

Karina Kaindl

Cross-cultural Perspectives on Elder Abuse and Neglect



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N° 2: Lalive d'Épinay Christian, *La retraite et après ? Vieillesse entre science et conscience*, 2003

N° 3: Cavalli Stefano (et al.), *Âges de la vie et changements perçus*, 2006

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Alex Kalache
WHO Ageing and Life Course Programme
Family and Community Health

FOREWORD

*Elder Abuse is a violation of Human Rights
and a significant cause of injuries, illness,
lost productivity, isolation and despair.*
“Active Ageing Policy Framework”
WHO, 2002

In 2000 the WHO Ageing and Life Course Programme (ALC) identified elder abuse as a priority theme for its activities. It was clear to us that this was a neglected social and health problem that most societies would deny rather than confront. The parallel with domestic violence, child abuse and violence against women some thirty years earlier was evident. Awareness of these societal problems only surfaced once campaigns were organized based on solid evidence. For that, research was crucial – in its absence, denial prevails.

While back in 2000 a few countries had already started efforts to expose the ugly face of elder abuse, at a global scale little had been done. We then sought financial support from the Japanese Government for a multi-country study and invited the International Network for the Prevention of Elder Abuse (INPEA) as a partner. This resulted in a seminal publication “Missing Voices – views of older persons on elder abuse”, a widely quoted reference which reflected in quality its main author’s wisdom, Professor Gerry Bennett – a Giant in the field so much missed by us all.

In October 2002, WHO launched the “Global Report on Violence and Health” which devoted a detailed section to elder abuse. Soon after,

ALC launched the “Toronto Declaration for the Global Prevention of Elder Abuse” in partnership with INPEA, academic institutions and the Ontario Provincial Government. The reference to “Toronto” indicated not only the location where the declaration was conceived but also acknowledged the groundbreaking work conducted in Ontario under Elizabeth Podnieks’ leadership.

In 2004 ALC invited the Geneva International Academic Network, the University of Geneva as well as partners from seven additional countries to conduct the “Global Response to Elder Abuse and Neglect through the PHC Sector”, capitalizing from pioneering work done in Montreal. Its final report has now been released and can be found on our website: www.who.int/ageing/en/

This review, “Cross-Cultural Perspectives on Elder Abuse and Neglect” was competently conducted by Karina Kaindl, a member of ALC staff, and is centered on articles published in Spanish, German, French and English in an attempt to bring into the elder abuse debate literature contributions from non-Anglophone countries, often neglected in cross-cultural analysis on elder abuse.

EXECUTIVE SUMMARY

During the last decades, elder abuse has become a recognized form of violence, both in domestic and institutional settings, affecting all social classes and socioeconomic milieus, spanning all cultures and nationalities. However, outside of Anglophone countries, the amount of literature found on the topic is relatively small. And, there is little evidence as to whether or not the findings from Englishspeaking societies can be applied to other settings.

This literature review describes a body of work comprising 45 articles that applies a crosscultural analysis to elder abuse. In common with other topics related to violence, elder abuse is a very sensitive area which can be differently interpreted depending on the cultural context in which it occurs. An international and intercultural perspective on the topic can help to shed light on effective and culturally sensitive ways to fight elder abuse. Moreover, authors' professional backgrounds seem to influence how elder abuse is viewed.¹ This review presents various thematic categories that appear and repeat themselves in articles regardless of their regional background while bringing out cultural specificities.

¹ This question will not be tackled explicitly in this review which focuses on the cross-cultural aspects and understanding of elder abuse. However, the reviewed articles come from a variety of disciplines such as Medicine (16 articles), Psychology (10), Nursing (8), Social Sciences (7) and Social Work (4).

SEARCH STRATEGIES

From a geographical perspective, most of the articles on elder abuse are covered within the United States of America, Canada, Australia and the United Kingdom. This review is centered on published articles and research conducted outside this geographical spectrum. However, articles on elder abuse focusing on ethnic minorities and/or on cultural diversities within the countries mentioned above were also included in this review. Search terms were “Elder abuse”, “Elder mistreatment” and “Elder neglect”. The search was carried out between May 2004 and April 2005. Relevant articles, written in English, French, Spanish and German, were identified and selected from the search databases PubMed, Scielo and Bireme. Both the medical and the social sciences literature were considered. All articles were accessible on-line and appeared in peer reviewed journals after 1993. 45 articles met the search criteria and were included in this review.

CROSS-CULTURAL PERSPECTIVES ON ELDER ABUSE AND NEGLECT

INTRODUCTION

Many variables such as cultural patterns, historical moments, the sociocultural environment, economic conditions, the family structure, religious beliefs and the political structure have an influence on how older persons are perceived and treated. Equally, neglect and abuse are culturally defined phenomena that reflect distinctions between values, standards and unacceptable interpersonal behaviours. These distinctions denote moral values and conduct (17). Changes in social norms and cultural values influence family relationships in contemporary societies either positively or negatively. Such information is of significance when designing prevention and intervention strategies, and policies against elder abuse and neglect. This review's goal is to present both cross-cultural similarities and differences regarding this dimension of violence which has only recently started to receive international attention. Nonetheless, it is challenging to compare findings across countries, as there are discrepancies regarding definitions, reporting laws, record keeping, sampling techniques, and methods of data collection (40).

Most of the articles are reviews or present research findings, in which various themes related to elder abuse, appear. The main topics discussed are *definitions, cultural specifics, prevalence, risk factors and indicators, detection and intervention strategies* as well as *perpetrators' and victims' profiles/characteristics*. It seems that articles coming from outside of Anglophone countries tend to discuss more often cultural patterns and specificities of elder abuse than articles coming from within Anglophone regions.

DEFINITION

Since the 1970s the awareness of elder abuse has been rising, manifesting itself in a steady increase of the amount of literature on the topic. The different terms describing violence against older people, ranging from *granny bashing* or *battering* to *mistreatment* and *elder abuse and neglect*, seem to be universally referred to regardless of local cultural contexts or professional backgrounds of researchers and authors. Although the term elder abuse has apparently stood the test of time, there is neither a general agreement on its definition nor on the different forms that are included in the term. One explanation could be that definitions depend on epochs, norms and rules varying from culture to culture. But the lack of consistency of what elder abuse is hampers the comparison of results across studies and countries. The absence of uniform legal codes and definitions of the term is also one of the main reasons for the paucity of accurate statistics on elder abuse. However, there seems to be a general consensus that the four main forms of elder abuse are physical, psychological, financial abuse and neglect (21). These four categories encompass about 2/3 of the total – and are therefore mentioned most frequently in the relevant literature. Figure 1 displays the different categories of abuse found in the reviewed articles (not mutually exclusive).

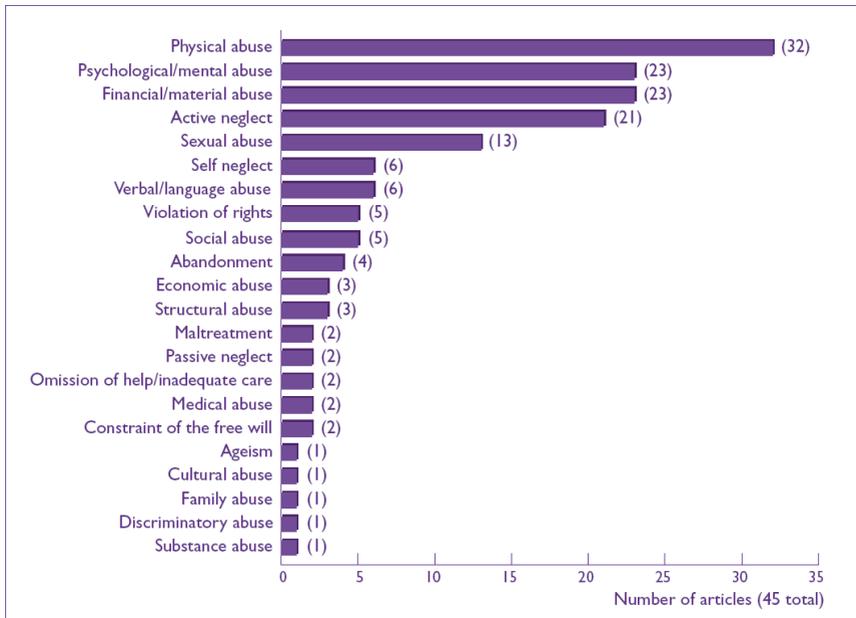


Figure 1. Number of articles per abuse form (total of 45 articles).

Furthermore, several articles emphasize the difference between domestic and nondomestic, as well as intentional and unintentional abuse and neglect (4, 5, 7, 17, 23, 24, 27).

In a **Swedish study**, the interviewed district nurses reasoned around the central theme “Overriding the boundaries of a person’s integrity/autonomy” when they were asked how they identify/define elder abuse (30). Hudson et al. (17) interviewed adults from different cultural groups in the USA. The majority of each of the groups indicated that “one incidence of yelling or swearing at, slapping or hitting an older person is sufficient to warrant the label of elder abuse”. Furthermore, the study participants included in the definition of the term elder abuse most frequently the answers “not treating an elder right”, “hurting or harming an elder”, and “causing an elder pain or suffering”.

Within the articles the age limit varies significantly. Predominantly, older people were classified as being 60+ years (10 out of 45 articles)

or 65+ (9 articles), one of each article uses the age category of 50+, 55+ and 70+ years. However, elder is not solely a function of chronological age but also of individual and societal understanding.

ATTITUDES TOWARDS OLDER PERSONS AND FAMILY VALUES

An understanding of the relevance of the different cultural family values and how they impact both the victim and the abuser is essential in order to better assess, deal with, and possibly prevent abuse in older persons. The following overview tries to reconcile the findings from different regions.

In several **East Asian countries**, care of aged parents used to be not an option but a moral responsibility. Pang (24) mentions that elder abuse is rarely an issue in Asian societies because older people are traditionally highly regarded due to filial piety and respect. Several authors (20, 33) point out that Eastern societies tend to be more collectivistic whereas Western societies are inclined to embrace more individualistic values. The collective good is therefore regarded as more important than the benefit of the individual. Confucian concepts – widely spread in East Asia – such as family ties, filial piety, guilt and shame might strengthen intergenerational relations but at the same time the family obligations included in these concepts can cause conflict situations which may lead to abusive behaviour (48).

In **China**, older people are traditionally not only highly esteemed, but the infliction of physical harm upon them was deemed as a crime that could be punished with the death penalty, as old age has been considered as one of the five blessings: “Having an elderly person in the family is like having a treasure” (51). Great emphasis has been put on filial piety and the cardinal relationships comprising clear guidelines regarding power, roles, and responsibilities. The Confucian principles of filial piety have served as guiding principles for intergenerational relationships for thousands of years, prescribing how children should

behave toward their parents, living or dead. Adult offspring are expected to “provide for the material and mental well-being for one’s aged parents, perform ceremonial duties of ancestral worship, ensure the continuity of the family line, and in general discipline oneself so as to preserve honour and avoid bringing shame to the family name” (49). Older parents in return are supposed to listen to their adult children and obey them. This concept implies as well that parents should take care of their young children and that adult children in return should look after their parents in old age. In essence, the principles of filial piety have created a system of intergenerational dependence, and continue to exert influence on Chinese family relationships despite social changes. The other cardinal relations in Confucian traditions are father-son relationships. Traditionally, a son brings his wife into his parents’ household, and both are expected to be obedient and devote themselves to the welfare of their parents and ancestors (37, 39, 40). However, there is evidence that the importance of filial piety is changing. Nowadays, Chinese societies are rapidly ageing due to lowered fertility, improved health, better nutrition and longevity. Since the introduction of the “one-child policy” in the late 1970s, China’s family structure has taken a 4-2-1 form (four grandparents, two parents, and one child in the family). Chinese who do not have pension or retirement funds have to rely on their savings or to lean on their adult offspring for support in order to earn a living (44). A considerable price increase due to privatization in the last few years has inflicted an additional pressure on low-income groups. The family is still considered as the main – if not sole – source of financial support. Being the only child can thus put a significant burden on the parent-child relationship. Moreover, social changes brought by industrialization and urbanization have posed great challenges to traditional Chinese values. Chan and Lee (42) mention that “Hong Kong families are now at the crossroad of modernism and traditionalism”. One of the consequences is that younger generations are less devoted to traditional Confucian principles and seem to prefer individual development rather than fulfilling culturally prescribed

family obligations, as to choose not to cohabit with their parents (40). Elder abuse seems to be one of the side effects of these transitions. Additionally, older people are deprived of their former child care functions in the family due to decreasing fertility rates and the expansion of community child care services.

The traditional **Japanese family structure**, incorporating Confucian principles, is patriarchal. The father as a leader is not questioned. Specific hierarchies are therefore given, resulting in a sexually biased, gender-unsymmetrical society that is influencing the power structure in relationships. The wife, for instance, must accept to become the caregiver of the husband's older parents. Family relationships are due to these hierarchic family structures vulnerable to conflicts. The avoidance of disagreements to maintain harmony and face, and the suppression of feelings can lead to deep-seated resentments resulting in potential filial violence in later age. Also informal care obligations towards older family members are declining. Especially poor women are often socially abandoned and neglected by a patriarchal society (18, 19).

The socioeconomic development process in the **Republic of Korea** that has been experienced since WWII has had an impact on its society, including the family structure which changed from an extended to a nuclear one. The burden of caring for parents rests traditionally with the eldest son and his wife. Although a pension system has been introduced in the 1980s, the majority of older persons have no or very little independent income. This issue is highly challenging for a society that is rapidly ageing. Also the social and welfare systems are not yet well established. As a result, older people have to rely on their children for all kinds of support. Another consequence of the modernization of the country is the weakening of filial piety. Older persons are often left alone at home since the share of women working outside their homes has increased. Nevertheless, since filial piety is still explicitly dominant in Korea and physical harm to old people is a taboo, the rates of reported physical abuse are very low (13, 22).

In **India**, older people have been traditionally venerated and assured of their authority in society. They are responsible for keeping the family intact and are considered a main source of guidance, support and love. Thus, ageing in India is not seen as a frightening prospect. Migration, urbanization and westernization have altered the family dynamics however. Parents often move with their adult children and have to adjust to the expectations and values of children. Furthermore, daughters-in-law often go nowadays to work. This leads to a loss of authority of the older persons and to conflict situations (33).

In an agricultural society, such as in former **Spain**, older people represented wisdom, knowledge, and the historical memory. These three elements were crucial to the perpetuation of the cultural identity. Since the beginning of industrialization this pattern has been in flux. The ensuing socioeconomic change has also altered family values. But as in most Mediterranean countries, it is still a moral obligation within the Spanish society to pay deference to older persons. Older individuals have therefore still an important role within the family and the social dynamics (5).

In **Latin America**, the family and primary institutions, such as the school and the Church, pass cultural values from generation to generation. Not following these cultural guidelines, which are often influenced by religion, carries a significant sense of guilt and failure on the individual. Defining the Hispanic culture is difficult considering the heterogeneity of Latin America. However, the concept of caregiving is an central component of familism (35).

The breakdown of traditional values and family structures is often blamed for the perceived increase in family violence. But one has to go beyond such simplistic explanations and look for connections between tradition, change, demography, and social and economic conditions in developing an understanding of abuse within the family (33). Buchbinder (6) points out that the social context of abuse cases is often neglected as there is a systematic tendency to define abuse as a personal rather than a social problem. These contexts but also a

society's attitudes towards older persons can shed light on what older persons' needs in various regions and cultures are. Based on this information efficient methods to prevent and assess elder abuse can be formulated.

CULTURALLY SPECIFIC FORMS OF ELDER ABUSE AND PUBLIC AWARENESS

The bulk of research on elder abuse has been carried out in North America. Although these study findings may be broadly applicable to other geographical contexts, especially to other Western countries, the cross-cultural variations are sufficient to warrant larger and more systematic studies across other regions and cultures. That applies in particular to the more subtle forms of violence, such as emotional abuse, which can be perceived very differently depending on the cultural setting and the historical background of a society.

Japan's history as a totalitarian regime has had a significant influence on Japanese people's attitudes toward violence. Koza (19) mentions that "under such regime, which lasted until only five decades ago, violence was justified as means of discipline and punishment. Corporal punishment of children by parents or teachers is common even to this day." In addition, it is widely held that older persons should be treated with great care by, within or outside the own family. Therefore elder abuse has thought to be a rare pattern. Nevertheless, elder abuse occurs in Japan and is today a major hidden social problem. Interestingly, some Japanese tales have described certain forms of elder abuse. Violence against older people is also frequently tackled in soap operas, involving typically emotional abuse on both sides, parents' and children's (1, 19). This corresponds with the traditional image of domestic violence being understood as children's physical and emotional violence against their parents. Filial violence has been occurring most frequently toward the mother and, most specifically, in

families with passive, absent, or withdrawn fathers and overprotective and domineering mothers (46). On one hand, the fact that an increasing amount of men remain single or are socially withdrawn leads to a higher number of elder abuse incidents inflicted by sons. On the other hand, also the conflict between the wife and the mother-in-law seems to be often the source of elder abuse in Japan (19, 33). Evidence is given in a study where daughters-in-law were found to be frequent perpetrators of elder abuse with a ratio of 38.5%. All perpetrators were family members, out of which 70-80% were living together with the victim (53).

There is little literature in the **Republic of Korea** on elder abuse, and the knowledge is mostly based on anecdotal findings from studies with small samples. Korean study trends cover mainly definitions of elder abuse, recognition and attitudes towards the older population, and causes of abuse (13). In a cross-cultural study on young Korean and Caucasian US American adults' perceptions of elder abuse, psychological neglect was considered to be significantly more typical than any other form of elder mistreatment, whereas physical abuse was considered less typical in both the Korean and U.S. samples. Neither culture nor sex was a significant predictor of any rating of the typicality of elder mistreatment. But culture made a direct and independent contribution to judgements of abusiveness and aggressive and neglectful behaviour. The Koreans judged psychological mistreatment to be significantly more abusive than physical mistreatment, whereas the reverse was true for the American sample (20).

Elder abuse is a form of family violence that has not yet been recognized in **India** as a social problem. Of all forms of intrafamilial violence, filial abuse has received the least attention, as it seems not to be as widespread as other forms of abuse. This may be due to victims not reporting incidences, or because society does not consider the issue a problem worth tackling. Social services find it difficult to acknowledge the presence of elder abuse and therefore do not direct research or significantly intervene on it. Scientific and media articles in

India on family violence are still scarce, although the media coverage has increased in number. Additionally, older persons' needs have not been included in any of the economic or social plans (33).

Until recently elder abuse had been hardly addressed in **Spain** – neither on a theoretical nor on an empirical, legal or political level (4). But structural and social abuse is present in form of low pensions – especially for widows –, and the lack of policies, as well as insufficient social and health resources to meet the needs of older persons such as adequate training of primary health care professionals (29). However, this is slowly changing as elder abuse has been addressed by the Ministry of Social Welfare and Labour and by various researchers.²

In **Latin America**, *Marianismo* is defined as the cult of female superiority and the expectation that women are responsible for others, particularly of their family members. Vazquez and Rosa (35) write that “this cultural value, mandating suffering from women, holds demanding expectations and requires caring for relatives with little support.[...] This concept of *marianismo* impacts both the victim and the abuser. The victim may see herself as needing to have a higher threshold of tolerance for the abuse. In the case of a female abuser, she may take more responsibilities and burden than she could possibly handle. A male abuser, for example, may have high expectations from either his partner or mother about how he should be cared for, and get very upset and abusive when these are not met.” Another important cultural concept is *Machismo* which has been defined as a socially learned and reinforced set of behaviours in Latino societies guiding male behaviour. *Macho* men take care of their families, and protect them against all odds. But the concept carries also negative aspects, particularly when Hispanics find themselves acculturating. Respect also plays an important role and its absence alone can be interpreted as abuse (35). Furthermore, public and societal failures regarding the

² See for instance the five articles from Spain that are included in this review: Bazo (2001), Bover Bover et al. (2003), Ruiz Sanmartín et al. (2000), Ruiz Sanmartín et al. (2001), and Sánchez del Corral (2004).

treatment of older people are brought up in Latin American articles on elder abuse. In a study conducted in Havana all participants were socially abused. Examples of social abuse included obstacles in the street that weaken the mobility of older people or the lack of help offered to them when for example crossing the street or using public transport. Also disrespect was one of the major concerns (25).

In **Germany**, the discourse about violence towards older people has been taken up in the 1990s. Elder abuse is nowadays more frequently a topic in the media. However, its coverage is rather scandalising than sensitizing (11, 16).

Over the years, research has documented that minority older people in the **United States of America** are more likely to experience conditions of poverty, less education, more unemployment, more illness and more substandard housing than White seniors, but there is no agreement whether these variables are indicators of abuse or if minorities are at higher risk of being abused (12, 46, 54).

GENDER AND ELDER ABUSE

Elder abuse through a gender lens is in the reviewed articles only discussed from the female perspective. From a legal medicine point of view, the abuse of women is thought to be reported more often than of men, because the severity of cases is often higher. Furthermore, most of the women who faced abuse threats had been actually mistreated (1, 7). Ockleford et al. (21) indicate that the social context of abused older women has been neglected. There has been a systematic tendency to define elder abuse as a personal rather than a social problem. Employing social attributes as age, sex, status in a family, or the level of requisite care help properly establishing abuser-abused relationships.

In **Japan**, relations between husband and wife are not equal due to societal norms, such as division of labour between men and women.

Sons and daughters are also perceived differently depending on their marital status. This male-dominant society may not only lead to social abandonment of poor older women but also expects women to take care of their older parents and parents-in-law. However, women are nowadays seeking to pursue other challenges, and are therefore less likely to fulfil societal expectations (18). In **India's** strictly hierarchical, patriarchal and patrilineal society there is a clear gender inequality. Males are valued more and females are expected to be dependent on them throughout their lives on them – first on the father, then on the husband and finally on the eldest son (33). This dependency can lead to abusive situations. In **China** older women are also particularly vulnerable to negative experiences such as abuse, as they are often assigned inferior positions in the family as well as in the society according to traditional patriarchal values being prevalent especially among the older generations (40).

In general, there seems to be a lack of research detailing violence against members of ethnic minority communities within any country. Particular culturally specific outreach efforts are required to assist abused older women from these population groups as they often do not have access to any kind of services or information because of language barriers. Specific training for PHC professionals and the police is required to recognize the signs of abuse to help give these women a voice (41).

MAGNITUDE

As mentioned before, it is difficult to compare studies across countries and regions, and to determine prevalence rates or real incidences since sources or methodologies vary significantly – depending on the author's professional background – or are not even disclosed. An aggravating factor for the determination of the prevalence rate is that elder abuse often happens in the domestic setting and mostly in caring

relations. It is therefore a phenomenon that is well hidden from the public. Oftentimes it is difficult to label the victim and the perpetrator clearly since there can be an element of interactive or mutual violence, dating back to earlier times or taking place in the present (32). The following section presents data from various regions. The findings highly diverge not only from one country to another but also the different data sets collected within a country do not often result in a uniform prevalence pattern.

In Oh et al.'s (22) Korean study between 1.9% and 4.2% (n=15230) of the participants experienced abuse of one type or the other. Emotional abuse occurred the most, whereas physical abuse was the least frequent abuse type. These findings are affirmed by other studies stating that elder abuse in the **Republic of Korea** is mainly expressed as psychological mistreatment (20, 47, 50). Furthermore, older men were found to be more likely to experience abuse than women. This could be related to the fact that daughters-in-law who are often responsible for the care of their inlaws may find it difficult to fulfil this obligation towards their fathers-in-law which can result in abuse. This finding conflicts with Han (13) declaring that more older women than older men become a victim of abuse.

In **Japan**, elder abuse came to light when the long-term care insurance scheme was implemented in 2000. Anme's survey (2) delivered a higher ratio of emotional/psychological abuse than previous studies. However, Kasuga (18) presents a different pattern in her paper: The most frequent types of mistreatment were neglect, followed by physical abuse. Furthermore, the prevalence rate of women being abused was higher than for men and abuse proportionally increased in older age.

A study conducted in **Singapore** (8) found during a 44 months period seventeen elder abuse cases (n=62826) in an emergency unit, with a physical abuse rate of 0.03%. The majority of victims were women (82.6%) with a predominance of Chinese victims (88.2%). Interestingly, these figures are vastly different from the overall patient composition of the emergency department (37.3% female; 66.05% Chinese). The

low frequency of abuse of local older men may reflect their reluctance to seek help.

In 1999, 97 elder abuse cases were reported to Hong Kong's local social welfare department. 35% involved neglect, 35% physical abuse and 28% psychological aggression. A telephone survey conducted with 500 people where a rate of 11.2% experiencing verbal abuse was found this rate was considerably higher. Other prevalence data from **China, Hong Kong Special Administration Region** revealed that 21.4% (n=76) of the older people's sample had experienced at least one kind of abuse. In a study with caregivers, 68% admitted that in stressful situations they would engage in at least one of the depicted abusive behaviours against an older family member. Another survey presented a 20.8% rate of verbal abuse, 2.0% of physical abuse, and 3.9% of social abuse. In 2004, 27.5% (n=276) of the participants in a study on elder abuse were found to have experienced at least one abusive behaviour in the past 12 months. Further results also indicate that there is a consistent trend of a higher victim ratio among females as compared to males for all types of abuse. Comparing the different data from Hong Kong, the most prevalent form of abuse seems to be verbal abuse in prevalence estimates. But it tends to be overlooked since there are relatively lesser sanctions, both socially and legally, as compared to other forms of violence (37-39).

A survey of a **German** crisis helpline for older persons assessed within a period of approximately 24 months out of 195 counselling cases 64 persons at risk of being abused. The most prevalent categories of abuse were psychological abuse (79.7%), followed by physical abuse (48.8%) and financial exploitation (46.9%) (11). Another German survey conveys a similar picture where 46 cases (n=282; 10.8%) of domestic elder abuse were found, with the highest prevalence of financial and emotional abuse (15).

A study conducted in **Sweden** showed that 77% of the interviewed GPs (n=65) encountered during a twelve-month period 192 risk situations of either physical, psychological and financial abuse, or

neglect. 25% of the participants were aware of patients being subjected to either verified or suspected elder abuse. There were seven cases of financial abuse, six cases of psychological abuse, three cases of physical abuse and nine cases of neglect. Fifteen cases involved suspected abuse (31).

In **Spain**, a higher rate of abandonment and neglect compared to abuse was found. Male suffered more neglect, whereas female were more often victims of abuse (physical, psychological and material) proportionally and in relation to male (4). Another prevalence study in Spain obtained an abuse rate of 11.9% (n=219). Out of 26 persons who were found to be abused, there were six cases of physical abuse, twenty of psychological abuse, three neglect and three abandonment cases, and one sexual abuse case (27).

In a study conducted in **Cuba**, 100% percent of the participants were socially, and 89.4% psychologically abused. More men were affected by psychological abuse, domestic abuse and neglect than women. Whereas physical and financial abuse was more prevalent among women (25).

The overall percentage of women in a **cross-European** sample who reported some form of abuse since the age of 60 was 23% (n=34). The proportion of female abuse victims rose from 18% in those aged 60 to 69 years to 34% in the age group of 70 to 79 years. Spouses and other family members were indicated most frequently as perpetrators of threatening behaviour and actual physical abuse. Victims reported abuse lasting days (59%), weeks/months (15%) or years (24%); however, the effects of the abuse lasted often much longer. 76% of older female victims had informed someone of the abuse. 32% obtained some form of help but only 6% felt that the provided assistance was useful. Professionals from medical and social services suggested that psychological abuse is approximately three times more prevalent than physical abuse. The older women themselves reported financial abuse as the most common form of experienced abuse (21).

RISK FACTORS

On the macro level, there are different theories that try to elucidate elder abuse and its causes (5):

- Transgenerational violence theory: violent behaviour is learnt. Abused children are at risk of becoming abusers themselves in later life.
- Caregiver stress theory: abuse and neglect are provoked by external and directly linked caregiver stress factors.
- Isolation theory: a lack of social network puts the potential victim at risk of being abused and the potential perpetrator at risk of conducting abusive behaviour.
- Dependency theory: functional frailty and chronic diseases are risk factors for a person of being abused.
- Psychopathology of perpetrator theory: the perpetrator's psychological condition can be reason for the mistreatment of others.
- Ecological theory: Interpersonal violence is linked to broader social and sociocultural structures.

Other authors analysing domestic violence of older persons indicate a male fear of losing dominance, and the fear of the younger ones to be dependent on the older ones. Although there is a number of theories concerning family violence, many of which focus on the individual psychological problems of the perpetrators, victim characteristics and environmental circumstances, a set of theories suggest that the cause of family and domestic violence lies in the structure of society and is a mirror of a society's attitudes against the older population (4, 33).

In the **Republic of Korea**, it is very common for older people to live with their married children. The high level of conflict in this sort of household constellation seems to be a risk factor for older persons as they are dependent on family members for all kind of services and financial support (22). Furthermore, caregivers who have too much social affiliation to follow social norms would tend to expect frail older

people to do the same thus enlarging the risk of abuse. Anme (2) points out in her study on elder abuse and risk factors in **Japan** that people who thought that “family should take care of elderly” tended also to believe that “frail elderly should obey the family’s opinions” and that “frail elderly should not express their opinions”. Furthermore, there was also a correlation between the statements “if the family does not take care of the elderly, the social stigma thus earned is extremely uncomfortable”, “providing elder care is a severe burden for the family” and “that needed services are available for the family, even though the elderly may not request them.”

Also social phenomena including cultural changes can provoke abusive behaviour. Migration could cause stress and can therefore lead to elder abuse among immigrants (35). Other studies relate elder abuse to age, gender, socioeconomic conditions, work situation, marital status, frequent change of residence, attitudes towards older people and modernization, and childhood experiences (38). Ruiz Sanmartín et al. (27) report in their study conducted in an urban setting in **Spain** that on a multivariate analysis being female and receiving social assistance were significant risk factors. In a **Swedish study** the most common seen risk situations involved patients with dementia and/or a family history of alcohol and personality problems, and carers with aggression or suffering from caregiver stress (31).

Researchers in **China, Hong Kong Special Administration Region** found an inverse relationship between modernity and abuse. The study’s participants who were more rigid in their adaptation of traditional Chinese beliefs and values tended to express an elevated level of violence. They may find it stressful to adapt to new values, which can result in conflicts and mistreatment in interpersonal and family relationships. Since Hong Kong is going through a rapid process of modernisation, there might be a decrease in the prevalence of elder abuse. This contradicts statements from other articles presenting a

positive correlation between modernization and abusive behaviour.³ In another study, the perpetrator was in 88% of the cases a grown up child of the victim, in 25% a spouse, in 9% a grandchild and in 4% a domestic helper. These findings are similar to other data collected in Hong Kong, according to which, 75% of the abusers were the participants' adult offspring, 21% their spouses, and 4% their grandchildren (37-40). Findings from Taiwan identify the typical abuser as being the older person's male offspring, being married, living with the victims, and experiencing familial conflicts, financial problems, stress, psychological disorder, drinking problems, and substance dependence (43).

DETECTION BARRIERS

One of the difficulties in analysing a violence situation lies in its frequent complexity, influenced by many factors. In the domestic setting, a clear separation between "perpetrator" and "victim" is rarely possible. For instance, it is highlighted in a **Japanese study** (18) that when the wife is the abuser she often seems to team up with the children. In these cases, the husband's tyrannous deeds in the past are found to be relevant and the perpetrator becomes the victim.

For the assessment of elder abuse cases, the scrutiny of case histories is an essential aspect. In this context, Backhaus (3) mentions that the majority of today's generation of older persons in **Europe** was probably involved one way or the other in WWII. This background knowledge is important when older people are hospitalized and suddenly confronted with situations reminding them of violent traumas, triggered by acts or remarks. Also a language barrier as well as a low level of education can complicate obtaining information from the older person about ongoing or previous abuse. Using the term "violence" has a tendency to scandalise societal issues. It can therefore have a

3 See section on *Attitudes towards older persons and family values*.

stigmatizing and deterrent effect on people searching for help, and should be possibly avoided (11, 52).

In **Asian societies**, abused older persons are unlikely to report elder abuse events, especially when the own family is involved, for fear of embarrassment and losing care assistance. But also the lack of awareness of support services may be a contributory factor of the low reporting rate (24, 38, 39). Abused older persons may sustain serious mental and physical damage but are unlikely to admit this because of the character of the Korean culture. Furthermore, the society's understanding of elder rights seems to be considerably low and the supply of support services is very limited (13).

Despite cultural differences between South Asian, African American, and Hispanic communities, they all share a sense of collectivism – the importance of a collective over the individual. Value and importance are placed on the family. There are also other belief systems that may limit a woman's willingness to disclose family problems to both kin and nonkin. For Hispanic women, cultural values of respect, such as *machismo* and *marianismo*, may affect their decision to disclose the abuse to others and to seek help (45).

Although front line doctors and GPs are often considered to be in a key position to detect elder abuse, there seem to be a variety of detection barriers in the institutional or primary health care setting as well as in the sensitisation and involvement of doctors. For example a **Swedish study** showed that GPs did not regard the detection of elder abuse as their task (31). The work in a geriatric context implies dealing with people whose health is physically – and often also mentally – in decline. The care for demented patients is therefore highly demanding. This may lead to a decreased job satisfaction as well as feelings of powerlessness. Burnout conditions are a common problem among nursing staff within dementia care. In situations where the staff is under pressure because the patient becomes violent, the number of staff is not sufficient, or the nursing staff is unable to interpret the patient's verbal or nonverbal communication, it may lead to a disturbance in

the interaction between carer and patient. One of the consequences could be abuse, either in the domestic or in the institutional setting (10). Institutional abuse is often a hidden reality. According to Despont and Rapin (9), staff being confronted with abuse at the institution rarely communicates or discusses these issues with people outside of the institution. Reporting barriers include often insufficient knowledge how to follow up suspected cases, or a lack of motivation to address contentious issues. Some authors call attention to the relative lack of standardized psychological tests to evaluate an older person's cognitive functions and the absence of validated elder abuse detection tools in languages other than English (35). Nearly half of the GPs in a **Swedish study** (n=65) mentioned that they had not received any help in assessing elder abuse and neglect. Although more than half of the interviewees would find it helpful to receive training concerning elder abuse (31). Institutional abuse may also be increased by a culture of poor communication, unsatisfying work conditions, a lack of appropriately trained staff and time, a weak organization structure, a reduction of resources, inadequate architecture/infrastructure, a difficult team collaboration, a work hierarchy that challenges the fulfilling of obligations towards the patients, and insufficient motivation among the staff or the authorities of the clinic to discuss elder abuse cases. Sometimes the nurses are victims of spousal violence themselves. Additionally, the economic aspect and the cost-effectiveness of a nursing home seem to be predominant over the care giving aspects (14, 34).

A further difficulty in the detection of elder abuse is brought up from a legal medicine perspective. The recognition of external forms of physical elder abuse cases is often based on injuries observed during the post-mortem examination of the body. Only severe physical indications lead to recognition whilst mild and moderate signs are often ignored or attributed to the multimorbidity of such patients. Presented prevalence data is therefore often further distorted (23).

PREVENTION, DETECTION AND INTERVENTION STRATEGIES

The potential of becoming violent is present in most individuals but violence towards older people can be decreased with well directed prevention and intervention methods. Yan et al. (38) show in their study a positive association between the childhood experience of a specific form of abuse and a person's tendency to exhibit that particular form of abusive behaviour later in life. Efforts to prevent and intervene in elder abuse should therefore take into account family violence patterns and prevention strategies.

Bover Bover et al. (5) mention three strategies aiming at different players:

- a) Strategies directed at older persons and caregivers such as therapies;
- b) Community strategies, including health promotion activities for older people, empowerment and intergenerational exchange programmes;
- c) Socio-political strategies related to health policies to ensure the existence of enough walk-in clinics, counselling services etc.

A number of authors (24, 34, 39) agree that PHC professionals are in a privileged position to detect elder abuse. Within the context of institutional abuse, Hirsch et al. (16) suggest that basic gerontological knowledge among the professionals could play a beneficial role in reducing elder abuse. Pang (24) considers it imperative that all health care professionals are aware of the existence of elder abuse, in particular geriatricians, family physicians, nurses and community health care providers. It is further argued that doctors have an ethical responsibility to report and address abuse in nursing homes whether by staff, visitors or other residents. In addition, nurses play a lead role in the detection of elder abuse since they see patients on a regular basis. Taillens (34) emphasizes that the question nurses should ask is not "Should I intervene" but rather "How should I intervene". Ideally, the assessment should be carried out by an interdisciplinary team.

An important step is to incorporate elder abuse into the curricula of all health care professionals, including the provision of information on local support services available. Campillo Motilva (7) points out that doctors should be prepared to ask their older patients about abuse with a simple, direct questionnaire, even when there are no obvious abuse indicators. In her opinion, the suspected caregiver and the older patient should be interviewed together and then separately to see differences in their behaviours and answers. This clearly contradicts most of the interviewing strategies which recommend seeing patients and caregivers strictly separately. Several authors (27, 39) point out that the risk factor approach is favoured by physicians in the detection of elder abuse. According to Ruiz Sanmartín et al. (28) the family doctor who is searching for elder abuse should focus on victim security, cognitive, functional and health status assessment, accessibility to intervene, social and financial resources of the older person, and the frequency, severity and intentionality of the mistreatment. The interviewer should create a comfortable ambience and give information on institutional and social services. The most important concern is to guarantee the security and autonomy of the older patient.

It has to be considered though that the intervention is a direct interference in family dynamics. There are ethical and legal aspects to be taken into account, given that the doctor has to follow the wishes of the patient, no matter how irrational they seem to be. If patients decline any intervention, at least information on support services should be given to them. Schmitt-Manhart (32) highlights that ethical guidelines, regulations and laws regarding elder abuse, as already in existence in other domains, would facilitate doctor's intervention. Nevertheless, a law gives only a legal frame within which a doctor can operate flexibly and there is still ample scope on how do react in a specific situation. In many countries, e.g. in Spain, there are no specific laws about elder abuse. However, there exist laws to govern child and spouse abuse (5, 26). In Jewish law it is laid down that as long as parents have enough to live on, the son does not need to lay out money himself. If the parents

have no means, the son is obliged to support them financially and in their daily needs, but not beyond the point that would put the son himself below the poverty line. In the context of caring for a demented parent it is clearly stated that the duty falls on the son, but if a son is unable to cope physically or emotionally with the care, he is obliged to seek a carer who will certainly meet the required needs of the parent (*Code of Law in (26)*).

In order to prevent elder abuse, not only professional groups dealing potentially with elder abuse cases should be aware of the issue but the public has to learn more about its existence. One way to do so is to involve the mass media, but also to promote respect for older people in schools and within the family. Also the police could play a more active role in the detection of abuse cases (25).

The need for more proactive services to reach groups which have a high risk of becoming victims – such as people who are suffering from dementia and people with limited mobility – is evident. An example of an extensive support and counselling service which is active in the domain of elder abuse prevention by covering a broad field of services and applying an interdisciplinary approach is the Swiss *Alter Ego*⁴ association. Its focus is on sensitising the public, collecting data and supporting research activities related to elder abuse, participating actively in the development of training and evaluating methods for professionals. Also a hotline is provided with information for the public and a homepage with a questionnaire for suspected abuse, abuser and victim profiles, abuse definitions, and specific legal information for professionals from various fields, such as health, social, legal and ethic (36).

4 *Alter Ego* is also part of the francophone network *Viellir en Liberté* (<http://www.fep.umontreal.ca/violence/>) which is a conglomerate of associations in Canada (Quebec), France, Belgium and Switzerland serving as a platform for counselling and information on elder abuse.

CONCLUSIONS

This review tried to present cross-cultural views of elder abuse and its forms. Some patterns, for example the main abuse categories – physical, psychological, financial and sexual abuse, as well as neglect – seem to be universal. Other issues, such as family values or perpetrator profiles vary according to the cultural setting. While elder abuse is a social phenomenon that occurs in all geographical contexts, regardless of social class, the circumstances within which such abuse occurs are not uniform. The victims have therefore varying needs, which include, among other things beliefs, values and “laws”, based on their cultural background.

Legal and social resources to protect older persons are neither universal nor as sophisticated as the ones for child abuse. An effective approach to fight elder abuse demands its acceptance by the affected individuals and the professionals dealing with the issue. Family values and belief systems need to be considered in order to shed light on culturally sensitive assessments and intervention strategies. But it is also crucial to verify what factors and resources exist within the various settings on a micro and macro level that can either abet or prevent the occurrence of elder abuse. In this context, it should be considered important not only to collect exact figures on elder abuse but also to conduct qualitative research to gain a better understanding of its causes.

There exists a variety of elder abuse detection instruments. However, the majority of them (e.g. CTS2) was developed in a Western context and consequently may include questions that may not be

considered acceptable in other societies. Also differences between the urban and the rural contexts have to be further investigated, as they are often subject to varying degrees of socioeconomic as well as Western influences (37). Culturally sensitive detection tools might be one way to tackle elder abuse. But also public awareness regarding elder abuse needs to be increased and its stigma reduced through the launching of public education programmes. Important players such as PHC professionals, family carers and older persons themselves should be provided with adequate information and properly equipped to meet the challenges that detection and intervention actions pose. In addition, local governments and policy makers should place elder abuse higher up in their agendas and allocate resources for training, services, research and interventions to prevent its spread. In this regard, it is essential to maintain accurate record keeping of both official and unofficial statistics on elder abuse in order to draw attention to the problem.

Also more consideration should be turned to the issue of care giving. Care obligations are frequently based on cultural norms and predominant gender roles. Care givers are often caught in a caring dilemma – they want to be released from the caring load but feel obliged to care. Such circumstances can lead to abusive behaviour but might be avoided by appropriate training and allocation of resources (40).

There are additional key areas that need further investigation, such as large-scale population surveys to establish with greater reliability the extent of the problem; the development of training and support materials for professional and voluntary staff working in organizations and institutions for elder abuse victims; and the increase in networking activities and sharing of good practices among interested parties (21).

Regardless of the geographical setting, social isolation of older persons is one of the risk factors leading to a higher prevalence of elder abuse. While social isolation has been mainly a problem in developed countries, migration patterns in transitional and developing

countries have led to social transformations, resulting in changing family structures and social isolation. However, this is one of the risk factors that can be avoided by empowering older persons and letting them play an active role in society. Their involvement and participation in community life has positive social and psychological effects. On one hand, participation in community life can prevent social isolation; on the other hand it can contribute to a better intergenerational understanding and mutual benefits between the older persons and younger community members.

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