters. Elderly persons need to be supported and assisted in remembering birthdays and special events in the lives of their children and grandchildren in order to facilitate interaction between family members.
- Elderly persons able to become involved in voluntary work and community organisations could make new friends and be exposed to new experiences to fill time they have available in their lives. Elderly persons were encouraged to join seniors' groups in the community or church-based groups to retain contact with others for friendship and prevent social isolation. These seniors' groups could also look at other aspects, e.g. forming an exercise group, or doing arts, crafts and hobbies together. Groups of elderly persons could arrange safe transport and go out together, e.g. shopping, theatre, movies, picnics at the beach or in nature, depending on their common areas of interest.

5.3.5 Pattern 5: Emotional abuse by hospital staff

Participants felt aggrieved by the rudeness of nurses at the day hospital which they attended on a monthly basis. Day hospitals fall under the category of Primary Health Services, free for all old persons. A dedicated geriatric service has been marginalised in South Africa as health care for older persons has been overshadowed by an emphasis on child, maternal and reproductive health care (Wolvaardt, 2005: 17). The growth in elderly persons aged 65 years and older has escalated, but only 13% of

elderly persons have access to medical aid/insurance and could afford private health care. The public health services are thus overloaded and barely able to cope with demands, contributing to the emotional abuse experienced by mobile elderly persons at the day hospitals (Wolvaardt, 2005: 17).

Recommendations

- There is no excuse for rude behaviour by any health personnel at any health facility. Participants must be informed of their basic human rights and empowered and assisted to report such behaviour to the person in charge of the day hospital or to their local Community and Health Committee for the area in which they reside, to take up their cause with the local authorities governing health care. Elderly persons need to be educated to use the policies and procedures provided by the democratic government to bring offending public servants and caregivers to account for their attitude and poor service provision.
- Legal enforcement of all policies and strategies to discourage verbal abuse and raise awareness against marginalisation of elderly persons and co-ordinate comprehensive care services at grassroots level needs to be encouraged.
- Information regarding community care and services provided for elderly persons needs to be published in leaflets, brochures and community newspapers and made available to elderly persons and the general public, e.g. residential care, volunteer services, home-based care and comprehensive community bio-psycho-social health and legal services, with contact persons and telephone and emergency numbers.

5.4 Theme 3: Verbal abuse

Verbal abuse resides under psychological abuse which is intended to inflict mental anguish, distress and humiliation (Ministerial Committee on Abuse, Neglect and Ill-treatment of Elderly Persons, 2002: 125). Verbal abuse was emotionally upsetting to all participants.

5.4.1 Pattern 1: Behavioural characteristics of elderly persons

All people, including elderly persons, are unique and different in their personality and behavioural characteristics. All persons, not only the elderly, need to learn that communication is a two-way process and that the feelings or affect of the person you are communicating with need to be considered to prevent verbal abuse.

Recommendations

- The participant who explained his particular “call a spade a spade” characteristics was respected for doing so. It’s not what you say, but how one says it - which is part of the human rights culture being encouraged and fostered in South African society. Again, elderly persons need to be informed and empowered to communicate effectively and be included in all aspects of basic human rights, like any other citizen in the country.

5.5 Theme 4: Old age homes

Old age homes had a very negative impact, and all participants who spoke on this topic recounted abusive acts or behaviour experienced by relatives or friends. Recommendations for this theme, pattern 1 and 2 will be combined.

5.5.1 Pattern 1: Negative perceptions of old age homes

Participants who spoke on this topic had nothing good to say about old age homes. Elder abuse occurs across all socio-economic, cultural and ethnic strata and in all settings, e.g. residential homes, nursing homes, hospitals and community-based long-term care facilities (Lachs & Pillemer, 2004: 1263). McCarthy reports that even in America family members feared retribution by staff, and that management could ask an elderly person to leave the old age home should they complain (McCarthy, 2002: 860). This is a troubling situation also in South Africa since prospects of finding residential placement in an old age home are bleak where long waiting lists exist.

5.5.2 Pattern 2: Fear of old age homes

Participants expressed a definite fear about the prospect of having to live in an old age home. Despite the Aged Persons Act No. 13 of 2006, which spells out the protection of elderly persons in homes for the aged, there is no guarantee that the human rights of elderly persons will be protected. Staff shortages in old age homes as well as lack of training and experience in working with elderly persons could overwhelm staff, who are unable to meet the basic care needs of residents. The provision of frail care is strenuous, demanding and frustrating, since dependent elderly person are not able to do much for themselves, which could lead to caregivers resorting to abusive measures and manhandling elderly residents. This is an area that needs the intervention of advocates and social welfare agencies for the elderly, in order that they may receive minimum standards of care and live securely and comfortably in any community old age home.

Recommendations

- Community organisations which provide residential care for the elderly need to be alerted to and educated about the implications of the Older Persons Act

No. 13 of 2006 and the accompanying guidelines that spell out the holistic care of residents in old age homes.

- Relatives and friends of persons who reside in old age homes must be encouraged to visit more often to get accurate information and a clearer picture of what really happens there before reporting incidents to the manager or nursing sister in charge. McCarthy (2002: 860) states that elder abuse in old age homes in the USA often goes unreported, and relatives fear their loved one could be asked to leave when they lodge a complaint, since finding alternative care facilities is problematic. When elder abuse is reported the long lapse between investigations and actual disciplinary or court hearings is affected by the failing memories of abused victims and their elderly witnesses (McCarthy, 2002: 860).
- Those participants who had time to offer could volunteer their services at these old age homes. Providing basic care to the elderly, especially the frail elderly, is tedious work requiring loads of patience. Volunteers could be useful to help feed or provide company (by reading or playing games) for elderly residents especially in old age homes which are short-staffed, hopefully helping prevent elderly residents from being abused.

5.6 Theme 5: Previous exposure to information on elder abuse

It was encouraging that some participants were informed about elder abuse at their respective seniors' groups by the SAP who informed them about elder abuse and how to protect themselves in their homes. Previous exposure to community-based educational and developmental programmes on gender-based violence has contributed to elderly persons being informed but not empowered about elder abuse. The

information that these elderly persons acquired over time has exposed them to community resources available to them.

5.6.1 Pattern 1: Informed elderly persons

Since the majority of elderly persons were exposed to information on elder abuse by the SAP, they were sufficiently informed with knowledge and insight on elder abuse. This information did not, however, empower the elderly persons to act and intervene appropriately when elder abuse was identified.

Recommendations

- Elderly participants must be encouraged not to become complacent and always to be alert to their safety needs in their homes as well as public places. They need to be assisted and supported by family and the community to stay safe and secure. Elderly persons need to be educated and trained about their safety and security needs, and this information needs to be reinforced during community educational and developmental programmes for the elderly.
- One of the aims of this study was to educate and empower elderly persons on elder abuse, so that they can identify, report and obtain the necessary care and support should they become victims of elder abuse.

CHAPTER SIX

CONCLUSION

Participants shared their perceptions of what they understood as elder abuse. Discussion in the form of focus groups and one-on-one interviews were in-depth and rich in lived experiences and information, which allowed participants to disclose a great deal of information, summarised below.

6.1 Financial abuse

Community educational and development programmes put tremendous emphasis on gender-based violence and the physical abuse of women and children, but this research study found that financial abuse was most prominent, and must be included in all national educational and development programmes on elder abuse.

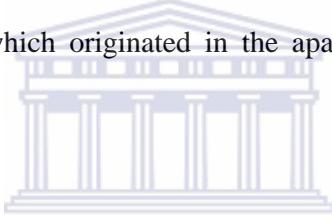
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These educational and developmental programs need to include the following:

- Spouses need to share information about their financial status as it affects both partners in a marriage, and prevent one partner from being financially deprived of money to spend on the household. Elderly spouses need to be open and honest with one another in case one of them becomes ill or dies. Elderly parents can choose to involve any of their children or consult a reputable financial advisor.
- Elderly persons need to do financial planning together in order to achieve any objectives they have set for themselves, e.g. a holiday or home maintenance and repairs, and follow this up with monthly budgeting to accommodate

household and living expenditure and any rises with inflation which affects food and commodities required for the household. Elderly persons must use the financial discounts and concessions available from the business, commercial, arts and culture and tourism sectors.

- Elderly parents need to be empowered to cope with financial abuse by children and grandchildren, who may be addicted to alcohol or illegal substances or steal money from them, and seek assistance from community resources that deal with these specific problems.
- A new challenge for elderly persons would be to be informed and empowered about community resources and to interact with political structures to solve financial problems which originated in the apartheid system or the present government.



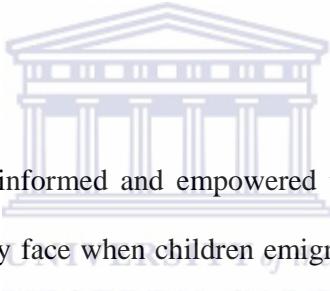
6.2 Emotional abuse UNIVERSITY of the WESTERN CAPE

This falls into the category of psychological abuse, which might be difficult for elderly persons to understand. Emotional abuse related to shared living arrangements, the emotional abuse by women of male participants in the study, emotional abuse and deprivation by children and grandchildren, and hospital staff also featured prominently here.

Since accommodation is expensive and in short supply, a shared living arrangement appeared to be a short-term solution. Difficulties in interpersonal relationships when sharing living space and resources like water and electricity and the division of labour in the home were often the cause of conflict and tension, which affected the quality of their health and well-being.

The emotional abuse experienced by male participants in this study was an interesting aspect, which would have originated from the emphasis on gender-based violence against women and children which has excluded elder abuse in the past. This abuse by women experienced by male participants in this study must be included in community educational and development programmes for elderly persons.

Community educational and development programmes on elder abuse also need to include emotional abuse by children and grandchildren, who exploit the good nature of grandparents to “baby-sit” without making prior arrangements with the grandparents.



Elderly persons need to be informed and empowered to cope with their emotional deprivation and the fears they face when children emigrate and they have to face the advancing years on their own. Besides keeping in contact via electronic mail, telephone calls or letters, elderly persons need to become involved in activities with peers.

Community educational and development programmes need to shift emphasis to include emotional abuse and how elderly persons could cope by making use of community resources, e.g. seniors’ groups, volunteer work, arts, crafts and hobbies, specific interest groups (e.g. woodwork, gardening, sewing, knitting, bird watching, exercise and walking or hiking) and organising recreational events (e.g. dances, movies, concerts and theatre) for elderly persons to enjoy.

The emotional abuse experienced by participants needs to be addressed via Community Health Committees, and elderly persons assisted and supported to make their needs known to the relevant persons. The assistance of Legal Aid clinics in the community and on university campuses can be used to ascertain the appropriate manner in which to find solutions to this problem.

6.3 Old age homes

The poor perceptions and negative impact of old age homes found in this study is very alarming. Participants were insightful in their perceptions of what they considered as elder abuse of residents in old age homes. The Department of Health in South Africa: Gerontological Services needs to be informed and appropriate intervention by all role-players and advocates who provide residential care for the elderly (including the frail aged) needs to be included to resolve this problem. Staff at these facilities need to be trained and given skills in and supervised about proper implementation of the care, safety and protection measures of the Aged Persons Act No. 13 of 2006 and accompanying regulations aimed at preventing elder abuse.

6.4 Previous exposure to information on elder abuse

Previous exposure to information on elder abuse has been beneficial in informing but not in empowering elderly persons on this sensitive issue of elder abuse. Empowerment is a mechanism intended for people, communities and organisations to gain mastery over their affairs and find appropriate solutions to their problems.

The findings of the research study can be used by various role-players to help meet the objectives that this study set out to achieve, as follows:

- Firstly, by providing education and empowering elderly persons and the general public on specific aspects related to elder abuse, i.e. financial, emotional and verbal abuse and the abuse by staff at old age homes.
- Secondly, the findings of the research study can be utilised by health and social welfare advocates and organisations who offer community and educational and developmental programmes to prevent elderly abuse. The disturbing findings around old age homes could assist the Department of Health, organisations and other role-players who provide residential community care to improve the quality of their services and implement the legislative provisions to detect and prevent elder abuse.
- Thirdly, independent research should be conducted in old age homes to verify that these are registered as old age homes, and to investigate the quality of care provided (especially frail care), the caregivers and their training and support needs, and the impact of residential home committees on improving the quality of care and recreational activities provided for elderly persons.
- Fourthly, recognition of Geriatric Care as a specialist field in medicine so that elderly persons can obtain appropriate health care and supervision of their chronic health conditions and receive the appropriate support services, e.g. dental, ophthalmology, physiotherapy, chiropody and orthopaedic appliances, etc., to improve the quality of their lives.

One limitation of this research study is that it was conducted only in the suburbs of Cape Town, and so does not represent all the elderly persons in South Africa.



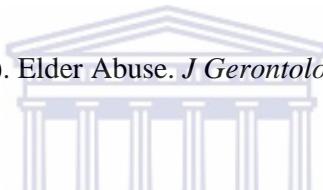
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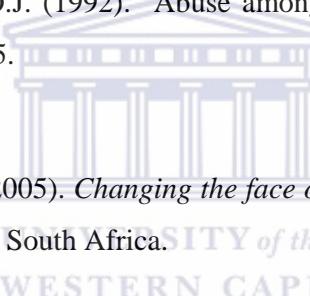
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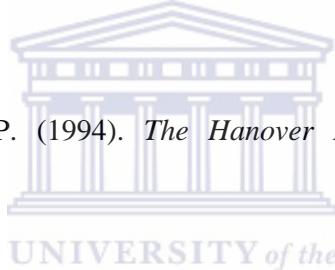
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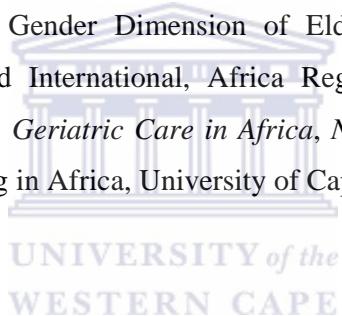
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ANNEXURE A: Data Collection Plan, Research, Probing Questions

UNIVERSITY OF THE WESTERN CAPE

SCHOOL OF NURSING

RESEARCH STUDY: TO INVESTIGATE AND EXPLORE WHAT ELDERLY PERSONS UNDERSTAND BY THE CONCEPT OF ELDER ABUSE.

Researcher: Ms A Splinter (UWC student No.: 7505271

Data collection plan:

- Greetings and ensuring all participants are comfortable. Water and drinking glasses on table for each participant.

- Introduction of researcher and research assistant.

- I have already explained to you during my last visit that I am interested in old people, their health and social problems. I will try to help you where I can. My interest at the moment revolves around abuse of the elderly people. Abuse, as I have explained to you is not just hitting and beating an old person. There are many forms of abuse that you may have read about in the newspapers or heard over the radio or seen on television.

- When you sit together like this we call it a group. This group has been brought together to talk about a specific topic - elder abuse. When a group talks about the same topic it is called a focus group discussion.

- Explain the rules of the focus group discussion or one-on-one interview to all participants. There is no right or wrong answers - what I basically want to know from you is how you understand the concept or word elder abuse.

Research question:

Today, I am going to give you an opportunity to talk, to discuss and explain to me how you understand the word, Elder abuse.

I will give you 5 minutes to think about what you want to say about abuse of the elderly.

There is water on the table in case your mouth is dry so that you can speak clearly and loud enough to record your voices on the tape recorder.

Probing questions:

What comes to mind when you hear the word elder abuse.....

Could you tell us more about.....

Clarify: Do I understand you correctly

Have I missed.....

Can we come back to the topic of elder abuse

I think we are going off the topic under discussion, can we stay focused on the topic of elder abuse

Concluding question: Is there anything we left out.....

Is there anything that we should have talked about but did not?

Thank participants for their participation

ANNXURE: B: Consent form

**UNIVERSITY OF THE WESTERN CAPE
SCHOOL OF NURSING**

RESEARCH TITLE: An investigation into how Elderly Persons Perceive the concept of Elder Abuse.

RESEARCHER: Ms A SPLINTER (UWC student No.: 7505271)

Dear Sir / Madam

I will be holding focus group discussions and individual interviews to investigate and explore how elder persons perceive the concept, elder abuse.

I have chosen these research methods to gain knowledge and insight from elder persons about how they perceive and understand elder abuse. Responses from the focus groups and individual interviews will be tape recorded for my analysis and interpretation.

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I will be present with a research assistant during the focus group discussions and one-on-one interviews to hear the responses from all participants. The research assistant will assist with the tape recording of all discussions during the focus group and one-on-one interviews. The recorded tapes will be marked clearly and stored securely by myself until I am ready to interpret and analyse the recorded information in order to write a research report which is a requirement of my studies.

Should you choose to participate, your identity will remain anonymous. Your participation is completely voluntary as long as you understand the reasons for the research and the methods I will be using. You may withdraw from the study at any time you may wish to do so.

I, (name).....

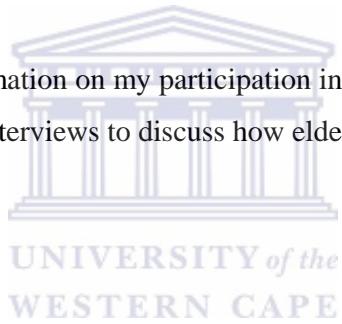
Agree to participate as a volunteer in a focus group and one-on-one interview on
HOW ELDERLY PERSONS PERCEIVE THE CONCEPT, ELDERLY ABUSE.

I give my consent for the focus group and individual one-on-one interview to be tape recorded for the purpose of interpretation and analysis by the researcher in order to write a research report.

I may withdraw from the study at any time.

I have the right to speak to other people before consenting to participate in the focus group discussions and individual one-on-one interviews.

I have received verbal information on my participation in the focus group and individualised one-on-one interviews to discuss how elder persons perceive elder abuse.



Signature: Volunteer.....

Researcher.....

Date:.....

ANNEXURE C: Letter to Seniors' Group

“Audwin”

5 Fairview Close

Turfhall Park

Ottery 7800

12 06 2006

The Chairperson: The Seniors' Group
Private Bag 25107
Lansdowne 7780

Permission to do research with the members of the above group

Dear Mr

Our telephonic discussion refers.

I am Audrey Splinter, a registered student in the School of Nursing, University of the Western Cape, Bellville 7535. I am currently doing research on what elder persons understand by the term, Elder Abuse.~~TERN CAPE~~

I would appreciate it if I could be given permission to attend your next meeting to explain to your members what my research entails and request their permission to participate in the research study.

I am using a method called focus group discussions and individualised, one-on-one interviews. I would need a group of at least 6-8 people to form a focus group to speak on what they understand by the concept, elder abuse. Participation is voluntary and would not delve into the personal lives of any of the participants. I would however need to record the responses on a tape recorder for interpretation and analysis. All information will be confidential and the anonymity of all participants will be assured. The recorded tapes will be safeguarded by myself for interpretation and analysis in order to formulate a research report, which is a requirement of my studies. I will present the findings of my research study at a later date.

Attached is a copy of the research proposal and consent forms for your perusal.

Your co-operation is held with the highest esteem.

Yours faithfully

Ms A. Splinter

Contact no:



Annexure D: Example of the transcript of a one-on-one interview

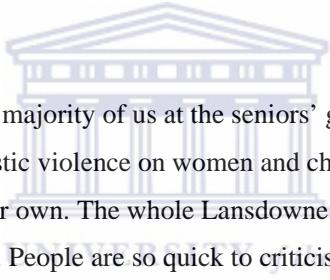
FG/2 (1 on 1): R = Researcher and P = Participant.

R: Greeting

- Mrs www, I am here today to continue with our discussions on Elder Abuse. Mrs www, are you comfortable where you are sitting?

P: Yes I am okay, we can begin to talk as I know you have a lot of people to see. Hello Mr xxxx, I did not know that you are also coming to visit me.

R: Can we start our discussion on elder abuse? This time it is just you and me and Mr xxxx as he must record what you are going to say today. What do you understand or perceive as elder abuse?



P: Abuse is not new to me - the majority of us at the seniors' group attended the talks from the police to tell us about domestic violence on women and children, our safety in the home, especially if we are living on our own. The whole Lansdowne Community Forum has been a very positive experience for me. People are so quick to criticise these civic structures if you don't know how these structures work and what their aims are. They must just sort out the "bergies" [street people] as they are taking over Lansdowne. Every open piece of land gets filled up so quickly with shanties and makeshift homes. They even have shebeens and drugs are sold from that piece of land behind the post office. These people have nowhere to go but they have children by the dozen and they at your door all the time for food and clothing but will never offer to do something for you. You must just give, and give, and give until you are blue in the face.

P: Pauses takes a drink of water. My voice s not right today.

P: As you know that I come from an abusive home where my late father battered all of us - so, I know what it is to live in those situations. It also makes one determined not to live life that way and you do everything possible to work on your relationships and open communication. When I met my husband, he was aware of my situation and we made it clear from the start that we never want to have such a relationship that wears people down - we must complement each other and allow both of us to grow and develop into God-fearing people who have something to offer our children and mankind. I always say just be honest

with one another and sort out issues before the sun sets otherwise it festers and becomes a big sore which later explodes into a massive argument.

I know what you mean as I worked with children, boys who came from such homes and later ended up in the reformatory because of crime and other naughty things they do. Parents don't realise what they put children through because it leaves a mark on that person. Children suffer from all sorts of psycho – psychological - did I say the word right? - problems.

R: That is fine, I know exactly what you are saying.

P: My experience with abuse is the old age homes. You see, we had very good friends of ours go through a bad experience at a certain old age home. Her husband was hi-jacked right on their driveway – and, gosh he really never got over that bad experience. They decided to sell up and take a cottage at the old age home. It was made so rosy that they both fell for the idea. Once they had moved in and the honeymoon period was over they had to fight for their so-called rights at that retirement centre. Everybody wants to make money out of old people.

My problem is, why do those nurses steal from old people? They have so little in any case. Surely there must be somebody to protect old people? Man, they even have laws for old people, but when you have a "hitch" [a problem] all those fancy laws and old age organisations that are supposed to protect you, fail you miserably. For me, it's just window dressing – they could not concern themselves with the plight of old people. It looks good on paper but in reality forget about getting anything from anybody - you must do it all for yourself.

R: That sounds like a very bad experience your friends have had. Do you have anything more you would like to add?

P: I will just say it outright - my son is a thief - he steals to buy drugs and alcohol. He has stolen from me and other people at our home. I am so scared when people come there as their stuff might just disappear and one cannot pinpoint him down to lay a charge. That is financial trauma and stress for any mother. I am just warning you if he comes to you to lend or say I ask, don't give him as he uses my name to ask for help all over the place. I learnt about this only recently – he really put me to shame. It's amazing that in every family there is always a black sheep who tears the skin from your face. You will be surprised to know how many decent people's children are on drugs - that very squatter camp where they sell drugs is home to people's children who are addicted.

P: Pauses drinks water, shifts in her seat. My heart is so full and I don't want to get upset today, but that child is my problem

R: I can see you are a bit upset, but take your time if you want to share anything else with me.

P: Man, life is hard when you are on a pension and your money gets stolen. I must hide everything and lock up properly every time I go out. That's why I just go out every day, to forget my problems. It looks like I have come to the end of what I wanted to tell you. The minute I talk about that child my mind goes blank - it's a real worry for me

[Silence]

R: If you have come to the end I just want to recap that I have heard correctly. [Recaps interview for participant to make sure that the information shared is understood correctly, and thanks participant for her participation in the interview.]

Offers prepared packet of fruit for participant to enjoy later on.]

P: [Thanks are reciprocated] I must hide this nice thing, thank you very much for visiting me.

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Annexure E: Focus Group Discussions

Focus Group One, February 2007; R = researcher; P = various participants.

R: Greeting and welcome.

We are gathered around this table today to discuss what you understand/ perceive as elder abuse.

P: Let me begin. I don't agree that old people must be abused. It is against biblical teachings. God and the church are no longer taken seriously in our lives and homes. Who still does family altar with their families at night - even that has disappeared. Who still does Bible reading after the evening meal? Do people not care about what happens to them in these end days? We live in a lawless world with poor morals – that is why I agreed to talk on this panel so that people who abuse older people can be exposed - it must come out into the open and the more people can know about elder abuse the better, instead of it being like a festering sore-it must come out of the cupboard.

P: Nobody agrees with elder abuse. I think we are going off the topic. We must talk about how we understand elder abuse, like husband and wife who fight with one another even into their old age. I know of an old lady who lived near us who used to regularly hit her husband when he came home drunk - and then she would put him out of the house to sleep off his drunken stupor in the "hoek" [wooden shed] in backyard. By the time morning came you could hear him performing and screaming to get back into the house. If you see him later in the day he is so shy he can hardly greet you.

[*Group laughs at being reminded of this old couple. Someone shouts “Pantoffel regering is also abuse!” ‘Pantoffel’ means slipper – on other words, being ruled or controlled by your wife is also abuse.]*

P: Down our way is also a woman who shouts and is very rude to her husband. He is almost like a servant – shame, I feel so sorry for him. You always see him outside cleaning up or working in the garden. That is verbal abuse - I agree. One must be careful what comes out of your mouth these days. These new laws for living can put you in jail. It is good that they pay attention to abuse of all people because before the police will just tell you it's a domestic matter and not bother to come out.

P: It is not always that men abuse women – women are also able to stand up against their men. At least today we have laws that can help women take action to put a stop to abuse and domestic violence.

P: A lady I know always complained to me that her husband did not want to give her money as he believed the pension was his money. She threatened to report her husband for non-support at the Maintenance Offices – gosh, did he get a fright and started to give her money every month for food. He would have been so ashamed to land up there in his old age – and he is a prominent man in the community. I think some men go a bit cuckoo when they retire and just sit at home not knowing what to do.

P: Most of us are members of the Lansdowne Community Forum. We have had lots of talks on abuse which includes all people, even children and babies. Some of us are involved in preparing the comfort room at the police station for victims who are assaulted, raped, domestic violence, etc., so we know about elder abuse. What I find difficult to understand is how can another human being be so unkind and mean to another – who may even be your own mother or father or your own child. I thought we are advancing but hearing the true facts about what the police and nurses actually come across in our community, here right under our noses, is very disturbing.

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P: Some children treat their dogs and cats better than what they treat their elderly parents and relatives. I come back to the biblical teaching which has gone astray in our lives and our homes. Right enough we are all Christians and we all try to put God first in our lives. But my problem is the way the Bible classifies women – they are always subservient. I don't feel that way. If it was not for my wife – where would I be? I say respect women – respect their status in our lives, protect them from all this crime and violence and the community. In the same way men must also be protected from the "*pantoffel regering*" [slipper government].

P: We spoil our children and when we cannot give and do anymore, we are forgotten - it's a materialistic world out there. That is also abuse when they just abandon you - "*sukkel julle maar aan*" [You must just struggle on].

P: My problem again is granny abuse. My home has become the voluntary creche, open 24 hours - all year round. When the parents want to go out, then they are quick to take the children to ma and pa. My lot come all dressed and just dump the children there -weekends are the worse - never mind what you had planned for that evening.

P: You must tell them to phone and arrange these things with you. I know you will not refuse but it is only decency that they ask you beforehand. I feel you are to blame – you as the parent must put your foot down – they must learn your rules and respect you enough to ask you first before they dump the grandchildren there.

P: You all know money is tight in my home – but my lot, not only bring the children but, not a sweet or chip so that one can say they at least bring their own food and luxuries. In that way I feel abused – because they just take advantage of granny –I call it granny abuse.

P: You have spoilt your children – what if you don't open your door when they come – where will they go then!

P: I think I must do just that.

P: You must put your foot down and let them know how this puts up your blood pressure. It cannot be good for you – no man, put your foot down.

P: You brought up an interesting point – that of finance. Children have become greedier by the day. Financial abuse of old people is the same as kicking an old person when they are down. Don't let it come to the family home. They don't know how it got there in the first place - and what sacrifices you had to make ,but they all want a slice of the pie when that house is sold. Right enough it is dangerous to live alone and one cannot always trust people you take in by renting a room. Living with children also leads to abuse because you become the live-in maid and babysitter.

P: Not all children are the same, there are a few who show respect This is becoming an agony aunt discussion – it's not to pour out your problems with your children.

P: What about the government and food prices and petrol and interest rate increases? We old people are hit by all these rises and falls in interest rates. I think that is part of financial abuse.

P: Ja, you even have to make provision for when you are dead otherwise you will stay in a mortuary forever. *[Group laughs]*

P: My biggest concern is the old age homes. Here are places who are supposed to look after you in your old age – but what one hears of what is happening there is a disgrace. Those people are only interested in the money you pay – and that is no

guarantee that you will be looked after properly. Those nurses are not real nurses – they just take them from the street and expect them to look after old people. The bathing and cleaning of the old people is not done in a dignified way – so conveyor belt-like. That is why when you phone there they must first look up in the book before they can tell you how that person is. My relative was treated very badly because she could not control her bladder. She eventually died because her urine used to eat through her skin and she got bedsores. Another old lady landed up being murdered at the vlei – now how can a old woman just walk out and nobody sees her - where are the nurses or the security who is supposed to look after these people? Where is the Old People's Act that is supposed to protect us?

P: All the nurses and social workers are going overseas to earn better money and the few who are in the services just don't get through their work to look after old people's problems. That is why I say the police are so busy chasing criminals that they do not have time for old people's problems. That is another thing - the crime in this country is so high that we are prisoners in our own homes, all burglar-barred in with house alarms, and we are still not safe there. I really don't know if this is how we are supposed to live. There is no change since this new government started as we are in a worse position now than before. You are not safe in the day - what still about at night! We have to be on guard all the time. That is where all this stress comes from. How can you be on pension and the doctor tells you, you are stressed out! Is it your wife or the children or just life in general. I must admit that the world we grew up in is very different from the world we are living in now. My children are overseas and we have been there lots of times. Old people are catered for there. They can get from their homes using the bus with a drop-down platform to get on comfortably. Home services still come around if you are on your own to check on you. The Health system is far better – no, they really look well after the old people.

[Silence for a few minutes with nobody saying anything]

P: I think we have said what we wanted to say. I need a cup of tea now!

R: Recaps key points of focus group discussion for participants to validate, and thanks them for their participation in the focus group discussion.

[Tea served to all participants of the focus group]



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