

Older People's Experiences of Mistreatment and Abuse



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Background

The number of older people who are at risk of mistreatment and abuse is likely to grow as the proportion of older people in the population continues to increase. Prevalence evidence indicates that approximately 2.2 per cent of older people in Ireland have been abused in the previous twelve months (Naughton *et al.* 2012). Elder abuse is becoming increasingly recognised as a problem that needs to be addressed. Attention was first drawn to this issue in Ireland when the National Council on Ageing and Older People (NCAOP) published *Abuse, Neglect and Mistreatment: An Exploratory Study* (O’Loughlin and Duggan 1998). Since this publication, a number of developments have taken place in response to the issue. In 2002, a seminal policy document was published by the Working Group on Elder Abuse. Entitled *Protecting our Future*, it proposed a framework of how best to address elder abuse. In response to this policy document, dedicated elder abuse services were established by the Health Service Executive (HSE) in 2007. This service included dedicated officers for the protection of older people, with responsibility for training and policy development, and senior case workers (SCWs), social workers with responsibility for assessing and managing suspected cases of elder abuse. In addition to this specialised service, the HSE funded the establishment of the National Centre for the Protection of Older People (NCPOP) to undertake a programme of research into elder abuse.

To date, there has been a scarcity of research that has examined older people’s own accounts of the experiences of elder abuse. A review of the literature found that a small number of studies have been undertaken which reported older people’s experiences of abuse; however these have largely concerned older women only and have focused on specific aspects of abuse, such as intimate partner violence, verbal abuse, domestic violence, lifespan abuse, and psychological violence in marriage.

Aim and objectives

The aim of this study was to examine and describe older people’s experiences of abuse. The objectives were to examine the extent and impact of abuse on older people and their families; to examine the decision-making pathways and forms of action taken in response to the

abuse; to explore the coping strategies adopted by older people to deal with the abuse; to identify the support needs of older people who have experienced abuse.

Method

In order to address the study aim and objectives, a qualitative research approach was adopted, involving in-depth interviews with a purposive sample of nine older people, recruited through the HSE senior case workers (SCWs) with responsibility for managing cases of elder abuse in Ireland. Only older people who met the inclusion criteria were approached to take part in the study. The inclusion criteria stipulated that the older person should have experienced abuse since reaching 65 years of age; experienced substantiated abuse, whether physical, psychological, sexual, financial abuse or neglect and involving someone with whom they had ‘a relationship of trust’. Participants should have had their case closed or considered informally resolved by their assigned SCW, have the capacity to give informed consent to partake in the study, be mentally and emotionally stable to speak about their experiences, as confirmed by their SCW and not be at serious risk or harm because of their participation in the study. Ethical approval was granted by UCD Human Research Ethics Committee to undertake the study.

The interviews were conducted during the period May to November 2011. A total of nine older people (2 males and 7 females), aged 67 to 83 years, participated in the study. Interviews lasted approximately one to two hours and most took place in the participants’ place of residence.

Findings

The interview data yielded rich insights into older people’s experiences of abuse. The data indicated four main categories: abusive experiences, impact of the abusive experiences, overcoming the abusive experiences and help-seeking patterns.

The first category ‘abusive experiences’ revealed the range and type of abuse experienced by participants and indicated that most tended to experience more than one type of abuse, and in some instances, there was more than one abuser. Accounts described experiences of being physically assaulted and restrained, having money stolen from them, being deceived, and placed under

undue influence to provide financial support to their adult child. Findings also provided accounts of abusive experiences where personal property and belongings were damaged and misused, where participants were denied health and social care help and support, were verbally abused and were denied access to grandchildren.

The second category ‘impact of the abusive experiences’ describes how the abuse impacted on older people’s physical and emotional health, as well as on their social circumstances. Initially, participants had difficulty describing how the abusive experience had affected them; however the effects soon became apparent as the interviews progressed. Accounts highlighted that the abuse that they experienced had consequences for their physical health where many reported that their general health deteriorated and symptoms from existing health conditions tended to intensify. Participants experienced long-lasting emotional consequences including sleep problems, distress and anxiety, feelings of loneliness and isolation, low self-confidence and many continued to live in fear of the abuse recurring. Findings also revealed that participants experienced financial difficulties as a result of the abuse: several struggled to pay household bills, especially those who had to relocate to alternative accommodation to escape the abuse. Additionally, a number of participants reported that they experienced strained family relationships, particularly where the abuser was a family member.

The third category ‘overcoming the abusive experiences’ describes the coping strategies adopted by older people to help them to deal with the abuse. Findings highlighted that participants tended to rely on their own internal processes to deal with their abusive experiences. Six main strategies on which participants drew to help them cope were identified: avoidance, confrontation, personal strengths, affirmation, finding a place of sanctuary and rationalising the abuse.

The fourth category ‘help-seeking patterns’ describes participants’ experiences of the help and support that they received in relation to the abuse experienced. The interview data revealed that help and support was often sought by a friend or healthcare professional on behalf of the participant. Accounts provided the sources of help and support received. As participants were recruited through the HSE senior case workers, all had received

information and support from this service. Their accounts described how the SCWs had helped them with attending court cases and with accessing practical advice and information. Findings also highlighted the moral support and help with normal daily household chores the participants received from family and friends, as well as advice and support received from local voluntary and statutory services and healthcare professionals who helped to increase their confidence and sense of security. Although participants spoke positively of the help and support received, a number of barriers to sourcing help were identified. These included: failure to recognise the abuse, fear of sourcing help because of shame and fear of being judged. Some encountered difficulties with services, indicating problems with limited availability of services, limited authority of the local Gardaí and limited options open to them. These experiences tended to induce feelings of hopelessness and disappointment.

Conclusions

This study provides accounts of abuse, as experienced by older people themselves. Findings highlighted the range and type of abuse experienced and the deep, negative, far-reaching, long-lasting physical, emotional and social consequences that abuse can have for older victims of abuse. The study also revealed that older people tended to draw on their own internal resources to help them to cope with the abuse and highlighted that few older people interviewed sought help for themselves, primarily because they did not realise they were being abused. Although the help and support received was praised and appreciated, a number of obstacles to seeking help and support were identified. The older people’s accounts yielded valuable insights into the experience of elder abuse, which are essential when developing effective policy responses and services to protect older people and support those who experience mistreatment and abuse. Recommendations for service development, education and training and future research are offered. This study provides rich information not previously available in Ireland and yields insights into abuse as experienced by older people themselves.

1.1 Introduction

This report outlines the findings of a study undertaken to examine older people's experiences of mistreatment and abuse. The study involved in-depth interviews with a purposive sample of nine older people who have been victims of abuse, recruited through the senior case workers responsible for managing cases of elder abuse in Ireland. Interviews were conducted over a seven month period from May to November 2011. This study aimed to examine and describe older people's experiences of abuse. The objectives of this study were to:

1. Examine the extent and impact of abuse on older people and their families
2. Examine the decision-making pathways and forms of action taken by older people in response to the abuse
3. Explore the coping strategies older people adopt to deal with the abuse
4. Identify the support needs of older people who have experienced abuse.

1.2 Background

The abuse of older people is not a new phenomenon; however it was only in the 1970s that elder abuse emerged as an area of concern (Baker 1975). In Ireland, elder abuse was brought to the forefront with the publication of a report entitled *Abuse, Neglect and Mistreatment of Older People: An Exploratory Study* (O'Loughlin and Duggan 1998). Commissioned by the National Council on Ageing and Older People, the report set out recommendations to tackle the issue of elder abuse in Ireland. Consequently, a Working Group on Elder Abuse was set up in 1999 to advise the Government on how best to respond to the problem. The Group published the seminal policy document *Protecting our Future* in 2002, which proposed a framework for how elder abuse should be addressed.

In Ireland, there are approximately 535,393 people aged 65 years and over and this number is expected to more than double by 2026 (CSO 2012). As the proportion of older people continues to increase worldwide, so too does the global recognition of the problem of elder abuse and the need to respond accordingly. A national

prevalence study of elder abuse reported that an estimated 2.2 per cent of older people in Ireland experience abuse (Naughton *et al.* 2012). When extrapolated to the general population, this translates to 11,778 older people who have experienced abuse in the previous twelve months. The study also highlighted that in half of the cases of abuse, the abuser concerned was an adult child of the victim. These publications have highlighted the issue of elder abuse and Irish policy makers and service providers have begun to acknowledge the need to address this problem.

Based on recommendations from *Protecting our Future*, dedicated elder abuse services were established by the Health Service Executive (HSE) in 2007. This service included dedicated officers for the protection of older people, with responsibility for training and policy development, and thirty-two senior case workers (SCWs), social workers with responsibility for assessing and managing suspected cases of elder abuse. Additionally, four sub-groups were established in 2008 to progress the recommendations of *Protecting our Future* and addressed key areas, including awareness-raising and media; communication; policy, procedure, protocols and guidelines; training and development. In addition to this specialised service, the HSE funded the establishment of the National Centre for the Protection of Older People (NCPOP) to undertake a programme of research into elder abuse. A review of the recommendations of *Protecting our Future* was undertaken to examine the dedicated elder abuse services set up by the HSE and concluded that significant progress has been made in relation to the implementation of the recommendations (NCAOP 2009).

1.3 Definition of elder abuse

The Working Group on Elder Abuse (2002) adopted the definition for elder abuse, which is based on that used by Action on Elder Abuse (1995) in the UK, and which has also been adopted by the World Health Organisation (2002). The Working Group on Elder Abuse (2002, p. 25) defined the term 'elder abuse' as:

A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person or violates their human and civil rights.

The Working Group on Elder Abuse (2002, p. 26) also identified several forms of abuse, as including:

Physical abuse, including hitting, slapping, pushing, kicking, misuse of medication, restraint, or inappropriate sanctions.

Sexual abuse, including rape and sexual assault or sexual acts to which the older adult has not consented, or could not consent, or into which he or she was compelled to consent.

Psychological abuse, including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.

Financial or material abuse, including theft, fraud, exploitation, pressure in connection with wills, property or inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.

Neglect and acts of omission, including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

Discriminatory abuse, including racism, sexism based on a person's disability, and other forms of harassment, slurs or similar treatment.

The definition and forms of elder abuse have been adopted as operational definitions for the purpose of this study.

1.4 Rationale for the study

Extant research in the field of elder abuse has limited its focus to the definition of elder abuse (McCreadie 1996), the risk factors (Lachs *et al.* 1997) and more recently, on the prevalence of elder abuse (O'Keeffe *et al.* 2007; Acierno *et al.* 2010; Naughton *et al.* 2012). Studies have reported elder abuse from the perspective of professionals and staff (McGreevey 2004; Rodr guez *et al.* 2006; Rinker 2009); however, the voice of older people and their experiences of mistreatment and abuse remain largely unheard in research into elder abuse (Hightower *et al.* 2006).

While recent research, such as that undertaken by O'Brien *et al.* (2011), provides valuable insights into older people's perceptions of elder abuse in Ireland, a lacuna in research remains, whereby older people's own accounts of their experiences of abuse are still somewhat absent from published studies. Information available about elder abuse has been criticised for not being grounded in older people's own accounts of their experiences of abuse (Stones 1995). Few studies have examined older people's experiences of abuse, the nature and impact of the abuse on them, the outcomes of the abuse and their experiences of support. In order to gain an insight into abusive experiences, the most effective way is to speak to older people who have themselves experienced the abuse first hand (Podnieks 1992). Furthermore, it is essential to work with older people who have survived abuse or neglect, in order to develop effective policy and practice to address abuse in the lives of older people (Hightower *et al.* 2006). Moreover, it is important to obtain the views of older people who have had these experiences and not to make assumptions about elder abuse based solely on the views and experiences of professionals (Pritchard 2000).

1.5 Structure of the report

This report is presented in five main chapters. Chapter 1 provides background information on the developments of elder abuse in Ireland, the extent of the problem and the establishment of a dedicated elder abuse service, set up in response to this social and cultural issue. The definition of elder abuse and the rationale for undertaking this study are also set out. Chapter 2 presents a review of the literature which was undertaken to critically examine previous studies which have adopted a qualitative approach to explore older people's experiences of mistreatment and abuse. Chapter 3 describes the study design, the study's aims and objectives, the recruitment process and the methods used in data collection and data analysis. Ethical considerations are also discussed. Chapters 4, 5, 6 and 7 present the main findings from the study under four main headings, namely 'abusive experiences', 'impact of the abusive experiences', 'overcoming the abusive experiences', and 'help-seeking patterns'. Chapter 8 discusses the findings in light of the literature and considers the implications of the findings and Chapter 9 presents the conclusion and recommendations for future service development, education and training and future research.

2.1 Introduction

This chapter presents findings from a review of the literature, by first outlining the search strategy used to identify relevant research literature. An overview of the studies is then provided, followed by findings from the review where seven emerging key themes are presented. The major themes from the review are presented under the following headings: the nature of the abuse; the impact on the older person; coping with the abuse; support needs; reporting the abuse; barriers to help-seeking; perceived gaps in elder abuse services.

2.2 Search strategy

The review was undertaken using several scholarly databases including CINAHL, PsycINFO and Social Science Index. A combination of terms such as 'elder abuse', 'elder mistreatment', 'elder maltreatment', 'experiences', 'violence', 'older people' and 'elderly' were used to search for articles. Books, grey literature and online searches were also examined for relevant research studies. The search was limited to studies published in English, to those that adopted a qualitative approach and to those that reported findings from data collected from older people, aged 50 years and older who had been victims of abuse. The search was not restricted to a specific time period.

2.3 Overview of studies

The literature review yielded 18 studies in total, all of which had collected qualitative data on the experiences of abused older people. The review identified two published studies which had collected data from both older men and women who had experienced elder abuse (Podnieks 1992; Mowlam *et al.* 2007). These studies examined the experiences of 42 older people who had taken part in a national prevalence survey of elder abuse undertaken in Canada (Podnieks *et al.* 1989) and 39 older people who partook in a national prevalence study in the UK (O'Keeffe *et al.* 2007).

A further four studies were identified, which reported the abusive experiences of both older men and women (Wolf and Pillemer 1989; Nandlal and Woods 1997; Peri *et al.* 2008; Band-Winsterstein and Eisikovits 2009). The Families Commission in New Zealand adopted a broad sampling framework to identify risk and protective factors

and involved various stakeholder groups, including a group of 15 older victims of abuse who were interviewed about their experiences (Peri *et al.* 2008). As part of a larger study entitled *The Evaluation of Three Model Projects on Elderly Abuse*, Wolf and Pillemer (1989) conducted structured interviews with 42 physically abused older people to explore the role of dependency in the victim-abuser relationship. A smaller study by Nandlal and Woods (1997) adopted a discourse analysis approach and involved interviews to examine eight older people's perceptions of verbal abuse, of which six had been victims of abuse. In-depth interviews were undertaken to examine the experiences and perceptions of 20 elderly couples in Israel who had experienced intimate partner violence for most of their lives (Band-Winsterstein and Eisikovits 2009).

The review revealed twelve other studies. With the exception of one study, which involved interviews with twelve older men about their experiences of abuse (Pritchard 2001), the remaining studies examined older women's experiences only and presented findings largely in light of domestic violence and intimate partner violence (Schaffer 1999; Pritchard 2000; Buchbinder and Winterstein 2003; Mears 2003; Scott *et al.* 2004; Douglass 2005; Montminy 2005; Zink *et al.* 2006; Hightower *et al.* 2006; Lazenbatt *et al.* 2010; McGarry and Simpson 2011).

Using various methods, including interviews, focus groups and a phone-in campaign, Schaffer (1999) was the first to conduct a national study to examine older women's experiences of domestic violence in Australia, and identified the needs of 90 older women. The main purpose of another Australian study reported by Mears (2003) was to empower older women who had been abused to tell their story. This study used multiple sources of data, including questionnaires, seminars, interviews and written letters totalling responses from 270 community living older women (Mears 2003).

Hightower *et al.* (2006) collected data from 64 older Canadian women who experienced interpersonal violence and abuse and also examined support services deemed useful by the older women. Descriptions and understanding of intimate partner violence were examined in interviews with 38 abused older women in the US (Zink *et al.* 2006).

Based on a review of the literature, a review of public policy and a telephone survey of service providers,

Health Scotland gathered information on long-term suffering and barriers to accessing services from multiple sources, and included five face-to-face interviews with older female survivors of domestic violence (Scott *et al.* 2004). Two Northern Ireland studies involved older women who had experienced abuse; the first of these used semi-structured interviews to examine the lifelong experiences of 18 older women who were victims of domestic violence (Lazenbatt *et al.* 2010) and the second study interviewed 14 participants about their experiences of adult protection services, nine of whom were older adults and seven females who had experienced abuse (Douglass 2005). Montminy (2005) conducted an exploratory study among 15 older women who were victims of marital psychological violence. McGarry and Simpson (2011) interviewed 16 older women who had experienced domestic abuse and examined the impact it had on their health and lives. In Israel, in-depth interviews were undertaken with 20 'battered' older women who had experienced intimate partner violence (Buchbinder and Winterstein 2003). Pritchard (2000) examined the support needs of 27 older women who had been victims of abuse and also examined 12 older men's experiences of abuse, using in-depth interviews (Pritchard 2001).

From the 18 studies reviewed a number of key themes were identified, namely: the nature of the abuse; impact on the older person; coping with the abuse; support needs; reporting the abuse; barriers to help-seeking; and perceived gaps in services.

2.4 Nature of the abuse

Studies undertaken with older people who were victims of abuse reported that they experienced a range of abusive behaviours and these often occurred over the life span. A number of possible causative factors were also identified.

Types of abuse

The abusive experiences reported by older people included financial, physical, sexual, material, social, mental and emotional abuse and neglect. The review of literature revealed that financial and psychological abuse appeared to be the most prevalent types of abuse experienced by older people (Pritchard 2001; Hightower *et al.* 2006; Peri *et al.* 2008). It has been proposed that

financial abuse is probably the easiest for older women to disclose and that sexual abuse for example may be more sensitive and difficult to articulate (Hightower *et al.* 2006). In a study which involved 27 older women, Pritchard (2000) noted that financial abuse was the most commonly reported form of abuse. The older women reported having money kept from them by their spouses, or stolen from them by a relative, neighbour or stranger, or money taken by those who had abused a position as power of attorney (Pritchard 2000). Similarly, Lazenbatt *et al.* (2010) reported that older women who were victims of domestic violence were restricted from accessing money and salaries and were forced to sign over money or assets. Financial abuse, attributed to vulnerability due to illness, was also found to be the most commonly reported form of abuse experienced by older men (Pritchard 2001). Some older people reported experiences of being monitored and controlled, particularly in the context of financial abuse, which was more likely to involve adult children rather than spouses and frequently concerned property (Hightower *et al.* 2006).

The second most common form of abuse experienced by older people was emotional abuse (Pritchard 2001) and many victims reported that this was the worst form of abuse (Lazenbatt *et al.* 2010). Many older female victims of abuse could talk more openly about this form of abuse and indicated that this form of 'mental cruelty' was a means of controlling them, which they asserted had affected their self-esteem (Pritchard 2001). Lazenbatt *et al.* (2010, p. 39) described the psychological abuse experienced by older people as 'cruel, intense [and] damaging' abuse, which became so prominent that it 'eroded their lives, self-esteem and ability to love and nurture'. Psychological abuse was found to be extensive in the earlier years of marriage, which then continued into later years to a much greater extent than physical or sexual abuse (Zink *et al.* 2006). Hightower *et al.* (2006) reported that many older women spoke about being harassed, verbally abused, intimidated, insulted, put down and ridiculed, threatened and isolated. Abuse of older people almost invariably involves verbal abuse (Nandlal and Wood 1997).

Experiences of being physically hurt, threatened, forced to have sex and social abuse, where victims reported being denied social contact with friends and family, were more common among studies of older women who had been victims of domestic violence (Lazenbatt *et al.* 2010).

Zink *et al.* (2006) reported that sexual abuse was prevalent throughout earlier years of marriage in the forms of 'manhandling' and marital rape, but that these abusive behaviours waned as couples grew older and appeared to take on a more psychological form. Hightower *et al.* (2006) also found that instances of sexual assault occurred throughout married life, although it was difficult for older women to articulate this type of abuse.

In the only study involving interviews with older male victims of abuse, nine of the twelve older men interviewed reported neglect. This included: living in unacceptable conditions, wearing soiled clothes and those whose skin was in very poor condition (Pritchard 2001). Lazenbatt *et al.* (2010) noted that most older victims of abuse reported experiencing a combination of physical, sexual and emotional abuse and that older abused women felt that there was no clear demarcation line between physical and psychological, emotional, financial or verbal forms of abuse (Lazenbatt *et al.* 2010).

Several studies focussed on the relationship between the abuser and the older person and found that abusers were most likely to be men and in most cases, partners of the victims, although some sons, brothers and uncles were also perpetrators (Mears 2003; Hightower *et al.* 2006; Zink *et al.* 2006). Occasionally, the abusers were mothers, daughters, daughters-in-laws and caregivers (Mears 2003). In New Zealand, abusers were also found to be family members or close relatives (Peri *et al.* 2008). Similarly, in a UK study, 22 out of 39 participants reported that the abuse involved family members or paid carers or close friends and the remaining 17 reported that the abuse involved neighbours, acquaintances and strangers (Mowlam *et al.* 2007). Peri *et al.* (2008) proposed an intergenerational explanation for abuse perpetrated by adult children, suggesting that some older victims may have neglected their offspring when they were younger. Some studies found that older women reported that they had multiple abusers and that they were abused by more than one person (Pritchard 2000).

Lifespan abuse

The review highlighted a number of studies which reported that older people spoke about experiencing abuse and trauma earlier in their lives (Pritchard 2000; Hightower *et al.* 2006; Peri *et al.* 2008; Band-Winterstein and Eisikovits 2009; Lazenbatt *et al.* 2010). Some studies

revealed that older women reported being abused in childhood, being in abusive relationships and remarrying into another violent relationship and that this pattern tended to continually repeat itself in later life (Pritchard 2000; Hightower *et al.* 2006; Lazenbatt *et al.* 2010). Hightower *et al.* (2006, p. 225) stated that the abuse experienced by older people was on a continuum of violence, occurring across the lifespan from 'cradle to grave'.

Pritchard (2000) reported that out of 27 in-depth interviews undertaken with older women, 14 were victims of abuse during earlier stages of their lives, seven were victims of child abuse and 13 had been victims of domestic violence. A study undertaken among 18 older women in Northern Ireland found that many had experienced a lifetime of abuse, ranging from 37 to 52 years in duration (Lazenbatt *et al.* 2010). A study of 64 older women found that some had as many as three abusive relationships over their lifetime (Hightower *et al.* 2006). Band-Winterstein and Eisikovits (2009) reported that the abuser tended to be the male partner and suggested that the power relationship tended to change as the couple grew older. These authors suggested that the power structures altered with old age and continuous violence over the years began to turn against the male abuser, such that he too came to view himself as a victim (Band-Winterstein and Eisikovits 2009).

Possible causative factors

The studies reviewed considered a number of possible causative factors for the abuse experienced. Pritchard (2000) reported that older female victims of abuse tried to provide explanations for the abuse and attributed the violent behaviours to financial difficulties, alcohol and gambling problems. A Canadian study of 42 older people reported that mental health problems, developed during the Great Depression, were blamed for the abusive behaviours (Podnieks 1992). The abusive experiences were also attributed to stress, substance abuse and emotional problems (Podnieks 1992).

In some instances, situational factors such as the decline in the health of one partner were considered a factor that could lead to or exacerbate spousal abuse (Podnieks 1992; Pritchard 2001; Hightower *et al.* 2006).

Vulnerability, arising from poor physical health and/or needing help with basic care, rendered older men as easy targets for the abuse experienced (Pritchard 2001). The

retirement of a spouse may also lead to abuse as it was reported that those who retired had a tendency to become more controlling (Montminy 2005; Hightower *et al.* 2006). Wolf and Pillemer (1989) found a strong relationship between dependency and physical abuse, with financial dependency on the part of the abuser a significant predictor of elder abuse. Loneliness, inadequate social and emotional support, isolation and lack of community resources were also identified as possible factors which could lead to or intensify elder abuse (Podnieks 1992; Pritchard 2001).

The review highlighted cultural factors that may lead to abuse. For example, in one study the abuse was attributed to learned behaviour, whereby violence becomes acceptable in families, thereby tending to perpetuate the intergenerational cycle of violence (Hightower *et al.* 2006). Lazenbatt *et al.* (2010) noted that older women raised in a culture in which women tended to be submissive may be one reason why elder abuse occurs. Some older women reported feeling partly responsible for the abuse and indicated that they sometimes felt that they deserved the mistreatment (Podnieks 1992; Hightower *et al.* 2006; Lazenbatt *et al.* 2010). These feelings were attributed to family, upbringing and religion and the victims' perception of the woman's role (Lazenbatt *et al.* 2010). Podnieks (1992) noted that although religion was found to be a support in the abusive experiences, it was also referred to as something that may also have caused the mistreatment.

Schaffer (1999) also highlighted the role of cultural factors in elder abuse in Australia, suggesting that rural and outback regions tended to increase older people's isolation due to lack of transport, and limited options, supports and opportunities available to older people, thereby compounding their abusive experiences. Peri *et al.* (2008) similarly reported that older people living in rural communities tended to live further from neighbours and local amenities and had limited or no access to public transport and they concluded that living alone was a potential factor in increasing older people's risk of abuse and neglect.

2.5 Impact on the older person

Studies showed that the abuse experienced had negative consequences for older people, ranging from health implications (Lazenbatt *et al.* 2010; McGarry and Simpson 2011), loneliness and isolation (Podnieks 1992; Pritchard 2000), financial loss (Hightower *et al.* 2006), inappropriate residential placement (Pritchard 2000) and loss of family home and family and social networks (Mears 2003; Hightower *et al.* 2006; McGarry and Simpson 2011).

Health implications

The abuse experienced had several health implications. From interviews with 18 older female victims of domestic violence, depression and anxiety were the most commonly-reported type of emotional consequence for the abused older women (Lazenbatt *et al.* 2010). This finding was consistent with other studies which reported that older people also reported depression as a consequence of the abuse, and in some instances, this was linked to the loneliness experienced (Podnieks 1992; Peri *et al.* 2008). McGarry and Simpson (2011) described how the abuse experienced by older women induced panic attacks and acute anxiety, as well as emotional problems such as frustration, anger, helplessness, hopelessness and low-self-esteem, and some described their experience as being stripped of their identity. Similarly, non-physical abuse experienced by victims of domestic violence led to feelings of terror, hopelessness and powerlessness and older women experienced the sense that they had nowhere to go or anyone to talk to (Lazenbatt *et al.* 2010). Hightower *et al.* (2006) highlighted the profound emotional impact on the older women interviewed and pointed out that most experienced the sense of having to start all over again following the abuse, having already accomplished much in their lives, such as building a home and rearing children.

Other health impacts experienced by older women included stress, gastric ulcers and irritable bowel syndrome (Hightower *et al.* 2006). Peri *et al.* (2008) noted that insomnia was a commonly reported complaint among victims of abuse. It was noted that elder abuse might not always be easily identified, as common consequences of abuse may be similar to some physical and psychological symptoms often associated with ageing and growing older (Hightower *et al.* 2006). For example, depression, fatigue, anxiety and confusion may be associated with older age rather than abuse.

Social implications

Loneliness and isolation were among other reported consequences of the abuse experienced (Podnieks 1992; Pritchard 2000; Hightower *et al.* 2006). Abused older people reported feeling isolated in their homes and in nursing homes and indicated that they felt that the days were very long (Pritchard 2000). Some older women experienced a strong sense of loneliness and isolation in everyday family life, despite the fact that they were living with family and surrounded by friends (Podnieks 1992; Hightower *et al.* 2006). Pritchard (2001) noted that all twelve men interviewed were either physically or emotionally isolated, with some who were housebound, having no real social contact. In some instances, the isolation was self-perpetuating and in other situations, it was a consequence of the abuser's controlling behaviours (Lazenbatt *et al.* 2010). The abuse experienced can also impact negatively on family relationships, causing them to break down (McGarry and Simpson 2011).

2.6 Coping with the abuse

Although the abuse experienced had negative consequences for older people, several studies described how older people developed coping skills to deal with the abuse (Podnieks 1992; Pritchard 2000; Mears 2003; Hightower *et al.* 2006). Studies showed that many older people displayed a significant sense of resilience and were able to cut themselves off emotionally from the abuse. Others resorted to drugs, confided in close friends and family, and for some, religion helped them to cope.

Resilience

Older people who had been abused throughout their lives often discovered and developed methods of survival. In some instances, older people coped by simply adapting to the abusive situation (Lazenbatt *et al.* 2010). Podnieks (1992, p. 106) observed a 'hardiness' among older people interviewed and described how they were 'able to negotiate their way through tragedies and changes to cope with hardship'. The older women spoke about having an 'inner strength' and explained that they took each day as it came, with many learning to live with the abuse (Podnieks 1992). This sense of resiliency was reported in other studies. Older women who were victims of long-term domestic violence reported that they just 'got on with it' (Scott *et al.* 2004). Wolfe and Pillemer

(1989) write that older victims of abuse may generally put up with the abuser as they have no other options available to them or because they may feel guilty about leaving and worry about how the abuser would cope without them (Wolfe and Pillemer 1989). Some older women explained that they put up with the abuse for the sake of their children (Buchbinder and Winterstein 2003). Buchbinder and Winterstein (2003) reported that while some women portrayed themselves as 'heroines' for putting up with the violence from their partners, others described themselves as 'fools' for allowing themselves to be abused.

Another common psychological approach to coping was to block out the abuse and avoid addressing the problem at all (Mears 2003; Lazenbatt *et al.* 2010). Following the abusive experience, older victims of abuse reported that it was important to remain occupied and had kept themselves busy with hobbies and interests (Pritchard 2000).

Drugs and social support

Several studies reported that older victims of abuse sometimes resorted to misusing prescription and non-prescription drugs such as codeine and paracetamol, as well as engaging in excessive smoking and alcohol use in order to cope with the abuse (Lazenbatt *et al.* 2010). Other studies found that it was crucial that older people had support from family and friends (Mears 2003) and have a confidant to help them to cope with the abusive experiences (Podnieks 1992).

The role of religion

The role of religion in the lives of older people emerged from several studies reviewed. Religion was found to be a 'sustaining force' in older people's lives, providing them with a sense of self-value and a feeling of belonging (Podnieks 1992). Pritchard (2000) indicated that religion can be a great comfort that can sometimes help victims in overcoming the abusive experience and adapt to new environments. Although religion was found to be a support, it was sometimes viewed as the cause of the abuse (Podnieks 1992; Hightower *et al.* 2006). Hightower *et al.* (2006, p. 223) concluded that while a small number of older women spoke about the importance and comfort they gained from religion; 'church functioned as an extended family system that could either minimize, deny, and enable abuse, or alternatively could provide

much-needed social support, spiritual encouragement, and practical assistance’.

2.7 Support needs

The literature highlighted the support needs of older people and emphasised that although it is important to consult with service providers when developing policies and practices in relation to supporting older people, studies indicated that it is equally important to ask survivors of elder abuse about the services and supports they considered beneficial (Hightower *et al.* 2006). Support needs identified included counselling and peer support, having a place of safety, as well as access to practical support and information. It was noted that support needs to be provided on an on-going basis (Pritchard 2000).

Counselling and support from others

A number of studies highlighted that older people valued counselling and group support in helping them to move on from their abusive experiences (Schaffer 1999; Pritchard 2000; Hightower *et al.* 2006). Pritchard (2001) reported the willingness and openness of older men to speak about their experiences of abuse. Peer support was particularly valued by older women, whereby they felt that it was beneficial to talk to other older women of similar age about their abusive experiences (Schaffer 1999; Pritchard 2000; Hightower *et al.* 2006). Speaking with other older female victims of abuse and sharing their experiences sometimes helped them to deal with unresolved issues (Pritchard 2000). Studies revealed that older women needed to have their experiences listened to and believed by people who remained non-judgemental and who could facilitate disclosure, such as medical staff, lawyers and the clergy (Schaffer 1999; Pritchard 2000; Hightower *et al.* 2006). Women who were not believed found themselves continuing to live in abusive circumstances (Schaffer 1999).

Although adult children were frequently reported as abusers, some older people mentioned that their adult children were very supportive, particularly with helping their mothers to leave the family home to escape from the abuse (Hightower *et al.* 2006). Buchbinder and Winterstein (2003) reported that although older people described their adult children as supportive, they were sometimes described as ‘foes’ who disappointed them.

A place of safety and access to support and information

A fundamental need of older victims of abuse was having secure and safe shelter and accommodation (Pritchard 2000; Hightower *et al.* 2006). Pritchard (2000) found that older women indicated that it was important to feel safe and to have the option of alarm systems and someone nearby that could call in on them regularly. Having a suitable safe home was also common to the needs of older men who had been abused (Pritchard 2001).

Another commonly-reported need that emerged from the studies reviewed was the need to receive accurate and reliable information regarding legal issues, income support, housing, available resources and financial support (Schaffer 1999; Pritchard 2000; 2001; Hightower *et al.* 2006). Pritchard (2000) reported that older women were unclear about their rights and entitlements and they needed more practical information, such as where to go to for safety, information regarding housing, legal advice, benefits and allowances, advice about financial issues and support in obtaining a divorce. Hightower *et al.* (2006) similarly found that older women needed help with practical financial matters such as applying for financial support and opening a bank account. Older people also reported needing practical information on matters such as what it is like to be in a courtroom and how to make an application for a protection order (Pritchard 2000). Older men’s needs primarily concerned help in relation to housing, finances and legal matters and practical support with matters such as collecting possessions from their home (Pritchard 2001).

Pritchard (2000) emphasised the importance of having someone to talk to who could advise older people about how they could leave the abusive situation safely and highlighted the value of support provided following disclosures of abuse at a time when older people have significant decisions to make. Older women valued practical advice and information from other women who have had similar experiences (Hightower *et al.* 2006) and sometimes preferred to talk to ‘outsiders’ who were unknown to the family (Pritchard 2000).

2.8 Reporting the abuse

A small number of studies explored the reasons that led older people to report abuse. One study attempted to

understand what motivated older people to report mistreatment and revealed that older people felt a need to change the abuser's behaviour and to place distance between themselves and the abuser in order to protect their own personal safety (Mowlam *et al.* 2007). Older women who had been victims of abuse decided to end the abusive situation as their poor health caused them to 'reach a very low point' and they felt 'unable to take anymore' (Pritchard 2000, p. 48). In some instances, older women indicated that they wished to end their lives and reported that on some occasions they felt that suicide might be the only means to end the abuse (Podnieks 1992; Pritchard 2000).

Several studies also identified the reasons as to why some older people were reluctant to report abuse (Mears 2003; Hightower *et al.* 2006; Mowlam *et al.* 2007). Victims often felt they deserved the mistreatment (Podnieks 1992) and experienced low confidence and low self-esteem following incidents of abuse (Mowlam *et al.* 2007). Others had recently been bereaved and felt that there was nobody they could talk through what action to take (Mowlam *et al.* 2007). Some older people remained in the abusive circumstances and failed to report the abuse because of the commitment to their marriage vows and family solidarity (Hightower *et al.* 2006) and many were concerned about the effect reporting would have on the abuser's health and wellbeing (Mowlam *et al.* 2007). Some were primary carers for the abuser and felt responsible for them (Lazenbatt *et al.* 2010).

Older women in abusive relationships sometimes experienced difficulty leaving their partner as the couple had become physically and financially dependent on each other (Zink *et al.* 2006; Hightower *et al.* 2006; Lazenbatt *et al.* 2010). Furthermore, some were reticent about reporting abuse as they were frightened that they would be abandoned and felt that maintaining the relationship with the abuser was more important to them than ending the abuse (Pritchard 2000; Mears 2002). Other reasons for not reporting the abuse were because many had simply learned to live with the abuse (Podnieks 1992) and some had developed techniques to pacify the abuser (Peri *et al.* 2008). Podnieks (1992) noted that older people tended to excuse the abuser's behaviours. Some older men also had a tendency to be somewhat protective of the abuser and portrayed a similar sense of loyalty (Pritchard 2001).

Some studies reported that older people felt too frail to confront the abusers and felt that they would not be strong enough to defend themselves (Mowlam *et al.* 2007). In some instances, the older person considered that the abuse was not serious enough to warrant action (Mowlam *et al.* 2007) or the older person felt embarrassed or ashamed of the abuse, and was simply too scared and feared exacerbating the abuse (Hightower *et al.* 2006; Mowlam *et al.* 2007; Lazenbatt *et al.* 2010). Lazenbatt *et al.* (2010, p. 56) reported that older women spoke about how they lived with a constant feeling of fear and were frightened that if they disclosed the abuse, it would have even worse implications such as 'mental or physical anguish, deprivation or even death'. Many older people also feared the consequences of reporting the abuse, such as being alienated from family and friends and becoming isolated (Hightower *et al.* 2006; Mowlam *et al.* 2007; Lazenbatt *et al.* 2010). Others did not want to seem to be making a fuss or were concerned that they would be blamed for the abuse (Mowlam *et al.* 2007).

2.9 Barriers to help-seeking

A number of studies have highlighted the barriers faced by older people in seeking help (Pritchard 2000; Scott *et al.* 2004; Hightower *et al.* 2006; Lazenbatt *et al.* 2010). Hightower *et al.* (2006) emphasised the importance of providing counselling and group support to older people who have been abused, but acknowledged that some older people may have difficulties accessing these types of support services, for example, because of language difficulties or because they lived in more isolated rural areas (Hightower *et al.* 2006). Abused older people who lived in more rural areas were unlikely to seek help as there tended to be a lack of specialist services available for them (Hightower *et al.* 2006; Lazenbatt *et al.* 2010).

Lazenbatt *et al.* (2010) distinguished between internal and external barriers to seeking help. Internal barriers included the need to protect family, self-blame, powerlessness, hopelessness and the need for privacy. Older women sometimes held the traditional view that what happens in the family home is kept private and many experienced a sense of shame or embarrassment and preferred that the abuse be kept hidden from family, friends and neighbours (McGarry and Simpson 2011). Pritchard (2000) noted that some victims who had been threatened by the abuser had considered disclosing the abuse, but the thought of reporting it to anyone terrified

them. External barriers identified included the response of others such as family and friends, health and social care professionals and clergy, a lack of an awareness of support services, resources and legal systems and financial dependency (Lazenbatt *et al.* 2010).

In general, there was a reported lack of knowledge among older victims of abuse regarding their rights and the services available to support older people (Lazenbatt *et al.* 2010). Some studies reported that older people lacked knowledge about support services (Scott *et al.* 2004) and those who did, found out about them indirectly (McGarry and Simpson 2011) and were unsure of their role and remit (Lazenbatt *et al.* 2006). Pritchard (2000) indicated that several women who had been victims of abuse frequently considered leaving the abusive situation but had little or no knowledge of where to go for help and support, which deterred them from seeking help. Others were simply too scared to access them for fear that they would be placed in an institution (Hightower *et al.* 2006). Other barriers identified to seeking help included cultural and professional assumptions that older women were not being abused (Scott *et al.* 2004). Failure to report was also attributed to overexposure to long-term abuse, where older women believed that they were no longer able to leave the abuser (Montminy 2005). Lack of independent income and isolation were also factors which prevented older people from seeking help (Scott *et al.* 2004). The national UK prevalence study, in which 39 older people were interviewed, reported that older victims of abuse generally did not know where to go for help, were often unaware of their legal rights, feared authorities in general and feared that the service may not take them seriously (Mowlam *et al.* 2007).

2.10 Perceived gaps in services

The review highlighted several perceived gaps in the response of healthcare, social care and legal services to the support provided to older people who have been abused. One study reported that older people cited that there was a general lack of supportive programmes (Lazenbatt *et al.* 2010). In particular, studies indicated a serious lack of support from GPs and the police, and older people sometimes perceived services as limited in what action they could take in response to the abuse (Mowlam *et al.* 2007; Lazenbatt *et al.* 2010).

Older female victims of domestic violence reported that the various healthcare professionals provided little or no support and indicated that they appeared to possess little or no knowledge about domestic abuse (Lazenbatt *et al.* 2010). Similarly, older women described how they failed to get the appropriate support from their GP and reported that their doctor's response was often only to prescribe medication (Hightower *et al.* 2006). Lazenbatt *et al.* (2010) highlighted that victims had confided repeatedly over the years in their GPs about the abuse and had attended the emergency department with bruising, cigarette burns and broken limbs, and yet no healthcare professionals investigated the causes of the injuries. A similar response was reported by those who had visited dental professionals with facial bruising, broken teeth and dislocated jaws (Lazenbatt *et al.* 2010). Victims explained that healthcare professionals were reluctant to become involved as they viewed the issue as a family problem (Lazenbatt *et al.* 2010).

A number of weaknesses in services for older men were highlighted by Pritchard (2001), including inconsistencies in the delivery of emergency care and support, policies and procedures were rarely followed, limited time was allocated to the victim and there was a reported lack of communication with the victim. Older victims of elder abuse in Northern Ireland who had received help from protection services experienced ambivalence around initiating professional support and the process of intervention (Douglass 2005).

Lazenbatt *et al.* (2010) found that older victims of abuse had particular difficulty with the legal system and asserted that it was ineffective, time-consuming and created much confusion. Other common criticisms from older people was the delay in getting support to victims with matters such as benefits, allowances and financial support (Pritchard 2000), and some older women who were victims of domestic violence felt that services tended to be directed more towards younger women (McGarry and Simpson 2011).

2.11 Summary

A review of literature uncovered eighteen studies involving interviews with older people who experienced abuse. The studies were conducted in Canada, the UK, USA, Australia, New Zealand and Israel. The majority of

studies were conducted with abused older women; just one study was undertaken with only abused older men.

Based on eighteen studies, seven themes emerged; these were: the nature of the abuse; the impact on the older people; coping with the abuse; support needs; reporting the abuse; barriers to help-seeking; and perceived gaps in services. Findings of the review indicated that financial and psychological abuse were the most commonly reported forms of elder abuse. Abusers tended to be male and were most likely to be partners of the victims. Studies reported that the majority of older victims of abuse experienced abuse and trauma throughout their lifetime. Several causative factors were explored including mental health problems, situational and cultural factors.

The studies reported that many older people experienced emotional and mental health problems, as well as social consequences, such as loneliness and isolation, financial loss and loss of social networks. The review revealed how older people coped with the abuse, primarily by having an 'inner strength' and maintaining resilience, emotionally switching off, resorting to drugs, having social support and drawing on religious beliefs. Studies highlighted the support needs of older people and reported that counselling and support from others were valued together with having a place of safety and access to practical information and advice.

The reasons given for disclosing the abuse included reaching an all-time low where some older people had even contemplated suicide and so had to report the abuse to protect their own safety. Reasons for not reporting the abuse included the victims' low-confidence and low self-esteem, lack of a confidante, financial and/or physical dependence on the abuser, a sense of family loyalty and commitment, and fear of the consequences of reporting the abuse.

Barriers to help-seeking included lack of available support services, particularly in isolated rural areas, lack of knowledge of services available, fear of professionals' responses, fear of the consequences of reporting and feelings of powerlessness and helplessness. Several gaps in services were identified, including the general lack of support and interest from healthcare professionals, an inconsistency and ambivalence around the delivery of care and support, and some older people reported that services were directed at abused younger people.

3.1 Introduction

This chapter provides an overview of the study design used to examine older people's experiences of mistreatment and abuse. It outlines the aim and objectives of the study and provides details of the recruitment procedures, the methods of data collection and analysis, and the ethical considerations.

3.2 Aim and objectives

The aim of the study was to examine and describe older people's experiences of abuse. The objectives of this study were to:

1. Examine the extent and impact of abuse on older people and on their families
2. Examine the decision-making pathways and forms of action taken by older people in response to the abuse
3. Explore the coping strategies older people adopt to deal with the abuse
4. Identify the support needs of older people who have experienced abuse.

3.3 Study design

A qualitative study design using in-depth, face-to-face interviews with older people was used. Nine older people who have experienced abuse were recruited through the senior case workers responsible for the management of elder abuse cases in Ireland. The study design was informed by a feasibility study, which was undertaken to determine if such a study would be viable, to identify the best methods for recruiting older people who have experienced abuse and to examine the ethical safeguards which would need to be in place when undertaking a study with abused older people. The feasibility study involved an extensive literature review and a total of 15 consultations with researchers working in the field of elder abuse and those who work with abused men and women. Members of the NCPOP international advisory group were also consulted.

In considering the overall aim of the study, a qualitative research design was deemed the most suitable approach to provide a qualitative description and develop a deeper empirical understanding of older people's experiences of

abuse. Qualitative research aims to generate data with which to better understand individuals' experiences without making any value judgements during data collection (Carter and Henderson 2005). The approach provides maximum opportunity for exploration in situations where there is little pre-existing knowledge and where the social phenomenon of interest is of a sensitive nature (Bowling 2009).

3.4 Recruitment

Findings from the feasibility study concluded that the HSE senior case workers (SCW) responsible for the management of elder abuse cases were in the best position to identify prospective participants and assist in the recruitment to the study. At the time of reporting, there were up to 32 senior case workers employed by the Health Service Executive to assess and manage suspected and confirmed cases of elder abuse in Ireland. Purposive sampling was used to recruit participants through the HSE senior case workers. The recruitment was also supported by the National Elder Abuse Steering Committee. Each senior case worker received a letter inviting them to assist in the recruitment of older people who have been abused. The senior case workers were requested to examine their caseload and consider possible participants who fulfilled the study's inclusion criteria.

Inclusion and exclusion criteria

Older people were invited to participate in the study if:

1. They experienced substantiated abuse since reaching 65 years of age
2. They experienced one or more forms of abuse, including physical, psychological, sexual, financial abuse and/or neglect, involving someone with whom the older person had a relationship of trust
3. Their case was closed or considered 'informally resolved' by the HSE senior case worker responsible for managing the case

1 'Informally resolved' related to cases which had not yet been closed by the Senior Case Worker because, for example, s/he was still waiting on outstanding paperwork or where their client continued to have contact with the abuser but that the abuse had receded for the time being.

4. They had the capacity to give written informed consent to participate in the study.
5. They were considered by the HSE senior case worker to be emotionally and mentally stable to speak about their experiences of abuse
6. They were considered by the HSE senior case worker not to be at serious risk of harm from the abuser because of their participation in this study.

Older people were excluded from the study if:

1. They had poor cognitive function
2. They were considered by the HSE senior case worker to be emotionally or mentally unstable
3. Their case remained 'open' and/or the subject of legal proceedings
4. They did not recognise or accept the abuse they experienced
5. They were a victim of self-neglect
6. They were abused by a stranger.

Only those older people who were identified by the senior case workers and who met the inclusion criteria were approached to take part in the study. A letter was sent to each senior case worker in the first instance, inviting them to support the recruitment of prospective participants. The letter was accompanied by an information sheet, which outlined details of the study, including the aim and objectives and the proposed recruitment process. In addition the senior case workers were provided with a participant information sheet and each senior case worker was requested to provide prospective participants who met the inclusion criteria with the information sheet.

The participant information sheet provided information about the aim of the study and what would be required of participants. Details assuring participants how their confidentiality would be maintained and their right to withdraw from the study at any stage were included. This initial letter was then followed up with telephone calls to each of the senior case workers to discuss the study and to secure their support for the recruitment process.

Each participating senior case worker then approached those older people whom they had identified from their

caseload as meeting the inclusion criteria and provided them with the participant information sheet outlining details of the study. The senior case worker highlighted that the interviewer's role was solely that of a researcher, who was independent of the case and did not hold any professional position within the HSE.

In the course of recruitment, many senior case workers reported difficulties with recruiting older people for the study on the basis that few of their clients fulfilled the inclusion criteria, had declined to be interviewed or wanted to put the abusive experiences behind them. Several older people did not consider themselves to be victims of abuse. Some felt too ashamed to speak about their experiences and others wished to keep the matter private. Additionally, some of their clients had developed dementia, their health had deteriorated or they had died.

3.5 Data collection

The interviews were conducted over a seven month period from May to November 2011. Once older people consented to participate, each was contacted directly via the telephone. The researcher answered any questions, confirmed with each participant their willingness to participate in the study and arranged a convenient time and location for the interview to take place.

Before commencing the interview, efforts were made to place the participant at ease and to promote interviewer-participant rapport. This included casual conversation at the start of the interview. Following this, the information sheet and consent form were read aloud to participants and written informed consent was obtained, after participants had indicated their understanding of the study and their rights as participants. Any questions were addressed and permission was sought to audio-record the interview. Process consent was on-going throughout the interview.

All participants spoke openly about their experiences of abuse and provided accounts of the abuse, in their own words and many reminisced about earlier stages of their lives. In instances where participants became upset in the course of the interview, the interview was suspended until the participants consented to continue the interview. The nine interviews were conducted in the south, west, and east of the country. Eight of the interviews took place in participants' own homes and one

interview was held in a private meeting room in a hotel at the participant's request. Interviews lasted between 50 minutes and 2 hours. Participants were provided with the researcher's contact details and were offered helpline numbers and information on support services. Three participants availed of this information and were given information on a confidential listening service and on retirement groups; however most reported that they had already received information on support services from their senior case worker.

Prearranged with each participant, the researcher made a follow-up call to each participant some days following the interview to check if participants were experiencing any distress following the interview, to answer any questions and to provide any additional information if requested. Each participant's senior case worker also contacted the participant within two weeks of the interview to provide any further support if required.

Conduct of interviews

Interviews were semi-structured and conducted according to a standardised topic guide. The topic guide was developed from the feasibility study and addressed five broad areas for exploration and discussion. These were:

- Section 1: Current circumstances
- Section 2: The experience of mistreatment and abuse
- Section 3: Coping with the abuse
- Section 4: Impact of the abuse
- Section 5: Supports

Exploratory and probing questions, such as 'can you say a bit more about that?' were used to elicit deeper explanations and accounts of experiences.

3.6 Data analysis

All interviews were audio-recorded and transcribed verbatim and analysed using thematic content analysis (Newell and Burnard 2006). A six-stage approach to data analysis, which was adapted from the grounded theory method (Glaser and Strauss 1967) and other works on content analysis (Fox 1982; Berg 1989) was used to organise and present the data.

The first stage of analysis took place during data collection and involved memo-writing by the researcher in the field, in which comments, reflections and observations were written down following each interview. In the second stage, the researcher who conducted the interviews listened to each interview in order to confirm the accuracy of the transcripts. At this stage, all identifying material such as names and places were removed from the transcripts. These were then read through and general notes were made. The third stage of data analysis involved importing all nine transcripts into NVivo 9 software, which supported the management and retrieval of data, and the transcripts were re-read and coding of the data into NVivo nodes commenced. The next stage involved collapsing the nodes together where common threads, patterns and themes began to emerge. These were then grouped into higher-order categories and the data were revisited with these categories. The final stage involved collating the data together and presenting the findings.

3.7 Ethical considerations

Ethical approval to undertake the study was granted by the Human Research Ethics Committee (HREC) at University College Dublin. In seeking ethical approval, aspects that were considered included informed consent, assuring confidentiality, ensuring participant safety, maintaining sensitivity and providing follow-up support.

A number of safeguards were put in place to acquire informed consent from participants. As stipulated by the inclusion criteria, only older people who were considered to have mental capacity were approached to participate in the study. The senior case workers worked closely with the participants regarding their abuse and therefore had sufficient knowledge to determine their capacity to provide informed consent. Furthermore, the participant information sheet provided information about the study, detailing participants' rights to confidentiality and to withdraw from the study at any stage. All participants had the opportunity to have their questions answered before signing the consent form. The researcher also read aloud the participant information sheet and the participant consent form in the event that an older person had literacy or sight problems. Process consent was on-going throughout the interview, whereby participants were regularly asked if they were happy to continue with the interview. If at any stage the participant became upset,

the participant was given the option to suspend and/or to terminate the interview.

Each participant was informed that everything discussed during the interview remained confidential to the NCPOP research team at UCD. While the senior case workers supported recruitment of participants, they were never provided with any information about the content of the interview. In accordance with the requirements for ethical approval, participants were informed that should they disclose information which indicated that either they or others were in a situation of extreme and immediate harm, the researcher was obliged to follow the study's disclosure protocol and report this to the appropriate personnel. All identifying information was removed from the interview transcripts and each participant was assigned a random number which denoted the source of each extract, so that no participant could be identified.

Consistent with the inclusion criteria, no participant was included that was deemed to be at serious risk from the perpetrator. Interviews were arranged in a location of the participants' own choosing. Only the researcher and the participant's senior case worker knew that the participant had participated in the study.

The nature of the topic was sensitive and had the potential to cause upset or distress to any of the participants. The sensitive nature of the topic was clearly stated before informed consent was obtained and participants were informed that participation was voluntary and that they had the right to withdraw from the study at any stage. Process consent was on-going and participants could suspend or terminate the interview if they experienced upset. The inclusion criteria stipulated that participants whose cases remained open were not included. The interviews were conducted by an experienced researcher, skilled in the method of in-depth interviewing.

After each interview, all participants were offered information and helpline numbers of local support groups, such as the Senior Helpline, the HSE Information line, Age Action Ireland, as well as information on local support groups, such as Women's Aid, AMEN and retirement groups. The researcher also offered to facilitate contact with the relevant support services on behalf of the participant, if requested by the participant. In addition, follow up telephone contact was made by the researcher and senior case worker to offer support.

4.1 Introduction

The aim of this study was to examine and describe older people’s experiences of abuse. In-depth interviews were conducted with a purposive sample of nine older people, recruited through the HSE senior case workers with responsibility for managing cases of elder abuse in Ireland. This chapter presents part one of the findings. This includes details of participant profiles, an overview of the main categories and themes that emerged from the interview data and the findings from the first major theme, which describes participants’ descriptive accounts of their abusive experiences.

4.2 Profile of participants

A total of nine older people, 2 males and 7 females, consented to participate in the study. The age range of participants was 67 to 83 years, with an average age of 74 years. All nine participants experienced substantiated abuse. The participants lived alone at the time of the interview; however four lived with their spouse or family members prior to having their cases referred to the HSE, and had since moved into alternative accommodation away from the abuser. Five participants described themselves as divorced or separated, two described themselves as widowed, one reported that he was married, and one indicated that he was single and had never married. Seven participants reported that they had adult children.

Seven of the nine participants indicated that they had fairly good health. Where health problems were mentioned, these included hearing difficulties, heart problems, high blood pressure, migraine, arthritis, asthma, and inflammatory bowel disease. All nine indicated that they had regular contact with family and friends and engaged in hobbies and interests. Just two

participants indicated that they needed help with getting around their neighbourhood and with household chores.

For four participants, the abuser was an adult son and for two participants, the abuser was the participant’s spouse. One participant indicated that the abuser was a neighbour, one participant indicated that it was an adult daughter and one indicated that it was her adult daughter and adult sons.

4.3 Major categories and themes

Findings are presented in four main categories, namely ‘abusive experiences’, ‘impact of the abusive experiences’, ‘overcoming the abusive experiences’ and ‘help-seeking patterns’ (Figure 4.1). The category ‘abusive experiences’ describes the range and type of abusive behaviours experienced by participants and comprises five main themes, as follows: assault and restraint; theft, undue influence and financial deceit; misuse of and damage to personal property; denial of help and support; verbal abuse and prevented from seeing grandchildren. The category ‘impact of the abusive experiences’ describes the ways in which the abuse impacted on participants’ health and wellbeing and consists of three main themes, namely: impact on physical health; impact on emotional health; and impact on social circumstances. The third category ‘overcoming the abusive experiences’ describes the type of coping mechanisms employed by participants and encompasses six themes: avoidance; confrontation; personal strengths; affirmation; a place of sanctuary; and rationalising the abuse. The final category ‘help-seeking patterns’ presents the type, source and experiences relating to accessing help and support. This category comprises three themes: help-seeking patterns; help and support received; and barriers to accessing help and support.



Figure 4.1 Overview of main findings

4.4 Abusive experiences

This category describes the abusive behaviours experienced by participants. The category captures the range and type of abusive experiences which included physical, psychological, financial and material abuse and neglect. It comprises five major themes which illustrate the different types of abuse experienced. These were assault and restraint; theft, undue influence and financial deceit; misuse of and damage to personal property; denial of help and support; and verbal abuse and being prevented from seeing grandchildren. Each participant gave an account of their abusive experiences and all reported that they experienced more than one type of abuse. The primary abuser was identified by participants in each account; however some experiences involved more than one abuser. The abusive experiences reported by participants are depicted under the five main themes (Figure 4.2) and participants' accounts of the types of abuse experienced are presented under each theme.

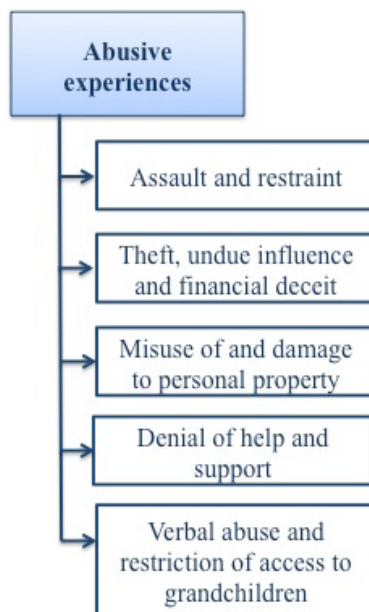


Figure 4.2 Abusive experiences

4.5 Assault and restraint

This theme describes the physical abuse experienced by participants, namely physical assault and physical restraint. The data indicated that a number of participants experienced being physically attacked, harmed and physically mistreated. Although participants were physically abused, none of the abusive behaviours

experienced by them caused any serious or grave physical injury; however all spoke of having some emotional consequences from their experience of abuse.

Accounts referred to physical assault. One participant described how although she was not physically harmed, she felt extremely frightened when she was pushed by the abuser:

The next thing I knew he was there and he literally swung into me. Luckily I am steady on my feet, he didn't hurt me but he gave me such a fright. I was absolutely terrified (P1).

Similarly, another participant who had been assaulted by his adult child gave an account of his experience in the following extract:

I used to have those little half pencils. I had millions of those, and I was walking across the yard and he kicked and smashed the pencils all over the place. And then I got into the van to go away and he opened the passenger door and spat in my face (P2).

A participant who had been married to her spouse for over two decades, had experienced relatively little discord in their relationship, but she recounted how her spouse unexpectedly physically attacked her one day:

So he made a grab at me, and in all the years we were married he never laid a hand on me, like you know, we might be like all couples [where] we would have a bit of a disagreement and have a shout, but he never touched me in any way like that ... my glasses fell off me and broke, and the button came out, I had a red coat and the button came out of the top of the red coat ... this was physical, it had never happened before (P9).

This same participant explained that the attack was not an isolated incident of physical abuse; she had experienced several episodes of unprovoked physical abuse on previous occasions:

When I went in, wasn't he on the floor, he was after falling out of the bed. He had this dizzy [spell] ... his shoes were beside him on the bed and his slippers, and he picked them up and threw them at me. I had to jump away from the door. He got up then and walked out, he was going into the

bedroom, [and he said:] “if I only could find something to get you with”; he was really, really gone haywire and I was on my own ... he threw his own shoes and slippers at me and I was just trying to help (P9).

Accounts indicated that other forms of physical abuse were experienced. As well as being physically assaulted, one participant reported being physically restrained by her spouse:

The attacks I had from the day I came home from hospital until the day he (spouse) was leaving [were] ferocious. He would corner me, catch me by the arm and my arms were [left] marked. [He] put me in a corner like this and [said:] “you are not getting out”. [He] wouldn't let me out here, [he] wouldn't let me out there (P4).

This participant went on to recount another incident in which her husband forced her to walk, in spite of the fact that she had problems with her feet:

I got blisters on my feet, I couldn't walk and he said to me one day: “I will make you walk, I will toughen you up, you have had too easy a life.” And he insisted that I walk with blisters that big on my feet (P4).

These findings indicated that the physical abuse experienced by participants included physical assault and physical restraint. For some, incidents of physical abuse occurred unprovoked and on numerous occasions. The experiences ranged from being shoved, spat at, grabbed, assaulted with objects, being confined and forced to engage in actions that induced pain. Although not seriously injured by any of the physical assaults, participants experienced fear, terror and extreme anxiety and stress, especially when the abusive behaviours occurred unexpectedly.

4.6 Theft, undue influence and financial deceit

This theme describes participants' reported experiences of abuse related to theft, undue influence and financial deceit. Accounts suggested that most participants experienced some form of financial abuse and the range of experiences varied. Participants reported that money or property had been taken from them, that they were wrongly misled about their finances, and some said that

they felt under undue influence to give money to the abuser.

A number of participants described their experiences of theft. Some reported that they had lost large amounts of money and one participant implied that it was more than just her money that was stolen from her. She stated: ‘I had my money but he (spouse) stole it, he stole everything on me. He stole my smile, he stole my independence’ (P4). In one instance, a participant explained how he had lost his home to his adult child. The following extract gives an account of how the participant was ordered to leave his family home, after he had legally signed it over to his adult child:

So I was told [by my adult child] to get out, “get out of my house” ... I had my own room there, I had use of the toilet and the kitchen, but I was told to “get out, and get out tonight or I will bust your head off the wall, you bastard” (P5).

Accounts suggested that some participants felt under undue influence to financially support their adult child. Several participants felt obliged to give their adult child money and pay their domestic bills. One participant spoke about how she paid her adult child's bills even though she could barely afford them:

I'd give him (adult child) the food money from my pension, because that's what all I had ... [He was] constant[ly] not paying bills, he is still doing it (P8).

Another participant spoke of how she felt she had been taken advantage of and also felt under pressure to provide financial support to her adult child. As the following extract illustrates, this participant reported feeling exploited when her adult child began to expect money from her and attributed this mistreatment to her adult child's immaturity:

I came two years after my husband died to help her and to be with her (adult child) and to be around and to see my grandchildren ... but it was a bit hard because very quickly I felt that I was being used a little bit too much ... she is extremely immature in many ways in spite of her age because she is still leaning on me, totally and utterly ... And then it became a question of money, it was always a thing about money and could she (adult child) get money and could I pay for this and ... she lives

in an old house out in [town] and I paid all the oil bills and everything and you would think that I was made of money, which I [am not] (P6).

This same participant described how she confronted her adult child about feeling obliged to give her money on a regular basis, but her adult child implied that she felt that this was a mother's duty:

When I said [to my adult child]; "why should I have to do this?" she responded: "but you are my mother, who else would I be asking?" ... we were also talking and she said: "listen I don't want to get into my savings". And I said, "oh but it is alright that I get into mine?". It was just horrible talk. And she kept jumping up and down and screaming ... she had casually forgotten that to this day she has had the best part of €100,000 (P6).

Another participant reported that she had chosen to sign her house over to her adult child and spoke about being deceived by him and misled about the sale of the house. She gave a detailed account of her experience of exploitation and attributed this to her poor hearing and poor literacy:

I got on very well with my son and he used to get involved with the house, he helped to take all my furniture out ... so then I was going to sign the house over to him, and he wanted to sell the house as well ... I said to him there in the solicitor's office: "is that form alright to sign?". He said: "yes", but it wasn't [alright]. Now he didn't tell me, even my solicitor slipped up, he didn't even tell me how much I was getting for the house ... he thought I could hear him well, some people don't listen to you when you are deaf and then they think you have a hearing aid ... My husband and my son were there, they played on me, they took me as an idiot and robbed everything I had (P3).

This same participant explained how her adult child had not only failed to contribute financially to the household bills, but she described how he had also begun to steal and sell off all her personal belongings:

But then things started with the son, it meant he got the house, he lost reason, he got power you see ... he wasn't paying the rent, he wasn't paying the mortgage ... he started taking everything out of the

house and selling it, everything used to go out of the house, televisions and all ... he took out the fridge, he took the microwave oven, he took everything out and sold them. Then he got the gas turned off ... my son down in [county] had to get me a heater ... then he took my radio away, he took everything away (P3).

The above extracts indicated that some participants experienced various forms of financial abuse, including theft, undue influence and financial deceit. Participants described how they had money stolen from them, how they were threatened and ordered from their home, and how they felt under pressure and under obligation to pay their adult children's household bills and support them financially.

4.7 Misuse of and damage to personal property

This theme describes reported experiences in which participants had their personal property damaged or misused. Participants indicated that they experienced material abuse where they reported that their personal belongings and possessions were vandalised and destroyed and implied that their property was sometimes used for unlawful purposes. This type of abuse occurred primarily in participants' own homes and caused them a great deal of distress.

A number of participants described how their homes were vandalised and explained that this was done with the aim of antagonising them. One participant gave an account of how his adult child had treated him in his own home: 'well he would be demanding ... he would bang the kitchen door and smash it in (P2). Another participant, who spoke about some difficulties she had encountered with her neighbour, described how he had vandalised her garden:

So the next time I looked out after my rest, the tree was broken. He had pulled half of the tree off and it was lying on the ground broken up (P1).

Another recalled how her personal possessions, which were of sentimental value, were damaged and destroyed in her home by her adult child, as the following account illustrates:

So I went off shopping to [town] and I came back and every picture I had was taken off the wall and everything was gone ... I had all these books that I had collected for years, books that I had, volumes, they were all taken out and put up in the attic ... the time that all the stuff was being changed and everything was broken, there was no need, I seen ornaments and things that I had for years in the toilet and I seen things that he brought up to the attic and he broke them and he twisted them. They were all broken, and the pictures and all, I never put anything back, I left them there, they are all up there, I never want to go near them (P7).

This same participant went on to express her disbelief and sadness as she reflected on her experiences:

[I] couldn't believe it, the curtains and all, [and] the blinds were taken off. He didn't want [anything], "you don't have curtains with blinds", [he told me]. And I thought, 'oh my God', it was dreadful ... it is a very sad story ... when you have a house where you are fourteen years living and you come in and your house is torn apart and the things that you like and treasured, all gone, it is terrible that one person could do that (P7).

Another participant recounted how she avoided going home as she indicated that her adult child was using her house for illegitimate purposes. As illustrated by the following extract, she reported how this was an unpleasant experience for her:

I would come in at night; I was sleeping in the parlour. He (adult child) had everybody in the house, the house was becoming [like] a brothel ... I had to spend time in the house, you know what I mean, I wouldn't be there all day, I would keep out of it, [and] I wouldn't go back to the house until about eight o'clock at night. I was delighted to get away from hell (P3).

These findings suggest that several participants experienced different forms of material abuse ranging from damage and disrespect for personal property to misappropriation of the participant's home. This type of abusive behaviour experienced caused participants sadness and upset.

4.8 Denial of help and support

This theme relates to participants' experiences of being denied help and support. Accounts suggested that a small number of participants experienced neglect where they indicated that they were denied assistance from support staff and their healthcare needs were ignored and disregarded.

Neglectful behaviours were experienced by a number of participants. A participant whose social worker identified her need for support and assistance in her home recalled how she was prevented from accessing this social care service by her adult child: 'I got home help, but [he] wouldn't let them in[to] the house ... [I felt] terrible' (P3).

Another participant who reported severe health problems and had become extremely frail and ill recounted how her care needs were ignored and how her spouse failed to acknowledge her sickness and refused to let her seek critical medical assistance. She commented: 'he refused me to go for a scope, he refused me to go back to the doctor, I used to beg him to take me to the doctor' (P4). She recalled how even her neighbours had acknowledged her infirmity: 'a lady up the road said to him one day, "would you ever take your wife up to A & E because that woman is dying on her feet, look at her"' (P4). This same participant spoke about how she felt hurt and alone when her spouse neglected her for several days while she was in hospital:

He brought me in on the Sunday and never came near me until the Wednesday. I was broken hearted, I was absolutely galled, I couldn't believe it ... I [was] totally alone, no phone call, nothing (P4).

During her hospital stay, she spoke about how her spouse was given instructions by the nursing and medical staff as to how best to provide help and care at home; however, as she reported in the following extract, he failed to adhere to the instructions:

I am shocked to tell you this ... when I came home from hospital, he (spouse) was told the diet, [and] he was told what I wanted, [but] there was no heat in the house, my bed was wet with the damp, there was no heating, [there was] no food, [the] bed [was] damp, [and] he didn't even get out of the car to open the door (P4).

This participant spoke about how these neglectful behaviours continued subsequent to her hospital stay:

I would fall down there on the kitchen and he would leave me there until I would regain my composure to get up (P4).

Findings in the theme ‘denial of help and support’ illustrate how participants experienced various types of neglect including being refused medical and social care, being denied access to medical services and having their basic needs ignored. Accounts indicated that the neglectful behaviours experienced occurred over a prolonged period of time and resulted in feelings of hurt and loneliness.

4.9 Verbal abuse and prevented from seeing grandchildren

This theme describes participants’ experiences of being psychologically abused. Accounts contained reported experiences of emotional abuse including verbal abuse and some participants indicated that they were prevented from seeing their grandchildren. This type of abuse was the most frequently reported form of abuse.

Verbal abuse

All participants reported being verbally abused, with experiences ranging from being excluded and ignored, being shouted at and called names, being degraded, to being threatened and intimidated.

Participants described the types of encounters they had with the abusers when they reported being verbally abused. Several recalled how they were ignored when they attempted to speak to the abuser. One participant spoke about feeling excluded and ignored by her adult child, and explained that this mistreatment tended to be unpredictable and was dependent on her adult child’s mood:

He’d come down in the morning and you’d say: “good morning”. He wouldn’t answer you, then he wouldn’t talk to you and then maybe the next day he would be all over you. You wouldn’t know [whether] to say hello or what; he would change like that (P7).

Another participant recounted a similar experience where she felt frightened because she felt that she was

being ostracised by her spouse and his family and she was not being told about anything that was happening:

I was too afraid of him. I was scared of the man (spouse). I was scared because I was the one who, everything was going on and I would hear nothing. I was excluded from all that was going on (P4).

Accounts suggested that participants experienced other forms of verbal abuse. Most participants recounted how, on numerous occasions, they had been shouted at and called names during their encounters with the abuser. The following participant gave an account of her experience:

I had been baking, and the next thing [the next door neighbour] started hammering on the kitchen window and shouting at me ... so he got quite abusive ... just in his tone and in his facial expressions, [they were] just nasty ... and then shortly after that he started the name-calling ... and every time he met me he called me ‘an old cunt’ (P1).

Some participants reported that it was the tone and manner in which they were spoken to which hurt them the most. One participant explained that it was the abuser’s demanding nature which she had difficulty with: ‘when I came back he (spouse) started shouting ... and it was more ordering you to do things, he wouldn’t ask, he would order you ... and it was dreadful’ (P9). Another participant gave an account of her experience and described the manner in which she was yelled at:

It was absolutely desperate ... she (adult child) has talked at me and shouted at me, which in a way, I would never have dreamt of talking to my mother or anybody (P6).

Several accounts indicated that the shouting and name-calling could become threatening and intimidating. One participant recounted how she felt frightened by the abusers’ intimidating behaviours and recalled how these went on for several years:

If I was at a bus stop out there or wherever, he could intimidate me by walking up close to me, he didn’t touch me, but he would walk right up ... so then he went on with this standing up close to me and just making abusive remarks about the dog; he said that the dog should be shot in the head, and

this sort of nonsense and calling it names. So that went on, mind you, for years (P1).

Two participants reported being verbally threatened with placement in an institution. One described how her adult child threatened to put her in a psychiatric institution:

I remember my son, my eldest son threatening to put me in a home several times: “mummy you should be locked up, I think you should be signed in” (P8).

Another was threatened with placement in a nursing home:

But then he (adult child) tried to put me in a home, but he couldn't do it ... [he said that] I should be put in a home ... oh it made me feel terrible (P3).

Several accounts spoke of feeling degraded by the abuser's comments. Accounts indicated that many felt that sense of always 'being put down' by the abuser. As one participant remarked: 'most of the time, maybe I am just oversensitive I don't know, but I am just being put down, down, down' (P6). Another similarly remarked: 'he (spouse) would find fault with me for everything' (P9). A participant who had been extremely ill described how her spouse had 'put her down' by stating: "you are a disappointment and you have let me down by being sick and I want you home to look after me" (P4). Another also experienced the hurt of degrading comments: '[It] was very hurtful, very hurtful that he degraded me to the last ... he said I was no good and I couldn't do anything' (P7).

The interview data revealed that all participants experienced a range of verbally abusive behaviours. Participants reported that they were ignored, yelled at and called names and that the abuser's comments were sometimes intimidating and threatening. Some also experienced being degraded and put down by the abuser. As a result of the verbal abuse, many experienced feelings of hurt and fear.

Prevented from seeing grandchildren

Several participants reported being prevented from seeing their grandchildren. Accounts suggested that this form of mistreatment was frequently employed by abusers so that they could exert some form of control over participants. Several spoke of being denied contact with their grandchildren. One participant explained that

despite having cared for one of his grandchildren in the previous year, he was no longer permitted access to his grandchildren:

No it was stopped, he won't let them (grandchildren) visit me anymore. And he has his son [to visit] every two weeks, every Saturday and Sunday but I don't see him anymore (P5).

Another had a similar experience, in which her adult child stopped her grandchildren from visiting her:

Last year when all this happened there was a month with nothing, I didn't see them, I didn't see the children, and I missed the children alright (P6).

One participant described how upset she felt when prevented from seeing her grandchildren:

He stopped my grandchildren coming into the house and all, he stopped everything ... it made me feel terrible ... I was very attached to [Name of grandchild] and she was my favourite grandchild (P3).

Findings highlighted the range and type of psychological abuse experienced by participants and the attendant sense of hurt that this form of abuse had on participants. All nine participants referred to the experience of psychological abuse, including verbal abuse, being excluded and ignored in conversation, being shouted at and called names. These experiences left many feeling degraded, intimidated and threatened. Another form of psychological abuse was being prevented from seeing their grandchildren. These subtle forms of abuse caused participants sadness, hurt and upset.

4.10 Summary

This category described the range and type of abuse experienced by participants. Accounts highlighted that participants experienced physical assault, restraint, being pushed, grabbed and spat at. Participants also described how they had money stolen from them, were financially deceived and felt under undue influence to financially support their adult children. Some also experienced material abuse whereby their homes had been vandalised and personal belongings disrespected and damaged. A small number reported being neglected and denied medical and social care help and assistance.

Findings also highlighted that participants experienced verbal abuse, including name-calling, being put down and threatened. Several also reported experiencing psychological abuse, in the form of being prevented from seeing their grandchildren. These findings indicate that the range of abuse experienced by the study participants included a combination of physical, emotional, financial, material abuse and neglect and that these experiences had significant implications for participants' health and sense of wellbeing.

5.1 Introduction

This category describes the impact of the abusive experiences on participants and consists of three main themes, as follows: ‘impact on physical health’, ‘impact on emotional health’ and ‘impact on social circumstances’ (Figure 5.1). The category captures the ways in which the abuse affected participants’ health and wellbeing, as well as the ways in which it impacted on their social circumstances.

Many participants acknowledged that the abuse had affected them in several ways, but when probed further, many grappled to describe specifically how the abuse had affected them. It was evident from the accounts provided that a number of participants experienced physical health consequences and many continued to experience long-lasting emotional effects following their experiences of abuse. Additionally, participants’ accounts indicated that the abuse had implications for their living circumstances, financial arrangements, and their social networks, particularly with regard to family relationships.

Poor general health

Participants’ accounts implied that the abusive behaviours may have had a negative impact on their general health, whereby symptoms from existing health conditions became exacerbated. Several reported that they had existing health complaints such as arthritis, hearing difficulties, asthma and high blood pressure and findings indicated that the abuse may have aggravated some of these conditions. For example, when asked if the abuse had affected her health, one participant stated: ‘it did absolutely [affect me], one hundred per cent’ (P4). A participant, who had reported that she suffered from chronic joint inflammation, spoke about how she felt stressed and anxious throughout the period when she was being abused: ‘I was very ill at the time, I had a dreadful cold in my chest [and] I was all congested ... I was in an awful state’ (P9).

Another participant recalled how she had suffered from hair loss, which she attributed to the stress associated with her abusive experiences:



Figure 5.1 Impact of the abusive experiences

5.2 Impact on physical health

This theme describes the impact of study participants’ abusive experiences on their physical health. While a number of participants reported that they were assaulted and restrained, and while these abusive behaviours did not result in serious physical injury, study data suggested that the abusive experiences had other consequences for participants’ physical health.

‘I lost my hair and that, [and] I had to go and get treatment ... I lost my hair three times ... that was only up to two years ago [and] I had to go for special treatment’ (P3).

For some participants, the experience of abuse caused them to become easily fatigued. One participant, who reported that she suffered from severe asthma, spoke about how as a result of the abuse, her constant tiredness and poor general health affected her ability to carry out her daily household chores:

But it was always dusty, and I couldn't get around to cleaning it all ever at once because it was big and things accumulated and accumulated, and my health was really poor. I couldn't just get things done you know (P8).

Another participant attributed her deteriorating health to the abuse experienced: 'my health is not the best, I'm on 15 tablets a day and my legs are not great' (P5).

These findings indicate that participants felt that the abusive experiences had affected their general health, either by exacerbating existing health conditions or by causing other secondary health consequences, such as hair loss, chronic fatigue and mobility problems.

5.3 Impact on emotional health

This theme describes the impact of the abusive experiences on participants' emotional health. Accounts indicated that the abuse had a range of emotional outcomes for each participant. All nine participants reported experiencing some form of emotional impact as a result of the abuse including sleep disturbances, distress and anxiety, loneliness and isolation, decreased confidence and most participants reported that they were living in fear.

Sleep disturbances

Several participants implied that they experienced sleep problems as a result of the abuse, which they attributed to the worry and anxiety experienced in relation to the abuse. Some participants indicated that they experienced difficulties sleeping because they were afraid of the abuser, because they worried about on-going court proceedings and because symptoms of their physical health problems tended to worsen.

Many recounted how they frequently found themselves lying awake at night reflecting on the abusive behaviours and worrying about what the abuser might do next. One participant commented: 'I am awake turning all night then ... so it has affected me that way' (P9). The sleep disturbances were serious enough for some participants that they sought assistance from their doctor. Another participant spoke about how her experiences continued to affect her ability to get to sleep because she was concerned about how the abuser, her adult child, was coping:

Oh yes, I can still lie awake and wonder how are they going to manage and how is this and how is that (P6).

Another spoke about how she continued to relive her abusive experiences in her dreams:

I have only finished [counselling] and still, [I have] the nightmares. As soon as a friend told me that they saw him (abuser) there three weeks ago this Saturday, I had nightmares that night [that] he was attacking me, [and] he was in the corner. And I tell you when you have those, they are frightening because you are reliving it (the abuse) and you wake up and you are physically and emotionally drained. You are almost afraid to close your eyes the next time for fear ... [of] hav[ing] another dream (P4).

Participants implied that they had difficulty sleeping because they worried about the abuser and because they feared that the abuse might reoccur. Some experienced sleeping problems during the time of the abuse, but for a number of participants, the experience of the abuse continued to be relived in their sleep. The abuse caused considerable fear and anxiety, which affected their ability to get a quality night's sleep.

Distress and anxiety

Accounts highlighted that the abusive experiences caused distress, anxiety, sorrow and anguish. All participants spoke how the abuse caused them to feel sad, hurt and upset. The intensity of these feelings varied from participant to participant, but as reported by some, these feelings developed into more serious anxiety problems.

Some participants spoke about experiencing 'an emptiness', while others described how the experiences caused them to frequently become upset and tearful. One participant spoke about how she experienced feelings of hurt and pain because of the abuse and indicated that these feelings caused her so much distress that she spent a great deal of her time crying. She described how she found it too difficult to reflect on her experiences as the memories were just too painful:

[The ornaments] were all broken and the pictures and all. I never put anything back, I left them there

[in the attic and] they are all up there. I never want to go near them ... [it] was very hurtful, very hurtful that he (adult child) degraded me to the last ... I used to be crying, crying, crying, yes that is the way, I used to cry ... you didn't want to talk about it, it was too hurtful (P7).

Another participant reported that the abusive experiences continued to cause her distress:

Up to this present day it upsets me, it hurts me because that man (spouse) wanted for nothing (P4).

Another simply commented: 'I haven't thought about how it affects me, other than it affects me. I am sad' (P6). This same participant went on to describe how she needed medication to help her through her experiences:

Well I certainly have felt very tired and very knotted up from time to time and I have been down with the doctor ... [and] half a tablet would calm me (P6).

Another participant found it difficult to pinpoint how the abuse had specifically affected her, but explained it as the experience of something now missing in her life:

Well I don't know, something actually I think died inside of me, you know that way, something dead. I can't get myself worked up about anything ... I just can't explain it ... I can't get the same happiness out of doing things ... something [is] just missing ... although I am saying that I am happy here and everything is grand, at the back of it all, I am not (P9).

For some participants, the feelings of sadness, hurt and distress were so strong that they tended to lead to the onset of anxiety and depressive symptoms. One participant indicated that she felt that her 'nerves' had worsened so much: 'I got a heavy depression' (P3). Another described how she 'was very nervous and terribly worried' (P7). A participant who had considered herself to be a very positive, confident and assertive person, described how the abuse had impacted on her self-confidence and how it had placed considerable strain on her over a prolonged period of time. She went on to indicate that she felt much better now that the abuser had moved out from the neighbouring house:

I am a very healthy person anyway, but it (the abuse) did affect me, it gave me an awful lot of anxiety over the years ... oh I was a nervous wreck.

Since he is gone, the difference I feel, we all feel different (P1).

One participant spoke about how she had frequently reflected on ways she could put an end to the abuse:

I wouldn't think of committing suicide but I would just think about how I could end all this actually, I have done that lots and lots of times ... I thought "God if I ever did, wouldn't it be nice and handy just to drive straight into the sea off ... [a cliff]"; people have done it, like. Just the thought, but I wouldn't do it. I know I wouldn't do it because I wouldn't cause my family that disturbance. But it is like it would be real handy to get killed outright rather than have to live on in this kind of stuff (P8).

The study data indicated that the abuse experienced by participants caused anxiety and emotional distress, expressed as feelings of upset and hurt. While some found it difficult to describe how the abuse had affected them, they acknowledged that some change had occurred within them. Most reported feeling distressed by the memories of the abusive experience and many spoke about how the experience still caused them to feel sadness and hurt.

Loneliness and isolation

Participants described the loneliness and isolation they experienced in relation to the abuse. Accounts referred to the solitude and desolation of experiencing the abuse entirely alone. A number reported the sense that they had no one to confide in or to turn to for help and support, while others felt completely isolated and excluded from family and friends. Several accounts suggested that many continued to feel lonely and isolated following the abusive experiences.

Several participants reported feelings of loneliness; one simply stated: 'I feel lonely' (P5). For others the experience of isolation was the most difficult. One described the experience as being 'in Zombie land' (P8). Another experienced isolation as not having 'a soul in the world' to whom she could turn:

You see when you couldn't talk to anybody when you were married, the fact of the pain, [and] the isolation ... I went to bed just to console myself, [and] to keep warm ... I will tell you the great

disadvantage of not having a soul in the world but myself, [is that] you had nowhere to go (P4).

Another described feeling lonely, excluded and helpless in a situation in which she relocated to another town following the abuse perpetrated by her adult child:

All the times that I have come home from that (adult child's) household, also when the husband was still there and things weren't good, I had nobody to talk to ... oh [I felt] very alone and I still feel alone ... I mean I haven't sat down and made any deeper thoughts about it, but it has affected me in so far that I feel that I am cut off from all the things that I want to do ... and also [I feel] helpless because I had nobody I could talk to and nobody who could help me (P6).

Some participants described losing interest in social activities and becoming less socially involved because of the abuse. One participant stated: 'the way things were going at home when he (spouse) was like that; I just lost an interest in everything' (P9). As a result of the abusive experiences, another participant reported how she continued to cut herself off and isolate herself from friends and family, even though the abuse had stopped: 'I had no social activities; I still have no social activities. I cut myself off from everybody' (P8).

According to some participants, it was the control exerted by the abuser that caused them to become socially isolated and withdrawn, causing them to experience loneliness. In one instance, the abuser controlled who the participant was permitted to have contact with and as a consequence, her social networks were greatly reduced. One participant described this control: 'I couldn't have friends; I never had a friend, [because] I couldn't go out' (P4).

Feeling lonely and isolated may be an emotional outcome of the abuse experienced. Participants' accounts spoke about feeling lonely, cut off from others and feeling that there was nobody to whom they could turn to for help and support. Several participants reported that they engaged in fewer social activities, became socially withdrawn and lost interest in their normal day-to-day activities because of the abuse they experienced. In some instances, it was reported that it was the abuser who controlled the participants' level of social involvement.

Low self-confidence

Another impact of the abusive experiences reported concerned participants' sense of self-confidence and self-esteem. Some reported that they felt that they had been taken advantage of and felt that they were degraded by the abuser, which led them to develop low self-confidence.

One participant described how her adult child who perpetrated the abuse made her feel: 'he would make you feel that you were no one' (P7). Another described the abuse as 'a feeling of constantly being put down' and noted that '[that feeling] is still there, you know, unfortunately' (P6). A participant described how the abusive experience had impacted on her self-confidence:

But I was a very determined person and I was sort of independent in everything. This did have an awful effect in that it made me less confident (P1).

Some participants indicated that they had been threatened by their adult child with a placement in an institution, threats which were justified by accusations of unreasonableness and irrationality on the part of the victim. One participant described how the abuser told her that she was: "just a nuisance a lot of the time" (P8), while another explained how threats of incarceration made her feel: 'he (adult child) made me think, he told me I was mad ... oh it made me feel terrible' (P3). Participants indicated that these comments and threats had greatly affected their confidence and self-esteem.

Another participant described how her adult child had implied that it was inconceivable that she would be capable of making arrangements for her own future:

Even then she (adult child) was furious over [the fact] that she had to sign that (form to become enduring power of attorney) and [said:] "it was ridiculous and if anything happened, it would only cost money" and we were absolutely like that to each other. [According to her], I was just a complete nut that I would even think of doing that (P6).

Findings suggested that the abusive experiences impacted on participants' self-confidence and self-esteem. Participants' accounts of the impact of the abuse spoke of feelings of reduced confidence, low self-esteem, often as a result of the experience of being put down and degraded. These feelings occurred despite the fact that

most participants self-reported themselves as confident and independent individuals. For many participants, these feelings continued to affect them long after the abuse had ended.

Living in fear

Participants spoke of their sense of fear associated with the abuse and many reported that they lived in continuous fear during and after the abuse. Several indicated that they were scared that they would be physically attacked or hurt by the abuser or that the abuse would recur.

One participant spoke about how she lived in fear of her adult child: 'I was that nervous I thought he (adult child) was going to kill me like his father. I was living in fear. I was really living in fear' (P3). Another described how she hid to avoid her abusing spouse: 'I used to hide behind the curtain. I went into a wardrobe and hid. I went under the bed and hid on him' (P4). This same participant likened her abusive experiences to being in prison:

It is like being in a prison and in a dark hole and you cannot see any light ... he put me in prison and he kept me there (P4).

For one participant, the sense of fear from an abusive neighbour was such that she was forced to lock herself into her own house:

At night I was afraid even to go out to the bin ... if I was sitting here at night and I heard any sort of a noise I would jump because I thought he (neighbour) was coming in, breaking in. Now all the time that he was there I locked every inner door into the hall. I locked my own bedroom door. So I never went to sleep without my bedroom door being locked because I never knew when he was going to come in. He didn't, but he could have for all I knew. So I was sort of like a prisoner (P1).

For another, the fear of her spouse's unpredictable abusive behaviour forced her to leave her home:

[I felt] frightened I suppose really because nothing like that had ever happened before ... I never thought it would come to this, no one really does, but I just couldn't live with him, I'd be too frightened now ... I would be too frightened to stay in the house with him, you wouldn't know what

way he would turn and especially when it is [a] mental [illness], you know what I mean (P9).

Another feared for her own safety and that of her pet dog:

I was absolutely terrified ... I was always afraid he would hurt [Name of dog] because I thought he would hurt [my dog] to get at me. Like I mean, he liked animals, but I thought that that would be a very good way to get at me (P1).

Most participants reported apprehension and uncertainty in relation to their current situation. Although the abuse had stopped for most participants, many worried that the abuse could occur again, as one participant remarked: 'he is gone since last Christmas ... but I don't know whether it will flare up again' (P7). Another expressed a similar fear that her abuser might return some day to seek revenge:

Well I am just afraid that someday, because he was convicted and all that, that he might suddenly want to get back at me for it and that he might come [back] down (P1).

Findings indicated that the abusive experiences caused participants to be fearful, and for some, the experience was likened to living in a prison because they felt trapped in their own home. Several experienced the fear as fear for their own personal safety, others feared for their personal belongings and some lived in fear of reliving the abusive experiences.

In summary, the theme 'impact on emotional health' illustrated how the abusive experiences impacted on individual's emotional health in several ways. Accounts indicated that the impact was experienced as sleep disturbance, feelings of hurt and emotional distress, anxiety states and depression. Some reported feeling lonely and isolated and feeling that they had nobody in whom they could confide. This resulted in them becoming socially withdrawn, losing interest in daily activities and engaging in fewer social activities. Most participants reported themselves as being previously independent and confident, but indicated that the abusive experiences had led some to develop low self-confidence and low self-esteem. Other reported emotional outcomes of the abusive experiences were

feelings of fear, which for some persisted after the abuse had ended, and feelings of sadness.

5.4 Impact on social circumstances

The theme 'impact on social circumstances' describes the impact of participants' abusive experiences on their social circumstances, including their financial circumstances and personal relationships.

Financial difficulties

Accounts highlighted that the abusive experiences had financial implications for some participants. Several indicated that they struggled financially as a result of the abuse. Most participants experienced financial abuse and four reported that they had changed their living circumstances in an attempt to escape from the abuse.

Participants recounted how they experienced difficulties with paying general day-to-day bills, including rent, utility bills and medical care fees. A participant who suffered from multiple health conditions and who reported that he had moved house because of the abuse, indicated that he struggled with paying the bills since the move. He explained that much of his money was spent on transport to and from the chemist to collect his medication:

Getting a taxi into [town], but I have to get a taxi there once a month, [to] pick up my prescription, get my blood, go to the chemist and pick up my tablets, and that costs €40 (P5).

Another participant who reported that she had moved house to end the abuse similarly highlighted that her main concern was her ability to pay her bills, particularly her heating bill:

That is a huge thing for me because I feel the cold very much in the winter time. My rent allowance has been cut down [by] more than €15 in the last four years, so that is a huge fear because I don't want to move house again (P8).

Findings indicate that participants' financial security was sometimes compromised as a result of the abuse. Accounts indicated that several participants moved house to escape the abuse and this resulted in financial difficulties, with some experiencing increased pressure to pay day-to-day bills, including rent, heating and medical bills. For these participants, being able to pay their bills

had become their main priority now that the abuse had stopped.

Strained personal relationships

Another social consequence of the abusive experiences was the strain on personal relationships. Accounts indicated that as the abuser was primarily a family member, this relationship often became strained, as did other family relationships. Some indicated that contact with the abuser often diminished following the abuse and accounts implied that the abuser then frequently controlled participants' contact with other family members, such as grandchildren.

Abuse resulted in breakdown of parent-offspring relationships. One participant, whose adult child reportedly mistreated him, reflecting on his situation commented: 'I was always disappointed, disappointed that I hadn't a father and son relationship' (P2). Another participant decided that she would have no further contact with her adult child since he also mistreated her and she chose to remove him from any family inheritance: 'I don't want to see him again. I took him out of the will' (P3). Another reported that his adult child had prevented him from having contact with his grandchildren.

The strain experienced in maintaining good family relationships was evident in several accounts. For one victim of abuse, her relationship with both her adult child and that of the adult child's spouse were affected:

She (adult child's spouse) said there when she came, "I don't want to have any contact with [adult child] anymore." And then she doesn't want contact with me through him, it is a pity isn't it? (P7).

This same participant commented that she preferred to be alone than to have to experience her adult child's abusive behaviours again:

I do say to myself now, even though he has a partner and he has a little boy ... I do say I'd rather be by myself and have peace than to ever have the like of that again. I wouldn't have been able for it (the abuse) much longer (P7).

Participants' accounts indicated that abusive experiences could place great strain on personal and family relationships, particularly when the abuser was a family

member, such as an adult child. For some, family relationships were reported to have broken down, resulting in limited or no contact with the family members concerned with the abuse.

In summary, the study data pointed to the impact of the abusive experiences on participants' social circumstances. Accounts indicated that for some, the abusive experiences resulted in financial pressures, including difficulties with meeting payments on household bills; these difficulties had become their main concern following the abuse. For several participants, the abuse placed strain on family relationships, especially when the abuser was a family member.

5.5 Summary

The category entitled 'impact of the abusive experiences' described how the abuse had impacted on participants' physical health, emotional health and social circumstances. For some participants the abuse had exacerbated their existing health conditions and their general health deteriorated as a result of the abuse. All participants reported experiencing a wide range of psychological impacts including sleep disturbances, distress and anxiety, loneliness and isolation, low self-confidence and a sense of living in fear. Additionally, the abuse had social consequences for participants, including financial difficulties and strain on family relationships. The findings indicated that most participants experienced a combination of physical, emotional and social consequences and that these affected participants in different ways. These findings suggest that the abusive experiences had extensive, far-reaching consequences for all nine study participants, affecting various aspects of their lives.

6.1 Introduction

The category 'overcoming the abusive experiences' describes the coping strategies employed by participants to help them to overcome their abusive experiences. The category captures the array of strategies which participants used to cope with the abuse and encompasses six main themes: avoidance, confrontation, personal strengths, affirmation, finding a place of sanctuary, and rationalising the abuse (Figure 6.1).

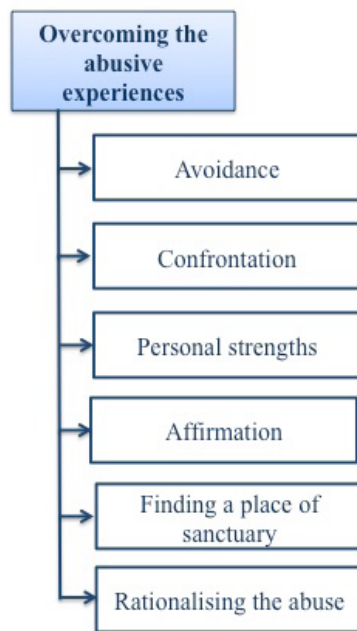


Figure 6.1 Overcoming the abusive experiences

6.2 Avoidance

This theme describes the 'avoidance' strategies used by participants to help them to overcome their abusive experiences. Accounts indicated that some avoided the abuser and avoided reflecting on their experiences by suppressing their memories of the abuse. Participants suggested that this strategy was employed to help them to cope with and to move on with their lives.

In order to help them to overcome their experiences, a number of participants simply refrained from having any contact with the abuser. Several indicated that they felt that this helped them to cope better with their abusive experiences. One participant recounted how she tried to avoid any personal encounters with the abuser:

He could intimidate me by walking up close to me, he didn't touch me but he would walk right up [to me]. So I used to just ignore it as much as I could ... I didn't want to make eye contact so I just put my head down and walked straight ahead (P1).

When asked if he had any contact with his adult child since moving out of the family home, another participant said:

No. I just keep well out of his (adult child) way now, the same as they (adult child and spouse) are keeping out of my way ... It is as if I never existed, but I am not thinking about that. I live my own life now, whatever time I have left (P5).

Other participants used similar avoidance techniques to help them to cope better with the abuse. A participant, who reported being financially abused, commented on how he avoided speaking to his adult child about money, so as not to provoke him: 'Yes and I would pull back now, I never bring up any conversations about money' (P2). This same participant went on to describe how he could 'switch off' to avoid reflecting on his abusive experiences:

If something major happened today, when I go to bed tonight I would fictitiously win the lotto. And I am an avid reader, and I would go on a world tour and see what countries I would go to and I would dismiss [the abusive behaviours] ... It is probably hard for you to credit it, but I would completely switch off from it, [and] anything that is bad or wrong in my life (P2).

Several participants similarly indicated that they managed better if they avoided reflecting on the abuse and if they abstained from ruminating about their abusive experiences. One participant remarked how she felt that dwelling on her memories was not helpful for her, commenting: 'there is no point in looking in the rear view mirror' (P6). A participant, who had reported that she had moved out of her home to escape the abuse, gave an account of how she chose not to reflect on her situation as she felt that this did not help her to move on:

Now I don't think of it (the abuse) all the time, sometimes I can't even visualise my home, [and] I don't keep thinking about it. There is no good doing the thinking about it, I am not in it ... it is so hard to settle [then] ... [I] just [take it] day by day. I

don't really remember some of the days, it was always something, [and] everyday there ... [were] phone calls or something all about it (P9).

Accounts suggested that participants used distractions to help them to forget about their abusive experiences. Some indicated that they kept busy by distracting themselves with hobbies and social activities and that these helped them to avoid thinking about the abuse and instead to focus on more positive aspects of their lives. One participant remarked how she kept busy throughout her abusive experiences: 'I love going to the concerts and I love the theatre and I have been doing that all the time' (P6). Another participant spoke about his interest in books and sports and remarked that these pastimes helped him to avoid dwelling on his abusive experiences: 'I am an avid reader, I read a lot and I have great interests, [including] sport and the racing and that' (P2). When asked how she had coped with her abusive experiences, another described how she tried to keep herself busy by travelling and visiting friends:

You get through them (the abusive experiences) somehow, and I do have a lot going on. I am delighted [that] I have the free travel because I am off to [name of town]. I mean, the [train] station is only there, five minutes and I am up in the morning and sometimes I am just up [to] [name of town] for the day and other times I go up for a few days (P6).

Findings indicated that participants used various avoidance techniques to help them to overcome their abusive experiences, including purposefully avoiding their abuser and avoiding any triggers that might provoke an abusive reaction from them. Some said that they refrained from reflecting on the abuse and avoided ruminating about their experiences by using distraction techniques, including creating an imaginary world to escape reality, or by engaging in travel, hobbies and social interests.

6.3 Confrontation

This theme describes how participants confronted the abuser in order to help them to overcome their abusive experiences. Accounts indicated that some participants stood up to the abuser and confronted them about their abusive behaviours and implied that this method helped

them to take control of the abusive situation and thus helped them to move on from their experiences.

Some participants reported that they were pushed to a point where they felt 'enough was enough' and they decided that they were no longer going to tolerate the mistreatment. One participant described how she felt when she decided that she was not going to accept being mistreated any longer and spoke about how she had confronted her adult child about her abusive behaviours:

She couldn't understand when I said to her that I can't keep giving you [money] ... every month I gave her €500, plus, plus, plus, also for [other] things and then last year I just said, "sorry but I am not doing it anymore" ... I just thought "enough was enough" ... so there comes a time and I won't take it anymore ... when I said that, I felt an awful lot lighter because I thought, "well that is it" (P6).

Another participant gave an account of how she confronted her adult child by asking him to move out of her home, having reached a point where she felt that she had 'had enough' and was not going to tolerate the mistreatment any further:

And I said: "[Name of son] I did all I could for you, if you don't want to see me anymore would you ever give me back the keys of my own home" ... I don't know [why I did it], I was driven to it, I couldn't have took anymore ... wasn't I awful to do it but I said [to myself:] "no I [have] had enough" ... [I don't know] where it [came] from, but it must have been in me to have to say it to him (P7).

Others had reached a stage in their abusive experiences where they finally felt confident enough to confront the abuser, as the following participant described:

I did try several times, I'd say: "stop" [and] "don't speak to me like that, that isn't right". And mostly I would smile and forget about it or walk away or say: "Don't speak to me like that, why are you behaving like that?" ... I got to the stage where I could tell him what affect his anger had on me (P8).

Another participant described how she felt strong enough to take the decision to leave her home to escape the mistreatment:

He (spouse) never believed at the back of his mind that I wouldn't come home that night. I'd say he really firmly believed that I'd be back. He knew I was gone over to where I was gone but I'd say he really thought I'd be back ... but it was my own decision, I could have gone home that day, but no way could I [have] stay[ed] (P9).

Findings indicated that participants took control of their abusive experiences by confronting the abuser, having reached a certain point at which they decided that they would no longer tolerate the abuse. Some indicated that they experienced a sense of relief or a sense of feeling in control having confronted their abuser.

6.4 Personal strengths

This theme describes how participants used their personal strengths to help them to overcome their abusive experiences. Accounts indicated that participants drew on their own personal strengths such as their self-determination, resilience and faith in response to the abuse, as a way of helping them to cope with the abuse.

Several participants indicated that they felt it was the type of person whom they were, which had helped them to overcome the abuse. For example, when asked what had helped her to cope with her experiences, one participant responded: 'I think [it is] because I am a pretty determined person' (P1). Similarly, another participant explained how she felt that it was her own personal 'strength' that had helped her to overcome the abuse and to move on: 'I don't know, I am a very strong person ... I think the rest of it was up to myself, if people help you, you then have to get yourself out of it' (P3). One participant described how she coped: 'when I was being abused, it cut off my energy, but I would pull away from that for self-preservation' (P8).

A participant who reported that she had moved out of her home to escape the abuse and who was now living on her own, explained how she felt that it was her own 'disposition' that had helped her to overcome the abuse and to adjust to her new living circumstances:

It is strange I never feel lonely any time, it is just the disposition I have. I never mind being on my own and people can't understand that ... there are some people, I know one person in particular that feels lonely and they always like to be in some company

[and] they wouldn't like to be living on their own. And it comes to everybody someday, but it never bothers me. I am here at night, and of course the television is a great help ... but I never feel lonely and I don't mind being on my own (P9).

The following participant gave an account of how she believed that nobody else could help her and she had to rely on herself to overcome her abusive experiences:

I really don't know, I think it is yourself [as] there [isn't] really anybody who can do anything for you in the end ... people can only talk about it so much, the rest is just what you have to find out for yourself ... but you get through them (abusive experiences) somehow (P6).

Another participant stated: '[it is] my own mind-set, [that] is the answer to that question ... as you can see, I am fairly well adjusted myself' (P2). This same participant went on to describe what had led him to develop this personal trait:

I stood in the middle of the kitchen floor when I was 15 and I promised the Lord in Heaven that I would never worry, and [that] I would never worry from that day to this, no matter what happened, no matter what happens, I would never worry (P2).

A number of participants also indicated that their faith and religious beliefs had helped them to overcome their abusive experiences. One participant noted that she turned to God to help her through her abusive experiences:

God Almighty, [I was] praying that everything would get alright and that I'd be able to cope with it ... oh yes, oh yes, [I] trust in God. There were things I used to do, I'd say a prayer and I'd say: "help me" and this, that and the other (P7).

Another participant indicated that although she reported that she did not attend church, her beliefs were still very important to her:

I am very religious but I don't go to church because I couldn't hear the priests ... I think all the way, God is looking at me ... I used to carry them (statues and prayers) in my bag. Now I keep a cross in my bag now, but they are important to me, yes (P3).

Accounts highlighted that participants drew on their personal strengths and used their self-determination and personal resilience to self-preserve and to self-protect. Some indicated that they were 'well adjusted', self-reliant individuals with a strong positive disposition, and a number of participants suggested that their faith played a role in helping them to cope with their abusive experiences and to move on with their lives.

6.5 Affirmation

This theme relates to participants' need for affirmation of their abusive experience by others in order to help them to overcome the abuse. Accounts indicated that a number of participants needed to have their abusive experiences validated by another person and needed to feel that they were being believed. This validation was important in helping them to overcome their experiences.

One participant recalled how she felt that nobody had believed her account of the abuse during legal proceedings and she described how this continued to affect her:

And he (spouse) was so plausible. I don't know whether the judge believed him or not ... And I felt that nobody had believed me and I was very upset, I still am (P1).

Another participant indicated that he felt the need to be reassured that his response to his abusive experiences was correct and have it validated by others:

And when I went to the two of them (adult children) to ask them "was I going mad?" ... they said they were completely on my side ... and I asked them and they said they agreed entirely with what I am doing (P2).

A participant, whose spouse had become violent and hostile towards her, recounted how she had tried to explain to his doctor that his abusive behaviours were worsening, but indicated that she felt that he had not believed her:

He had to go back again [to the hospital] and I said [about his abusive behaviours] to the doctor. "How is he?", he said. [I replied:], "well he is not well, he is getting very angry and very aggressive and the

more you increase those tablets." Of course they wouldn't listen to me (P9).

This same participant went on to indicate how she sought validation from health and legal representatives of her abusive experiences as well as her decision to move out of her home:

Like the (community) guard even said it: "you would know there was something [wrong], a normal person wouldn't go on [like that]" ... And one time [Name of consultant] came and one of the nurses was there and I went to sit down on the couch and he (spouse) tried to push me off the couch and she told him he was very rude. But they all knew that I wasn't to blame, the way he was carrying on ... and my barrister said, "you couldn't live with that". Anyone that witnessed him, they all had the one thing to say, [that] no way could I live in the house (P9).

Similarly, another participant remarked how thankful she was that someone other than herself had also witnessed her adult child's abusive behaviours:

I was delighted that she (senior case worker) came out and she seen it (the abuse) (P7).

The above extracts indicated that participants needed their experiences of abuse to be affirmed, that several sought validation of their abusive experiences and that some felt upset when they were not being listened to by others. Many indicated that they were relieved that the abusive behaviours had been witnessed by others such as health, social care and legal professionals. Findings suggest that affirmation played a key role in allowing participants to come to terms with their abusive experiences.

6.6 Finding a place of sanctuary

This theme describes participants' reported need for a place of sanctuary in order to help them to overcome their abusive experiences. Four participants explained how they had moved house to escape from the abuse and all participants reported that they now lived alone. Most spoke about their living arrangements and indicated that they were content with their current living circumstances. Accounts indicated that their homes were viewed as a safe haven where they could find asylum

from the abuser and that having this place of sanctuary helped them to overcome their abusive experiences.

When participants spoke about their home, some conveyed a sense of its importance to them and a sense of feeling safe there. For example, a participant who had moved from her family home to live on her own to avoid the abusive behaviours likened her new home to 'heaven'. She commented: 'I love the house and I love the space [that] I am in, it is like heaven on earth' (P8). One participant noted how important her home was to her for her happiness and contentment: 'I am in a place where I am happy and content. I can open my door and call it home. It is *my* home' (P4). Another participant compared her house to a 'little doll's house', and implied that her home was now a much happier place, safe and free from abuse:

I am very happy with myself and I got this house, I call this 'my little doll's house' ... [I am much] happier [here], it is a place, a kind of happy place (P3).

A participant, who reported that she had her home vandalised, described how important her home was to her and how much she cherished it:

I moved in here delighted with myself, [a] lovely quiet place, [with] trees and grass and I was delighted with myself ... because I loved where I was living and I love this little house and I had the garden done. I just loved the place (P1).

Another participant spoke about how she had to move out of her home to escape the abuse and explained that she was grateful that she had somewhere to live where she could be on her own and where she could call home:

But the only thing I am thankful for is I have this place here and it is very comfortable, [and] I have my own little bedroom and all in there and it is very comfortable. That is the only thing I am grateful for, I am not like others [where I am] sleeping with a few people in the one place or that, but I am all to myself and it is my own ... that is helping in some way that it is so comfortable and I am happy here. Well I say I am happy here but that is the only way I can put it (P9).

Findings highlighted the importance of having a place of sanctuary in helping participants to overcome their abusive experiences. Most participants reported that they

treasured their home and saw it as a safe haven, a place where they felt they could escape from the abuse.

Findings indicated that having a place of sanctuary was important for participants, in terms of feeling safe and moving on from their abusive experiences.

6.7 Rationalising the abuse

This theme describes the participants' reported need to rationalise the abuse in order to explicate the reasons for the abusive behaviours. Accounts indicated that participants attempted to understand the abuse in an effort to come to terms with their experiences. Some reported that they felt a need to uncover the reasons as to why the abuse occurred and that sourcing the cause helped them to overcome their experiences. Stress, mental ill-health, and drug and gambling addictions were held responsible for most abusive behaviours; however in some cases, participants blamed themselves.

Finding an explanation for the abusive behaviours helped victims to better understand why the abuse had occurred. One participant explained that the aggressive behaviours from her adult child may be attributable to the financial pressure that she was experiencing:

My [daughter] would get so angry with me, she would tear into me and accuse me of stuff just because I would answer her or say something. She would get freaked. I don't know, she was under such stress herself really because she was paying the mortgage, [and] she was paying rent (P8).

Another participant indicated that a mental illness might have caused the mistreatment that she experienced. She explained how her spouse had suffered a mental breakdown and how his abusive behaviours might have been further exacerbated by the medication he was prescribed:

And his attitude changed completely, he was in a dreadful way. And I didn't realise that he was ill at the time you see, it was a breakdown that he had ... And during the time [that] the tablets changed his personality ... he got kind of more angry in every way ... he was getting worse and it was all towards me, you know, there was anger and shouting and pushing ... That was the cause of all the trouble, it was the breakdown, it wasn't like anything else,

[like] are they going with someone else. It was the breakdown that brought it all on (P9).

Other explanations for the abusive behaviours were offered, including drug misuse on the part of the abuser. A participant explained that his abusive adult child 'was serious[ly] into the drug scene' (P2). Another participant gave an account of how she felt that drug addiction may have instigated the abusive behaviours that she experienced:

But unfortunately he (neighbour) is an alcoholic as well and he takes drugs. I see a van coming down and giving him a parcel and he gives them money. So we knew that he was on drugs, everybody knows that he was on drugs ... I mean his mental state, if he had been an ordinary person it wouldn't have happened because you can talk to an ordinary person and you can give your views and they will give their views. But he has it so mixed up in his head. He even believes things, he imagines things and he believes them. In his head they are true (P1).

A gambling addiction was also offered as an explanation for the abusive behaviours of her adult child, by another participant:

It was like he must have been doing it all along, the gambling, and we didn't know ... now you wouldn't think he was the same person, he is just angry ... I think it was [because] he was found out about the gambling ... I would say the marriage broke him up and he couldn't believe it and I believe then he was caught for what he had done and all [the money] he had wasted (P7).

Some participants attributed the abusive behaviours to the abuser's upbringing. Several participants implied that they blamed themselves for the abuse and felt responsible for their adult child's immaturity and behaviours in the way they reared their son or daughter. For example, one participant explained that his adult child's upbringing was difficult: '[He was] very difficult to rear, especially the boy, he had serious problems' (P2). Another participant explained how her adult child had no siblings and that she continued to depend on her into her adult life:

It possibly is partly upbringing and she is an only child and has always had a fairly easy life and all

the rest of it ... I would say she has been leaning on me all her life ... and she hasn't learned to stand on her own two feet basically ... She is extremely immature in many ways in spite of her age because she is still leaning on me, totally and utterly ... I think that a lot of it is that she knows that there is a dependency and she really doesn't like it ... she had lived such a sheltered life, she really hadn't a clue (P6).

One participant blamed herself for how she had been mistreated, explaining that it was because of the way she had dealt with issues in the past that she felt responsible for her adult children's abusive behaviours:

I was so often accused of things that weren't right in my life that I took the blame on board no matter [what] ... I don't want to badmouth my children you see, so that is why I wouldn't be talking about them to them. I don't want them to get the idea that they are bad people, because they are not bad people, it is just that they don't understand the impact their annoyance has on me. So really it is my problem you see, it is my problem, it is not their problem (P8).

Findings suggested that participants sought explanations for the abusive behaviours. A number of participants indicated that they attempted to understand the mistreatment and attributed the abusers' behaviours to stress, mental illness, and drug and gambling addictions. Some participants blamed themselves for the abuse and explained that it was their offspring's upbringing that caused them to remain immature and to mistreat their parents. Findings indicated that understanding and rationalising the abuse helped participants to explain and thereby overcome their abusive experiences.

6.8 Summary

This category 'overcoming the abusive experiences' described the coping mechanisms used by participants to overcome their abusive experiences. Participants reported how they avoided any encounters with the abuser and any triggers that might provoke an abusive response, and explained that they managed to cope by avoiding thinking and ruminating about the abuse by distracting themselves with hobbies and interests. Some participants spoke about having reached a point where

they could take no more and confronted the abuser about their behaviours and took steps to end the abuse.

Several participants reported that they drew on their personal strengths and explained that it was their self-determination, resiliency and faith that had helped them to overcome their abusive experiences. Accounts indicated that participants believed it was helpful to get affirmation and implied that they needed their abusive experiences validated by others. Several spoke about their home as a place of sanctuary, free from abuse.

Participants indicated that it was important for them to understand why the abuse had occurred and they attributed the abusive behaviours variously to stress, mental ill-health and drug and gambling addictions. Some participants blamed themselves for the abuse that they experienced on the way they raised their son or daughter.

7.1 Introduction

This category describes the help-seeking patterns and pathways evident in participants' abusive experiences as well as the source and type of support received by participants. It also identifies a number of obstacles related to accessing help and support, which the participants experienced. Three main themes emerged from the data related to this category: help-seeking pathways, help and support received, and barriers to seeking help and support (Figure 7.1).



Figure 7.1 Help-seeking patterns

7.2 Help-seeking pathways

This theme describes the help-seeking pathways taken in response to the abuse experienced by participants. Accounts indicated that few participants sought help and support and suggested that it was friends and healthcare professionals who had initiated the help-seeking process on their behalf.

A participant, whose spouse had become aggressive towards her, reported that it was her friend who had contacted the Gardaí on her behalf: 'my friend, she is actually my sister's friend ... she got in touch with him (community guard) for me, which was great' (P9). The same participant reported that it was also her friend who had contacted a support service for older people who had consequently contacted the senior case worker for the protection of older people:

No, I didn't know [about support services], like I never had any dealings or anything [with them], I didn't know. It was my friend who was involved, she started everything for me ... and she put me in

touch with [name of support service] and anything I wanted, I knew where to go ... That was the first time I met [name of senior case worker]. It was my friend actually who was working with her and she got onto [the support service] and she told [name of senior case worker] and so [name of senior case worker] came to see me (P9).

In a similar instance, it was the participant's friend who had contacted the senior case worker for the protection of older people on her behalf:

I had all these books that I had collected for years, books that I had, [and] volumes, [and] they were all taken out and put up in the attic. So anyhow I told [name of friend] about it and she said: "[name of participant], I will try and get you help", and it was [name of senior case worker] that [had] come (P7).

Another participant explained that it was only because she had fallen ill and had been admitted to hospital, that she then discovered what supports were available to her:

I would say the help that I have got subsequent to [name of husband], I would never have come across it ... I would never ever have known this, had I not gone into hospital. It was hospital that brought the help to me and from there is where I have survived (P4).

One participant reported that he did not know who had informed the senior case worker for the protection of older people about his abusive experiences:

I don't know who told [name of senior case worker], someone told [name of senior case worker] and he called to where I was [living] and they sent him down here. I didn't know who he was until he told me and we had a great chat (P5).

Findings indicated that help was sought on most participants' behalf, with few participants themselves initiating the search for help for their abusive experiences. A personal friend or healthcare professional had instigated the process of seeking help. Accounts also revealed that participants were unaware of the older people support services including the HSE's service for the protection of older people.

7.3 Help and support received

This theme describes the help and support received by participants in response to their abusive experiences. Accounts highlighted that all participants indicated that they had received help and support from a number of people, including friends, family members, healthcare professionals, local services and voluntary agencies, as well as the HSE senior case workers (SCWs) for the protection of older people.

Help and support received from friends and family

A number of participants reported that they had received help and support from friends and family. One participant asserted that his children had ‘supported ... [him] completely’ (P2) throughout his abusive experiences. Another explained how her family had sought help on her behalf and described how they had been a source of ‘moral support’ to her during her experiences:

My family were very, very good. At one stage my family actually wrote to the Council; the five of them signed the letter and they said that if things didn’t improve that they were going to take it further in court, so they were able to give me moral support ... and they have been very supportive (P1).

A participant indicated how grateful she was to her siblings, who had helped her with her daily chores and frequently enquired as to whether she needed any help or support:

Like my two sisters and my brother, and especially my sisters, they were doing all my shopping ... and phoning to see if I am alright, [asking] do I need anything and they would come in and all. But with regards the family, I couldn’t have a better [family] (P9).

Another participant reported that she had received help and support from both her family and friends:

My brothers [helped me], just the family and their wives ... they were great and I have a few friends, they were very nice to me [as well] (P7).

A participant, who lived alone after moving out from the family home to escape the abuse, spoke about how important his friends were to him during the period following the abuse:

Yes I have great friends here. [They were] very important, they were, you know, they would call to see was I alright, do I want anything, did I want to go into town (P5).

Findings indicated that family and friends were a source of ‘moral support’ to abused older people and several suggested that they were ‘supportive’ by being in regular contact and assisting them with everyday tasks such as shopping. Participants expressed gratitude to their family and friends for their support, which was available to them during and following their abusive experiences.

Help and support received from statutory and voluntary services

Accounts revealed that participants also received help from local services in their community and voluntary agencies who provided them with support. A participant whose neighbour had mistreated her had commended her local TD for his assistance and implied that she had received the help and support she did because of him:

We (family) wrote to a couple of councillors, [name of councillor] was one and a member of the Senate, I can’t remember her name. And then the one that helped the most was [name of TD]. He is our TD and he got involved and he made things happen ... [and] he got the court cases quickly. It could have been years, it was years actually, but he got everything sort of coordinated with the police ... and once [name of TD] was involved, things happened he was great, really great, a very nice man (P1).

This same participant went on to describe how her local Gardaí provided help and support and indicated that sometimes they went over and beyond their duty of care:

Now the young man that came up, [name of Garda], over the assault, he was fabulous ... After that happened he would ring up sometimes at night to see if I was okay, because I had a phone in the bedroom. He would ring up and ... [ask if] was I okay and I’d say “yes”, and he would say: “if you hear anything, don’t be afraid, ring immediately” (P1).

Another participant similarly spoke in praise of the support that she had received from the Gardaí and she expressed her gratitude to them for their assistance:

The guards alone, oh definitely, they couldn't do any more. They could not do any more and everyone, no matter who you come in contact with, they are so kind and helpful. They deserve the highest praise, they really do (P9).

One participant spoke positively about the support she received from a voluntary agency:

I was just thinking we went in and we had tea and all in the [name of the support service], the girl from that, she was great too, she was very good, she came to court too (P9).

Interview data highlighted the help and support that participants received from local services and voluntary agencies. Participants spoke of their gratitude for their help and assistance and commended the various individuals and agencies that had proffered support.

Most participants also spoke about how they had received support from healthcare staff and professionals and about how they were very appreciative of this type of help. A participant who had praised the health service for the support he had received commented: 'as I said to you, I don't have any one bad thing to say about anybody in the HSE. [I received] nothing only complete support' (P2). One participant who considered herself very fortunate for the help and support she had received from her local GP and therapist remarked:

She (psychotherapist) has been very good, and so is [name of GP]. From that point of view, I have been very lucky down here; I have had very good professional help on that (P6).

Another participant indicated how important it was to her to have someone she could contact if she felt she needed to:

Well I got a number today from the counsellor and I am going to try and ring them (support service) if I can, it is a case of having somebody you can talk to (P8).

One participant explained how the support she received from various healthcare professionals provided her with reassurance and had helped her to find her confidence again:

But I had a great lot of people helping me, you know, because the way I was [deaf] ... and [name

of hospital social worker] gave me back my personality ... that [name of doctor], she helped me too, she showed me there was nothing wrong with my mind or anything else ... [They have helped] in every way, [they] gave [me] my confidence [back], because my confidence was taken away (P3).

Similarly, another participant gave an account of how she felt that her counsellor had helped her to 'feel like a person' again:

When I got a hug from the counsellor one day when I had such an emotional upset, I could not believe there was somebody holding me. Now that broke my heart, it broke my heart to feel that somebody cared because nobody cared. But this was care; I got a hug and reassurance. That to me really started my healing. It made me feel a person. I was me, [name of participant], the name. To even be told that I was me was rewarding (P4).

Interview data highlighted the help and support that participants received from local services and voluntary agencies and from healthcare professionals. Participants spoke of their gratitude for their help and assistance and commended the various individuals, agencies and professionals that had proffered support. Accounts indicated that participants were appreciative to the healthcare staff and professionals for their encouragement and reassurance.

Help and support received from the Senior Case Worker (SCWs)

All participants spoke about the help and support they received from the HSE senior case workers for the protection of older people. Participants reported that the SCWs supported them with an array of matters ranging from providing help with obtaining basic entitlements, to accompanying them to court, and indicated that they felt indebted to the SCWs for their help and support.

Participants spoke very highly of the SCWs and all expressed their appreciation for their support and assistance. One participant commented: '[Name of Senior Case Worker] was like a saviour' (P8). Another indicated that it was important to her to know that there was someone there to help her:

Well I [will] say one thing, that [Name of Senior Case Worker] was great and the fact that I had got onto him and the fact that I knew that he was coming (P6).

One participant spoke about how she felt indebted to the SCW for her help and support:

[Name of Senior Case Worker] was great and she used to meet me and we'd go out and she'd talk to me and she'd ask me this and that ... I don't know what I would have done without her, she was really marvellous ... I thank [Name of Senior Case Worker] for helping me because she kept coming every week and seeing [if] I was alright (P7).

Some participants indicated that they needed most help with matters such as acquiring emergency aids and applying for their basic entitlements. Many described how they had received this type of support from their SCW:

When he (SCW) knew that I was having problems, he researched it and he got in touch with her (the nurse) and she came out a couple of times [to visit] and [we] chatted ... And between that social worker and the nurse down in the local health board, which is in [name of town], they got me an alarm, a push button alarm, which I have beside the bed while I am here (P1).

A participant spoke about how the SCW had assisted him with applying for basic entitlements and indicated that he would have been 'lost altogether' without him:

Yes and he (SCW) also got me my rent allowance ... and he also got me, was it yesterday I got it, a TV licence ... If I want anything I will ring [Name of Senior Case Worker] and he will come out, he is mighty, he is a great man. Only for [Name of Senior Case Worker] I'd be lost altogether ... you couldn't get better ... [and] he wrote for me to the Council and the doctor (P5).

A number of participants spoke about how the SCWs also accompanied them to court hearings. One participant noted that '[Name of Senior Case Worker] was with me that morning when we went to court' (P9) and another stated:

If I need her (SCW), I could ring her, only if necessary, if I want to ask her something I will ring her ... [she helped me] with myself and my confidence, and she came to court with me and everything else. She gave me a lot of confidence in myself (P3).

Interview data indicated that participants received significant practical and moral support from their designated senior case workers (SCWs) for the protection of older people. This support included help with applying for personal alarms and basic entitlements such as rent allowance and TV licenses, and accompanying them to court cases.

This theme 'help and support received' described the sources of support and the participants' experiences of that support. Support was proffered by family and friends, local voluntary and statutory services, such as the Gardaí, politicians and health care professionals. Most participants spoke about their gratitude and appreciation of the help and support that they received and some spoke about how the support had helped them in both practical and emotional ways. Participants also reported that they received help and support from the HSE senior case workers for the protection of older people and indicated their great sense of indebtedness to them for their support.

7.4 Barriers to accessing help and support

This theme describes the barriers to accessing help and support. Accounts indicated that participants highlighted a number of obstacles with seeking help, including failure to recognise the abuse, fear of sourcing help and support, and difficulty with accessing help and support from services.

Failure to recognise the abuse

Accounts indicated that a barrier to seeking help and support was a failure on the older person's own part to recognise the abuse in the first instance. Most participants implied that they did not realise that they were being abused, and often it was a friend, family member or a health and social care professional who had highlighted the abuse to them.

A participant who had fallen ill explained that she did not recognise that her spouse was neglecting her until she was admitted to hospital:

I think I almost became immune to it until I came into hospital. I realised ... people were doing things for me. They wouldn't even let me wash myself because I would use too much energy. I realised how selfish a man could be, particularly [name of spouse] (P4).

One participant reported that it was the senior case worker for the protection of older people who had highlighted that some of the behaviours she was experiencing were in fact abusive:

Where I didn't even see abuse, he (senior case worker) saw it and pointed it out to me ... I was being abused all the time at home and I didn't know it ... he kind of stabilised me to see it, that this was abuse (P8).

Another participant explained how it was her doctor who had pointed out that she was being abused by her adult child:

[It was] my doctor who was the one who came [to me] last year when it all happened, [she] came up to me one Saturday and she said: "here is [an information leaflet]" ... and then she showed me the symptoms of elder abuse (P6).

Several participants reported that they were unaware of the help that was available to them, as one participant indicated: 'well, [name of neighbour] got in touch with a social worker for the elderly people; it was he that knew about that [service]; I didn't' (P1). Another participant similarly explained that she was not familiar with support services available to older people:

Well I don't know much about it (support service), the only one I know is [name of support service]. I have never dealt with anything like this until this time in my life. I had never heard about anything, just what you would see on the television, some survey or something or those programmes telling you all about them, but otherwise I don't know anything (P9).

Similarly, a participant indicated that she was unaware of specific support services for the protection of older people:

If I hadn't had [Name of Senior Case Worker], and it was the counsellor that put me in touch with [him], so only for her I wouldn't even know that he was there (P8).

The above extracts indicate that participants were unaware that they were being abused, and accordingly, it was health and social care staff who drew their attention to the abusive behaviours being experienced by them. Few participants were aware of the support services that were available to older people.

Fear of sourcing help and support

Accounts suggested that another barrier to accessing help and support was the fact that participants sometimes felt too frightened to seek help from services. Several indicated that they felt too afraid to contact support services as they were concerned that they might be judged. For example, one participant reported that she was aware that help and support was available, but indicated that she feared rejection by the authorities:

Yes, but it wouldn't be the reality if I could put myself in a position of asking for it (help) I'd say, but I can't because I am so in fear of this kind of rejection (P8).

Another participant gave a detailed account of why she too felt afraid to seek help:

No, I wasn't aware [of any support services], but even if I did I would have been too embarrassed, too afraid, too insecure, afraid what I would say would be broadcast, because I was so suppressed for so long and to release all that was within me and to feel ... even when I went for counselling I was scared of going because I was afraid I would be condemned. Because the way I had been was like being condemned all the time, [and] when you feel like that inside, the silence is loud, you hear it shouting at you (P4).

Findings revealed that a number of participants were too frightened to ask for help and support because they were embarrassed, lacked confidence or they feared that they

might be judged and that these factors were barriers to accessing help and support.

Difficulties with accessing help and support from services

Participants spoke about difficulties experienced with obtaining help and support from some support services. A participant who had enquired about applying for financial support from social services recalled her difficulty with accessing this service: 'the social service is supposed to help people and the struggle it is to try and get that help is unbelievable' (P8). One participant indicated that she was satisfied with the support that she had received from the Gardaí, but acknowledged that there were limitations in the level of protection that they could provide:

If the police had been more effective, I mean they used to go in [to the abuser], they'd knock at the door, he wouldn't open it and they would go away again. What good is that? ... I reported that [my TV aerial was cut] to the police, but nothing was done because you have to see him doing it ... their hands are tied (P1).

This same participant went on to describe how she had also received help from other services, but indicated a sense of hopelessness, acknowledging that there was only so much that services can do:

The Council used to bring him in and scold him, [but] it made no difference ... well what else is there but the police and the Council really? ... Well what was in place was the nurse and the social worker, but what can they do but what they did? There isn't anything else really (P1).

Some participants indicated that only limited support was available to them. One participant expressed disappointment with the options that were offered to her by hospital staff in escaping the abuse and implied that she did not get the protection and support she felt she needed:

But it was the hospital, the medical team telling me to get out, they wanted me to get out of the home ... that is all you would hear, "go to your sisters" ... As someone said, they just wanted to leave him (spouse) in the home and don't disturb him, but you go and find somewhere else. But they weren't

very helpful that way at all ... it was no bother for them to tell you to leave your home, you know what I mean? ... I mean that was no help, that was not the type of help I wanted ... I mean I was the abused, you know what I mean, that is one thing at the top of my list that the abused should be looked after better (P9).

This same participant went on to call for greater support for those that have been abused:

That is one thing that should be changed, the person who is being abused is left without everything and the abuser is left in the home ... the abused person should not have to leave their home. It is all given to the abuser (P9).

One participant indicated that while she valued the telephone counselling service that was provided, she was disappointed that it was only available to her on certain days:

It is awfully important, but that is no good to me when I actually get the trauma. That is only [available on] Wednesday, Thursday [and] Friday evening (P8).

This same participant went on to explain how, after moving out of her home, she experienced some difficulties getting the support she felt she needed when she was struggling financially:

Like the [name of support service], I have gone in there because I have been done a few times now by the electricity, but when you go in there it is like sometimes you have to wait around for so long and you have to get back home out to here, it is a huge trip. And you can't ring them to make an appointment and then when you go in, if they are busy with somebody you have to wait for so long or come back. And then if you come back there might be another queue, you know, so it is difficult just, it is just difficult ... and I don't find them at all as helpful (P8).

Findings indicated that participants saw some support services as limited or experienced difficulties in accessing the help and support they felt they needed, including support from local voluntary and statutory services. Some indicated their disappointment with the limited range of

options open to them and suggested that some services were difficult to access.

The theme 'barriers to accessing help and support' described participants' reported experiences with accessing help and support. Accounts highlighted that participants' failure to seek help was a result of their failure to acknowledge that they were being abused, lack of an awareness of the support services available to them or fear of seeking help because of a sense of shame or fear of rejection. In accessing help and support from services, several participants indicated that they encountered difficulties, including a service's limited authority or limited availability.

7.5 Summary

This category described the help-seeking patterns evident in participants' account of their abusive experiences. Findings revealed that few participants themselves sought help and they explained that it was a friend or a healthcare professional who sought help on their behalf. All participants received support from an array of sources including friends and family, voluntary and statutory services, healthcare professionals, and from the senior case workers (SCWs) for the protection of older people. The type of help and support received included practical assistance, such as help with shopping and applying for basic entitlements, and moral support by attending court cases with them. All participants expressed their gratitude for this support and indicated that it provided them with moral support, confidence, reassurance and a sense of security.

Participants' accounts also highlighted a number of barriers to accessing help and support. These included a failure on the part of the abused to acknowledge that the abuse was happening, a lack of awareness of the support services available and reluctance to seek help based on a fear of being judged or rejected. Several participants expressed disappointment and frustration with some services, in part due to the perceived limitations of the service in question and in part due to the perceived obstacles encountered when attempting to with access a service.

8.1 Introduction

This study was undertaken to examine older people's experiences of abuse. A major limitation of research available in the field of elder abuse is that few studies have examined older people's own accounts of their experiences of abuse (Stones 1995; Hightower *et al.* 2006), and instead have relied on professionals' descriptions of the abuse (Malmedal *et al.* 2009; Schmeidel *et al.* 2012). Such accounts from older people can provide important evidence with which to develop services that protect older people and support older victims of abuse.

To address this lacuna in research, this study was conducted to examine older people's experiences of elder abuse, as told by older people themselves. The study involved in-depth interviews with a purposive sample of nine older people, recruited through the senior case workers responsible for managing cases of elder abuse in Ireland. The age range of participants was 67 to 83 years and all experienced one or more forms of abuse, including physical, psychological, financial abuse and neglect. Participants spoke about the nature of the abusive experience, the impact of the abuse on them, their response to the abuse and their experiences of support.

While the experience of elder abuse is unique to each individual who experiences it, when examined among a sample of abused older people, some aspects of that experience emerge as common. In this study, nine older people spoke openly about their abusive experiences and each provided an account of their particular and unique experiences, in their own words. The study yielded rich qualitative data and provided insights into the characteristics of the mistreatment experienced, the consequences of the abusive experiences, victims' responses to the abuse and their experiences of help and support.

8.2 Characteristics of the mistreatment and abuse

This study found that participants experienced a wide range of abusive behaviours. Participants' accounts of their experiences revealed that many were physically assaulted and restrained; were victims of theft, undue influence and financial deceit; were denied help and

support; were verbally abused; were restricted in getting access to their grandchildren; and many had their property and personal possessions misused and damaged.

These abusive experiences of the older people interviewed are reflective of the classifications of abuse adopted by the Irish seminal policy document *Protecting our Future* (Working Group on Elder Abuse 2002) and of those in a study undertaken by the World Health Organisation (WHO 2002), which identified the components of elder abuse. These components were classified into the five main typologies of physical, psychological, sexual, financial or material abuse, and neglect (WHO 2002). While none of the study participants reported experiencing sexual abuse, findings indicated that they experienced physical, psychological and financial abuse and neglect. Few older people tend to report sexual abuse, in part due to its sensitive and taboo nature or because it may be difficult to articulate (Hightower *et al.* 2006; Nägele *et al.* 2010). Additionally, failure to report inter-marital sexual abuse may be due to the fact that the abused may not view it as abuse, but rather as a part of their marital duties (Nägele *et al.* 2010).

All nine participants in this study experienced one or more forms of abuse and many experienced a combination of physical, financial, material and psychological abuse and neglect. Previous research indicates that it is not uncommon for an older person to experience more than one type of abuse (Nagele *et al.* 2010; Lazenbatt *et al.* 2010). For example, Lazenbatt *et al.* (2010) reported that abused older women felt that there was no clear demarcation between the various forms of abuse. Psychological abuse was the most common type of abuse spoken about in participant interviews, and this type of abuse was frequently entwined with other forms of abuse such as physical abuse, financial abuse, material abuse and neglect. These findings suggest that it is difficult to examine older people's experiences of abuse in isolation of the different types of abuse, since often the abuse experienced encompasses a range of abusive behaviours spanning all typologies of abuse.

Although this study did not attempt to be representative of the population of older people, participants' accounts of the experience of psychological abuse was consistent with other Irish data on elder abuse. In alleged cases of elder abuse, psychological abuse has been reported as

the most common and consistent type of abuse (HSE 2011). Furthermore, psychological abuse has been the most commonly-experienced type of abuse described by older people in previous qualitative studies (Nandlal and Woods 1997; Pritchard 2000; Hightower *et al.* 2006; Peri *et al.* 2008). Consistent with these findings are those of a recent Irish study which reported that older people in Ireland perceive elder abuse to invariably involve psychological abuse (O'Brien *et al.* 2011).

Participants' accounts suggested that a wide range of abusive behaviours were experienced; however the nature of the mistreatment tended to indicate more passive forms of abuse, which were obscure and subliminal and which tended to be progressive and incessant over a prolonged period. These types of abuse could often go unnoticed not only by the older person him or herself, but also by those who were close to them. These experiences demonstrate the 'abusive subtleties' that were evident in older people's accounts of the abuse and portray a type of concealed abuse, which can imperceptibly occur over a period of time. Additionally, the experience of undue influence was evident in some participants' accounts, whereby the older person's free will can be subtly debilitated through inducements, persuasion or some other means (NCAOP 1998). For example, in one instance, an adult child tried to convince her mother into believing that it was her duty as a mother to provide her with financial assistance, despite the fact that her mother was no longer able to support her in this way. It is acknowledged that this form of abuse is difficult to prove and older people who find that they are being unduly influenced are unlikely to be in a position to challenge it (Law Reform Commission 2003).

The study findings are consistent with evidence on older people's views of abuse, which report that they view abuse as something that is insidious and gradual (O'Brien *et al.* 2011). For this reason, it would seem important that all possible types of abuse including those that are less visible, be brought to the attention of older people themselves, the relevant authorities, including healthcare and social care professionals, and the general public so as to raise awareness of their own treatment of older people and the treatment by others.

Although a primary abuser tended to be identified by participants in their accounts of abuse, some of the participants reported that there were multiple abusers. Having several abusers has been found to be common in older people's reported experiences of abuse (Mowlam *et al.* 2007). In the present study, participants spoke about the abuser as being primarily an adult son, a spouse, an adult daughter, and in some instances, both an adult daughter and an adult son. These findings are reflected in national prevalence data for Ireland, which indicate that adult children accounted for half of the abusers of older people (Naughton *et al.* 2010; 2012). The next most frequently-reported source of abuse was from 'another relative', closely followed by a spouse or partner (HSE 2010; Naughton *et al.* 2010; 2012).

8.3 Consequences of the abusive experiences

The abuse experienced by older people in this study spanned physical, psychological, financial, material abuse and neglect. For participants, the way that the abuse was experienced by them had as much importance for them as the type of abuse experienced. Hence, participants' descriptions of their abusive experiences were accompanied by descriptions of the impact the abuse had on them personally and emotionally. For example, the fear, intimidation and threatening behaviours that accompanied an abusive physical act could have more personal impact than the act itself. Nor did participants indicate the frequency with which abusive acts occurred, focusing instead on the acts of abuse and their impact on them. Accordingly, when examining older people's experiences of abuse, either through research or in the field of practice, the consequences and impact of the abuse on the individual need to be investigated. Moreover, definitions of elder abuse need to capture this *impact* aspect of the abusive experience.

Mowlam *et al.* (2007) reported that older people did not explicitly make the link between their abusive experiences and the impact on their health and wellbeing. However, their study data permitted extrapolation of its impact in these areas from older people's own descriptions of health and lifestyle changes over the course of the mistreatment. Participants' accounts in this study indicated that the abusive experiences had several implications for their health and

wellbeing. While many participants struggled to describe how precisely the abuse had affected them, their accounts alluded to several negative effects on their physical health, emotional integrity and personal circumstances.

Study participants spoke about deteriorating physical health, including exacerbation of existing conditions and they associated this with the stress and anxiety of the abuse. For example, some participants reported chest colds, hair loss, chronic fatigue and mobility problems. These findings are consistent with other studies which reported that on-going abuse can present several health challenges for older people and abusive experiences can result in health problems such as ulcers, irritable bowel syndrome and other stress-induced psychosomatic conditions such as asthma, chronic pain and elevated blood pressure (Hightower *et al.* 2006; Lazenbatt *et al.* 2010).

Abusive experiences can result in a range of adverse psychological outcomes for victims, including fear, worry, emotional pain, upset and anxiety (Mowlam *et al.* 2007; McGarry and Simpson 2011). Study participants' accounts indicated that the abuse resulted in psychological and emotional sequelae for them, which included anxiety and a sense of fear, loneliness and a sense of isolation and loss of self-confidence. The UK study of elder abuse and neglect of older people similarly reported that abuse negatively impacted participants' confidence and self-esteem (Mowlam *et al.* 2007). Participants in the present study also experienced sleep disturbances and developed feelings of ineptness, helplessness, and feelings of loneliness and isolation. Such emotional impacts are consistent with previous studies in which older victims of abuse reported experiencing insomnia (Peri *et al.* 2008), fear and feelings of worthlessness (Lazenbatt *et al.* 2010), anger (McGarry and Simpson 2011) and loneliness and isolation (Pritchard 2000; Mowlam *et al.* 2007; Peri *et al.* 2008). Previous research suggests that such emotional impacts are inevitable when a person is engaged in a relationship which is characterised by inequality, oppression and exploitation and is thus likely to lead to isolation, feelings of anger and guilt (Martin *et al.* 1997). Participants' accounts indicated that these impacts were experienced over a prolonged period of time and some continued to live in fear that the abuse could reoccur. Similar to the experiences of older women in a study reported by McGarry and Simpson (2011), several participants compared their experiences

to living in prison, because they felt scared, entrapped and felt that they had no identity.

It has been argued that health outcomes of abuse can sometimes be confused with symptoms of old age. For example, the onset of chronic fatigue, depression and anxiety may be assumed to be part of the ageing process and may therefore go unrecognised as symptoms of elder abuse (Hightower *et al.* 2006). For this reason, it is important that healthcare professionals are skilled in recognising the signs and symptoms of elder abuse, so that the mistreatment does not go undetected.

Hightower *et al.* (2006) highlighted the potential loss in financial means and security for older people who have had to leave the family home because of abuse. This can result in the loss of familiarity with their neighbourhood, local shops and local amenities. Participants in the present study described how the abuse compromised their financial security and placed a burden on them in meeting day-to-day household bills. For some, this was the result of the forced changes to their living circumstances to escape the abuse. Some studies have found that the financial loss attributable to the abuse, as well as the impact of other forms of abuse such as physical abuse, to be much less significant for the older person than the emotional and psychological impacts (Nandlal and Woods 1997; Mowlam *et al.* 2007). For participants in the present study, while adverse financial implications resulted from their having to find a new home, several spoke about adapting to their new living circumstances. They indicated that relocating to alternative accommodation was experienced in positive terms, in that it gave them a greater sense of safety and freedom from harm and abuse.

It was evident from the findings of the present study and from other studies that the emotional impact of abuse can have long-lasting emotional effects on older people, which can lead to a loss of interest in social activities (Mears 2003). Previous studies suggest that older abused women sometimes isolate themselves from others as a means of coping (Nägele *et al.* 2010) and that reduced social contact can be the result of the control exerted by the abuser (Mowlam *et al.* 2007; Lazenbatt *et al.* 2010).

Maintaining social relationships, particularly peer relationships, have been found to play a critical role in later life in maintaining a strong sense of self-value and self-worth (Podnieks 1992). The abuse experienced by

older people in this study was found to have a negative impact on relationships with family and neighbours; family networks, particularly relationships with grandchildren, were strained as a result of the abuse, especially when the abuser involved a family member. Previous studies have reported that older victims of abuse can become estranged from their adult children (Hightower *et al.* 2006).

The unpredictability of abusive behaviours can lead to a sense of shock, which can exacerbate other negative impacts for older people (Mowlam *et al.* 2007). This was evident in the findings from this study, which found that when the abusive behaviours were particularly unexpected, participants experienced extreme fear, anxiety and stress. Previous studies have reported that an older person's personal circumstances, their resilience and how they respond to the abuse can significantly influence the extent to which the abuse affects their experience of mistreatment or abuse (Podnieks 1992; Mowlam *et al.* 2007).

8.4 Response to the abuse

Previous studies suggest that older people who have been abused discover and develop methods of coping and survival to overcome their abusive experiences (Podnieks 1992; Pritchard 2000; Hightower *et al.* 2006; Nägele *et al.* 2010). The way that older people respond to the abuse can significantly influence the extent to which the abuse impacts on them personally (Podnieks 1992; Mowlam *et al.* 2007).

All participants in this study were recruited through the SCWs responsible for managing cases of elder abuse and all participants had received help from this service at the time they were interviewed. Accordingly, participants were being supported in dealing with and overcoming the abuse and the majority were no longer experiencing the abuse. In this study, accounts yielded valuable insights into the coping strategies adopted by older people in response to their abusive experiences and findings revealed that participants tended to draw on their own internal resources to help them to cope.

Older people can deploy a range of coping strategies to help them to overcome the experience of abuse. Participants in this study spoke about avoiding the abuser and triggers that might instigate further abuse and some

deployed hobbies and other interests as distractions to help them to keep busy to avoid reflecting on their abusive memories. These same coping mechanisms of engaging in social activities (Pritchard 2000) and avoiding confrontation with the abuser (Nägele *et al.* 2010) have been reported elsewhere. Mowlam *et al.* (2007, p. 52) described how older people in the UK 'pushed all thoughts of the mistreatment experienced from their mind in order to try and get on with their lives'. Similarly, Mears (2003) reported that older Australian women were able to survive the abuse by 'switching off' emotionally and blocking out the violence.

Participants revealed that their own personal strengths helped them to overcome the abusive experiences, including their self-determination and resilience. This finding reflects that of a Canadian study, which described the sense of 'hardiness' and 'inner strength' found among abused older people who attributed this to other difficult life experiences they had to overcome such as the Great Depression (Podnieks 1992). It has been asserted that older people sometimes resign themselves to their abusive circumstances and simply adapt to the abusive situation, suggesting a sense of acceptance among them; however it has been emphasised that the acceptance does not abate the suffering experienced (Podnieks 1992; Lazenbatt *et al.* 2010). It has also been argued that older people may simply accept the abuse for the sake of their children (Buchbinder and Winterstein 2003) or because they have no other choice (Wolfe and Pillemer 1989). Such stoical traits may be considered protective factors, but may also serve to increase older people's risk of further abuse (Peri *et al.* 2008).

Some participants drew on their faith to help them to overcome the abuse. Religion has been reported as an important factor in helping older people to cope with their abusive experiences and has been found to be a source of comfort in helping them to overcome difficult situations in their life (Zink *et al.* 2006; Mowlam *et al.* 2007). Furthermore, religion can sometimes provide older people with a sense of acceptance, security and self-value and observance of religious practices can also provide a social outlet (Podnieks 1992; Hightower *et al.* 2006).

In order to overcome their abusive experiences, it was important to the participants in this study that their experiences were believed, affirmed and validated by someone else such as a health or legal professional. When victims of abuse are provided with the opportunity to speak about their experiences to a third party, the act of relating their experiences can be empowering and liberating for them (Schaffer 1999). The study participants found it helpful to be able to explain the abuse and to understand why the abuse occurred. Zink *et al.* (2006) found that making sense of the abuser's behaviours was an important coping strategy employed by abused older women in the US, whereby appraisal of the abuse played an important role in the older person's sense of control and ability to cope with the stresses of intimate partner violence.

Elder abuse is not merely a problem in the interpersonal domain but is a societal problem. O'Brien *et al.* (2011, p. 66) place elder abuse within a personhood framework, and propose that society gradually withdraws the attributes that confer personhood, and concluded that 'the withdrawal of personhood dehumanises older people, making it easier for others to mistreat or harm them'. In the present study, some victims attributed the abuse to stress on the part of the abuser, or to the abuser's drug or gambling addictions. Peri *et al.* (2008) found that living with a family member who is mentally ill or who was drug or alcohol dependent placed them at greater risk of abuse, particularly if the older victim owned the property. In addition to unemployment and alcohol addictions, jealousy has been found to be another significant characteristic of abusers (Zink *et al.* 2006; Nägele *et al.* 2010; Naughton *et al.* 2012).

Participants in this study reported feeling lonely and isolated. Previous studies have implied that if older people feel lonely, they may be desperate to talk to people and therefore become increasingly vulnerable to falling prey to abuse (Peri *et al.* 2008). Some studies implied that poor health and vulnerability may increase the likelihood of abuse occurring (Pritchard 2001; Peri *et al.* 2008); however the majority of older people in this study represented themselves as confident, self-assured and independent and most reported that they had generally fair to very good health prior to the abuse occurring. This finding suggests that, for this sample, vulnerability and poor health were not risk factors for the abuse experienced, but were possibly a result of the abuse.

A number of participants blamed themselves for the abuse and tended to remain loyal and dedicated to the adult children who had mistreated them. These feelings of responsibility for the abuse tend to be a hallmark of abused older women (Montminy 2005). Previous studies showed that older people frequently make excuses for the abuser's behaviour and were sometimes protective of the abuser (Podnieks 1992; Pritchard 2001). This sense of loyalty and commitment to the abuser was also evident in older people's views of elder abuse (O'Brien *et al.* 2011).

Participants spoke about having safe accommodation which they considered a place of sanctuary, as being critical to their survival. Since living alone renders older people more vulnerable to abuse, the need for alternative accommodation and a safe environment, comfortable and suitably adapted to the older person's needs, is seen as essential in promoting a sense of community living (Hightower *et al.* 2006; Mowlam *et al.* 2007).

Character strengths and the determination to stand up for one's rights, can determine the nature and impact of the abuse (Mowlam *et al.* 2007). For some study participants, self-determination was important and some reported standing up to and confronting their abuser as a means of taking control of their situation and coping with the abusive experiences. Being able to stand up for oneself has been found to be related to life experience, personality, health status and family relationships (O'Brien *et al.* 2011).

The study findings highlight the factors which played a key role in helping older people to cope with and overcome their abusive experiences. The coping strategies deployed by older people were those that relied on their own internal strengths and resources. This evidence highlights the need to support older people to optimise their own internal coping strategies and to tailor interventions that focus on empowerment and self-determination and to furnish older people with the knowledge, power and other resources to self-protect.

8.5 Experiences of help and support

Accounts highlighted participants' experiences of support. Hearing older people's views and consulting with older people who have been victims of abuse, in terms of service responses, is pertinent to the development and implementation of effective policy and services to protect older people (Hightower *et al.* 2006; O'Brien *et al.* 2011). Findings reported the help-seeking patterns evident in participants' accounts of their abusive experiences. Few participants in this study instigated steps towards seeking help with the abusive situation they found themselves faced with, and instead it was friends and healthcare professionals who sought help on their behalf. Healthcare professionals tend to be in an ideal position to recognise the signals and signs of elder abuse; however some may not always feel it is their responsibility to alert others to the abuse when they suspect that an older person is being abused (Lazenbatt *et al.* 2010).

Participants' accounts implied that they did not oppose friends and professionals seeking help on their behalf. Often abused older people fear for their personal safety (Mowlam *et al.* 2007) and simply wish to have an end to the abuse (Pritchard 2000). Findings from this study suggest the absence of either a culture or a system that encourages and empowers older people to seek help. Moreover, study participants indicated that they were unaware of services available to support and protect older people, including the HSE senior case workers for the protection of older people service.

While adult children are not always supportive of their abused older parent and may become the victim's enemy (Buchbinder and Winterstein 2003), adult children can play a key supporting role for abused older people in relation to helping them to leave the family home to escape the abuse (Hightower *et al.* 2006). Older people interviewed for this study spoke about their appreciation of the moral support and help with daily chores received from family and friends.

Previous studies have found professionals, such as general practitioners and the police to be inadequate and unsupportive in cases of elder abuse, primarily because they tend to view elder abuse as a family matter or simply do not have the time to address the issue (Mowlam *et al.* 2007; Lazenbatt *et al.* 2010). In contrast, findings from the present study indicated that health care

and social care professionals such as GPs, counsellors, therapists, hospital staff and the senior case worker (SCWs) for the protection of older people proffered practical and moral support for the victims of abuse. Older people also experienced voluntary and local services as providing a supportive and protective role in helping them. Abused older women in the UK also spoke positively about the information and support they received from voluntary agencies (Mowlam *et al.* 2007).

The SCWs in particular were praised for their support with court cases, and their advice and assistance with basic information and entitlements. The literature indicates that what abused older people need is informal practical help (Pritchard 2000) and information on their rights, as few older people are aware of these (Lazenbatt *et al.* 2010). Previous studies indicate that access to accurate and reliable information, in terms of legal issues, housing and resources and financial support, are paramount to older people (Schaffer 1999; Pritchard 2000; 2001; Hightower *et al.* 2006). Maintaining access to a range of high quality services for older people and their families, which include benefits, housing, social care and transport, has been found to be the most effective way to respond to mistreatment and abuse (Mowlam *et al.* 2007, p. 59). Older people's information and support needs may change over the course of their abusive experience. For example, an abused older person may initially require information and support around emergency housing, followed by legal advice and financial support, and followed later by information on entitlements and support in maintaining on-going activities.

Some study participants acknowledged the limited authority that the Gardaí have and expressed dissatisfaction with the restricted availability of certain services from local authorities and agencies. A perceived lack of support from services was highlighted by previous studies, which reported that older people experienced the police as unsupportive and the legal system as ineffective and confusing (Lazenbatt *et al.* 2010). Mowlam *et al.* (2007) noted that there tends to be a social stigma attached to contacting the police, a factor which may dissuade older people from contacting them.

Other barriers to help-seeking were identified by older people, which prevented or hindered them from getting help and support. Some participants were not always aware that they were victims of elder abuse and few were

informed of services available to support and protect them. Previous studies have also found that older people tend to be uninformed about support services and their respective roles and remits (Scott *et al.* 2004; Lazenbatt *et al.* 2010), and those that had obtained some knowledge about services received information indirectly or by chance (Nägele *et al.* 2010). Additionally, the study participants reported that they were reluctant to ask for help as they felt too ashamed to do so. Abused older people tend to hold traditional views and prefer to maintain a culture of secrecy, as they often feel ashamed and unwilling to cause embarrassment to themselves, their families and their communities (Mowlam *et al.* 2007; Lazenbatt *et al.* 2010; McGarry and Simpson 2011). Some participants were fearful that they might be judged by others. Older people need to feel that they are being listened to by people who remain non-judgemental (Pritchard 2000; Hightower *et al.* 2006) and in the absence of such support, older people will continue to endure abuse (Schaffer 1999).

In summary, older people can experience a wide range of abusive behaviours, including physical, emotional, financial abuse and neglect. For victims of elder abuse, the impact of the experience on the individual can hold greater significance for them than the act of abuse itself. Abusive experiences can result in physical and social consequences as well as a range of adverse psychological outcomes for victims, including fear, worry, emotional pain, upset and anxiety. Older people can deploy a range of coping strategies to help them to cope with and overcome their abusive experience, including avoidance of the perpetrator and engaging in distractions like the pursuit of hobbies and other interests. The coping strategies deployed by older people also include reliance on their own internal strengths and resources. Older people recognise and appreciate the practical and moral support that they received from individuals and agencies, including health and social care professionals, local voluntary agencies and police. Some older victims of abuse can experience barriers to help-seeking, including their own lack of awareness that they are being abused, their fear of rejection and embarrassment if they reported the abuse, their lack of awareness of the services available to support and protect them, and perceived and actual barriers in the legal and criminal justice systems due to their limited capacity to respond to cases of abuse.

8.6 Study limitations

The focus of this study was older people's experiences of mistreatment and abuse, as described by older people themselves. A qualitative design involving in-depth interviews with nine older people who were victims of abuse was used to generate the empirical descriptions of these experiences. This type of design carries inherent limitations that are related principally to its capacity to provide objective empirical data from which generalisations can be made to the wider population of abused older people.

Data on experiences were generated from a small group of older people who had already received a statutory service to support them. In most cases, these individuals were removed from their immediate circumstances of abuse and the abuse had stopped. This meant that the accounts of experiences of abuse were those of older people who had their cases of abuse reported, assessed, investigated and substantiated by a senior case worker for the protection of older people. This meant that those experiencing abuse and not in receipt of statutory support were not included and those who experienced abuse and self-neglect or criminal victimisation by a stranger were also not included in the sample. Much of the data relied on recall and reflection, which may be vulnerable to memory decay over time.

9.1 Conclusion

This study has provided accounts of older people's experiences of mistreatment and abuse, as recounted by older people themselves. Such accounts have provided valuable insights into the range and types of abuse experienced by older people and have highlighted the particular aspects of the participants' experiences of abuse. The study demonstrated the adverse effects these abusive experiences can have on older people's health and wellbeing. Moreover, the study has provided insights into the internal resources which older people themselves rely on to help them to overcome their abusive experiences and has drawn attention to their support needs.

Examining the experiences of older people who have been victims of abuse provides the basis for developing effective policy responses and appropriate interventions to address older people's needs and the particular circumstances in which they find themselves. Policy responses need to recognise that the experience of abuse in older age may be an expression of mistreatment and abuse throughout the life course or may be a phenomenon that has occurred for the older person in later life. Accordingly, interventions need to be tailored to the individual victim's particular circumstances. Those providing interventions should recognise that older people themselves can draw on personal resources as coping strategies in response to the experience of abuse and should support victims in marshalling their own coping strategies.

Efforts to promote public awareness about elder abuse in Ireland, such as public events and media campaigns, should continue. Since some older people fail to recognise mistreatment and abuse when it is being perpetrated on them, improving their knowledge about abuse, including the more subtle expressions of abuse that occurs within families, should be a target for health promotion in the older population. Additionally, older people need to be aware of the services and supports available to them to address abuse in their lives and the services available in supporting them to cope with and overcome the experience. With better knowledge, older people are more likely to become empowered in recognising and staving off mistreatment and abuse. Empowering older people can also enhance their

personal strengths so that they can engage in more self-protection and feel confident enough to seek help.

9.2 Recommendations

Based on findings from this study, a number of recommendations have been made for service development, education and training and future research. Older people's reports of their experiences of mistreatment and abuse, including its impact on them and their responses and experiences of supports suggest a number of recommendations. Arising out of the study data, these recommendations are aimed at ensuring a better understanding of older people's experiences and responses and at further strengthening older people's own resources in coping with mistreatment and abuse. The following recommendations are offered within the limitations of this study.

- This study highlighted the fact that older people placed a high value on having someone to talk to about their abusive experiences. It is recommended that consideration be given to the provision of a Freephone or lo-call telephone listening and counselling service specifically tailored to respond to the needs of older people who have experienced mistreatment and abuse.
- The study showed that older people were willing and able to talk about their abusive experiences, including its impact on them. It is recommended that consideration be given to the establishment of peer support groups for older people who have experienced abuse, so that older people could share their experiences of abuse. Finding emotional support through interactions with others who have been abused would also be a means of addressing the loneliness and isolation often experienced by abused older people.
- Social connectedness plays an important preventative and management role in elder abuse and in reducing social isolation, as older people frequently become isolated from services, friends and families, thereby increasing their likelihood of being abused. Therefore, consideration should be given to making suitable and affordable community transport available to older people, particularly for those living in more

remote rural areas, so that they can maintain social contacts and pursue hobbies and interests. This service would also help to promote interactions with others, which may impede the likelihood of elder abuse re-occurring.

- Older people who experienced abuse needed affirmation of their experiences and welcomed the supports that they received from the various agencies and services and from their senior case worker. Since older people's needs change over the course of later life, support should be on-going. Any service response to elder abuse should be sufficiently comprehensive to take account of this need for affirmation and support and should include basic practical advice and information on areas spanning legal advice, basic rights and entitlements, safety issues and emergency numbers, advocacy and counselling services and housing. Information on mistreatment and abuse and supports available could be usefully provided in a comprehensive information booklet, which could be distributed among older people through services such as health centres and GP surgeries and in social settings frequented by older people, such as shopping centres and churches. Consideration should be given as to how this could be provided through services such as health centres and GP surgeries and in social settings frequented by older people, such as shopping centres and churches.
- This study revealed that abused older people placed enormous value on having suitable and safe housing, following removal from their abusive circumstances and they saw a place of sanctuary as a key factor in helping them to cope with and move on from their abusive experiences. Efforts to secure alternative accommodation for older victims of abuse, including emergency refuge and where appropriate, permanent accommodation, should continue to be part of the practical response to elder abuse.
- The impact of abuse on older people is often determined by the way they themselves respond to the abuse. In this study, older people indicated that they drew on their internal resources to help them to overcome their abusive experiences. Therefore, it is important that older people are enabled to develop and harness these internal resources. This could be achieved by enabling them to recognise these internal resources and to use these resources to their benefit. Empowerment interventions, developed and facilitated through older people's own networks, such as active retirement groups, could provide a basis for such self-development and protection.
- Many older people do not readily recognise the fact that they are being abused and it was evident from the findings of this study that older people were unaware of existing support services related to elder abuse. Accordingly, awareness-raising about the various forms of abuse and the support services available to victims of abuse should continue through public information outlets, such as leaflets and popular media campaigns.
- This study showed that some older people did not necessarily recognise that they were being abused, due in part to the subtle nature of the abuse, and that for many, the abuse was pointed out to them by another, either a family member or a professional. Since the recognition and detection of elder abuse may rest with someone other than the victim, then it is necessary to ensure that those in regular contact with older people, including those representing statutory services, should be familiar with the signs of abuse in their work with older people.
- This study interviewed only those victims of substantiated abuse who were in receipt of a support intervention coordinated by HSE senior case workers. This meant that other victims of abuse were excluded, including those in the abuse category of self-neglect and those who were not brought to the attention of statutory services. Further qualitative research of this type should include victims of self-neglect. Additionally, interviews with those victims of abuse who are not in receipt of statutory elder abuse services could be conducted; however, in making this recommendation, it is recognised

that recruitment to such a study would be extremely challenging.

- The limited evidence from the present study suggests that the impact of elder abuse on the individual can be profound and can continue after the abuse has ended. For others, internal coping strategies and external supports can enable them to quickly overcome the experience and to move on with their lives. Evidence of the longer-term impact of abuse would provide more detailed information on which to develop services. Hence a longitudinal study to examine the longer-term impact of elder abuse should be considered.

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