RAISING COMMUNITY AWARENESS FOR ELDERLY ABUSE IN CROATIA

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Abstract:

The purpose of this paper is to provide a general overview of current knowledge about elderly abuse in Croatia. The analysis covers two field of research: (1) prevalence and correlates of elderly abuse and (2) attitudes toward elderly abuse. The research on prevalence of elderly abuse has been carried out on the convenient sample of 303 elderly men and women. On average, in the last year they have experienced some forms of psychological violence (24.1%), economic violence (6.4%), physical violence (4.4%) and sexual violence (2.1%) in the family. Most often, abusers are husbands (30.15%), sons (16.64%) and daughters (14.01%), wives (9.21%), grandsons (8.60%) and granddaughters (5.40%). Further analyses show that 44% of women and 35% of men have experienced at least some form of violence in the partner relationship. Victims of partner abuse and abuse by other family members have poorer mental and physical health. Results indicate alcohol as one of the factors of victimization, unrelated to sex of the perpetrator.

The research of attitudes toward elderly abuse was carried out on the sample of 334 social welfare professionals and students. Generally, they have a sensitive attitude toward elderly abuse. Nevertheless, data indicate that further education regarding different forms of elderly abuse and the negative effect of ageism on sensitivity toward elderly abuse should be planned.

Key words: elderly abuse, prevalence, attitudes, community awareness

Introduction

The WHO Toronto Declaration on Elder Abuse (2002, p.2) defined 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". This mistreatment can be an act of commission (abuse) or omission (neglect), intentional or unintentional and can take many forms including physical, psychological and sexual abuse, financial
exploitation, or neglect (Meeks-Sjostrom, 2004). Elderly abuse is a global problem that is likely to intensify due to the increasing number of older people and the changing socio-economic and environmental conditions worldwide (Randel et al., 1999).

Although elderly abuse has been the subject of research and debate in North America and Western Europe for approximately 30 years, in Croatia, research of elder violence has started recently. The aim of this paper is to present the results of two studies carried out in 2007 in the field of elder abuse in Croatia: (1) a pilot study of elder abuse in family, and (2) attitudes toward elder abuse.

Croatia, similar to other European countries, is facing a growth of the population older than 65 years of age, which is currently about 700,000 people (15.7% of the total population). If we compare this data with the 1991 census, when the percentage of people older than 65 was 11.6%, the trend of the growth of the senior population is evident. At the same time, Croatia as a country in transition is faced with unemployment, low pensions, gender and age discrimination, reforms of the social welfare system, privatization of the health care system and housing, etc. Consequently, senior citizens in Croatia are generally poor and socially vulnerable, which could result in a higher risk for abuse and neglect in the family as well as in other systems of elderly care.

Prevalence of elderly abuse in Croatia

First empirical data on elderly abuse in the family in Croatia were gathered in a pilot-research project with 303 senior persons (23.4% male, 76.6% female) aged 65 to 97 (Ajdukovic, Rusac, Ogresta, 2008). The data were gathered with the Elderly Abuse in the Family Questionnaire, which consists of 20 items rated on a 3-point scale (1 - never, 2 - sometimes, 3 - often). Eight items refer to psychological abuse (Cronbach’s alpha 0.87), seven to physical abuse (Cronbach’s alpha 0.93), three refer to financial exploitation (Cronbach’s alpha 0.91) and two to sexual abuse (Cronbach’s alpha 0.91). Scores for each of the subscales are calculated by summing the responses for questions corresponding with each subscale.

The research has shown that 61.1% of participants have experienced at least some form of family violence on at least one occasion in the previous year. On average, based on eight different items, 18.7% seniors experience some form of psychological violence rarely or sometimes, and 5.4% experience it often. This is
the most prevalent form of violence. Next is economic violence, which is sometimes experienced by 4.6% of seniors, and often by 1.8%. Physical violence is experienced by 3.3% of seniors sometimes, and 1.1% of seniors often. The rarest form of violence is sexual abuse.

Those prevalence findings are comparable to those of similar research, such as research carried out in Canada. The National Canadian Study found 0.5% physical abuse, 1.4% verbal abuse, 2.5% financial abuse and 0.4% neglect (Podnieks, 1992). Pillemer and Finkelhor (1988) found that about 3.2% of elderly people had been abused in at least one of the ways defined by the researchers. In a study in Britain, the prevalence rates were 5% for verbal abuse, 2% for physical abuse, and 2% for financial abuse (Ogg, Mumm-Giddings, 1993). Comijs et al. (1997) found similar rates in a study in Amsterdam, the Netherlands, with 5.6% for overall prevalence rate, 3.2% for verbal aggression, and 1.2% for physical aggression.

Husbands are most frequently identified as perpetrators of violence (30.15%), followed by sons (16.64%), and daughters (14.01%), wives (9.21%), and finally grandsons (8.60%) and granddaughters (5.40%) (Ajdukovic, Rusac, Ogresta, 2008). Finkelhor and Pillemer (1988) identified spouses as the perpetrators of elder mistreatment (physical violence, chronic verbal aggression, and neglect) 59% of the time and children 24%.

The analysis of the gender structure of the perpetrators of elder violence shows that men are significantly more often the perpetrators (64.3%) than women (35.7%), a difference which is statistically significant. As for violence in partner relationships, a larger number of women than men have been exposed to this form of violence. However, further analyses show that 44% of women and 35% of men have experienced at least some form of violence in the partner relationship during the previous year, and that with the increase in the age of the victim, the proportion of female perpetrators of partner violence increases.

Generally speaking, there is little data on the number of men exposed to violence and these data vary significantly depending on the source of the data. There are a number of factors which make it very difficult to obtain a realistic picture of how many older men
are abused i.e. victimized men do not report being the victims of family violence because of shame (Pritchard, 2007).

Further analyses showed that the elderly who have experienced violence in the family have poorer mental health and more problems with bodily pains than the non-abuse group measured by SF-36 (Subjective Health Questionnaire) (Ware, 2000). Furthermore, the elderly who have experienced partner violence have a higher frequency of alcohol consumption in comparison to elderly people who have experienced violence coming from other household members. In cases of female perpetrators, it has been shown that the victimized partners consume alcohol more frequently. Results indicate alcohol as one of the factors of victimization, unrelated to sex of the perpetrator.

Evidence about the role of alcohol in the life of older people is very limited, but it appears that there is a "worrying high rate of under-detection of their alcohol problems" (Simpson, Williams, Kendrick, 1994). Specific links between alcohol and elder abuse include: abused elders may use alcohol as a means of coping with abuse or neglect (Bradshaw, Spencer, 1999); and impaired judgment and memory through harmful alcohol use by older people can leave them more vulnerable to abuse (WHO, 2005).

**Attitudes toward elderly abuse**

The research was carried out on a convenient sample of 334 subjects aged 20 to 60 year of age (average age 28.87, SD=9.92). The majority of respondents were female (90.7%). The respondents were professionals in the social welfare field (N=127; 38%) and social work and law students (N=207; 62%). Data were gathered with the Sensitivity toward Elderly Abuse Scale (SEAS)²¹ consisting of 35 items. The total range is from 35 to 175. A lower result indicates higher sensitivity toward elderly abuse. Internal consistency (Cronbach alpha) is 0.94.

On the whole, participants demonstrate sensitivity towards elderly abuse. The median result of the total score on the scale is M=58.40; SD=14.075. Means of scale items range between 1.19 ("It is better for everybody if elderly abuse is kept a family secret.") to

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²¹ The Scale was constructed by the research team Ajduković Marina, Muslić Ljiljana, Ogresta Jelena and Rusac Silvia. The data analysis is in progress.
2.52 ("The elderly often complain and nag, which leads to abusive behavior"). It has been shown that experts have greater sensitivity towards elderly abuse (M=55.25, SD=13.810) than the group of students (M=60.31; SD=13.390).

Considering that participants were experts from the social services system and students, who in the course of their education should be sensitized towards the problem of family violence, such sensitivity towards elderly abuse is expected. However, special attention should be given to the category of responses "I neither agree, nor disagree", which is present in 20% or more participants across 10 items. These items have been grouped in three groups.

1. Statements that reflect the attitude that the behavior of the elderly leads to their abuse. Those statements are:

- "The elderly often complain and nag, which leads to abusive behavior." (37.2% of participants stated that they neither agree nor disagree, 13.3% mostly agree and 0.9% completely agree).

- "The elderly are demanding, which leads to violent behavior of the people in their household." (26.7% neither agree nor disagree, and 5.2% mostly agree).

- "The behavior of the elderly provokes aggressive behavior in young people." (as much as 32.3% neither agree nor disagree, and 6% mostly agree).

- "The elderly would be less exposed to violence if they had more understanding or the problems of their adult children." (29.2% of participants stated that they neither agree nor disagree, 7.3% mostly agree, and 1.5% completely agree).

These results point to an unfavorable attitude and viewing the elderly person as the "cause" of violent behavior.

2. Statements that reflect the attitude that living together in the same space and daily inter-generational interaction leads to elderly violence. Those are statements:

- "If the elderly and the young lived separately, there would be no violence." (39% neither agree no disagree with this statement, 6% mostly agree, and 2.1% completely agree).
• "The elderly would experience less violence if they didn't live with their children." (35.6% participants neither agree nor disagree, 11.4% mostly agree, and 1.8% completely agree).

• "If the elderly lived in a nursing home with their peers, less family violence would occur." (31.8% participants indicated that they neither agree nor disagree, and 6.6% mostly agree. The high percentage of those who completely agree with this statement, 4.5%, is surprising).

These statements, especially the last one, basically reflect ageism, a hostile attitude towards the elderly, who are best off being with "their peers and out of the way", and a lack of confidence that a peaceful life of different generations together is possible.

Ageism can involve stereotypes and myths, or outright disdain and dislike (e.g., "I don't like working with older people"). In some cases, ageism means avoiding contact with older people. Ageism includes the wide range of attitudes that prevent people from accurately assessing and responding to social problems and conditions of older adults. Ageism may take the form of “granny bashing” in the popular press (blaming some or all of society’s current economic or other worries on older adults). It is often reflected in advertisements where older adults are depicted as slow, out of date, and lacking knowledge about new technologies, and where youth are shown as quick and knowledgeable. Indeed, many experts believe that ageism attitudes increase an elderly person’s risk of victimization (Payne, 2005.).

3. Statements that question elderly abuse. Those statements are:

• "Lending money from elderly parents and not returning it is not violence" (26.1% neither agree nor disagree, and 4% mostly agree).

• "The elderly are unable to take care of their belongings, so it is necessary that their children or other adult family members take care of it." (23.4% participants neither agree nor disagree, and 3.3% agree or mostly agree).

• "Cursing is a part of our culture, so using swear words cannot be considered elderly abuse" (21.2% neither agree nor disagree, and 4.8% mostly agree or agree).

These latter findings inform of the fact that not even experts and social work or law students are completely confident that material
exploitation is abuse. Swearing is also made relative as part of the culture.

**Recommendations and guidelines for action**

Results of the research indicate that different forms of elderly abuse are present in Croatia, comparably to other European countries. Starting from these results, further research needs to give special focus to abuse of elderly men. Also, coming from a constructivist perspective, we believe that it would be worthy to explore how the elderly define and attribute violence.

The part connected with research of attitudes towards elderly abuse has shown that, although social services experts and students demonstrate sensitivity towards the problem of elderly abuse, they are in need of further education in terms of recognizing different forms of elderly abuse and the effects of ageism. Research on the sensitivity towards the problem of elderly abuse should expand to other groups, especially family members of elderly persons, who are a considerable community resource in the care for the elderly.

Donohoe, Dibble and Schiamerg (2008) emphasize that increasing social capital in a community implies the potential to enhance individual family members’ skills in communication, trust-building, and networking. Social capital focuses in the location of both caregivers and care recipients within a community of trust relationships and networking. Because social capital is thought to be a community-level phenomenon, it encompasses all of the systems and participants in the enterprise of caring for the elderly.

At the level of social action, it is necessary to:

- gain better knowledge of sources and consequences of elderly abuse;
- advocate and raise awareness of the public towards the problem of elderly abuse;
- broaden the scope of interventions which give the elderly the opportunity to speak about the violence they have experienced.

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22 Some authors define social capital as the potential to access resources through social relations. A social capital perspective helps to prevent the care recipient from fading back into the context of caregiver stressors and makes the elderly individual a point of attention.
experienced, and strengthen the system of reporting the perpetrators;
- establish a national strategy of combating elderly violence, which would include an appropriate legal framework, raising public awareness and training experts and public servants;
- provide concrete support to families who take care of elderly family members, inform them of the existing network of services and assistance families can use at the level of local community or the broader social environment as a way of helping daily care for the elderly;
- further explore risk factors for victimization of the elderly;
- establish a universal and unambiguous system of recording all forms of violence the elderly are exposed to, both in their family and in the local community, across various systems – police, social services and health care system;
- monitor the effects of social, health, psychosocial and legal care of the elderly on increasing the quality of life of the elderly and decreasing their marginalization and victimization.

Bibliography


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