

Introduction

Elder abuse as a new phenomenon was first presented in South America at the IV Latin- American Congress of Gerontology, Buenos Aires, 1988.

This present investigation consist of an exploratory attempt to examine a sample made of six focus groups of Argentine elders (n=48) and two health professionals focus groups (n=18) working with the elderly and their perception of elder abuse in Buenos Aires, during the year 2001.

There has not been much research done on abuse on the aged population living at home in Argentina.

The first investigation on elder's mistreatment perceptions included 60 people, from a randomised sample (mean age: 68 years, 75% females, 65% widowed, 57.5% living alone, mostly middle class) who attended regularly elderly day centres and lived in the Buenos Aires DC area during the year 1994. (Aguas S. et al, 1996)

A similar but bigger survey was done of a random sample (n=203) of residents, living in the community, (aged 60 and over), from three different country town areas between the years 1995-1996. (Aguas S. et al, 1997)

The main objective was then to ascertain what happened to the elderly exposed to this traumatic situation, and to work on the subjective perception of mistreatment beyond their condition as victims.

In addition to this one, a fairly different research was done in Argentina in 1996 to study and try to explain the role of health professionals (n=80) in identifying and coping with cases of elder abuse. (Daichman L. et al, 1999).

The changes in health care in modern societies may have a direct bearing upon social-medical issues such as elder abuse.

The percentage of the total population now living to be old is markedly rising. This is a global phenomenon and one of the main achievements of the 20th century. In Argentina, 13,5 % of the population is over the age of 60, being 22 % in the large metropolitan area of Buenos Aires.

The rate of elderly people under institutional care is rather low and represents only between 1 and 2 % of the total elderly population. Most of them go on living at home and being usually an active part of their own communities.

The deep socio-economical crisis of the last decade (mainly the last 2 years) in Argentina has specially affected the middle-aged generation with marked

unemployment, few chances of getting a new job and the “extreme situation” of losing their homes.

Paradoxically, this new situation has made many children and grandchildren to go and live with their grandparents.

In many occasions children take over their parents household management and slowly but steadily the elders lose “their place within their own territory” and even sometimes have to leave the premises in pretty bad conditions such as going to live in a smaller place, sharing with another relative like a sister or brother, or even get admitted to a old people home.

To “**own**” a house and have a better life were the main objectives and the “**leit motive**” of the immigrant’s generation.

This economical crisis has created a new, **unexpected and inadequate way of living** within a family, which promotes conflict when facing the new intergenerational exchange. These forced living arrangements have generated also a reversal from the role that was historically and socially structured and programmed.

Material and Methods

This population consisted of eighteen health professionals working with old people and forty-eight elders living in Buenos Aires, Argentina, over a three -months study period (2001).

Respondents were not selected from specific occupational groups or on the basis of their exposure to or knowledge of elder abuse but from a randomized sample.

A standardized open-ended questionnaire was specially designed for this investigation and two real cases of local elder mistreatment were used as an exploratory attempt to examine their perception on elder abuse, attitudes, beliefs and their reactions and suggestions for prevention measures.

Questions were organised in an intentional sequence to get the person answer from their own belief about the issue up to an emotional involvement and possible actions.

All involvement in the study was voluntary and the subjects granted informed consent to this investigation. Nobody refused to answer the questionnaire and this response was considered quite favorable comparing with earlier studies from other countries (O’Brien 1989; Saveman and Hallberg; 1997, Mc Creadie C.; Bennett G. and Tinker A. 1998), and the intricate nature of the topic.

RESULTS (Elder Focus Groups)

- ❖ 78% were Argentines, 56% Catholics, mean age was 75, 54% were females and they were all white.
- ❖ 80% had finished primary school, 58% were widowed, 28% still married and 35% were living alone.
- ❖ 77% were retired, 50% belonged to the middle class and 16.6% had no income on their own.
- ❖ Nearly 85% were able to describe “different kinds of elder abuse” and 35% admitted they had undergone some type of abusive situation.
- ❖ Highest incidence was found to be societal mistreatment and in a second place psychological abuse.
- ❖ 60% did not do anything about it, half of them wouldn't know what to do and a half would not even think about doing something.
- ❖ 70% were able to give a detailed account of somebody else's story, 30% tried to help, and others would not try to get involved.

Results

Health Professionals Focus Groups

Results were as follows:

- ❖ All of them were Argentinean, white and 78% were females.
- ❖ Mean age of the sample 45 years old.
- ❖ Religion: 56% Catholics - 44% Jewish.
- ❖ 78% were married.
- ❖ Living arrangements: 100% with relatives.
- ❖ All belonged to the middle class.
- ❖ Main professions were: medical doctors, clinical psychologists, social workers and occupational therapists.

- ❖ All of them had university degrees, 52% had part time jobs and 45% had a full time contact with the elderly in their daily work.
- ❖ 90% were able to define what elder abuse was and described different kinds of.
- ❖ Most of them could give examples of mistreatment happening within the domestic setting, the community, and those facilitated by government policies and Social security.

Relevant risk factors were seen as the economical and social situation of the Argentinean society, lack of information on the issue and about available services and existing resources to help the aged.

- ❖ 75% of them felt there was some prejudice against their work in the Geriatric field being the specialty still considered as a non-qualified and second class job, in some places by other colleagues and health administrators.
- ❖ More than a half expressed they had also suffered mistreatment by their patient's relatives and in some occasions by the elderly person as well.
- ❖ Another way of abuse was perceived by means of fairly low salaries paid by the government and other institutions dealing with geriatric programs and services.
- ❖ About 20% of the sample "claimed" that they had never perceived any kind of mistreatment in their professional lives.

One wonders if they had any perception at all to let them say "never", since "never and always" are two very strong and definitive words.

Rather important questions could be raised about whether this kind of professionals are failing to define abusive situations or failing to recognize what abuse is and if they could respond to these or other conflictive situations at all.

Discussion

The comparison with other investigations is difficult because of the different cultural and social characteristics of the studied populations and the methodology used to carry them out.

Neglect and abuse are culturally defined phenomena, which reflect distinctions between acceptable and unacceptable interpersonal behaviors.

These distinctions denote moral values, standards and conduct. The perceptions of unacceptable behaviors, cultural norms and moral standards can vary within complex societies.

Findings highlight that employing a uniform definition of elder abuse and neglect for all the cultures and ethnicity's without paying attention to cultural and subjective aspects of a given situation, makes some problems and needs of the elderly to be missed.

This also indicates the importance of the practitioner's understanding and sensitivity towards such aspects when making professional judgment about a given case, including appropriate intervention.

Health related professionals, mainly physicians, developed at the time of their medical training some kind of a fantasy respect to "the meaning and value" of being a "professional identity".

Marked socio-economical changes in Argentina during the last twenty years, gave no choice and raised awareness that to be a professional means nowadays nothing special and nothing more than being a worker in a particular field.

Those who were trained in the sixties and seventies had a different "professional life project" (economical stability, better standard of life, more glamour and status) to the "impoverished one" they use to have at present.

Changes cause people to reappraise situations. This is sometimes the very essence of the middle-life crisis, and by mid-life we are supposed to know the difference between what only glitters and what really counts. (Muchnik E.; Daichman L.; 1988).

Such a situation is perceived as "mistreatment" (too many hours of work, low salaries, inadequate working conditions, little time for leisure) and could also be a significant risk factor to be taken into account respect how they treat their own patients (biofeed back circuit).

Another case, which was strongly perceived as mistreatment, was the "misuse" and abuse they received from some patients, their families and caregivers.

One of the consequences of working in the private practice is that some elders and their families behave as if "they were the owners of their professional careers".

A responsible and devoted professional may fall into the trap of being "exposed 24 hours a day, 7 days in the week".

That sort of situation might also create, usually, a bigger demand when they are really offering more availability and a better response.

The permanent demand on the professional is nearly impossible to satisfy and quite capable of producing a state of frustration and helplessness.

It is also important to note that in some cases an over response on behalf of the professional has its origin in the fear of losing the patient, and the economical loss that might represent to him.

Female Focus Group

“VIGNETTES”

“To institutionalize an old person is like **kidnapping** somebody”.

“**Institutionalization** is part of the “geriatric business”.

“Sometimes I hear about “ things that are going on around you, and say **really is like being dead even if you are alive....**”.

“Still, you have **to trust** somebody”.

At the present time the majority of elderly people we had interviewed, believe that **societal abuse** is the most frequent type of abuse in Argentina.

This is by means of age discrimination, the “usual “low pensions and the present economical measures related to the emergency “deficit cero agreement with the IMF, taken by the Argentinean government, which also influenced directly (among some other things) elderly people who had had “decent pensions” and were recently lowered in consequence as so many other public salaries, which reduced even more their possibilities to cover some basic necessities and minimal luxuries which they could afford before.

Difficulties to access to health and social services, fewer and lower quality geriatric services than before, and not enough to respond to their real necessities.

A fairly good number of elderly people have found themselves as “abused” when **community orientated abusive situations** take place, such as inadequate bus transport and driving, queues under the hot January sun outside some banks to get their pensions, waiting for a long time at the Hospital to be examined by a medical specialist or get some orientation from the Social Services.

Some of them used to think in the past that this sort of situation was simply part of “ their normal way of life“, but now days they recognize these sort of events as **mistreatment**.

On the other hand, most of the health professionals saw these issues as part of the social violence towards the aged and inadequate community support system. (Daichman L. et al, 1999).

There was a general “consensus” that whatever happen to people was because they were “**alone**” and/or **isolated** and because they had “**no relatives**”(this last one mainly found as an upper middle class **perception**).

Other risk factors were identified as:

- Lack of a social network.
- Lack of information about available resources.
- Poor contact with peers.
- Intergenerational conflict.

Another interesting situation found was that:

a “paternalistic approach” by their own children may sound at times as a sort of disqualification of their’s own capacities.

Adult children’s overprotection behavior is resented specially regarding relevant and sometimes vital information under the excuse that they don’t want to create anxiety and avoid them worries and anguish.

They believe to be in perfect conditions to know about every day life events as they really are (such as a daughter’s severe illness, a relative’s recent death, family economical difficulties).

Information should not be denied to them so they can make their own personal decisions regarding what to do about it afterwards.

Share decision -making is highly valuable for an old person and very often **underestimated** by others.

“Freedom deprivation” was seen as worse than loosing one’s personal belongings. It is considered or **perceived** as a “psychological punishment”.

Elderly people who get caught into this kind of situation are” **psychologically tramped**”, they are unable to escape ...”they might fear of loosing the little amount of affection they may have access to”... Sometimes they are frightened of getting into a worse situation if they react...(fear of retaliation or relocation).

Things like that might also happen, so they said, “if elderly people are *physically ill* or *depressed*.”

“They have a *low self-esteem and lack of options*”.

Most of the elders believe that geriatric institutions are a “*necessity*”.

They also know that some are good and some others are rather poor regarding what

they have to offer.

All of them agreed that the Government should control all institutions and the Social Services independently if they are private or not.

The decision to get **admitted to an institution** should depend on the person's "**will**". An abusive situation is when **somebody else** takes the decision.

Some of the females expressed their concern about their own lack of information regarding geriatric institutional procedures and if most of them were controlled and / or supervised by the local authorities.

Public national old people homes in Argentina are large in size and small in numbers, (the old "asilos")

They are free, had been recycled, refurbished and adapted to new demands as much as possible.

Actually they are fairly good, have quite a long waiting list and are generally well accepted by our elders as a final social solution for elderly people without **families and economical possibilities**.

Probably because they are quite good and our present" so much aged population ", their available capacity can't keep with Buenos Aires DC big demands.

In any other situation, to get admitted to an old people home should be a "**personal choice**" and according to one's own necessities.

This special female focus group did not see the case that was presented to them (Julia's case) as a **choice** but as a "**dishonest action**" performed by a person who had been trusted by the victim.

In Julia's case they also marked an institutional responsibility mainly on the subject of financial abuse; here the responsibility lied on the geriatric administration's management.

Prevention (Elders F.G recommendations)

They find "warden controlled flats"(which are very few in developing countries) as a prevention measure for potential mistreatment mainly for elderly people who are fairly well but need some help and have still the possibility of caring for themselves if they wish to do so. People who wants to get out and have other chances of sharing and meeting with peers.

The real problem with these places is that they are all private (till now) and often rather expensive for most people.

They all agreed that there should be an official place "a special defense service department for elders" like there has always been for children, run by the governmental local authorities to deal with their complains, to receive denounces and to advise on the subject of elder mistreatment prevention and elderly rights.

This official place actually exists by the name of "PROTEGER".

"Proteger" (to protect) is one of the governmental current Programs on Promotion of Social Welfare and Old Age, deals mainly with elder abuse situations in the Buenos Aires D.C area and was officially established in December 1998.

Professionals and other workers in this program are given a six-month training in Gerontology, focusing mainly on the prevention of violence and intervention in cases of elder mistreatment.

"Proteger" also runs a free help line.

It is quite a busy program and has received already about 14000 requests during the last eight months.

On the other hand is not yet sufficiently known by the population as a whole, and probably at present unable to have enough human and economic resources to deal with most of the problems.

Nevertheless, during the last 2 years they have strongly increased their capacity to raise awareness and disseminate information about elder abuse by means of useful leaflets, a high response by the media and the continuous support of the Latin American Committee for the Prevention of Elder Abuse and INPEA.

Another way of prevention suggested by the group was:

- To inform and educate elderly people in good time about their rights and to know about the easiest way to access to services and places in case of need.
- Information also about other available possibilities.
- To learn about remained capacities but at the same time to be able to understand that they might have" to resign to some of the things in life"; that they won't be able to get all they want and that they should have to adapt themselves to new situations in the future...

"You have to come to terms with your own limits"

"It is money a determinant factor?....It is in Argentina; with money you can get what you want and you can buy what you like"

- The government should take care of elder needs when they have low pensions (about 150\$) and no relatives to help them out.

When asked if they would try to help if they knew about an abusive situation happening to one of their neighbors?

They said they would but more as a" wishful expression" because generally it is not so easy"...

"Most of the time you really don't know them well, even if you have been living in the same building for more than 20 years"(Mainly upper class)

One of the female focus group members mentioned she once wanted to intervene with a case, an old lady she was acquainted with for many years and was known to be going through a domestic abusive situation caused by a closed relative, but her own nephew and personal adviser, who was also a distant relative to the victim, told her "better not to get involved **to avoid anger and frustration.**"

Male Focus Groups

VIGNETTES

"At present there is National Governmental Abuse, the main and greatest mistreatment comes from the State"

"Banks are only private institutions, which should provide and not deny services to old people"...

"Elder abuse is to have to wait for two months for a free medical consultation which you have paid for it in a way all your life"

This was from a preformed male upper middle class group, which formally meets monthly for social reasons, have dinner together and the possibility to talk about daily life events.

It is a rather heterogeneous group, some are professionals, some of them are still on business, one is a painter and there is a journalist, the youngest one of the group. Age range is between 65 and 80.

Their relationship started about twenty years ago at the YMCA, where most of them still go.

Our people were welcomed by the group, which took them at the beginning as a part of the dinner party.

Most of them did not know what they were going to discuss about but when told they put no objections.

The story about Julia was read...(I must say now I don't believe it was such a good idea to tell them a "female" story but still.)

A rather "formal" man stood up and "diagnosed" the case as an abusive situation. The rest of the group then discussed what type of abuse this one was.

"Obviously financial", but they also mentioned **"moral abuse"** meaning by that, as it was expressed or defined as "something against the human rights".

This really made them angry and they started discussing about being deceived by somebody **you trust.**

As a different scenery from other focus groups, they "stood up" every time to give their opinions on the matter.

One should consider here, GENDER... Mostly Latin American males, from these special cohorts developed defensive behaviors respect situations related to emotional and affective situations, which could also be associated to the psychology of the human being.

Most of it, to express one's emotions formed part of the female condition.

They went on to as what was "perceived and considered" as societal mistreatment by means of not enough social policies regarding old age and an absence and lack of protection by the state.

Social mistreatment within the community was seen once again as cueing at the bank by mainly by being **discriminated** by other *public and private social agencies or institutions, which provide services to the elderly*".

They complained about not enough control or continuous supervision of geriatric institutions and nursing homes by the local authorities..."**They care", you know but after an accident happen.**"

For these male cohorts to lose part of their social identity in front of **significant others** is in a way not to be recognized "*as valuable to society as they were before.*"

If they are seen as "a passive and an unproductive group"...then, they become **powerless, and that makes them "vulnerable"**.

Others risk factors were identified as:

- Being old
- Being ill
- Living alone
- Isolation
- Family history of mistreatment

Nevertheless even if they consider that abuse is a **fact**, they sort of put some "defensive distance" respect the possibility that abusive situations might happen to them.

This sort of things happen when you have no relatives, if you are not enough educated and if you have no means of your own; but they insist that societal age discrimination is the kind of mistreatment you might not avoid.

They see as a good prevention measure to make a real effort to change negative images on aging within the community level and society in general.

This could help to avoid or diminish antisocial behaviors like gang abuse, ageism, and "**forcing people to live marginal lives**".

Older men within the group specially strike the importance of keeping a high self-esteem and self-value regardless of one's age .

This sort of attitude should empower elders and make them less vulnerable to situations of abuse.

“To be recognized as still valuable to society, to be considered a person ,”a subject and not an object”, should lower the risk”

Health Professional recommendations:

- a) Include information within the educational process starting in primary school into the university curricula.
- b) A more comprehensive knowledge about the subject on elder abuse should reach caregivers, other professionals working with old people, and the elderly and their families as well.
- c) To encourage media to promote positive images of aging and provide responsible coverage of the issues surrounding elder abuse and neglect.
- d) To create and develop new agencies to deal specifically with elder abuse and promote collaboration and partnerships between other agencies to prevent duplication and wasting of resources.

Some of our Conclusions

The majority of elders from all focus group were able to define elder abuse and describe abusive situations.

They might use different ways to present facts and situations, as I mentioned before, when they talked about “moral abuse” they probably meant “actions against their rights” as human beings.

Therefore it is necessary to examine elder abuse and neglect from different perspectives in order to understand the meaning of these phenomena. It might also help to ensure that the societal descriptions, norms and laws are sensitive to the various groups they are intended to serve.

Insensitivity to these issues could block culturally accurate detection of elder mistreatment and could also keep help from being offered and accepted. (Margaret Hudson et al, 1998)

Richer people have the tendency to think that abusive situations are a problem of the lower social classes.

Poor elderly people think **this might happen to anybody**.

If we compare this present research with our previous one on elderly ´s perception on elder abuse from 1995 - 1996 , we find out that **societal abuse** is now the most frequent type of abuse perceived as such, by this particular Argentinean studied population.

Previously as it was already published (Aguas S. et al, 1996) was psychological abuse. At present it is considered to be in a second place.

Acts of violence occur in any socioeconomic class, any racial group, either sex, at any educational level and at any developmental state.

The hidden nature of elder abuse allows some people not to acknowledge, see, hear or talk about sort of behaviors, which are absolutely contradictory to our value system of compassion and support. (Daichman L, 1989).

Even if there is much more information, education, professionals caregiver training, better standard of institutional facilities, services and care than before (at least for the last 15 years), **institutionalization** is still seen by the majority of elderly people as a "punishment" and the "worst thing that might happen to you at the end of your life cycle."

The fear to be institutionalized might be due to implicit or explicit threats sometimes made by relatives "could occur" when the old person does not respond to their relative's expectations.

A part of this, males may also see geriatric institutions as commercial organizations and relate quality of care with cost, if they are more expensive they are supposed to be more adequate and provide better services." **If you pay more, you get more**" (a wishful expression?)... or thought

If you ask our elderly people what mistreatment is for them, they would definitely associate with aggressive behavior, violence, lack of respect, indifference, abandonment, and to be placed in a geriatric institution.

Raising awareness is a major factor in health and social education and in Argentina that is being achieved by the publication of different booklets on elder abuse, regular publicity in the media: newspapers, radio and television, by modifying curriculum content in the Social Work School, Psychology, Medicine and specific professional and lay training.

To examine and take into account the implications of differences and similarities in "health professional's perceptions and attitudes" towards elder mistreatment for policy and program development and professionals practices to address the problem, could also be a useful future direction.

Awareness is crucial to achieved social changes. Education is still considered the most hopeful method of preventing elder abuse.

It is hoped that in the Latin American region elder abuse will be recognized not only as a social but also as a health problem by both, government and society. Action must follow recognition

Dr Lía Susana Daichman

References:

- Aguas S., Bertone M., Lew N. and Guido P. (1996) "How the elderly perceive mistreatment" .In Latin American Journal of Gerontology, Vol. 3 – Nr. 1, II – VII, Buenos Aires, Argentina.
- Aguas S.; Acanfora, M.; Bertone, M.; Lew, N.; Guido, P.; Daichman, L. (Latin American Committee for the Prevention of Elder Abuse) "Perception on Elder Abuse by the Elderly", Buenos Aires, Argentina.

Presented at the XVI IAG World Congress of Gerontology. Adelaide. Australia-1997-(Unpublished).
- Daichman L. (1989) "Abuso y Vejez. Victimización de los Ancianos". Cuadernos de Gerontología. AGEBA, Año II N°4-5-6, 101-115, Buenos Aires, Argentina. (Published in Spanish).
- Daichman L; Acanfora, M.; Guido P.; Bertone, M.; Lew, N. Health Professionals' Perception of and Responses to Elder Abuse
Presented at the 52 GSA Meeting. San Francisco. USA. Poster Session, 1999 (Unpublished).
- Hudson M. et al (1998) "Elder Abuse: Two Native American views". The Gerontologist vol 38, n° 5, 538-548.
- Mc Creadie C., Bennett G. and Tinker A. (1998) "Investigating General Reactionary's knowledge and experience of elder Abuse: Report of a research study in an Inner London. Borough"; Journal of Elder Abuse & Neglect, vol 9 (3). The Haworth Press, Inc.
- Muchnik E. and Daichman L. (1987) "Facing ageing: a middle age female approach" presented at "The ageing well conference", Brighton, U.K. Published by the University of Belgrano Press, Buenos Aires, Argentina.
- O'Brien J. (1989) "Elder abuse and the physician: Factor impeding recognition and Intervention". In R. Wolf & S. Bergman (eds) Stress, conflict and abuse of the elderly, Jerusalem: Brookdale Institute.

- Saveman R. and Halberg I. (1997) "Interventions in hypothetical elder abuse situations suggested by Swedish formal carers". *Journal of Elder Abuse & Neglect*, 8 (4) 1-19.

This history is about Julia, argentinian, single, 76 years old with no relatives known. She was admitted for 2 weeks from her own flat to a private nursing home by suggestion of Maria, her house porter, to recover from a bad flu.

Since then, she had remained there for nearly one-year period without any medical reason or explanation at all.

Martha who was the nursing home's manager a close friend to Maria took care of all her money pension (600 U.S. dollars per month) and left Julia with no cash at all.

As soon as Julia started getting better of her flu she began to ask for returning to her home, the chance of visiting her place but she always got no for an answer.

She used to get occasionally visitors was never left alone and inhibited to go out, even for Christmas.

One of her old neighbors Rosa made a claim for illegal privation of freedom and emotional abuse.

A couple of days after Julia was visited by a Social Worker from Buenos Aires Government Program on Elder Abuse called "Proteger" who tried to remove her from the nursing home.

She found a lot opposition from the owners who also asked for the presence of their own Medical doctor to examine Julia and write a report to prove she had no signs of physical mistreatment...

After a couple of hours and great perseverance from the S.W, she was able to take Julia back home.

Following the emotional shock and traumatic situation she had to go through, Julia found out the loss of all her jewelry and a fairly amount of money that she kept in her safety box. This was obviously taken by Maria who had a flat spare key and no need of forcing the lock.

The day after, Julia and the S.W went to the nearby Police Station to make a report of the theft and the all affair, and the case is already in the Court.

Julia, who was always a fairly happy person, autonomous, polite, educated, and self-confident is distress, frightened and insecure for the life situation she had to live through, against her own rights and will.

At present, she has a home help provided to help her out with her daily activities, psychological assistance and a weekly social worker follow-up...