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Older persons’ definitions and explanations of elder abuse

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Abstract
In this article we explore older persons’ definitions of and explanations for elder abuse by means of interviews with older persons. A qualitative study was conducted based on semi-structured interviews with 35 older persons who had no experience with abuse. Our findings show that older persons participating in our study define elder abuse foremost as physical violence that is performed intentionally. Older individuals in this study explain elder abuse as a result of the dependency and vulnerability of older persons, of changing norms and values, and of changes in the position of older persons in society, which result in disrespect toward older persons and a lack of social control and responsibility. The older persons’ explanations for the occurrence of abuse mainly focus on societal changes; older persons seem to regard elder abuse primarily as a societal problem. This understanding of, and explanation for elder abuse may influence their detection and reporting behavior, as they may tend to acknowledge only severe cases of intentional physical violence that leave clear and therefore physically detectable evidence.

Key words: elder abuse, older persons, definitions, explanations, detection, reporting
Introduction

In the past decade we have seen an increased awareness of the diverse groups involved in elder abuse. Despite this, only a limited number of studies have been conducted from the perspective of older persons, and most of these studies focused on older persons with a history of abuse (Dixon et al., 2010; Nandlal & Wood 1997; Podnieks, 1992a; Pritchard, 2000, 2001, Griffin, 1994; Hudson & Beasley, 1999; Moon & Williams, 1993; Pablo & Braun, 1997; Ploeg Lohfeld, & Walsh, 2013; Tatara, 1999). However, some notable exceptions have paid attention to older persons’ views on the meaning of abuse, possible causes of elder abuse, types of elder abuse, and consequences of abuse (see for instance Erlingsson, Saveman, & Berg, 2005; Naughton, Drennan, Lyons, & Lafferty, 2013; Taylor, Killick, O’Brien, Begley, & Carter-Anand, 2013; Tsukada, Saito, & Tatara, 2001; WHO, 2002). In the present article, we pay further attention to the views of older persons on elder abuse by focusing on the views of non-abused older individuals, as potential victims or witnesses and reporters of abuse. Thus far, this is the first study on the subject of elder abuse in the Netherlands which includes the perceptions of non-abused older persons.

In the Netherlands, as in other European countries, such as Sweden, the UK and Belgium, the sustainability of the welfare state is under pressure. Health care, long term care and social security are undergoing profound changes that have resulted in a “participation” state in which individuals are in principle responsible for their own lives, while the government plays a facilitating role. In the Netherlands, this development was validated on January 1, 2015 by passing the participation law (Ministry of Social Affairs and Employment, 2015). According to this law, the provision of care now falls onto the shoulders of the citizens. One of the most immediate consequences is that others are increasingly expected to take care of, and keep a watchful eye on those who run the risk of abuse. Logically, older individuals will play a vital role in this process.

In this article we explore the perspectives of non-abused older persons and their definitions of and explanations for elder abuse by means of interviews. The views and perceptions of non-abused elderly are important as they provide professionals with a fuller understanding of potential victims and possible reporters in a “participation society”, in which the role of elderly citizens is increasingly important. The results will help to set appropriate targets for prevention of and intervention in elder abuse.

Methods

We conducted a qualitative study on perspectives on elder abuse among older persons in the Netherlands who had no experience with being abused. Given the known literature on perceptions of older persons on abuse, we were guided by the question of how non-abused older persons explained the occurrence of abuse. In our analysis, we identified which explanations older persons had for why abuse
occurred, and which variables played a role according to them. Since the topic of elder abuse is a sensitive one and older persons often do not feel comfortable discussing this subject nor sharing their ideas and thoughts about it, we chose semi-structured in-depth interviews to allow interviewees to express their thoughts freely. At the same time – as little is known about the rationale of older persons concerning abuse – this method of data collection allowed the researcher to adjust the in-depth questions to each informant’s viewpoints when discussing details about elder abuse. We held 35 interviews with 10 older men and 25 older women between the ages of 65 and 85 years. We adhered to the age limit of 65 years, it was the age from which older persons in the Netherlands start to receive the state pension. Nineteen of them were living independently and 16 of them were living in residential care facilities and nursing homes in large cities in the Netherlands (the Hague, Leiden, Rotterdam, Amsterdam, Utrecht). Participants were recruited through convenience sampling and snowball sampling (Polit & Hungler, 1999) and via contact persons (coordinators of volunteers and welfare managers) in residential facilities and nursing homes.

Since in-depths interviews consume a lot of time, we had to restrict our research to a limited sample. To maximize the inclusion of a heterogeneous sample, we included participants with a broad age range and diverse living situations and geographic placements. The heterogeneity in our sampling was also necessary to develop, after comparative analysis, a differential expression of variables that play a role in our participants’ ideas regarding elder abuse.

To enhance comparability while not compromising the individual participants’ freedom to express their views in their own terms, the semi-structured interviews were guided by a topic list that only included the larger themes. We developed the topics and the questions of the interview guide based on existing research literature on ageing and elder abuse - in particular on perceptions of older persons, both abused and non-abused, the definitions of elder abuse, risk factors for abuse, theoretical frameworks of elder abuse and other studies on perceptions on elder abuse. After analyzing this relevant literature, we developed an interview guide, which we tested in pilot interviews with seven participants. Subsequently, some of the questions were modified and adjusted. The main topics of the interview guide for older persons were: demographic and social background; health status and daily life; risk and protective factors; meaning of elder abuse; perceptions, attitudes towards elder abuse; experiences with elder abuse; and social life (see Appendix C). The interviews lasted between one and a half to three hours; an average interview took about two hours. The interviews took place between April 2012 and March 2013.

Participation in the study was voluntary. The respondents were told that they would receive a small gift (notebook) after participation in the interviews. Prior to the interview, the purpose of the study was explained to each participant. All the participants were considered to be cognitively intact and to have the capacity to consent to involvement in the study. Confidentiality and anonymity were guaranteed.
through an explicit oral agreement. With the permission of the participants, the interviews were recorded. To ensure anonymity, participants are cited in this article using pseudonyms.

We did not ask for permission from the medical ethical committee because it did not concern patients, but we did adhere to the ethical standards as subscribed by the designated professional associations of anthropologists, in particular American Anthropological Association (AAA) and European Association of Social Anthropologists (EASA).

**Analysis**

Interviews were transcribed verbatim for analysis. We then comprehensively and systematically analyzed verbatim transcripts of the interviews using NVivo, a qualitative data analysis software package. Data were analyzed using a primarily inductive approach, in which concepts were derived from the transcribed data through a coding technique based upon the grounded theory approach. First, the texts were segmented based on their content. Secondly, key points were marked with codes, which were then grouped into main categories that served as the basis for analyzing and discussing the views of the respondents. Such an approach provides leeway and more flexible, alternate means for respondents to explain their own experiences; it also allows for the expression of unexpected or neglected topics, thoughts and ideas (Glaser & Strauss, 1967).

As the aim of this study was to explore participants’ perceptions of elder abuse, we did not adhere to a definition of elder abuse prior to the study, but post analysis we compared participants’ definitions of elder abuse with the WHO definition of abuse: “Elder abuse is 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.” For the purpose of comparative analysis, we followed the Dutch Ministry of Health, Welfare and Sports in distinguishing between the following types of abuse: physical abuse, psychological abuse, financial abuse, neglect and sexual abuse (Institute for Social Research, 2014).

**Results**

**Defining elder abuse**

First, we explore the definitions that older persons hold in regard to elder abuse and the elements that they include in these definitions to clarify what they would identify and report as abuse. These primarily included physical violence and intentional harm, and in some cases other types of abuse. Notions such as physical violence and intentionality were mentioned and discussed by respectively 28 and 30 out of the 35 interviewees. In addition, other types of abuse were also considered, such as psychological abuse (nine interviewees), financial abuse (seven interviewees) and neglect (five interviewees), but they were less immediately identified as abuse than physical abuse.
Physical abuse

Our findings show that the strongest focus of our participants was on physical abuse. For a majority of the participants, 28 out of 35 interviewees, the first thing that came to mind when asked what “abuse” meant to them was some physical act, which would manifest in different forms, such as hitting, punching, kicking, pushing, pulling, or being trussed. Elder abuse was perceived as the use of physical force against an older person. Numerous participants said in diverse ways what Lisa (70 years) said: “Mistreatment means hitting someone.” Other interviewees also understood abuse as physical violence. One of them mentioned: “Hitting and kicking, I think these violent actions can be seen as abusive (Henk, 79 years).” Another participant stated:

Abuse is when you are tying an older person to a bed or a chair, for instance, tying the legs or arms of older man to the bed and they sit or lie like that the whole day or till someone is going to visit them. It is happening in the nursing homes. (Anne, 81 years)

In line with this view, these Dutch older individuals seemed to reason that abuse is related to something that you can see, something that leaves signs and can be proven.

Other types of abuse

The participants also discussed other types of abuse, but these were not immediately raised and not as widely discussed as physical abuse. For instance, nine of the interviewees mentioned psychological (or emotional) abuse, emphasizing the importance of its possible causes and its effects on older persons: “You can abuse somebody physically, but you can also abuse someone verbally, with words, these words can be unpleasant and painful...they can have a big impact on older persons and cause them great emotional distress and other problems (Anette, 79 years).” For other interviewees who talked about psychological abuse, it included verbal aggression, giving insults, being manipulative and using a threatening tone:

Teasing, insulting and manipulating, isolating from the outside world. I know that older persons feel afraid because they do not know how to deal with all these manipulations and offences. Older persons are often left alone in their homes, without any contact with the outside world, not having the opportunity to communicate with others. (Ingrid, 71 years)

Another interviewee described psychological abuse as follows:

Treating people as inferior, forcing them to do things they do not want or are not willing to do, not even asking the elderly whether they are happy doing these things. Not even caring about this. It is emotional abuse that is really bad. (Karel, 82 years)

Some participants argued that psychological abuse was more severe and harmful than physical abuse, and unlike various other participants, they did not think that psychological abuse could be considered less serious than physical abuse.
Psychological abuse was perceived as emotional harm to an older person that was inflicted on purpose. “I would say that psychological abuse is worse and can be more harmful than physical abuse, and it is very often intentional. You cannot abuse someone without the intention to do so. You do it on purpose (Peter, 74 years)”. Although only six of the interviewees expressed this idea, it does show that some older persons in the Netherlands acknowledge the occurrence of psychological abuse and the impact it can have on an older person.

Another type of abuse, which was mentioned by seven interviewees, was financial abuse. This involved issues of illegal or unauthorized use of a person’s property or money: “Stealing money, using an older person’s bankcard, transferring money. For example, using money of an older person for your own needs: to buy furniture, electronics or to go on holiday (Ward, 77 years)”. Participants who identified financial abuse thought it was fairly common, yet the majority of participants did not recognize this type of abuse.

Another type of elder abuse that was mentioned by our participants was the issue of neglect; five participants discussed this type of abuse. By neglect older persons meant depriving an older person of food, clothes or care. “If you do not give enough food and drink to an older person, I think this is a real abuse. The fridge is empty for days or even weeks.” (Gerda, 69 years) For these participants, neglect was perceived as the failure to meet older people’s basic needs.

Intentionality
From the findings above we can already infer, to a certain extent, that older persons in our study viewed elder abuse foremost as intentional behavior. Thirty out of thirty-five participants expressed this opinion. Indeed, one of the participants said: “Things that you do with intention and regularly that hurt older persons, that is abuse. I understand it as such (Tereza, 66 years)”. Intentionality was (implicitly or explicitly) a prime focus of the participating older persons and was perceived as a precondition in their views on elder abuse: “For me, the word ‘abuse’ means doing something on purpose, intentionally (John, 76 years)”.

A majority of the older participants understood abuse as something premeditated and done on purpose; the word signals to them that the abuser wishes to control them, and intends to hurt them. Fifteen of the interviewees shared the idea that the word “abuse” itself already had a purposeful connotation, implying “a bad purpose, a kind of evil intention (Ellen, 75 years)” (abuse in Dutch is “mishandeling” which literally translates as “mistreatment”).

Older persons’ definitions and current definitions of elder abuse
In the literature, elder abuse is defined in various ways, but there is no strict consensus on a common definition. Still, the different definitions do include some common elements, such as the types of abuse that are distinguished, the different settings, the expectation of a trust relationship, and the infliction of harm (Bonnie & Wallace, 2003; Comijs, 1999; Mysyk, Westendorp, & Lindenberg, 2011; WHO,
2002). The most commonly used definition is the WHO definition, which we use as a reference in this study. For our comparison, we therefore consider elder abuse as violence perpetrated by anyone in the environment of an older person who is trusted by this person.

The older persons in our study expressed an understanding of elder abuse that had some key elements in common with the current definitions. Our participants mentioned the infliction of harm, but also—similar to for instance the definition of the US National Research Council—they stress that this harm was inflicted intentionally. As is clear from the above, our older participants distinguished different types of abuse, although only a minority did so. The distinctive features in our participants’ understanding of elder abuse were the strong emphasis on physical violence and the highlighting of intentionality, both of which are not prominent in the definitions of abuse given by the WHO or the definition often used in the Netherlands (WHO, 2002a; Comijs, 1999). This shows that older persons perceive abuse differently than it is described and defined in current literature and by professionals in the field of elder abuse. The emphasis on physical violence and the centrality of intention seem to be part of a rationale in which visible evidence plays a prominent role. Both the premeditation as well as the use of physical violence result in clear categories of abuse in which boundaries are clearly crossed and the evidence is palpable, making the occurrence of elder abuse beyond doubt.

**Explanation of elder abuse**

We also asked participants to identify key factors that would explain the occurrence of abuse. Twenty-five participants attached importance to individual factors, such as dependency and vulnerability, and used these to explain abuse. Furthermore, 27 out of 35 participants mentioned changing norms and values as important explanations for the occurrence of abuse. A majority (26) of our participants perceived abuse as resulting from a changed position of older persons in today’s society, a position that they described as marginalized and disadvantaged. Moreover, 27 of our participants attributed the occurrence of abuse to a lack of respect for older persons. In addition, 12 older interviewees mentioned that elder abuse was contributed to by a general lack of social control and responsibility in modern society.

**Dependency and vulnerability of older persons**

In the perception of our participants, the most important threat to their well-being and successful ageing was becoming dependent and vulnerable. Twenty-five out of the 35 participants described that being dependent on others for care created opportunities for older people to be abused. One of the respondents stated this as follows:

> Older person are very much dependent on others. They are dependent on their children, on other relatives or friends... They can be dependent on them for care, help, or other things. This creates risks. They can easily become victims of violence. (Petra, 79 years)
The participants emphasized the possible role of dependence and vulnerability in the occurrence of elder abuse. “I think the dependence and vulnerability of older persons are crucial factors in abuse (Adrienne, 75 years)”. Autonomy, independence and taking one’s own decisions seemed essential issues, as mentioned by 18 interviewees. They also believed that remaining independent as long as possible, and self-reliant, would protect them from abuse. Illustrative are these two statements of interviewees: “I would like to be independent, to be my own boss. It is really essential for me as I can feel good and satisfied” (Bert, 80 years) and “my independence is really important to me; I do not want to be dependent. I think that independence can also be a protective factor against abuse (Gerda, 71 years)”.

**Changing norms and values**

The perceived threats of dependence and vulnerability as described by our participants were mainly related to ideas that participants had about current society. According to our respondents (27 out of 35 mentioned this in some way) norms and values have changed in Dutch society, which has caused changes in family values, resulting in a situation that might be more prone to abuse. As one interviewee stated after being asked how she would explain the occurrence of abuse: “The norms are changing, nowadays, family members no longer share the same values and principles. This can lead to conflict situations in families, which can develop into abuse.” (Enna, 77 years) Our participants explained that contemporary society is focused mainly on productivity, individualism, personal responsibility, efficiency and functionality. In such a society, dependent, unproductive and vulnerable older persons are not of great value. One of the interviewees described this as follows: “Nowadays there is only a need for efficiency, and older persons cannot fulfill this need, as they can be vulnerable and fragile. They are not seen as an important part of society. They are kind of redundant (Karel, 73 years)”.

Therefore older persons often felt ignored, misunderstood and out of place: “There is no consideration for the problems of older people, older persons feel unhappy and misunderstood (Ineke, 75 years)”.

In a society in which values, norms and principles are redefined in such a way that older persons are at a disadvantage by the impact of the very process of ageing, abuse accordingly becomes more permissible.

**Position of older persons**

According to our interviewees, the changing norms and values in society have led to, but are also a result of a change in the position of older persons in Dutch society. Twenty-six interviewees expressed that they felt that in the past, old age was often highly regarded, while in present society the position of older persons had changed to a rather disadvantaged one. One of the participants phrased this as follows: “Earlier older people were considered wise teachers, now this has changed. People used to ask older people for their advice and wanted them to share their knowledge (Emma, 79 years)”.

According to our participants, older persons used to represent a source of knowledge and experience. Nowadays, they felt, Dutch society tends to
exclude older people, and their status declined as the views on the contribution of older persons have changed. This opinion is illustrated by the words of one of the participants: “I hear very little positive things about older people and ageing, it is a rather negative image (Jan, 82 years)”. This changed social position of older persons has led to marginalization and isolation of older persons, which in turn created an increased risk for the occurrence of elder abuse.

**Disrespect**

According to 27 of our participants, the decline in status of older persons has resulted in a general lack of respect and consideration for older persons. One of the interviewees stated this as follows: “In other cultures, people are respected as they grow older, but in our culture that is not always the case, sometimes older people are just forgotten and not understood... People do not care much about the elderly (Pim, 80 years)”. Moreover, participants felt that older persons are not approached and treated in the way they themselves once treated the older generation when they were young in the Netherlands. For instance, Miriam (78 years) said: “In the past older persons were approached with respect and reverence, we were taught to respect the elderly and to care for them ...now it is completely different. Now, younger generations have different values and priorities.” Disrespect and having a sense of little worth as an older person were prominent notions in our respondents’ explanations for the occurrence of violence in later life.

**Lack of social responsibility and control**

Besides these perceived changes in social norms and values and in the social position of older persons, another societal factor that was mentioned by 12 of our participants as an explanation for elder abuse was a general lack of social responsibility and social control in the Netherlands. The words of Maria (75 years) exemplify this rationale: “People are not responsible for each other, they do not feel socially responsible...older persons are expected to be responsible for themselves, there is less social control.” Some concerns were expressed regarding changes in present society in general, its lack of care for others, and its failure to protect older persons in particular. Berta (70 years) said: “Society is not doing much to secure a normal life for older persons. It should do so, it should try to protect the elderly.”

Our older participants felt that in the past, social control and responsibility were “protecting” older persons, as other people could intervene in alarming situations and thus prevent abuse. Nowadays, the decrease of social solidarity and a focus on individualism and personal autonomy has reduced social security, protection and social control, and this may have contributed to the increase in the occurrence of abuse.

**Discussion**

The aim of this study was to explore the perspectives of non-abused older persons and their definitions of and explanations for elder abuse by means of
semi-structured in-depth interviews. Our findings show that the occurrence of elder abuse is perceived and understood by our participants as a result of individual risk factors of dependence and vulnerability in combination with changes in values and norms at the societal level in the Netherlands. Together, these factors are perceived as increasing the susceptibility of older persons to abuse. For our participants, independence had an important value. This might be typical for the Dutch context, because studies have shown that independence is highly valued among Dutch older individuals (von Faber et al., 2001). However, our participants’ ideas on the role of dependence in abuse is confirmed in international studies on risk factors of abuse (Anetzberger, 2004; Pillemer, 1986).

Our findings demonstrate that our participants distinguish between different types of abuse, but at first instance they consider abuse to mean intentional physical harm, while other types of abuse are only considered on second thought. In addition, some of the types of abuse commonly recognized in elder abuse, are only identified as abuse by a minority of our interviewees, while others, such as sexual abuse, were not mentioned at all.

Our participants perceived the role of society as crucial, as they emphasized that society creates the circumstances for abuse. Their reasoning is that these circumstances have become more prevalent due to the importance that is attached to individualism, personal freedom and responsibility, self-reliance and independence. These principles are expressed in numerous policy changes in the Netherlands, and they are likely of influence as well in other European countries that undergo similar changes. The principles seem founded on neoliberal starting points – taking neoliberalism here foremost as an ideology (Ferguson, 2009). In the Netherlands, as in other countries, neoliberal starting points have entered into elder care and health care at large through the introduction of soft market incentives, such as privatization and market competition, and their impact is now actually felt by older persons. Moreover, new programs and policies in the Netherlands, but also elsewhere in Europe, focus on citizens taking responsibility, participating and contributing, and thereby emphasize the importance of self-reliance and self-responsibility. Following the rationale of our participants, this might have caused a decrease in social control and social responsibility, putting older persons at a higher risk of abuse.

Remarkably, our interviewees did not mention other common explanations of abuse that are often discussed in current literature. For example, our participants did not mention intra-individual characteristics of the abuser, such as social isolation, mental problems or substance abuse, nor did they relate elder abuse to the dynamics of interpersonal relationships, such as a history of family violence, stress issues, power and control inequalities or sociocultural factors (Anetzberger, 2004; Biggs et al., 1995; Burnight & Mosqueda 2011; Phillips, 1986; Pillemer, 1986). Our participants’ explanations of abuse emphasized societal changes, placing responsibility for the occurrence of abuse in a wider contextual field and considering elder abuse foremost as a societal problem. This focus suggests that it may be vital to take wider societal issues into account in future research on the causes of elder abuse.
That the Dutch situation is not exceptional in this regard is shown by Taylor et al. (2013), who found that a sample of 58 older persons in Northern Ireland and the Republic of Ireland also mentioned issues of respect and the vulnerability of older persons as possible explanations for abuse. The importance of structural-societal factors in elder abuse was acknowledged earlier in a study of the WHO (2002), which focused on issues of disrespect and ageist attitudes. A Swedish study of Erlingsson et al. (2005) confirmed these findings. In their study, the possible causes of abuse were societal changes, family structures, and individual determinants. However, quite in contrast to our study, they found that older persons defined elder abuse as an act of robbery and/or assault, focusing on violence in the streets. Thus incidental criminal behavior was considered abuse. Nevertheless, these findings do, as in our study, show a focus on intentional, premeditated and purposeful acts of abuse. A study among older persons by Taylor et al. (2013) found that abuse also included notions similar to our study, such as vulnerability of older persons and intention of the perpetrator. Also in line with our findings, Naughton et al. (2013) established that while there was a relatively high level of awareness of the term elder abuse, quite a number of participants did not readily associate this term with abusive behaviors in their personal lives. In line with our findings, this indicates that older individuals possibly do not identify risk factors of abuse in their own lives, or in that of their peers. To shed more light on this interaction, future research should take into account both the individual susceptibility and social changes in societies and focus on how perceptions of older individuals in different countries are influenced by changes at the societal level.

The focus on physical violence and intentionality in the definitions of our participants seems to be part of an argumentation in which visible evidence plays an important role. The implied relevance of visible evidence of abuse seems to be related to our participants perception that their social position was rather marginalized. A large majority of the older persons in this study felt that they are not valued, that their voices are not heard and that they are excluded. In line with findings in other countries (Erlingsson et al., 2005; WHO, 2002), it might be that they fear not to be taken seriously, which may motivate them to look for evidence beyond reasonable doubt. It seems possible that older persons in the Netherlands need irrefutable and clear proof before they have the confidence to speak up. This might not only influence older persons’ definition of abuse, but also their reporting behavior. There are two possible consequences of their views on the role of society in abuse that might have a detrimental effect on older individuals’ reporting behavior in the Netherlands. First, older persons may not report abuse at all, if they believe that they are not an important part of society and that their opinions and ideas might not be heard or taken seriously. Second, their reporting behavior might decrease, as they do not believe that they are significant enough to contribute and have a legitimate say.

These findings show that if we hope to increase the involvement of older citizens in the detection of abuse, a different approach is needed rather than simply
calling upon them to participate. It might be a questionable assumption that we can rely on others to care and that we can trust that individuals who are able to do so will keep an eye on the more vulnerable in our society. Our results show that the perceived disadvantaged position of older persons in society should be taken into account when calling upon them to participate in identifying and reporting abuse.

**Implications and recommendations**

Research on elder abuse mostly focuses on the characteristics of the perpetrator and the victim, and on the interpersonal dynamics within the family. Currently, there is also an emphasis on pathology and psycho-pathology, such as the relationship of elder abuse with substance abuse and cognitive disabilities (Anetzberger, 2004; Biggs et al., 1995; Burnight & Mosqueda, 2011; Phillips, 1986; Pillemer, 1986). As a result, elder abuse continues to be regarded as an interpersonal or family problem, rather than being viewed as a general societal phenomenon. The role of society in elder abuse has therefore often been underestimated and disregarded in research (WHO, 2002).

As our findings indicate, it is important to change this exclusive focus on the role of individual and interpersonal characteristics in the occurrence of elder abuse. We need to broaden our perspective in research and practice to ensure that not only the established factors, but also the rationale behind them and the way this might influence prevention and reporting of abuse stays in view in the field of elder abuse. Professionals who are working in the field of elder abuse can use the results of this study to pay more attention to older persons’ rationale and motives for reporting or not reporting abuse. The way older persons understand and explain elder abuse may influence their reporting behavior. Indeed, in our study only actions involving physical violence or those clearly performed intentionally were immediately considered to be abuse and might thus be reported. These perceptions of older persons on abuse might limit their identification of risk factors and their reporting behavior, as they will probably only report severe cases of abuse that are unequivocal and evident. As a consequence, older persons may underestimate and overlook the risk of other types of abuse for themselves or for someone in their environment.

The findings of this study are a first step towards understanding why some cases of abuse are reported by older persons and others not, and what ideas influence older persons’ reporting behavior. They will then lead to further understanding of under-detection and underreporting of elder abuse and of the role our participants attribute to the perceived marginalized position of older persons in society. Similar considerations might play a role in other countries, which calls for paying attention both to individual risk factors and to the social context of these factors.

In practice, we recommend involving older persons in the decision-making process concerning elder abuse, including education and training, to enable their active participation, inclusion and contribution in the total process of risk detection and case management. Furthermore, we need to encourage and empower older
persons, which could possibly increase their reporting behavior. Measures may include, for instance, organizing specific training sessions and workshops on elder abuse for older persons, focusing on the more subtle signs of elder abuse, including older persons in teams that review cases of abuse, or initiating community volunteer groups of older persons. Another recommendation is that older persons first need to understand what abuse is, since this is crucial for defining a situation as abusive and reporting it accordingly. This also means including the older persons’ societal explanations of elder abuse in the instruments that are currently used for detecting abuse. The emphasis on intentional and detectable harm has to be taken into account. This means adapting questions related to elder abuse and its possible experiences, and including questions on specific behaviors that may be considered abusive while visiting older persons at their homes, during GP visits or in health care facilities.

A key finding of our study is that older individuals in this study perceive elder abuse in the Netherlands as a general societal phenomenon. To do justice to this finding, we recommend an approach that is directed at general changes in society, namely changes in attitudes and behavior as well as in perceptions of old age and older persons and their position in society. This can be achieved by promoting a positive image of older persons, for instance by using role models, social media campaigns and by increasing the social involvement of older individuals. Another strategy can be to increase the understanding of the ageing process and of issues of vulnerability and dependence by providing more information on the ageing process to the general public.

Limitations
In this study we used a single method of data collection, namely semi-structured interviewing. It would have been more comprehensive to use additional methods (data triangulation) that would have enabled us to check and establish the validity of our results by analyzing a research question with multiple data collection methods. While triangulation is a useful method, it was not possible to use this in our study because of the sensitivity of the topic and the specificity of the target group. To enhance external validity, we intentionally included participants from different settings: individuals living independently, in residential care facilities and nursing homes. In this way we ensured the participation of older individuals from diverse social backgrounds, with different health statuses and living arrangements. As a result, we were able to capture the diversity of opinions and views of various groups of older persons, even though we may not necessarily have covered all perspectives. Our heterogeneous inclusion also imposed a limitation on the method of data collection; due to physical and mobility limitations of our respondents, we visited our participants at home, which precluded the use of other methods. It is, however, important to point out that our hermeneutic approach using in-depth interviews was most fitting for the research question posed, since it allowed for further questioning and further explanations to
come to an in-depth understanding of the rationale older individuals had for understanding and explaining elder abuse.

While the method allowed for the mining of rich insights, the relatively small sample size may be considered a limitation, and therefore our findings may not be representative of all older residents in the Netherlands. Moreover, as the findings of the current study are based on interviews with Dutch individuals, they may not be generalizable to other countries. However, some of the relevant characteristics of the Dutch situation, such as the emphasis on self-responsibility and participation and the retraction of the welfare state, may be similar to processes in other countries. Further research is needed to establish the relevance of the current study in other contexts. Nevertheless, this study does point out that paying attention to the contextualization of definitions and explanations of abuse is necessary to fully understand older persons’ perceptions of abuse.

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