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Aliona DRONIC
Ovidiu GAVRILOVICI
Elena CAZACU
Mihaela Cătălina NECULAU
Lăcrămioara COJOCARU
Magdalena Roxana NECULA

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Life Experiences of Abused Elderly in Geriatric Care in Iasi, Romania. A Qualitative Study

Aliona DRONIC[1]
Ovidiu GAVRILOVICI[2]
Elena CAZACU[3]
Mihaela Cătălina NECULAU[4]
Lăcrămioara COJOCARU[5]
Magdalena Roxana NECULA[6]

Abstract

This qualitative study focused on the life experiences of abused elderly in geriatric care in a Iasi hospital, in Romania. A total of 13 (9 women and 4 men) patients were involved in a complimentary, multidisciplinary psycho-social service after been screened for abuse using EASI © (Yaffe et al., 2008). Through thematic network analysis, the texts from the interviews revealed three global themes: 1) the abuse undermines the dignity, 2) the need to find meaning to the lived experience and, 3) the strategies of maintaining dignity. This is the first qualitative study of hospitalized elderly having an experience of abuse in Romania.

Keywords:

life experiences, abused elderly, geriatric care, qualitative study.

[1] Program director and psychologist at Psiterra Association in Iasi, Romania (aliona.dronic@yahoo.com)
[2] Associate professor at "Alexandru Ioan Cuza" University of Iasi, Department of Psychology (gavrilov@uaic.ro)
[3] Psychologist at Psiterra Association
[4] Psychologist at Psiterra Association
[5] Psychologist at Psiterra Association
[6] Social worker at Psiterra Association

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Introduction

In Romania it is estimated that in 2060 over 40% of the population will be formed of people aged 60 and over, while those over 80 years old will be over 13% of the total (Special Eurobarometer, European Comission, 2007). This increase is a challenge for both the family and the society at large, and one of the aggravating challenges is related to the various types of abuse, neglect or abandonment in relation to the elderly.

Evidence were found in recent studies that elder abuse was associated with increased risks of elder's morbidity and mortality ,so elder abuse can be considered as a multifaceted and pervasive public health issue (Chow & Tiwari, 2014; Dong et al., 2013).

The conceptualization of elder abuse is still a problem, as there is little consensus regarding the minimum standards of care necessary to maintain the dignity and quality of life in elderly people or whose responsibility it is to ensure these standards are met (Yan, Tang & Yeung 2002). Also there is substantial variability in what different ethnic groups consider abuse (Lachs & Pillemer, 1995), definitions of elder abuse vary across countries to reflect and include cultural, ethnic, and religious variability in norms and traditions (Lowenstein et al., 2009).

The most used definition of elder abuse is offered by the World Health Organization (WHO/INPEA, 2002, p.3) as "a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person". In the USA, the National Research Council defined in 2003 (National Research Council, 2003, p.1) elder abuse to include "(a) intentional actions that cause harm or create a serious risk of harm (whether or not harm is intended) to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder or (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm". Some definitions lumped abuse and neglect together and renamed them "mistreatment," which implies both an omission and a commission dimension (Muehlbaur & Crane, 2006; O'Keeffe et al., 2007). This definition has guided practitioners involved with elder abuse intervention units (Band-Winterstein, Avieli & Smeloy, 2015).

In this article elder abuse is defined as any intentional or unintentional act that involves hurting or painfully disturbing the life of any person aged 60 years and above. The act can be done either once or repeatedly by an individual person, an institution, a community or in the

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society at large, and the harm may take several forms (Payne, 2005; Kabelenga, 2014).

Elder mistreatment is narrower in scope than elder abuse (Policastro & Finn, 2015) and is considered to encompass six forms including physical, sexual, and emotional mistreatment, as well as neglect, financial exploitation, and abandonment (Centers for Disease Control [CDC], 2010).

Elder neglect is defined as omission, meaning unintentional or passive acts and as commission, meaning intentional or active deprivation of basic needs and services. Different types of neglect are found in the literature: physical neglect, which focuses on failure to provide physical needs; psychological neglect relating to emotional needs, and medical neglect, by postponing medical needs and services, by failure to give medication on time, and to provide regular medical follow-up (Band-Winterstein, 2015).

Physical abuse refers to intentional acts that cause physical harm to the body of an elder person. The most common violent acts toward elderly persons include slapping, hitting, striking with objects, beating, burning, and pushing, among others, of an elder person (Lachs, et al., 1995; Yan, Tang, Yeung, 2002; Kabelenga, 2014; Wolf, 2000).

Financial/material abuse/exploitation is any intentional act which involves illegal or non-authorized use of an elder person's financial and/or other material resources which result into causing harm to an elder person. Examples include deliberate misusing of the elder person's financial or other material things, falsifying their signature which makes it possible for the abuser to begin to use the elder person's resources; forcing them to sign documents which may determine the elder person to lose his or her financial or material resources; the theft of social security or pension checks, the use of threats to enforce the signing or changing of wills or other legal documents, and the coercion with regard to any financial matter (Lachs et al., 1995; Kabelenga, 2014; Wolf, 2000; Bhattacharya & Bhattacharya, 2014).

Sexual abuse refers to any intentional act which involves forcing sexual activity that may arouse the sexual feelings of an elder person without his/her own desires or for the perpetrator to gain sexual satisfaction. Examples here could include rape, molest or showing pornographic materials, forcing elder people to commit sexual activities amongst themselves or kissing an elder person (Kabelenga, 2014; Wolf, 2000; WHO, 2012).

Psychological or emotional abuse is usually defined as an act carried out with the intention of causing emotional pain or injury; psychological

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abuse often accompanies physical abuse. Examples include habitual verbal aggression in the form of threats and insults, as well as statements that humiliate or infantilize the elderly person. The threat of abandonment or institutionalization is another important form of psychological abuse (Lachs et al., 1995; WHO, 2012).

Abandonment is the desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person (Bhattacharya & Bhattacharya, 2014).

Elder abuse is a violation of human rights and has devastating consequences for older adults' health and well-being (Chow & Tiwari, 2014; Dong et al., 2011, Dong & Simon, 2010). It has been shown to be associated with increased morbidity and mortality (Dong et al., 2011; Dong, 2005; Dong, Simon, & Evans, 2013; Wilkins, 2003), with higher utilization of health services, with financial burden to the family and to the government (Dong, Simon, & Evans, 2012), with emotional distress, loss of self-confidence and self-esteem, depression, attempts of suicide, social isolation, somatic complaints, and anxiety (Fisher, Regan, 2006; McAlpine 2008; Yan, Tang & Yeung 2002, Band-Winterstein, 2015; Dong & Simon, 2013) with adverse health consequences include fractures, depression, dementia, and malnutrition (Dyer, Connoly, & McFeeley, 2002; Lachs et al., 2002).

Elder abuse is prevalent worldwide. According to a HelpAge India Survey 2012, out of 5,400 elders across 20 cities of India belonging to various economic strata and educational qualification, 31 % reported that they have faced some form of violence, and the main tormentors were sons (56 %) followed by daughters-in law (23 %) (Bhattacharya & Bhattacharya, 2014). In Zambia, HelpAge International in 2011 undertook the study on the living conditions of the elder people in urban Zambia, 48 percent of the older people reported that they had suffered abuse (Kabelenga, 2014). The ABUEL study (Lindert et al., 2013; Macassa et al., 2013), based on data of 4,467 women/ men aged 60-84 years from seven European countries (Germany, Greece, Italy, Lithuania, Portugal, Spain, and Sweden), reported abuse prevalence rates across countries between 0.7 and 19.4 %. The highest rates of psychological and physical abuse were found in Sweden (29.7 and, respectively, 4 %), of sexual abuse in Greece (1.5 %), of financial abuse in Portugal (7.8 %) and of injury in Lithuania (1.5 %), and in general there were no differences between women and men. In the United States, 5–10% of people aged 65 or older have been abused by someone on whom they depend for care or protection (National Research Council, 2003). A survey in Canada reports prevalence rates of 7% for emotional, 1% for financial,

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and 1% for physical or sexual abuse (Canadian Centre for Justice Statistics, 2002). The Abuse and Violence against Older Women (AVOW) study (Luoma et al., 2011), based in a sample of older women aged 60 years and over from five European countries (Austria, Belgium, Finland, Lithuania, and Portugal), showed prevalence rates ranging between 0.5 and 32.9 % depending on the abuse type. Belgium and Portugal had the highest rates of overall abuse (32 and 39.4 %), but also in most abuse types (e.g. psychological, 27.5 and 32.9 %). The UK study (O'Keeffe et al., 2007), with data only from UK regions (England, Northern Ireland, Scotland, Wales), of elder abuse among women/men aged 66 years and older reported abuse rates ranging from 0.2 to 1.1 %. The lowest rate was sexual abuse (0.3 %) and the highest neglect (1.1 %). Wales had the highest rates (3.1 %) and North Ireland the lowest (2 %), and women reported more abuse than men (3.8 vs 1.1 %).

In Romania due to a lack of systematic data collection, reliable national data regarding the magnitude on rates of abused elderly are unavailable, and so this topic has barely been investigated. The only relevant information is to be found in the Eurobarometer "Health and long-term care in the European Union" (May-June 2007) for UE27 and member states:

- 60% of the respondents consider that many elders become victims of abuse of their caretakers (relatives or professional careers)
- 86% consider that wrongful treatment, abuse and neglect of the aged is widespread
- Average or high risk related to the following situations the elders may be in: improper housing (84%), lack of support for physical needs (86%), inadequate care conducing to health problems (84%), psychological abuse (76%), property abuse (78%), physical abuse (71%), sexual abuse (57%)
- The persons the most probable responsible of improper treatment, abuse or neglect of the elderly: the children (25%), the partner (12%), the siblings (5%), the acquaintances (18%), the caretakers or the nurses at the domicile (22%), the staff of residential care units (22%), the hospital staff (16%).

Also, the subjective experience and the meaning they attributed to abuse remain unknown.

Despite an increasing interest in elder abuse rates across countries, this phenomenon remains relatively unexplored in Romania. There is a possibility that this situation is partly relating to the cultural emphasis on the preservation of family harmony and honour, low levels of awareness,

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reluctance and fear to reveal the case and the perception that elder abuse is a private family matter (Dong et al., 2013, Yan, Tang & Yeung, 2002) elder abuse remains a forbidden topic with most cases being undetected and unreported, as it is the case for China.

It is important to examine Romanian elder abuse to provide the much-needed international perspective of the phenomenon and to shed light on how changes in social norms and cultural values influence family relationship in contemporary societies. Such information is of great significance in designing prevention and intervention strategies as well as in planning local and worldwide policy to prevent the spread of elder abuse (Yan, Tang & Yeung, 2002).

The current article addressed the gap in knowledge by being the first study which provides an "insider" perspective of the lived experience and the complex dynamics of abused elderly, in Romania.

This gave rise to the following research question: What it means and what presupposes the experience of abuse for the abused elderly?

Method

One of the significant challenges of this study, in light of the complexity of the phenomenon, was designing the research method (Band-Winterstein, Avieli, & Smeloy, 2015). We followed a Thematic Analysis process, informed by a phenomenological perspective (Braun and Clarke, 2006) in order to identify and analyse patterns and themes in the qualitative data and to have a better understanding of the elders' experience through their feelings, thoughts and insights. Thematic Analysis Networks aim to explore the understanding of an issue or the signification of an idea that shares the key features of any hermeneutic analysis (Attride-Stirling, 2001).

The participants in our research were beneficiaries of a multidisciplinary complementary psycho-social service offered in a Geriatric Clinic in Romania. The elderly signed informed consent forms after a thorough description of the project, the multidisciplinary team and activities, and the associated research documentation, analysis and dissemination. All the elderly participating in this study where at that time hospitalized in the Geriatric Clinic.

The beneficiaries were already included in the complementary multidisciplinary service for the hospitalized elderly suspicioned of being victims of abuse after having been screened with the EASI Elder Abuse Suspicion Index © (Yaffe et al., 2008), and after having gone through geriatric, psychological and social work evaluations.

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For many elderly people, the hospital is the only place where they can establish contact with professionals outside the circle of abuse (Kahan & Paris, 2003; Cohen et al., 2006). Hospitals can become an important setting for identifying elderly people who are at high risk of abuse, but few studies have utilized this opportunity (Kahan & Paris, 2003). Inpatient hospitalization facilitates examination of the elderly persons for signs of possible physical violence, of neglect such as malnourishment, of excessive or insufficient administration of drugs, and of deteriorating hygiene (Fulmer et al., 2000; Shugarman et al., 2003).

Participants and Sample

The sample consisted of 13 elderly, out of which 9 women and 4 men, out of a pool of potential participants who fit the selection criteria (age of 60 and over, beneficiaries of the multidisciplinary complementary psycho-social service in the Geriatric Clinic, with no cognitive deterioration, and with good verbal capabilities). The psychologists from the psycho-social service referred the documentation for the study. All the selected participants had a medium to a small income and had a situation of health problems being hospitalized in the Geriatric Clinic.

Table 1. Demographic characteristics of the participants in the study

Acronym	Gender	Age	Marital Status	Education	Residence	Type of abuse
Mrs. U.	F	81	Widow	Primary	Rural	emotional, neglect
Mr. C	M	67	Married	Higher Education	Urban	financial
Mr. K	M	78	Widow	Secondary	Rural	emotional financial
Mr. U	M	65	Married	Primary	Rural	financial neglect abandonment
Mrs. A.	F	70	Unmarried	Primary	Urban	financial neglect abandonment
Mrs. M.	F	63	Married	Primary	Rural	emotional

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Mrs. T.	F	84	Widow	Primary	Urban	emotional financial neglect abandonment
Mrs. K.	F	75	Widow	Higher Education	Urban	neglect abandonment
Mrs S.	F	63	Married	Secondary	Urban	emotional
Mr. B.	M	84	Widow	Primary	Rural	emotional neglect
Mrs. G.	F	84	Divorced	Primary	Rural	emotional financial neglect abandonment
Mrs. Cl	F	77	Widow	Primary	Rural	financial neglect
Mrs. B	F	72	Widow	Primary	Rural	financial neglect

Data Collection

The psychological evaluation sessions for the 13 participants were documented by the members of the multidisciplinary complementary psycho-social service during June-September 2015 in the Geriatric Clinic. Each meeting was audio recorded and had 45 to 60 minutes each, being organized in a private space offered by the hospital management in the Geriatric Clinic premises.

Thus data collection was performed through in-depth semi-structured interviews conducted by psychologists which included several content categories such as: family structure and family relationships, the economic situation, the housing situation, the social relationships, the identification of the types of abuse, eventual information on the abuser(s), the emotional impact of the experience of abuse, the specific needs of the elderly, the internal personal resources, the social and family support, the community resources available.

All of the sessions were audio-recorded and transcribed in Romanian. The quotations were translated verbatim from Romanian into English with several grammatical amendments. For assure the confidentiality of the participants, all recorded sessions were transcribed verbatim by the

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psychologists who conducted the sessions. They were invited to be part of research the team and are co-authoring this study along with the principal investigator.

Data Analysis

The qualitative researcher does not report "facts" or "truth," but constructs interpretations (Band-Winterstein, Avieli, & Smeloy, 2015; Ben-Ari & Enosh, 2011). Different researchers may gain different insights regarding the same data. The subjective nature of the qualitative research and the involvement of the researcher require specific attention throughout the research process (Band-Winterstein, Avieli, & Smeloy, 2015). One of the ways to deal with this and to achieve trustworthiness is by using reflexivity through parallel charts written by psychologists after the evaluation sessions (Band-Winterstein, Avieli, & Smeloy, 2015; Charon, 2006). Data analysis was performed according to the phenomenological method. Four researchers independently read the transcripts and devised a coding framework based on pre-established criteria and on recurrent issues in the text. The codes were applied to the textual data to dissect it into text segments. Then the salient, common or significant themes in the coded text segments were extracted (Attride-Stirling, 2001). Arranging and organizing themes into basic themes, organizing themes and global themes meant shifting from the descriptive to the interpretive levels of analysis (Band-Winterstein, Avieli, & Smeloy, 2015). During the content analysis, the researchers discussed disparities and sought agreement regarding theme content and interpretation of meaning (Band-Winterstein, Avieli, & Smeloy, 2015), taking into account the psychologists' observations and their comments written in the parallel charts. Through these meetings, themes were first identified, then reviewed, defined, and finalized in agreement among the co-authors (Todorova et al., 2014; Braun and Clarke, 2006). Next step was to translate into English all agreed thematic networks.

Qualitative Analysis Results

The study explores the perceived problems faced by the elders in the community and the several themes related to the aging experiences for the Romanian elders. Through thematic network analysis, the texts from the interviews reveal the following global themes: 1) the abuse undermines the dignity, 2) the need to find meaning to the lived experience and, 3) the strategies of maintaining dignity. In the following paragraphs, we will take a

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comparative perspective, discussing the resemblance of our findings to those in the literature and later, the unique features that emerged.

The abuse undermines the dignity

In the context of the main coordinates of the participants from Iasi city and Iasi County, Romania, who participated in this study, the salient global theme was the abuse, with very different forms and which undermines the dignity of the elderly. Within this global theme, extensive and complex, two organizing themes arouse: the complex manifestations of abuse and the emotional impact of the abuse. Both organising themes allowed us to shape an extended and detailed experience of abuse, to identify predisposing factors for elderly abuse, to illustrate their condition as a distinct social category, to voice their perspective on abuse, and especially, to capture the abusive situation which altered the elders' life stories.

The abuse takes many forms in elderly's lives. One of the most common forms of abuse is the emotional one, materialized either by blackmail or the emotional pressure from the abuser. Abusers are often elders' significant persons and the emotional impact is even greater as the situation of abuse comes from intimate partner. Abuse can take years, over long periods of time: "*I have listened to my husband because otherwise it would have been bad for me*", or "*my husband takes better care of my neighbour than of me.* Emotional abuse from their adult children is common for elderly parents: "*My children are speaking very ugly to me; they did not visit, nor help me*". Physical abuse leaves scars in the lives of elders: "*my husband beats me and I do not talk with my kids*". Emotional abuse takes the form of a pressure on the elders and the family is doing things contrary to his wishes and values: "*I was forced to sign papers to give them the land*", or "*my relatives forced me to sign documents by which to give up my land ownership*". Many of the elderly participants in the interviews detailed financial abuse from children and extended family, such as "*the relatives stole my clothes and money from home*", or "*my son took my land by force*". Ignoring the needs of elders who are at risk can be included in the complex manifestations of abuse: "*He refused to take me home when he found me in the woods and I could not walk of pain*".

Elders have experienced these painful situations of abuse and they have gone through multiple emotions and traumatic experiences. The abuse made them revolt ("*I feel like screaming because they have gone and they left me*"), but most often they felt powerless to change the situation of abuse ("*I have no control*"). The abuse isolate them from the family members (who were often abusers) - "*I felt like a stranger in the family*", or "*I did not see my son for six years*

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and I do not want to see him", and they feel worthless ("*I felt I no longer have value*", "*They do not care about me, they do not think I need help*"). Regardless of the type and duration of abuse, the situation has the emotional impact of a trauma, both at an emotional ("*I have experienced a trauma*", "*I have recovered very hard*") and a physiological level ("*I was so upset that I started to feel bad and have panic attacks*"). Abuse seemed to be seen as a taboo in the community and in the elders' close networks and they feel ashamed to talk about what they have experienced ("*I am embarrassed about these problems*") and most often, this is also one of the reasons they did not denounce the abusive situation they have to live with.

The need to have a meaning for the experience they live

Another important global theme was the one about the elders need to give a meaning to their abusive experience, searching for an explanation relative to the context of the abuse (an important organising theme) and for an explanation of the abuser behaviours towards them. The subjects of this study found external causes for abusers' behaviours ("*my children behave in this way due to alcohol and their associated problems*", "*my son-in-low teach my daughter how to act so I will let her my heritage*", and "*my sons-in-low made my daughters to behave badly with me*") or they are confused to determine a clear cause of the beginning of the abuse ("*I cannot explain myself why my children, whom I loved, act like that*", "*I had a good relationship with him, I don't know what happen to him*").

The abuse experience had a meaning for the elders ("*everything that happen had a meaning*"), in terms of resilience, in the terms of social change ("*people have no mercy or shame anymore*") or in terms of common problems in the family ("*there are other women who have problems in their family, I do not think there is such thing like perfect family*").

Strategies to maintain the dignity

The interviews revealed also an important global theme – the elder's strategies to maintain their dignity, who has several organising themes: the value of the family support, the coping mechanism of awareness and positive self-evaluation, the possibility to maintain the independence, the request to the spiritual support resources, the values of the social support from the elder's proximity network, the possibility of staying true to the human values, and the value of the community support. This theme network proves to be very rich in associated meanings and areas of therapeutic intervention towards abusive context. The spirituality theme is very important for most of the respondents and they spoke about the power to

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face adversities ("*God will make justice*", "*God helped me to resist*", "*I prayed to God for guidance and to show me the way to solve the problems*") due of their active religious practice. The religious practice gave them hope ("*the priest told me that everything will be ok*") and a way to stay connected to their values and community ("*I cannot go to the church but the priest is coming to visit me*"). Besides the priest and church, the elders considered as some great support community members from their proximity ("*I have a girl who is helping me*"), friends ("*When I was in need, I have talked with friends*"), important persons from institutions ("*I have spoken with the mayor about my land problem*"), neighbours ("*I pay a neighbour to take care of the household*", "*I get along with people from my village*", "*I am grateful that my neighbour helped me to get hospitalised*"). As a strategy to maintain the status quo facing the abusive context, the elders value a lot their independence in many areas: health ("*I need a nurse to help me in my recovering*", "*I want to recover my health so I will depend of nobody and I will take of myself on my own*"), financial independence ("*I do not want to be in debt*"), daily activities ("*I manage to take care of myself until now and I want to keep doing so from now on*"). As long as the elders were aware of their personal resources and they made a positive self-evaluation, they managed to find more strategies to value themselves ("*I think I was strong person all my life",* and *"My father taught me to not let myself brought down by problems*"). Humour is another strategy to maintain dignity in face of the abusive contexts ("*I like to make fun of trouble*"), as it is the positive attitude ("*I am optimistic and I have positive thoughts*"), as well as the courage and other personal values ("*I like to save money*"). Beside the situation where the family members were abusers, the elders treasure family support and they transformed it in shield towards possible abusive situations ("*My son is asking me every day to resist*", "*my daughters help me with my medical problems, they take care of me*"). Preserving core human values was another strategy preferred by the elders in this study by giving support to other elders in need ("*I gave any piece of bread I had to others in need*", "*I invited an old lady to stay into my house and I helped her because she has problems*").

Discussion

We collected qualitative data on views of the elderly in a rural and an urban community about their understanding of elder abuse shaping a response to the question: What it means and what presupposes the experience of abuse for the elderly? In our study, the perception of situations of elder abuse ranged from emotional abuse, financial abuse, physical abuse, and atypical forms such as societal abuse and disrespect. Similar to other community-based studies (Machado, Gomes, & Xavier,

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2001; WHO/INPEA 2002), other forms of abuse identified by the participants include not getting enough respect from the family members, as well as lack of money for their basic necessities, such as food and medication.

Our study revealed that the elders admit and talk with great distress about a possible abuse in their life. During the interviews, we noticed that even the term „abuse" triggers in elders' minds a taboo about a part of their life, and they have difficulties to approach such topics. Some of them talked about abusive situations but they did not specifically call these situations as being abusive.

Although the definition of elder abuse is not limited to the family care setting especially in the home, our study, similar to other documented research (Machado, Gomez & Xavier, 2001; Nhongo, 2001; WHO/INPEA, 2002), revealed forms of abuse mostly inside the family context.

Approximately 90% of alleged abusers were family members of the victims, with most of them being adult children usually sons, followed by spouses, grandchildren and paid caregivers (Iecovich, 2005). Additionally, relatives and spouses may commit different types of maltreatment (Baron & Welty, 1996). Spouses for example, were more involved in physical abuse.

The behaviours that were most unequivocally experienced as abusive were theft, fraud by family members, physical assaults and various forms of psychological mistreatment. In our study, the elder's psychological mistreatment refers to not being in touch with the closed family members (social isolation felt as loneliness), no communication with family members and the pressure to give up to possessions as it was the case in previous studies in various cultural contexts, internationally (Dixon et al., 2010; Cadmus, Owoaje, & Akinyemi, 2015). There were also disputes and difficulties about a range of practical and financial issues over the older people`s estates, and concerns about children or others trying to obtain property and money by putting pressure on older people to include them in wills or to benefit financially in other ways. Several studies have reported that financial dependence of adult children on the elderly for their sustenance can cause abuse if care and support is withdrawn when the older person refuses to give financial support (Machado et al., 2001). In our study, the financial abuse is due to the elders low income (the low income from their retirement assistance) because of their family pressure to give away to the relatives their life possessions (houses, lands and other possessions). Explicit ageism featured in various incidents with neighbours, acquaintances,

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and with others, sometimes in conjunction with other discriminatory attitudes were also mentioned in relevant literature (Dixon et al., 2010).

We did not focus on the factors of the abusive context but we can speculate that the specific Romanian communities, in transition from a more traditional society to a modern one with major shift in practices, culture, and values, has resulted in growing intolerance towards elderly who are more often in position to be vulnerable, threatened, neglected, and physically abused. Stressful life experiences, spousal conflict, conflict between the elderly and adult children on economic resources often result in abusive behaviour against the elderly as other studies noticed, too (Blackman, Brodhurst, & Convery, 2001; Bhattacharya & Bhattacharya, 2014, Patterson & Malley-Morrison, 2006).

Becoming fearful was the most important consequence of elder abuse reported in the some of the literature (Erlingsson, Saveman, & Berg, 2005). Our findings documented that abuse in older adults also results in emotional distress, loss of self-confidence and low self-esteem, depression, social isolation and increased health problems (Fisher and Regan 2006; McAlpine 2008; Zink et al., 2006). We noticed in the stories that the elders experienced also psychological symptoms of fear and anxiety as well as feelings of isolation and neglect, insecurity, powerlessness, and worthlessness (Soares et al., 2014). The findings of the present study are consistent with the studies dealing with ambivalent intergenerational relationships and reveal feelings such as pity, fear, anger, lack of love *faţă de copiii sau soţul abuzator* (Osborne & Coyle, 2002)

"*Why this experience of abuse is happened to me*?" The elders in abusive relationships used labels, personality and mental health descriptors, to make sense of and sometimes justify the behaviours of their abusive relatives or spouses. Most of the elders included in the study are committed to stay in the abusive relationship because of generational mores and additional limitations associated with their largely domestic roles (Zink et al., 2003). The elders did not express the desire to come out of an abusive context and they reconsidered the abusive situation in terms of personal strengths and resilience. The need to give a meaning to the abuse was a constant preoccupation of the elders. In this study explanations of abuser's actions were often lifted from the individual level to the societal level as in other studies findings (Erlingsson, Saveman, & Berg, 2005). Many elders did not find an explanation for what happened to them, especially when their own children become perpetrators, maybe due to the emotional conflict that they had to face (love and hate, care and fear). There are a variety of justifications

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that elderly use, such as "my son is not guilty of abusing me, but the alcohol he consumes", "my daughter-in-law influences my son to treat me this way" or "our children are no longer the way we were, nowadays people are less generous, they mistreat the elderly". The elders have renounced to their major role in their own stories, they lost the aspects of resistance against the abuse and acts of dignity, and the abuse took the lead in their lives.

The concept of human dignity becomes essential in the context of the abused elderly and we have identified several strategies that have a protective role for the elders. Receiving high social support (e.g. being cared for) was associated with less risk of overall psychological abuse and financial fraud (Li et al., 2015) and exerts positive effects on health and well-being (Macassa et al., 2013; Thanakwang & Soonthrorndhada, 2011; Acierno et al., 2010; Naughton et al., 2010).

However, little is known about the mechanisms behind the relation between abuse and social support even if it has been suggested that social support might influence elderly mistreatment and abuse through different ways: high level of perceived social support can act as a buffer against stressful situations; and social support might intervene between experience of stress among elderly as well as a potential response to that stressful situation. In addition, the association between social support and elderly abuse might be mediated by the presence or absence of social control (Dong, Simon, 2008).

The spirituality and religious beliefs were important positive factors that protect the elders against abusive situations (Zink et al., 2006). Elders' participation in the religious practices in their community is an act of being part of the community and of giving and receiving psychological support. Continuing to play an active role in the community has a positive social and psychological effect of encouraging elderly people to be as independent as possible despite of their disability and illness statuses (O'Brien et al., 2011).

Analysing the interviews and the main themes, we noticed that the elders found support in many different areas, despite the stressful abusive situations: even if the relatives put pressure on them to sell the house, they found support in neighbours, partner, or in children. Even if they felt social and financial vulnerable, they were able to somehow find in their proximity a support network or a way to maintain their financial independence. Even they faced abusive behaviours and they have lost faith in some significant figures, they still have faith in human nature and develop individual acts of generosity and care for others (elders or people in difficulty). We have observed many resilient strategies against abuse and its consequences and

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powerful lessons of courage in all the interviews (Vandsburger, Curtis and Imbody, 2012).

We witnessed, in narrative terms, to several "abuse stories" that revealed all the great impact of such a minor conflict on the elders well-being, who experienced them with the full-fledged post traumatic symptoms of an abuse. The elder's life stories and the individual experiences of resilience in face of the abuse were celebrated in this study, the narrative interviews offering the possibility of co-constructing new meanings for those life experiences, not only remaining at the descriptive level of accounts of abuse.

Conclusions

Through thematic network analysis, the emerging global themes were: 1) the abuse undermines the dignity, 2) the need to find meaning to the lived experience and, 3) the strategies of maintaining dignity. The themes permit the exploration of life experiences with the possibility of restauration of human dignity and agency that narrative approaches can provide, in practice.

Experiences with violence and abuse are embedded within and cannot be fully understood without consideration of the context of family, community, and societal environments with aspects like informal personal or familial relationships, the formal support of agencies or service providers, and the broader ideological norms, values, institutional patterns that influence the life experiences of abused elderly and the passage of time (Roberto, McPherson, & Brossoie, 2014).

Limitations and future directions

This study focused on the meaning and the experience of the seniors who are victims of abuse using a qualitative methodology. The results are not generalizable and they describe local and personal experiences of those who were available to the study among the hospitalized elderly in the geriatric clinic. We have no reference to the prevalence of the abuse condition in the general population from where the elderly came from. The social discourse for which the abuse themes are rather taboo may induce the fear of disclosing such experiences, of talking about the abusers – especially in the context that they are going to return into the community after the hospitalization.

A follow-up with study participants may permit authentication of the research results, the themes identified, and deconstruction of the social

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discourses that confine or limit personal, professional and institutional actions – related to the experiences of abuse -. The stories told by those with experiences of abuse are considered not as descriptive facts but as interpretative co-constructions of which the views and voices of the abusers are not included, especially since there is a prevalent fear related to the involvement of the abusers (Zink et al., 2006).

To broaden the understanding of the phenomenon, further authentication can be invited by participatory observations or interviews with the abuser or with other family members (Band-Winterstein, Avieli, & Smeloy, 2015). In addition, the participants had all been identified as victims of violence, and as such, were defined as a clinical sample. Future research including a sample of self-declared victims of elder abuse might enrich the findings of this study (Band-Winterstein, Avieli, & Smeloy, 2015).

A larger study involving the perception of the community on the subject of abuse can inform on conversational practices and discourses, locally, as it was elsewhere suggested (Mikyung, 2009). Other enriching perspectives may come from the exploration of the professional's needs related to the elder abuse assistance and intervention, family support, or community development related to the elder abuse problematic (Chow & Tiwari, 2014).

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