

**RESEARCH STUDY ON
VIOLENCE ON OLDER
WOMEN AND MEN**
A QUALITATIVE PERSPECTIVE

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1 EXECUTIVE SUMMARY

1.1 RESEARCH OBJECTIVES

This qualitative study on violence and abuse of older persons aims at:

- examining the different forms of violence and abuse that older women and men go through in Malta and Gozo in various settings (including, but not limited to older persons living in the community and older persons living in residential homes).
- tackling the factors and consequences of such violence. The research will take into account a gendered perspective in all the objectives listed below apropos violence on older women and men. Consequently, this study will aim to shed light on the differences, contrasts and/or similarities of experiences, circumstances and needs of older women and men in relation to violence and abuse.

1.2 RESEARCH PLAN

The Research Plan comprised the following deliverables:

- A review of recent international and local literature.
 - A qualitative research study involving a three-tier research study, namely:
 - A focus group session with nine (9) stakeholders
 - A focus group session with nine (9) older men and women.

Both focus groups addressed the following research areas:

- Various Forms of Violence/Abuse & Perpetrators
- Consequences of Violence & Survivors' Coping Skills
- Assistance Sought by Victims
- Maltese Communities' Response to Violence on the elderly
- Policy Considerations for Public Authorities
- Development of Poster for Professionals by NCPE.
- One-to-one in-depth interviews with 61 stakeholders, namely:
 - i 30 Professionals/ other stakeholders
 - ii 31 victims/ survivors of elder abuse.

1.3 SALIENT CONCLUSIONS & POLICY CONSIDERATIONS

The salient conclusions emerging from the study and some policy considerations on how the problem of elder abuse may be further addressed in Malta include the following:

- I Identify the prevalence of elder abuse in Malta by conducting quantitative studies.
 - II Develop a holistic framework built on empirical evidence to address Elder Abuse and presenting an integrated strategy for all service-providers (public sector, private sector, the Church, NGOs, etc.).
 - III Invest in more resources to combat elder abuse (for the short, medium and long terms).
 - IV Forming part of the proposed integrated and holistic conceptual framework, existing services must be consolidated and new programmes/ services must be introduced in the short, medium and long terms. These include:
 - Consolidation of existing community services
 - Introduction of a new TeleHelp Unit and helpline number dedicated to elder abuse
 - A holistic & integrated approach to prevention, education and public awareness on elder abuse
 - Empowering victims of elder abuse
 - Instil more confidence in the system
 - Introduction of sheltered housing
 - More advocacy and lobby groups for older adults
 - Improving legal structures.
-

2 LITERATURE REVIEW

2.1 INTRODUCTION

“Elder Abuse is a violation of Human Rights and a significant cause of illness, injury, loss of productivity, isolation and despair”.

“Confronting and reducing elder abuse requires a multisectoral and multidisciplinary approach.”

*Active Ageing, A Policy Framework,
WHO, 2002*

In this Chapter, we will be addressing what defines elder abuse, highlighting the various forms and the salient indicators of abuse. We will also attempt to assess the prevalence of elder abuse and discuss the salient risk factors for elder abuse. We will then turn our attention to analysing the situation of elder abuse in Malta and conclude with proposing a conceptual framework for effective prevention measures to combat elder abuse.

2.2 DEFINING ELDER ABUSE

According to WHO (WHO, 2002), there appears to be a general agreement of what constitutes elder abuse in that it constitutes either an act of commission or of omission (in which case it is usually described as “neglect”), and that it may be either intentional or unintentional. The abuse may be of a physical nature, psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment.

However, regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person (Hudson, 1991).

The definition developed by Action on Elder Abuse in the United Kingdom (AEA, 1995) and adopted by the International Network for the Prevention of Elder Abuse states that:

“Elder abuse is a single act or repeated acts. It may be physical, verbal or psychological, it may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented, or cannot consent. Abuse can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it”.

2.3 FORMS AND INDICATORS OF ELDER ABUSE

FORMS OF ELDER ABUSE

The salient forms of Elder Abuse are generally divided into the following categories (WHO, 2002):

- **Physical abuse** – the infliction of pain or injury, physical coercion, or physical or drug induced restraint.
- **Psychological or emotional abuse** – the infliction of mental anguish.
- **Financial or material abuse** – the illegal or improper exploitation or use of funds or resources of the older person.
- **Sexual abuse** – non-consensual sexual contact of any kind with the older person.
- **Neglect** – the refusal or failure to fulfil a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.

In its strive to increase public awareness on the perils and consequences of elder abuse, the National Centre on Elder Abuse (NCEA) of the United States, produced a detailed explanation of each salient form of elder abuse, together with a list of the possible signs and symptoms of each on the elder victim of abuse (NCEA, 1992).

PHYSICAL ABUSE

Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. Physical abuse may include but is not limited to such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

Signs and symptoms of physical abuse include but are not limited to:

- bruises, black eyes, welts, lacerations, and rope marks
- bone fractures, broken bones, and skull fractures
- open wounds, cuts, punctures, untreated injuries in various stages of healing
- sprains, dislocations, and internal injuries/bleeding
- broken eyeglasses/frames, physical signs of being subjected to punishment, and signs of being restrained
- laboratory findings of medication overdose or underutilisation of prescribed drugs
- an elder's report of being hit, slapped, kicked, or mistreated
- an elder's sudden change in behaviour
- the caregiver's refusal to allow visitors to see an elder alone.

SEXUAL ABUSE

Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly person. Sexual contact with any person incapable of giving consent is also considered sexual abuse. It includes, but is not limited to, unwanted touching, all types of sexual assault or battery such as rape, sodomy, coerced nudity, and sexually explicit photographing.

Signs and symptoms of sexual abuse include but are not limited to:

- bruises around the breasts or genital area
- unexplained venereal disease or genital infections
- unexplained vaginal or anal bleeding
- torn, stained, or bloody underclothing
- an elder's report of being sexually assaulted or raped.

EMOTIONAL OR PSYCHOLOGICAL ABUSE

Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/ her family, friends, or regular activities; giving an older person the "silent treatment" by refusing to speak to, or acknowledging the presence of, the older person; and enforced social isolation are examples of emotional/psychological abuse.

Signs and symptoms of emotional/psychological abuse include but are not limited to:

- being emotionally upset or agitated
 - being extremely withdrawn and non-communicative or non-responsive
 - an elder's report of being verbally or emotionally mistreated.
-

NEGLECT AND ACTS OF OMISSION

Neglect is defined as the refusal or failure to fulfil any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care.

Neglect typically means the refusal or failure to provide an elderly person with life necessities such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.

Signs and symptoms of neglect include but are not limited to:

- dehydration, malnutrition, untreated bed sores, and poor personal hygiene
- unattended or untreated health problems
- hazardous or unsafe living condition/arrangements (e.g., improper wiring, no heat, or no running water)
- unsanitary and unclean living conditions (e.g. dirt, fleas, lice on person, soiled bedding, urine smell, inadequate clothing)
- an elder's report of being mistreated.

ABANDONMENT

Abandonment is defined as the desertion of an elderly person by an individual who has assumed responsibility for providing care for an elder, or by a person with physical custody of an elder.

Signs and symptoms of abandonment include but are not limited to:

- the desertion of an elder at a hospital, a nursing facility, or other similar institution
 - the desertion of an elder at a shopping centre or other public location
 - an elder's own report of being abandoned.
-

FINANCIAL OR MATERIAL EXPLOITATION

Financial or material exploitation is defined as the illegal or improper use of an elder's funds, property, or assets. Examples include but are not limited to; cashing an elderly person's cheques without authorisation or permission; forging an older person's signature; misusing or stealing an older person's money or possessions; coercing or deceiving an older person into signing any document (e.g., contracts or will); and the improper use of conservatorship, guardianship, or power of attorney.

Signs and symptoms of financial or material exploitation include but are not limited to:

- sudden changes in bank account or banking practice, including an unexplained withdrawal of large sums of money by a person accompanying the elder
 - the inclusion of additional names on an elder's bank signature card
 - unauthorised withdrawal of the elder's funds using the elder's ATM card
 - abrupt changes in a will or other financial documents
 - unexplained disappearance of funds or valuable possessions
 - substandard care being provided or bills unpaid despite the availability of adequate financial resources
 - discovery of an elder's signature being forged for financial transactions or for the titles of his/her possessions
 - sudden appearance of previously uninvolved relatives claiming their rights to an elder's affairs and possessions
 - unexplained sudden transfer of assets to a family member or someone outside the family
 - the provision of services that are not necessary
 - an elder's report of financial exploitation.
-

SELF-NEGLECT

Self-neglect is characterised as the behaviour of an elderly person that threatens his/her own health or safety. Self-neglect generally manifests itself in an older person as a refusal or failure to provide himself/ herself with adequate food, water, clothing, shelter, personal hygiene, medication (when indicated), and safety precautions.

The definition of self-neglect excludes a situation in which a mentally competent older person, who understands the consequences of his/ her decisions, makes a conscious and voluntary decision to engage in acts that threaten his/ her health or safety as a matter of personal choice.

Signs and symptoms of self-neglect include but are not limited to:

- dehydration, malnutrition, untreated or improperly attended medical conditions, and poor personal hygiene
 - hazardous or unsafe living conditions/ arrangements (e.g., improper wiring, no indoor plumbing, no heat, no running water)
 - unsanitary or unclean living quarters (e.g., animal/insect infestation, no functioning toilet, urine smell)
 - inappropriate and/or inadequate clothing, lack of the necessary medical aids (e.g., eyeglasses, hearing aids, dentures)
 - grossly inadequate housing or homelessness.
-



2.4 INDICATORS OF ELDER ABUSE - FOR VICTIM AND CAREGIVER

WHO produced two sets of indicators of elder abuse; a set of indicators relating to the victim of elder abuse and another set of indicators relating to the caregiver (WHO, 2002). Although these indicators are not necessarily proof of abuse, they are to serve as a prompt for further investigation into the older person's situation. Exhibit 1 depicts these indicators.

EXHIBIT 1 - INDICATORS OF ELDER ABUSE

INDICATORS RELATING TO THE ELDERLY PERSON	
PHYSICAL	<ul style="list-style-type: none"> • Complaints of being physically assaulted. • Unexplained falls and injuries. • Burns and bruises in unusual places or of an unusual type. • Cuts, finger marks or other evidence of physical restraint. • Excessive repeat prescriptions or under usage of medication. • Malnourishment or dehydration without an illness-related cause. • Evidence of inadequate care or poor standards of hygiene. • Person seeks medical attention from a variety of doctors or medical centres.
BEHAVIOURAL & EMOTIONAL	<ul style="list-style-type: none"> • Change in eating pattern or sleep problems. • Fear, confusion or air of resignation. • Passivity, withdrawal or increasing depression. • Helplessness, hopelessness or anxiety. • Contradictory statements or other ambivalence not resulting from mental confusion. • Reluctance to talk openly. • Avoidance of physical, eye or verbal contact with caregiver. • Older person is isolated by others.
SEXUAL	<ul style="list-style-type: none"> • Complaints of being sexually assaulted. • Sexual behaviour that is out of keeping with the older person's usual relationships and previous personality. • Unexplained changes in behaviour, such as aggression, withdrawal or self-mutilation. • Frequent complaints of abdominal pain, or unexplained vaginal or anal bleeding. • Recurrent genital infections, or bruises around the breasts or genital area. • Torn, stained or bloody underclothes.
FINANCIAL	<ul style="list-style-type: none"> • Withdrawals of money that are erratic, or not typical of the older person. • Withdrawals of money that are inconsistent with the older person's means. • Changing a will or property title to leave house or assets to "new friends or relatives". • Property is missing. • Older person "can't find" jewellery or personal belongings. • Suspicious activity on credit card account. • Lack of amenities, when the older person could afford them. • Untreated medical or mental health problems. • Level of care is not commensurate with the older person's income or assets.

INDICATORS RELATING TO THE CAREGIVER

CAREGIVER

- appears tired or stressed.
 - seems excessively concerned or unconcerned.
 - blames the older person for acts such as incontinence.
 - behaves aggressively.
 - treats the older person like a child or in a dehumanised way.
 - has a history of substance abuse or abusing others.
 - does not want the older person to be interviewed alone.
 - responds defensively when questioned; may be hostile or evasive.
 - has been providing care to the older person for a long period of time.
-

Source: WHO (2002), Abuse on the Elderly, World Report on Violence and Health.

2.5 PREVALENCE OF ELDER ABUSE

According to WHO, elder abuse is a problem present in both developing and developed countries, however it is still being underreported across the globe. Prevalence rates or estimates exist only in selected developed countries - ranging from 1% to 10% (WHO, 2002). In the United States, in 2008 alone, 1 in 10 elders reported physical, emotional, sexual abuse or potential neglect (Acierno et al., 2010). Many cases are not reported because elders are afraid to inform the police, friends or family about the abuse. Elder victims are usually faced with a dilemma on whether to inform someone of the abuse or continue being abused by someone they depend on or care for deeply (CDC, 2013).

A recent review of data available on the most common types of abuse, commissioned by WHO (WHO, 2015) found that the prevalence of elder abuse in high- or middle-income countries ranged from 2.2% to 14% (Pillemer et al, as cited by WHO, 2015).

According to the analysis, the most common types of abuse included:

- physical abuse (prevalence, 0.2–4.9%)
 - sexual abuse (prevalence, 0.04–0.82%)
 - psychological abuse, above a threshold for frequency or severity (prevalence, 0.7–6.3%)
 - financial abuse (prevalence, 1.0–9.2%)
 - neglect (prevalence, 0.2–5.5%).
-

2.6 SALIENT RISK FACTORS FOR ELDER ABUSE

According to WHO's Report on Ageing and Health (WHO, 2015), although rigorous data is limited, a review of studies carried out to date shows that:

- Victims of elder abuse are more likely to be female and to have a physical disability; be care dependent; have poor physical or mental health, or both; have a low income; and lack social support.
- The quality of close relationships and shared living arrangements also appear to affect risk.
- Family members who abuse older people are more likely to have mental health issues, (for example, personality disorders) and substance abuse disorders, than family members who do not abuse.
- Abusers are themselves often dependent on the abused person.

Exhibit 2 below highlights a synopsis of the **Risk factors for elder abuse and strength of evidence for the risk factor** at the level of the older person, the perpetrator, the type of relationship between them, and community or societal factors (WHO, 2015).

EXHIBIT 2 - RISK FACTORS FOR ELDER ABUSE AND STRENGTH OF EVIDENCE FOR THE RISK FACTOR

LEVEL	RISK FACTORS	STRENGTH OF EVIDENCE
Individual (victim)	Gender: female	Low-moderate
	Age: older than 74 years	Low-moderate
	Dependence: significant disability	Strong
	Poor physical health	Strong
	Mental disorders: depression	Strong
	Low income or socioeconomic status	Strong
	Financial dependence	Low-moderate
	Race	Low-moderate
	Cognitive impairment	Strong
	Social isolation	Strong
Individual (perpetrator)	Mental disorders: depression	Strong
	Substance abuse: alcohol and drug misuse	Strong
	Dependence on the abused: financial, emotional, relational	Strong
Relationship	Victim-perpetrator relationship	Low-moderate
	Living arrangement: victim lives alone with perpetrator	Strong
	Marital status	Low-moderate
Community	Geographical location: socially isolated	Low-moderate
Societal	Negative stereotypes about ageing	Insufficient data
	Cultural norms	Insufficient data

Source: WHO (2015), World report on ageing and health.

2.7 ELDER ABUSE IN MALTA

To date, no major quantitative study has ever been conducted on the prevalence and incidence of elder abuse in Malta. However one may find several minor studies which have largely addressed elder abuse in institutional settings (Fenech, 2015). In the absence of statistical empirical evidence, for the purpose of this paper attempts to obtain statistics on reported cases of elder abuse from the CMRU, police headquarters were made. However this information was not forthcoming by the time this paper was written.

So what is the prevalence of elder abuse in Malta? If one had to deduce an indicative figure for the prevalence of elder abuse in Malta, as an average of the percentage figures suggested by WHO (WHO, 2015), this would suggest that some 4,000-5,000 older persons may, at some point, be subject to some form of abuse in Malta. However, as Cooper and colleagues (2008) observed, only 1-2% of older person abuse is actually reported.

As already stated, recent studies (WHO, 2015) show that, “Victims of elder abuse are more likely to be female and to have a physical disability; be care dependent; have poor physical or mental health, or both; have a low income; and lack social support”.

2.8 FIGHTING ELDER ABUSE IN MALTA

“It is time to break the taboo and start to acknowledge the prevalence of elder abuse in Malta” states Formosa (2007) in his article entitled ‘Breaking the taboo: talking about elder abuse’. In his article, Formosa argued that specific prevention measures are necessary to prevent mistreatment and neglect of vulnerable adults and their carers by taking the context and circumstances in which abuse occurs, by eliminating the causes of abuse and by providing a properly managed and monitored environment for carers and care workers. WHO (2002) proposes a number of very specific prevention strategies, comprised in one holistic conceptual framework, namely:

I PRIMARY PREVENTION

At the most basic level, greater importance must be attached to primary prevention. This requires building a society in which older people are allowed to live out their lives in dignity, adequately provided with the necessities of life and with genuine opportunities for self-fulfilment.

II RAISING AWARENESS ON COMBATING ELDER ABUSE

Raising awareness is essential! This may be addressed two-fold:

- **Educating and Training:**

One important way to raise awareness, both among the public and concerned professionals, is through education and training. Those providing health care and social services at all levels, both in the community and in institutional settings, should receive basic training on the detection of elder abuse.

- **Using media:**

The media are a second powerful tool for raising awareness of the problem and its possible solutions, among the general public as well as the authorities.

III NETWORKING

Programmes, in which older people themselves play a leading role, for preventing abuse of the elderly in their homes include:

- recruiting and training older people to serve as visitors or companions to other older people who are isolated
 - creating support groups for victims of elder abuse
 - setting up community programmes to stimulate social interaction and participation among the elderly
 - building social networks of older people in villages, neighbourhoods or housing units
 - working with older people to create “self-help” programmes that enhance active ageing
-

IV ASSISTING PERPETRATORS

Programmes aimed at helping abusers, particularly adult children, to resolve their own problems. Such Measures may include:

- offering services for the treatment of mental health problems and substance abuse
 - making jobs and education available
 - finding new ways of resolving conflict.
-

V PREVENTION IN INSTITUTIONAL SETTINGS

Measures which may prove effective to prevent abuse of the elderly in institutional settings include:

- the development and implementation of comprehensive care plans
- training for staff
- policies and programmes to address work related stress among staff
- the development of policies and programmes to improve the physical and social environment of the institution.

2.9 CONCLUSION

In conclusion, the importance of the fight against elder abuse and taking effective preventive action against same can never be overemphasized in view of the perils tied to elder abuse at both micro and macro levels of society as Fenech (2015) argues:

“... Elder abuse is a systematic organisational problem and occurs mainly because of overburdening, stress and a lack of awareness from the abuser. It is not the older person who is not vulnerable; rather it is the highly unstable situation that is vulnerable when difficulties are not tackled at a very early stage and formal and informal carers are not supported in their daily caregiving roles and left to fend for themselves ...” (Fenech, 2015).



3 RESEARCH PLAN

In order to achieve the research objectives set out in **Section 2** above, the Research Plan adopted to attain these objectives comprised the following:

- **A review of recent international and local literature** to serve as a terra firma for this research study and aims to provide a clear understanding of what has been said and written on violence on older women and men and related matters and about the current situation of violence on older women and men in Malta.
- **A qualitative research study** involving a three-tier research study, namely:

A focus group session with nine (9) stakeholders comprising professionals who work directly with older men and women and who have encountered older adults who have experienced different forms of abuse or who are at risk of going through violence and abuse. The professional respondents worked in either state, private or Church elderly residential homes or with the elderly who reside independently or with relatives in the community. This FG meeting was held on 8th July 2015 and was attended by heads of homes and carer from elderly residential homes, regional supervisors of elderly day centres located in various locations in Malta, community social workers and a head of a shelter for battered women (all ages).

A focus group session with nine (9) older men and women living in domestic and institutional settings in Malta. This FG meeting was held on 11th August 2015. Five (5) females and four (4) males aged between 66 - 100 years old. Four (4) respondents were aged between 66-74 years and five (5) were aged between 74-100 years old. Five (5) respondents hailed from state and private residential homes and four (4) respondents hailed from the community, living in various towns/villages in the North, Centre and South of Malta.

Both focus groups addressed the following research areas:

- Various Forms of Violence/Abuse & Perpetrators
- Consequences of Violence & Survivors' Coping Skills
- Assistance Sought by Victims
- Maltese Communities' Response to Violence on the elderly
- Policy Considerations for Public Authorities
- Development of Poster for Professionals by NCPE.

- **One-to-one in-depth interviews with 61 stakeholders** with the aim of gathering the necessary information to feed into the compilation of the analysis, findings and subsequently the recommendations of this study. These in-depth interviews were conducted with two stakeholder cohorts, namely:

i 30 Professionals/ other stakeholders, who work with the elderly in general and/ or have encountered older women and men who experienced, are experiencing and are at risk of experiencing different forms of abuse. These stakeholders hailed from the following entities:

- Department of Elderly and Community Care (Director and two Assistant Directors)
- Commcare Assessment Unit
- Social Work Unit
- TelecarePlus Unit
- St Vincent de Paule Residence
- An elderly residential home
- Rehabilitation Hospital Karen Grech (Head of Social Work)
- Three academics specialised in Social gerontology
- Domestic Violence Unit, Police General Head Quarters
- Appoġġ, (Domestic Violence Unit & Abusive Behaviour Management Unit)
- Two General Practitioners, MD (operating in the North and South of Malta)
- Malta Memorial District Nursing Association (MMDNA)
- Malta Union of Midwives and Nurses (MUMN)
- National Council for the Elderly
- Friends of the Sick and the Elderly, Gozo
- YMCA
- Parish priest
- Local Council
- Activist for the Elderly.

ii 31 victims/ survivors of elder abuse. Both female and male abuse victim/ survivor respondents participated in the study, whose ages ranged between 62 - 80 years old and who hailed from different towns/ villages across Malta's five geographical regions (NSO, 2014). The abuse victims/ survivors' hometowns will not be disclosed to protect their identity. All survey respondents are/ were married and have children, except for one respondent. It was not possible to conduct interviews with elder abuse victims residing in residential/ nursing homes.

4 ELDER ABUSE IN MALTA - A QUALITATIVE PERSPECTIVE

4.1 INTRODUCTION

To address the research objective of the project a thorough and robust research study has been carried out by way of the primary research deliverables detailed above. This Section, in turn, presents the salient research findings, discussion and interpretation of results. At the close of the Section, the salient conclusions of the study, together with a number of policy considerations on how elder abuse may be addressed in Malta will be presented.

4.2 VICTIM SURVEY WITH ELDER ABUSE VICTIMS - A RESPONDENT PROFILE

This Section gives a respondent profile overview of the elder abuse victims who participated in the study.

I GENDER

- 31 face-to-face in-depth interviews were carried out with victims/survivors of elder abuse. 30 of the respondents were female, whilst only one respondent was male. Although efforts were made to interview more male respondents this was not possible, mainly due to the predominance of abuse/violence on females and also due to males being less willing to disclose such experiences to third parties. So much so that during the research stage, some 5 other elder male victims/survivors were identified by the Research Consultants however later refused to participate in the study as a result of this.
-

II AGE

- From the 31 survey respondents, 52% were aged between 60-69 yrsrs, whilst the remaining 48% were aged 70+ years old as depicted in **Exhibit 3** below. A conscious attempt was made to obtain a balanced distribution among the two age groups. Four of the 70+ years old cohort, were aged over 74 years.
-

EXHIBIT 3 - AGE OF ELDER RESPONDENTS

AGE BRACKET



III GEOGRAPHICAL REGION OF ELDER'S HOMETOWN

The 31 elderly respondents hail from different towns across Malta's five geographical regions (NSO, 2014). The specific hometowns will not be disclosed to protect the respondents' identity.

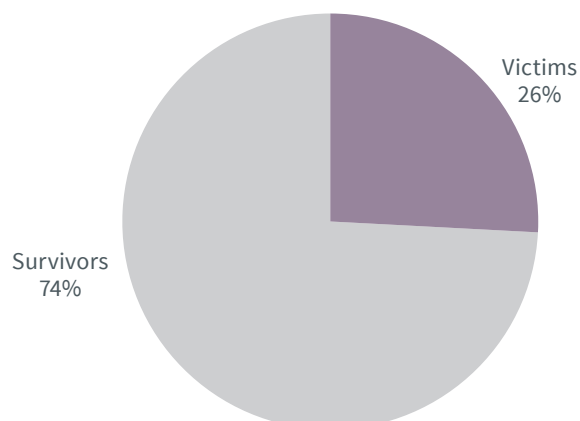
The respondents either live alone, with spouse or with relatives (sons/ daughters/ sister).

IV ELDER VICTIMS VS. SURVIVORS

From the 31 elder respondents interviewed, 74% may be deemed as survivors and a worrying 26% are still victims of violence and abuse and have been suffering for many years. All 31 respondents are/ were married, whilst suffering violence or abuse.

EXHIBIT 4 - VICTIMS VS SURVIVORS

VICTIMS VS SURVIVORS

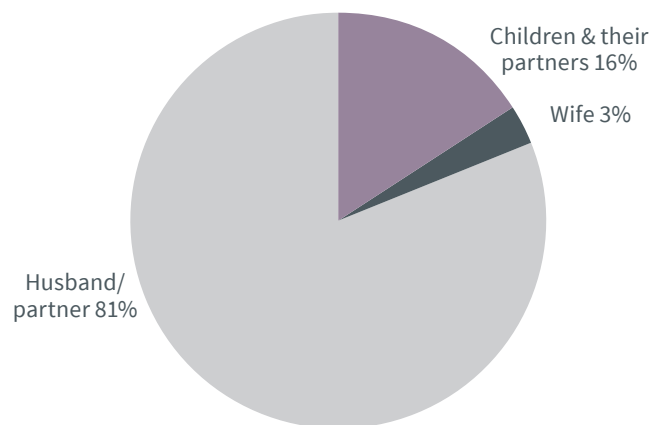


V PERPETRATOR PROFILE

The qualitative findings show that the perpetrator of elder abuse is largely the male spouse (husband or partner). However other perpetrators also comprised the elder victim's own children and their partners. **Exhibit 5** below depicts these findings. It is unfortunate to note that the perpetrators of the elder respondents who are still victims of abuse are their husbands/wives who still live under the same roof of these victims!

EXHIBIT 5 - PERPETRATOR PROFILE

PERPETRATOR PROFILE



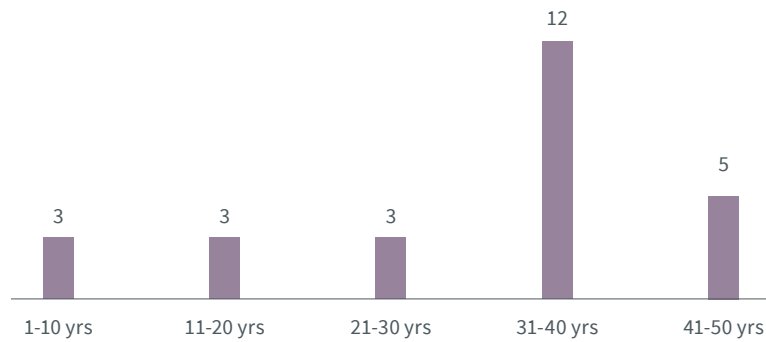
4.3 VENUE AND DURATION OF ABUSE

I ELDER ABUSE IN THE COMMUNITY

All the victim respondents recalled that their perpetrators perform/performed all abuse at home. 35% of all abuse was held at home and in front of neighbours and close friends, whilst a significant 65% of all abuse was held solely at home behind closed doors and in front of children. One female victim recalled:

"... He used to be violent and abusive to me ONLY at home, both when we were alone and even in front of our children when they were young. He was very sly as he was always very polite and gentlemanly with me outside the house and in front of others ..." (71 years old female victim).

The research findings show that abuse on the elderly seems to commence in the victims' 20s-30s. Some 61% of abuse victims have been enduring/ had endured the abuse for most of their lives. The study showed that 42% endured abuse for some 31-40 years, whilst a further 19% endured same for some 41-50 years. A further 13% endured abuse for 1-10 years, 11-20 years and 21-30 years respectively. Exhibit 6 illustrates these findings.

EXHIBIT 6 - DURATION OF ABUSE (IN YRS)**DURATION OF ABUSE (IN YRS)**

One 70 year old female victim who was abused by her husband for some 50 years, with tears in her eyes recalled...

"... My husband was physically violent with me and abused me for some 50 years. He had already hit me once before we had gotten married but I still married him. He hit me, slapped me and pushed me repeatedly. Once I was 8 months pregnant with one of my children and he still hit me and I was bruised all over. When I used to go to hospital, I used to inform the nurses and my sisters that I fell down the steps or tripped on the carpet at home. My husband was only violent with me and not with our 4 children, however he was very strict with them and they all were very scared of him. With one look from him, they would be petrified. Now they are all in their 30s-40s now and they are still scared of him ..."

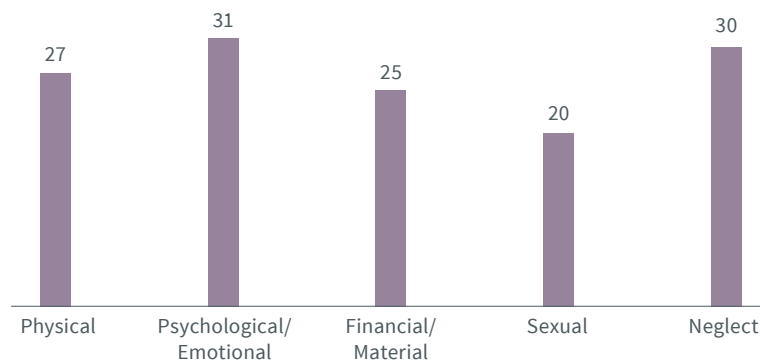
4.4 FORMS OF ELDER ABUSE

I FORMS OF ABUSE

Exhibit 7 below depicts the forms of abuse experienced by the 31 elder victim survey respondents, which illustrates that once abuse is present, this usually takes various forms. As expected, the findings show that the highest form of elder abuse is psychological/ emotional, so much so that all victim respondents interviewed suffered from such abuse. The lowest form of abuse experienced is sexual abuse.

EXHIBIT 7 - FORMS OF ELDER ABUSE EXPERIENCED

FORMS OF ELDER ABUSE (N=31)



II PSYCHOLOGICAL/ EMOTIONAL ABUSE

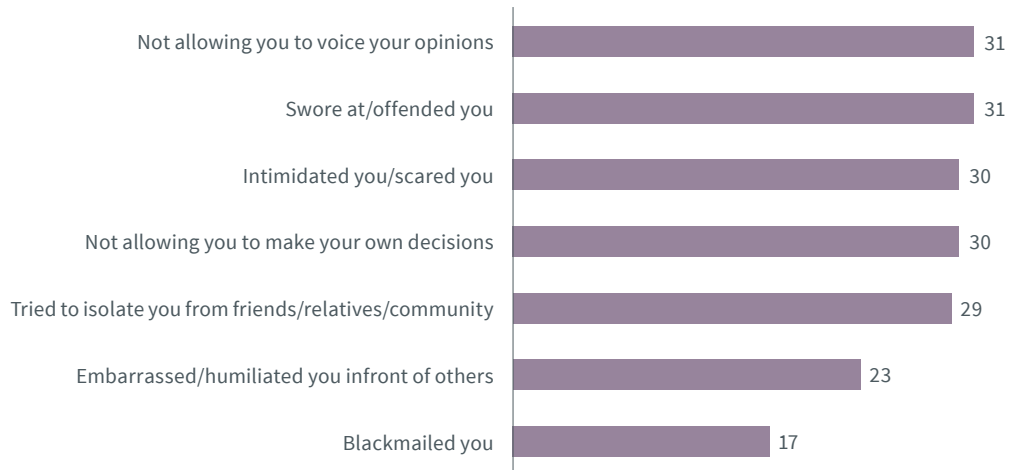
As expressed by a female victim of psychological/ emotional abuse. “... A bruise comes and goes but the scars of emotional abuse remain with you all your life ...”. The stakeholders interviewed made reference to various cases they have come across along their years of experience working with the elderly. They comprise:

- The elder abuse victims of psychological/ emotional abuse may be both male and female, unlike other forms of elder abuse where the number of women subject to abuse is much higher than that of men
- The perpetrators of psychological abuse are often the elderly’s spouses and relatives.
- Psychological/ emotional abuse witnessed by these stakeholders ranged from the elder victims being called names, being shouted at, continuously being criticised unnecessarily, being neglected, etc.

The qualitative study findings clearly show that the salient form of abuse is psychological/ emotional abuse; abuse which the victims would have been enduring for many years. **Exhibit 8** illustrates the various forms of psychological/ emotional abuse experienced by the survey respondents.

EXHIBIT 8 - FORMS OF PSYCHOLOGICAL / EMOTIONAL ABUSE EXPERIENCED BY THE ELDER VICTIMS

FORMS OF PSYCHOLOGICAL / EMOTIONAL ABUSE (N=31)



Experiences of psychological/ emotional abuse emerging from the elder victim survey include the following:

"... My wife ruined 40 years of my life. She neglected me and our two children for 40 years. She leaves home at 8.30am, comes home for a short nap, leaves the house again and returns home at 11pm. She does this every day. Once she tried poisoning me by spraying pesticide spray in my food. Also, when our grandchildren come home she enjoys humiliating me in front of them. My only solace is my belief in God and spending time on my computer in my small bedroom where I spend most of my days ... " (70-year old male).

"... I was devastated and depressed. Scared and frightened of what might happen next. When I used to hear or see his van parking I used to start trembling at the sight of him. Once I felt so isolated that I recall that when I heard him opening the door I locked myself in the bathroom and grabbed all the boxes of anti-depressants I was taking and decided to swallow them all but something inside of me told me: so you are going to leave to 2 young kids on their own? So I controlled myself and decided to leave to Dar Merhba Bik. The next morning I cooked as usual so that my husband would not notice anything out of the ordinary - I cooked a simple pot of broth and then left to Dar Merhba Bik. I stayed there for a while and then returned home and had to experience all the suffering all over again! All was in vain. Many times he used to threaten me that he would kill me during the night. Many nights I could not sleep with so many bad thoughts petrifying me. I lived with him in this horrible situation for some 35 years ... " (70-yr old female)

"... My husband is very jealous of me and has isolated me from my friends. Besides controlling me, he also controls all my money against my will. He humiliates me in front of others. One time, the gas-cylinders salesman delivered the gas cylinder at home and in front of him my husband said "so what panties colour did you wear today, knowing the gas-man was coming over? I felt so humiliated! ..." (72-yr old female)

“Our 26-year old son is a drug addict and an alcoholic! He is now in jail however until recently he used to come home swearing and offending his father and I and throwing things at us. He used to threaten us so that we give him money for drugs. We did not give him any but he still stole all our money from us and sold our private possessions when we were not at home to maintain his drug addiction. As a result of this we now live in great poverty (for over 10 years) and we are emotionally destroyed ...” (64-yr old female).

“... Sometimes I used to lock myself in the bathroom when I hear him entering our flat, hoping that he would be feeling tired and goes straight to bed. He was so jealous of me that he had full control of me. He isolated me from friends and relatives and I had to obey all his commands. Sometimes he used to park his car some metres away from this block of flats and he used to start screaming my name! My heart used to miss a beat. Then he used to start swearing at me from afar so that all the neighbours would hear him calling me names. He would want me to carry the several boxes of whisky, wine and beer to our flat, whilst he would go up empty-handed! He used to threaten me that he would take me to Mount Carmel if I do not obey him. I have been taking anti-depressants for many years. He died four years ago but I still need to take my pills ...” (68-yr old female).

“... I used to start shaking the minute he arrives home from his field. Sometimes he even threw a live mouse at me just to make me scared. I started to be so scared of him, that I was always very depressed and could not control my emotions. He used to neglect me so much and humiliate me and call me names for our neighbours to hear him humiliate me. He died a couple of years ago but even now I sit on my chair for most of the day and just cry because I still cannot get over this awful depression and the awful life I have been living for these past 33 years. (70-yr old female).

“... I was not allowed to voice my opinion and I became very scared of him. I became very depressed and had to raise 3 children all by myself ...” (62-yr old female).

“... Many times he is in a bad mood. While he’s having dinner, he starts insinuating that I am trying to poison him and then he grabs his food and throws it at me or throws the plate with the food still on it at me. He likes to invent many things about me and besides swearing at me, he is not allowing me to voice my opinion and restricting me to so that he isolates me from all my friends and from everybody! Right now he is obsessed about me and is not allowing me to go anywhere outside. I am finding it difficult to sleep at night always with the thought of what might happen during the night. I am always tense, scared and taking anti-depressants. He always wants everything his way and I can never voice my opinion or he gets very aggressive with me. Sometimes he even blackmails me that someday he will kill me ...” (64-yr old female)

“... It was so humiliating when our neighbours used to call the police to come over because of his shouting and swearing at me. This happens many times! He also threatened to kill me as he had a revolver in the house. I was so scared so I had to keep my mouth shut or else he would kill me! I knew he had other women but I couldn’t say anything. When the children were young, it was so depressing to see them have nothing to eat because he never bought food for the children. My parents used to buy us food. Many times he used to come home in the evening with other men to watch blue films with them, while I was still in the house. For some years I used to sleep in another bedroom and lock my door because I was too scared of him. (63-yr old female).

II PHYSICAL ABUSE

“... When I became a widow ...”. This is what an elder widow replied when asked which was the most beautiful day of her life. Although this statement might seem shocking for some, when one is made aware of the physical and emotional abuse this elder victim experienced from her husband for many years, one may start comprehending the state of mind of this elder. Such experiences of physical abuse on the elderly were witnessed by stakeholders who work with the elderly.

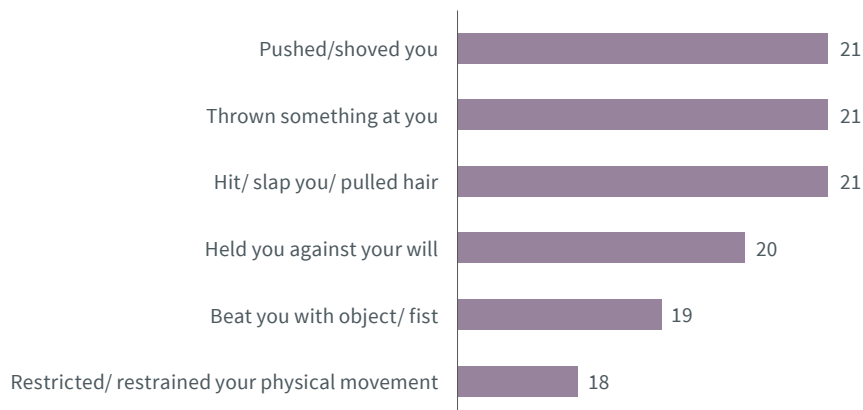
The most known and talked about form of elder abuse is no doubt physical abuse. Perhaps this is because the symptoms tied to this type of abuse are more visible than other forms of abuse. The stakeholders referred to the forms of physical abuse they witnessed when working with the elderly:

- Physical abuse is largely associated with violent actions, such as beating, hitting, punching, pushing, etc.
- Underlying these violent actions of the perpetrator are emotions tied to “power and control” behaviour and this controlling behaviour is largely exhibited behind closed doors, very commonly at home.
- The perpetrators of physical abuse are usually male spouses and adult children and the elder victim is usually female.
- Carers, working in residential/ nursing homes and in the community, may also be perpetrators of physical abuse.
- In residential/ nursing homes, other perpetrators of physical abuse may be other residents living in the home.

Exhibit 9 illustrates the salient forms of physical abuse experienced by the elder victim survey respondents.

EXHIBIT 9 - FORMS OF PHYSICAL ABUSE EXPERIENCED BY THE ELDER VICTIMS - (MULTIPLE RESPONSE)

PHYSICAL ABUSE (N=27)



Worthy of mention are some experiences of physical abuse by their perpetrator which the victim respondents shared with the Research Consultant:

“... My husband was an alcoholic. He used to drink before we got married but I thought he would change. When he came home drunk he used to hit me, beat me with his fist and throw anything he finds at me and hold me against my will. All this used to happen regularly at home in front of my 5 young children. Howling and swearing at me so much, that many times we used to find a police officer knocking at our door as our neighbours who live in our same block of flats used to call the police. The whole family was petrified of him. Sometimes even my kids used to phone the police to intervene and get help, seeing me getting hit in such an awful manner. One time, he hit me so hard on my face that he broke my jaw which as you can see it still shows – that is why I cannot speak properly. Another time he threw me and smashed me against the kitchen cupboards and broke my arm. I had to undergo an operation and as you can see, it still shows that it is dislocated and I cannot move my arm properly. He was so cruel! At times, he used to order our 5 children out of the flat and force them to sleep on the roof so that he can beat me, without them being able to send for the police ...” (70-yr old female)

My husband spent lots of money on alcohol! Drinking from morning till night. He used to hit me so hard. He even used to come running after me with knives even in front of my 3 children. He did not care that our neighbours of this flat would see him hitting me and stifing me with a knife in his hand and calling me names in front of my neighbours. Just by hearing him arrive and seeing him park his car used to petrify me. Even seeing his shadow, whilst coming home, would make me feel sick. I admit that there were times when I had wet my underpants. ...” (68-yr old female)

“... My husband was physically violent with me and abused me for some 50 years. “... He had already hit me once before we had gotten married but I still married him. He hit me, slapped me and pushed me. Once I was 8 months pregnant with one of my kids and he hit me and I was bruised all over. When I used to go to hospital, I used to inform the nurses and my sisters that I fell down the steps or tripped in the carpet at home. My husband was only violent with me and not with our 4 children, however he was very strict with them and they all very scared of him. With one look from him, they would be petrified. They are now all in their 30s-40s now and they are still scared of him ...” (71-yr old female)

“... My husband is bipolar. At times he is very pleasant and at others, he becomes very aggressive ... When he is unwell he becomes extremely aggressive, morning and night. He spent many months in Mount Carmel but when he returned home he returned to his normal aggressive ways. He drinks wine with his medication and becomes extremely aggressive, morning and night ... So much so I sleep alone in another bedroom as I am scared of him ... I either lock my bedroom door or close my door and put a table behind my bedroom door to protect myself just in case he tries to enter my room at night. I do this every night! ...” (64-yr old female)

“... After 2 years of marriage my husband started getting mad. He started hitting me even in front of my kids and throwing things at me for no reason at all. He went to the psychiatric unit for 4 times and when he came home he started acting in a very scary way. Once he hit me so hard and my head banged so hard by the kitchen cupboard that he ruined my ear drum and when I accidentally touch my ear it still hurts, even now, and that it is why I speak so loud because he damaged my ear ...” (70-yr old female)

“... When my husband was drunk he used to swear at me and slap me and beat me at home in front of our children. Many times I could not go out of the house since I had a black eye and covered with bruises. He used to break and smash anything in the house and used to throw things at me, even knives at times ...” (70-yr old female)

“... He used to slap me and beat me for nothing because he was very bad-tempered. Once he pushed my head through a glass window and the stitches still show. Sometimes he used to go mad and throw the kitchen chairs at me. He hurt me so much! I was petrified of him ...” (72-yr old female)

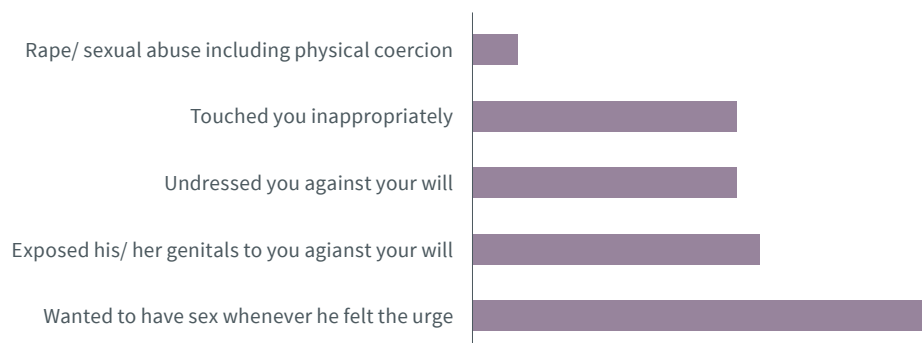
“... My husband had hit me before we got married but I ignored this attitude, hoping it would change. He hit me even whilst pregnant and threw things at me for no reason at all since he used to get mad. Slapping me and holding me against my will, bruising me, swearing and humiliating me even in front of my kids, scaring us all although even my kids got used to this life. (63-yr old female)

III SEXUAL ABUSE

Although some forms of sexual abuse on the elderly have been witnessed by the stakeholders, this type of abuse did not dominate the discussion as the other forms of abuse did. This stakeholder views were also evidenced in the research study, which found that although sexual elder abuse is still present in Malta, the problem is not as acute as in other forms of abuse. As evidenced in Exhibit 10 below, the sexual abuse most commonly experienced by 61% of the abuse victim respondents, referred to their abusive husband/ partner wanting to have sex with them whenever he felt the urge. Only one from all 31 abuse victim respondents referred to sexual abuse with physical coercion (by her husband) as the salient form of abuse she suffered from.

EXHIBIT 10 - FORMS OF SEXUAL ABUSE EXPERIENCED BY THE ELDER VICTIMS - (MULTIPLE RESPONSE)

SEXUAL ABUSE



Experiences of sexual abuse emerging from the elder victim survey include the following:

“... My husband used to watch videos till late at night and then he used to come to my bedroom, wanting to have sex (forcefully) at 3am. I would be asleep and he would wake me up every time. He will then go to sleep and I would remain wide awake and unable to sleep! My husband and I slept in different bedrooms for a good half of our 50-year married life. (71-yr old female).

“... For the last 40 years of marriage, my wife refused all sexual and physical contact with me ...” (70-yr old male)

“... My husband was a big sex maniac! He touched me inappropriately and exposed his genitals to me against my will several times during the day. I used to cry since I did not want to have sex with him so frequently. When I refused him, he used to humiliate me by swearing and shouting at me and calling me names. He acted like an animal. I used to hate it when it was time to go to sleep. He was so impulsive. He acted like this for some 40 years of our married life ...” (66-yr old female)

“... Many times I used to remain wide awake at night, fearing he would do something to me as sometimes late at night he used to come to bed and like a savage he used to expose his genitals and sexually abuse me ...” (68-yr old female)

“... Many times, my husband used to force me to have sex with him against my will and would hit me if I refused him. He used to expose his genitals to me against my will ...” (73-yr old female)

“... Sometimes he used to touch me against my will and undress me forcefully! ...” (65-yr old female).

IV FINANCIAL/ MATERIAL ABUSE

Financial/ Material abuse is also another form of elder abuse which may take different forms. Stakeholders who work in elderly residential and nursing homes and the elderly who participated in the focus group session recalled a number of instances of financial/ material abuse where the perpetrators are largely the spouse and/or relatives of the elder abuse victim living in the community or the residential/nursing home.

Based on the stakeholders and elderly respondents' experiences, the salient forms of financial and material abuse include:

- Most cases of financial abuse involve abuse between spouses. e.g. a husband does not give money to his wife for the up-keep of the house and children's needs.
- Specific examples recalled instances were children come to collect their parents' pension from the Home's administration but do not even pay a visit to their parents. Because of this abuse, pensions started to be deposited directly into the elder's account. On a smaller scale but still unacceptable, relatives visiting the elderly at the homes end up taking the latter's food, toiletries supplies, etc.
- Findings indicate that the use of ATM cards and internet banking on behalf of the elder are resulting in a lot of abuse.
- Relatives of the elder convince the latter to allow them to move in with them but then end up dominating and bullying them in the elder's own house in order to take possession of the property. In many instances, the elder is forced to live in small and confined areas of the house, e.g. a small bedroom.
- Other instances refer to the spouse and/or relatives force the elder to take decisions against his/her will. Such decisions usually refer to financial and material possessions, property, etc.
- Abuse related to inheritance issues tends to be very common. This occurs both from the elderly and the relatives. Many instances refer to relatives maltreating and threatening the elderly to include them. "If you do not include me in your will I won't come and visit you". There are instances where relatives bring their lawyer or a notary with them when they go and visit them at the home to ensure that they get their inheritance money/property, etc.
- There are instances where heads of homes or nursing officers would need to intervene and produce a visiting roster for the elder's children to visit the elder on different days so as to avoid fighting and arguments in front of the elder.
- Other types of financial/ material abuse in residential homes refer to instances where carers or other residents still money or material possessions from the elder victim.

83% of all respondents (25 of the 31 abuse victims interviewed) are victims of financial and material abuse. **Exhibit 11** below depicts the different forms of abuse experienced by these victims.

EXHIBIT 11 - FORMS OF FINANCIAL/ MATERIAL ABUSE EXPERIENCED BY THE ELDER VICTIMS (MULTIPLE RESPONSE)

FINANCIAL /MATERIAL ABUSE (N=25)



Some financial/ material abuse experiences recalled by the elder survey respondents include:

“... We had 4 children and yet he did not give me enough money for the house up-keep. He used to drink a bottle of whisky a day and used to smoke 4 packets a day. He used all the money he earned to support his addictions and left nothing for the family! ...” (71-yr old female)

“... My husband took all the money I had in the bank. He committed himself to a lot of loans and people were continuously coming to flat forcefully asking for their money. I was going crazy! ...” (63-yr old female)

“... My daughter and her boyfriend stole all our money and our gold and now we can barely make ends meet to purchase our daily needs. It is so difficult for us to live like this. Sometimes I would have to borrow money from our son who supports us a lot. (65-yr old female)

“... My husband controlled all finances and forced me to make financial decisions against my will. He used to check every single bill/receipt when I used to go out to purchase our daily needs and calculated every single euro I spent. Sometimes he used to also question me on certain bills when he was in doubt ...” (65-yr old female)

“... Many times we suffered hunger because my husband barely used to give me money for our daily needs since he went into a lot of debts and used to spend all the money on cigarettes and alcohol. (63-yr old female).

V NEGLECT

- Neglect was also mentioned by all interviewed stakeholders/ elderly FG respondents as one of the main forms of elder abuse. This type of abuse is most commonly associated with the elder victim's relatives, however community and residential home carers were also mentioned as possible perpetrators of neglect. One Head of home stakeholder observed that elders seem to fear neglect most. He recalled instances where the elder immediately takes up the opportunity to go out with relatives as he/ she fears that " ... If I refuse their offer once, they will never ask me to go out with them again ...".

The salient forms of neglect emerging from the interviews/FG discussions referred to:

- Children neglecting their elderly parents at residential homes by not visiting them and failing to take care of them. Other cases referred to relatives 'dumping' their elderly at hospital or homes, commonly referred to "social cases".
- Threats of neglect are also very common, these most often related to inheritance.
- Other cases of neglect mentioned referred those committed by carers. Instances witnessed referred to carers not moving the bedridden elderly frequently, thus causing painful bedsores; when carers give the elder resident a bath but leaves the resident naked while they answer the phone.
- Other cases of neglect witnessed refer to relatives (children, grandchildren, other relative) moving in to live with the elder but end up neglecting them and not taking care of them, e.g. not cooking for them, not washing them, not purchasing the medicines they require, not taking them to their hospital/doctor's appointments, etc.

Some elder FG respondents (who were invited to participate in the focus group and not as abuse victims) also admitted that their children rarely visit or call or do not visit them at all, with one of the respondents observed " ... my children are too busy to even call me to see how I am ...". Another male participant said that his nephews rarely visit while a third participant said that from his two sons, only one of them visits. Another participant who still lives at home alone admitted that if she does not call her relatives (nieces/nephews), no one calls to check on her. She said that at times this hurts a lot as she feels neglected " ... If something had to happen to me, no one would realise ...".

These findings were also confirmed by the elder abuse victims interviewed. From the 31 interviewed, 30 of them feel they are/have been victims of neglect by their spouse/children.



4.5 MALE ELDER VICTIMS OF ABUSE

“... I passed through hell with her hitting me, throwing things at me, pushing me and holding me against my will. She abuses me verbally and belittles me and makes me feel bad! She humiliates me in front of my children and grandchildren. She has such a sharp tongue! Once she tried poisoning me by spraying pesticide on my food but I realised just in time ... My self-esteem is very low but now I have accepted the situation. We have been separated but living in the same house for 40 years now ...” (70-yr old male).

Studies show that the victim of domestic abuse is largely the female spouse. However, male spouses may also be victims of abuse. Whilst conducting the research study, 5 males who experienced some form of abuse by their spouse, were approached however these refused to grant us an interview as they deemed it shameful for them to admit that they were / are victims of abuse by their spouse. Only one 70-year old male victim of abuse accepted to be interviewed. With tears in his eyes, he related the various experiences of abuse he suffered ranging from physical and emotional abuse to neglect. He tried seeking assistance by speaking to counsellors at the Cana Movement but the wife refused to listen. His only coping mechanism in dealing with the problem is simply retiring to his small bedroom (separate from his wife's) and uses the computer all day. This is his only friend! The stakeholders interviewed also witnessed cases where the elder victims of abuse are male, largely involving psychological abuse and neglect. They recalled instances in which wives enjoy humiliating their husbands and disclosing the husband's personal issues to third parties. Male elders may also be victims of abuse by their main caregivers, children, relatives (mostly financial abuse on cases of inheritance and neglect) and from carers (in the community and residential/nursing homes).

4.6 LACK OF TRUST IN THIRD PARTIES

One significant finding which emerged very evidently throughout the study addressed the lack of trust that elder victims have in third parties. The elder respondents were asked whether they have any close friends who they may confide in. The study showed that a worrying 81% of the respondents did/do not have any close friends whom they may confide in, whilst the remaining 19% did/ do.

When asked whether she had ever confided in anyone on the abuse she endured for some 50 years, a 72-year hold female victim recalled:

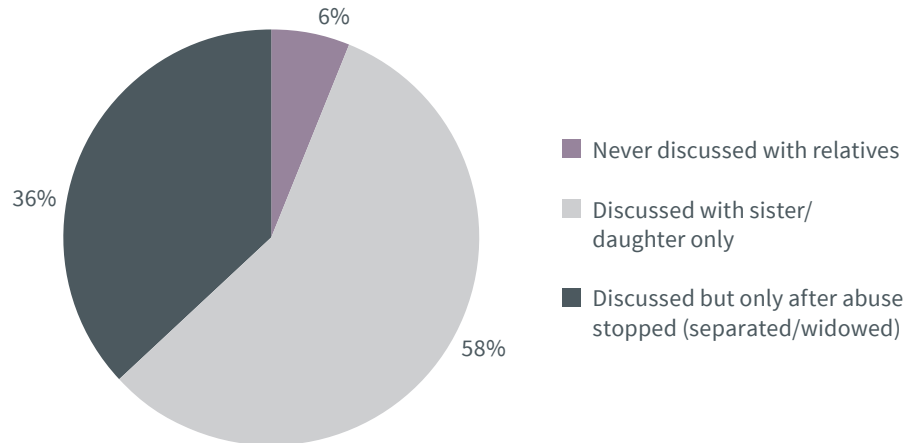
“... No, never. I could not speak to anyone about it whilst I was in the house with my husband [the perpetrator] ...”

I CONFIDING IN FAMILY MEMBERS

The survey respondents were also asked whether they have ever confided in or informed other family members of their abuse ordeal. A high 58% said that they have never discussed their abuse suffering with their family members, whilst 36% discussed their ordeal with one family member only (e.g. their daughter or sister) and 6% informed their family members only after their abuse stopped (either because she separated her husband or widowed).

EXHIBIT 12 - INFORMING FAMILY MEMBERS

INFORMING FAMILY MEMBERS (N=31)



II CONFIDING IN MEDICAL PROFESSIONALS

The research findings also showed that some elder abuse victims confide in their family doctor or psychiatrist. Some cases confide solely in their family doctor and no one else. This finding was confirmed by both the elder abuse victims and the medical professional stakeholders interviewed. The latter recalled instances where the elder abuse victims would find all sorts of excuses to visit the clinic and find solace by confiding in them. These medical professionals also confessed that they find it so frustrating at times when they recommend to the abuse victims to formally report the abuse and the latter refuse for various reasons.

On the other hand, the study also showed that some elder respondents would never confide in their family doctor/ psychiatrist on their abuse experience as one abuse victim informed us: “ ... No because I was afraid the doctor would send me to a mental hospital ...”

III CONFIDING IN THE CHURCH

“ ... The violence/abuse took place for some 48 years. He had hit me on my face when we were still engaged to be married. When I spoke to my confessor of this at the time, my confessor informed me that when a male hits his fiancé, he will keep on hitting her even when married. He was so right! If only I had listened to my confessor then! I was only 18 years at the time. I was too young! ...” (64-yr old female victim)

In the past, the Church was many a time criticized for placing the female spouse in an obedient and submissive position within a marriage. An interesting finding emerging from the study is that 11% of the victims (vide Exhibit 13 below) confided their abuse hardships to their confessor/ priest/ parish priest only and found these instrumental in assisting them. Also, other abuse victim respondents confiding in their hardships to a priest or religious counsellor (apart from other third parties), however none of the victims interviewed accused the Church or individual priests of suggesting that they should be submissive to their spouses' actions of physical violence and abuse.

4.7 SUPPORT SERVICES SOUGHT BY ELDER ABUSE VICTIMS

The majority of the stakeholders interviewed, particularly the stakeholders who work directly with the elderly living in the community agreed that the assistance and support services currently being offered to elder abuse victims need to improve significantly. One stakeholder who works in the community commented “We are very limited with what we can do to assist them better”. Another stakeholder made a comparison between the resources which have been invested in and the range of support services currently being offered to the problem of child abuse. A similar investment, and more, must be made to address the problem of elder abuse in Malta. Other stakeholders expressed their disappointment with the existing system, which is too bureaucratic.

The 9 elderly focus group respondents, all aged over 66+ years and who were never victims of abuse, were asked:

- i if they were victims of abuse, would they report it?
- ii If yes, where would they report such abuse?

The following were their responses:

A REPORTING THE ABUSE

- All FG respondents except one (male), said that they would lodge a report. The one male respondent who would not report the abuse said that he would try and ignore it but will not take action.

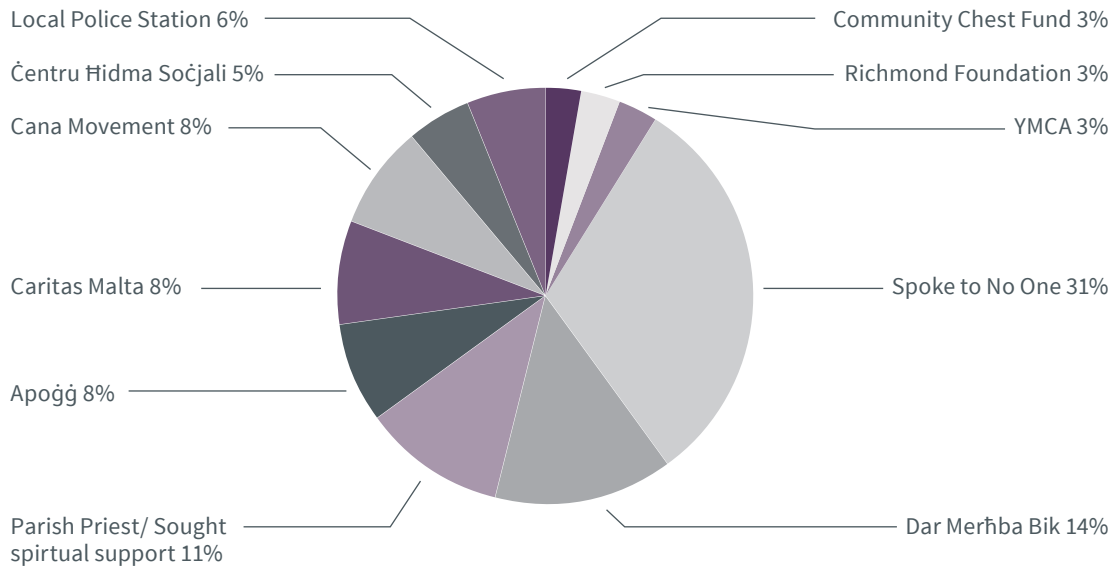
B WHERE TO REPORT THE ABUSE:

There was some confusion among the 9 elder FG respondents on this research question:

- Some respondents stated that they would call Aġenzija Appoġġ on Helpline no: 179.
- Some assumed that 179 is a Caritas Malta helpline number.
- Others referred to the 1771 number. However in response to this, one of the participants informed the latter that this 1771 number refers to a helpline on dementia and not on violence/abuse.
- While others simply asked: “I don’t know, where should I call to report?”
- And others said that if the act of abuse is being committed by a carer in a residential home, they would call the Head of Home.

I SUPPORT SERVICES SOUGHT

These stakeholders and elder FG respondents’ statements were further confirmed by the study research findings, so much so that one in three victims (31%) never sought assistance from the Support Services Agencies/ NGOs available in Malta and Gozo, whilst 11% of all victims confided in their Parish Priest or sought spiritual support, 14% were assisted by Dar Merħba Bik. Some respondents noted that they were very appreciative of the assistance given to them by some support agencies, others were not. Exhibit 13 below depicts the agencies/NGOs the victims sought assistance from. Only 5 victims requested assistance from more than one agency/NGO.

EXHIBIT 13 - SUPPORT SERVICES SOUGHT BY VICTIMS**SUPPORT SERVICES SOUGHT (N=31)****II TRAINING ON ABUSE**

The victims were asked whether they have ever attended training workshops/ talks on domestic violence or abuse. None of the victim respondents ever attended any training, though one victim whose perpetrator-husband was an alcoholic, recalled that she attended some talks organised by AA, Caritas Malta. She recalled that she had found these talks very good as hearing the experiences of others made her realise that she was not alone as other spouses were experiencing her same suffering.

4.8 NON-REPORTING OF ELDER ABUSE

I REASONS FOR NOT REPORTING

As **Exhibit 13** illustrates, some 44% of the interviewed abuse victims never reported the abuse! This worrying finding was further confirmed by all the stakeholders interviewed. All stakeholders who work with the elder abuse victims expressed the same sentiments on this issue: the abuse victim lacks the confidence and empowerment to take action and report the perpetrator of the alleged abuse. Very few abuse victims actually do and when they do, the psychological damage done to them would be almost irreparable.

The study findings showed that the victim's refusal to lodge a formal report of the abuse to the Police emanates from various reasons, among others, namely,

The immobilising fear that the perpetrator will retaliate and become more violent

- Lack of empowerment and self-esteem to take action
- The fear of homelessness if the abused leaves home
- No confidence in the system
- Values which will not allow them to leave home
- The fear of the unknown, as the saying goes, it's better the devil you know ...
- For the sake of the children and to not give a bad name to the family
- The irreparable psychological/ emotional damage
- Lack of necessary life skills
- No money
- The hope that the abuser will change (the 'cycle of abuse' referred to below)
- Despite the long years of abuse, the victim still loves his/her perpetrator.



II TOO MUCH OMERTÀ

Another worrying reason which refrains the abuse victim from reporting her perpetrator relates to social norms and pressures which exist in certain areas in Malta and even more so in Gozo, as observed by the stakeholders who work in Gozo. This is more evident with the older female abuse victims, who from a young age, were expected to be always respectful and submissive towards their husbands as a result of cultural norms and values. In these areas, it is still a taboo for an elder abuse victim to leave her abusive husband, particularly when the children, even if of age, are still at home.

A 74-yr old widow recalled:

“... For 34 years I kept my mouth shut and did not report my husband of his abusive behaviour to keep my family united. I have 5 children. I did it for them and not to give a bad name to the family ...”

Stakeholders who work with elder victims of abuse expressed their frustrations when they are following an abuse victim (largely female) who refuses to report her abusive husband, despite the years of hardship and suffering she would have experienced. Other stakeholder recollections referred to the suffering and misery which elder victims (also largely female) go through to protect their children involved in drug and/or alcohol and other addictions. Stakeholders witnessed many cases where elderly mothers hailing from all walks of life and social standing, lose all their financial and material possessions, self-respect and more to finance their son/daughter's addiction. Despite various and repeated advice being given to these mums, they would never report their children and end up being psychologically and financially destroyed.

This seems to be also prevalent with children of abuse victims as evidenced below:

“... My children [all married and left the house] took it against me when I left home and spent time at Dar Merħba Bik. They did not phone or visit me for the whole 18 months I spent at Dar Merħba Bik the Shelter because they did not accept the fact that their mother lives there. They told me that they would only talk to me again once I leave the shelter ...” 70-year old female.

III SUCCESS STORIES DO EXIST

On a more positive note, success stories of elder abuse survivors do exist. The Research Consultant interviewed a number of elder women who were victims of abuse for most of their lives.

A 71-yr old separated female recalled:

“... After enduring 50 years of abuse, I managed to leave my husband some 5 years ago. I started living again at age 66! It was hard at first but little by little I started gaining my energies again. I have one regret though ... that I did not leave my abusive husband before ...”

Another 70-yr separated female who suffered 35 years of abuse informed us:

“... I am living in peace now and enjoying the company of my two married children. I also made new friends now. I am living independently in a serene life. I have started living since I have nobody controlling me now and if I meet a friend and stay out to talk to her, I know that when I return home, there is nobody who is going to hit me or swear at me for doing so ...”

The stakeholders confirmed these findings. Most abuse survivors find it extremely difficult to report and/or leave their abusive husband, however once they do, they gradually start picking up the pieces and start living again. They all have one regret, that of having taken so long to take the plunge.

4.9 DEFENCE & COPING MECHANISMS OF ELDER ABUSE VICTIMS

I DEFENCE MECHANISMS ADOPTED BY ELDER ABUSE VICTIMS

The study research findings, emanating from both the stakeholder and the elder abuse victim interviews, identified the salient defence mechanisms commonly adopted by elder abuse victims. These include:

- **The ‘he/ she will not do it again’ Belief**

One defence mechanism commonly adopted by the abused is that the victim believes that the abuse by the perpetrator will not occur again. The stakeholders, who work directly with the elderly in both the community and residential homes and who have witnessed several cases of elder abuse, referred this mechanism to what is more known as the ‘Cycle of Abuse’ (Walker L.E. 1979) (vide **Exhibit 14** below). However as will be seen below, the abuse victim’s defence mechanism is very short-lived.

EXHIBIT 14 - THE CYCLE OF ABUSE (WALKER 1979)

CYCLE OF ABUSE



Source: The Cycle of Abuse, Walker L. E. (1979) *The Battered Woman*. New York: Harper and Row.

• DISPLACEMENT & PROJECTION

Two other defence mechanisms referred to by a number of stakeholders refer to displacement and projection mechanisms. The stakeholders observed that they have witnessed such behaviour by the abused victim, which may be dangerous as the perpetrator may become victim of the abused. Stakeholders recalled instances where the perpetrator falls ill, for example, has a stroke or has cancer or is rendered bedridden because of an illness, and where the abuse victim becomes the main caregiver in the household. These situation cases may be extremely dangerous as the then-abused victim may now become the perpetrator since he/she may consider this "payback time" as one stakeholder called it.

The medical professional stakeholders also recalled instances where abuse victims (the wife) go to them to obtain medicines on behalf of their husbands (the perpetrator) and whilst they are at their clinic they confide with their family doctor of the abuse and suffering they are going through and whilst doing so ask their family doctor about how can they murder their abusive husband! The irony here is that the wife is at the doctor to obtain medicines for her husband's illness, whilst at the same time confiding with her family doctor that she wants to murder her husband!. The irony extends further as when the doctor enquires with the wife on whether she wants to file a report on her abusive husband, the wife withdraws her allegations.

- **CRY FOR HELP**

In some cases abuse victims also ‘cry for help’ by telling others about their suffering. Abuse victims cry for help may include informing others that they are contemplating harming themselves and/or others, committing suicide, etc. Some stakeholders observed that at times it may be difficult to assess the abuse victim’s real intentions, i.e. whether it is simply a cry for help or whether they plan to commit suicide or hurt self/others.

- **COMPLIANCE**

Other abuse victims will accept their situation and try to comply with the abuser’s victims. One interviewed abuse victim, who endured some 40 years of continuous abuse by her husband, recalled the instances where she used to not retaliate to her husband’s psychological abuse by not answering back but closing herself in her bedroom for hours on end. She used to do this for fear that if she did retaliate, her husband would turn to physical abuse.

- **ISOLATION**

The abuse victim may feel defenceless and as a consequence of this isolate himself/ herself from others and try to address the problem by himself/ herself alone. This is more the case when the perpetrator threatens to harm or kill the victim if the latter confides in others. As was seen earlier, 31% of the abuse victims interviewed isolate/ isolated themselves and did/ do not confide in relatives, friends, neighbours or others, as one 70-yr old male abuse victim told us:

“... I learnt how to ignore her all on my own. I found the courage to build a cocoon around me and nothing bothers me or hurts me anymore. I feel strong. I did this all on my own! My own friend is my computer ...”

II PHYSICAL & PSYCHOLOGICAL SYMPTOMS OF ABUSE

“... My husband used to spend lots of money on alcohol! Drinking from morning till night. He used to hit me so hard. He even used to come running after me with knives even in front of our 3 children. He did not care that our neighbours (living in our same block of flats) would see him hitting me and pointing the knife at my face and calling me names in front of them. Just by hearing him arriving home and seeing him park his car used to petrify me. Even seeing his shadow whilst coming home, would make me feel sick. I admit that there were times when I had wet my pants with fear! ...” (68-yr old female)

What physical and psychological symptoms are tied to abuse? As this 68-yr old abuse victim recalled, apart from coping mechanisms detailed above, abuse victims also show other symptoms tied to the abuse experienced. The stakeholders interviewed, mostly the social workers, nurses and carers hailing from the community and residential homes) use these symptoms to learn more on the various types of abuse endured by the victims.

Such physical and psychological symptoms of abuse include, among others:

- Become very depressed and helpless
 - Become more introvert
 - Lack of self-esteem & self-confidence
 - Lack of empowerment
 - Go on the defensive unnecessarily
 - Get easily startled and/ or frightened (trembling & shaking)
 - Quick speech and stammering
 - Physical abuse bruises.
-

Exhibit 15 below depicts the salient physical and psychological symptoms and defence mechanisms adopted by the survey participants (existing victims and abuse survivors) to cope with the long years of abuse endured.

EXHIBIT 15 - PHYSICAL & PSYCHOLOGICAL SYMPTOMS & DEFENCE MECHANISMS ADOPTED BY ABUSE VICTIMS

PHYSICAL & PSYCHOLOGICAL SYMPTOMS

- I suffered severe psychological abuse.
 - I became depressed and with high blood pressure and my back still hurts me as a result of his beatings with his fist.
 - I had bruises all over my body but the psychological and emotional violence are worse than bruises.
 - Still very depressed and crying all the time. Also, my ear-drum (as a result of the beatings) still hurts most of the time.
 - I used to wet my pants when I used to see his shadow, whilst parking the car and coming home.
 - I have stitches under my eye and back caused by my husband and am still suffering from depression
 - I felt isolated, scared and became depressed and also had suicidal thoughts.
 - I was depressed and shy to look at my neighbours knowing that they knew my problem as they used to hear him swear at me every single day as he used to come home drunk every day!
 - Sometimes I get pain in my chest and even had a light stroke because of the stress caused by this situation.
 - I used to tremble and shake the minute I used to see his van park in front of the house. I felt isolated and scared to talk besides very depressed.
 - I cry a lot as I am very depressed.
 - I am suffering from an acute depression and my health went from bad to worse so much that I became so weak that I ended up in a wheelchair.
 - I felt isolated, helpless and became very depressed.
 - We feel isolated and depressed with such poverty our son got us into!
 - I used to feel isolated and scared to talk about this to someone because I had no friends.
 - I used to feel isolated and depressed and so afraid when it was time to go to bed with him.
 - I am always scared of him and depressed. I'm taking anti-depressants since I do not know what is going to happen next and what kind of bad mood he might be in.
 - I had an acute depression and I underwent a pacemaker operation.
 - I was scared of my husband and became very depressed.
-

DEFENCE MECHANISMS

- Yes. My jaw is still hurting me and my right arm is still dislocated and cannot move it properly as you can see. I was very depressed and I also had to undergo the heart bypass operation, most probably due to the stress.
- Yes, I became more of an introvert! I did not speak to anyone - I did not inform anyone of the suffering I was going through. I did not even inform my 3 sisters of what I was going through. I only started talking about this abuse after I left my husband and after 50 years of suffering.
- I became very introvert and never spoke to any of my neighbours.
- I used to feel isolated and I was even very scared to talk to my husband!
- I never spoke a word with anyone regarding this abuse.
- I felt so isolated and scared of him even at the sight of him. I am still scared that someday he will find me.
- Yes, when I got to know that he is sleeping with another woman whilst still married to me, I felt isolated and depressed
- I have stitches on my face and arm and I had to take medication for my depression until today.
- I used to feel isolated and scared to ask for help and very often I used to take large amounts of pills, drink alcohol or whatever I find available and sleep for very long hours so that I would get rid of the hell I was living in.
- Yes. I used to feel isolated, helpless, depressed and scared to talk to somebody for help because he used to blackmail me that one day he would kill me.
- I always felt isolated, lonely and depressed but now I have learnt to accept it and focus only on my hobby in my small bedroom: my computer & the internet.
- I was so tense and depressed about the fact that he disappeared out of our lives, that I even tried committing suicide at one stage and even now I am still taking medications.
- I used to feel isolated and scared to answer my husband back, crying most of the time and trembling as soon as I heard the door opening.
- I was scared even on seeing his shadow and many times I used to go and lock myself in the bathroom with fear.
- I am still suffering from depression especially when I have these flashbacks. I feel helpless and feel shy to speak to people. I am a loner and like to stay inside alone in my flat playing games on the computer. My self-esteem is very low.
- I am feeling isolated and neglected. I am scared to talk to my husband about this situation and remain silent with everything bottled up inside of me.
- I used to feel isolated, scared and became depressed. Sometimes I used to lock myself in the bathroom when I saw him drunk.
- I used to be very depressed and my mind could not concentrate well to take care of my children and him. I am still very depressed now despite the years which have passed.

II COPING MECHANISMS

What coping mechanisms do elder abuse victims adopt? Abuse victims may adopt different coping skills to deal with the effects of abuse. Some are positive coping mechanisms whilst other coping mechanisms, as seen above, may be deemed more harmful on the victim, like depression, self-harm, misuse/ excessive use of medicines and anti-depressants, suicidal thoughts/suicide attempts, etc.

Here are some coping mechanisms commonly used by abuse victims as confirmed by both the stakeholders and the abuse victims interviewed.

- Belief in God, pray and confiding in their priest/ confessor is one of the most mentioned coping mechanism which enables abuse victims to endure their suffering.
 - Having very good relations with family members (largely children and grandchildren) and close friends is another frequently used coping mechanism.
 - The more psychologically strong victims take the stand of a 'survivor' rather than that of a 'victim'. In such cases the victim will stop pitying himself/ herself and will use this stand as a positive coping skill to keep on going with his/ her life.
 - If the victim is empowered enough, he/ she will be able to say no to the abuse, though this is rarely the case with elder victims.
 - There are victims (though very few) who try to rationalise their abuse. Some examples include where the abuse victim tries to rationalise the abuse by saying that the abuse was not so bad or that the perpetrator performed the abuse because of some particular reason.
 - If the elder victim is assertive and empowered enough, he/ she will call for assistance.
-

EXHIBIT 16 - SOME COPING SKILLS/ MECHANISMS ADOPTED BY THE INTERVIEWED VICTIMS

- Since I got separated some 5 years ago I started living again. I live with my daughters and started regaining my energies again with their help as they support me a lot. Many times I go out with them and my grandchildren. Also, prayer and my faith in God helped me a lot!
 - I am still taking medication for my depression but at least I am living in peace with my daughter and my grandchild.
 - I used to pray a lot and obtained good advice from Cana Counsellors. I also received good advice from a priest from our parish church.
 - I shared my experience with other women who also experienced abuse. This helped a lot.
 - I still feel depressed however my brother comes and visit me often and gives me a helping hand. He is also a very good listener.
 - For me Dar Merħba Bik was my salvation because there I found people who could really understand me and my suffering.
 - I have become more assertive now and I am adamant that I am not going to give in to her (referring to abusive daughter). My disabled son has nowhere to go! I discussed it with some close friends and the parish priest.
 - Yes, now I feel free and nobody is hitting or controlling me anymore. I have a close friend who has been of great support to me and sometimes we meet and go out together.
 - I try to ignore him as much as possible and when he is in the mood of insulting me and making me feel down, I trained myself to simply ignore him. Also, I receive a lot of support from my son and my confessor who helps me a lot and at times gives me some money for our daily needs.
 - Yes, but many times I continuously get flashbacks of the past and get depressed. Caritas Malta helped me with their support and advice.
 - Although I still cry at times and feel depressed, yet I feel more assertive. Though I am still afraid to risk and do not have faith in anybody. I have now dedicated myself to my children and grandchildren.
-

4.10 ASSISTANCE FOR PERPETRATORS

I REASONS FOR ABUSIVE BEHAVIOUR

What motivates the perpetrator to act abusively with his/her loved ones? Studies show that most perpetrators possess controlling behaviour. Exhibit 17 below illustrates the Power and Control Wheel Duluth Model which illustrates how perpetrators act to obtain and retain control in their relationships.

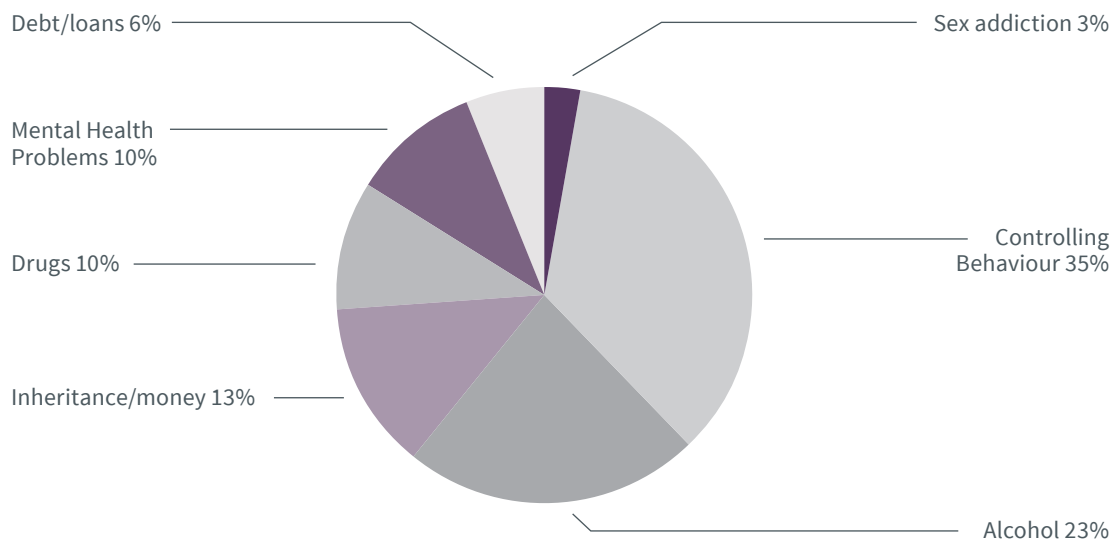
EXHIBIT 17 - THE POWER AND CONTROL WHEEL DULUTH MODEL (1984)

Source: Power and Control Wheel Duluth Model, 1984, Domestic Abuse Intervention Programmes, <http://www.theduluthmodel.org/index.ht>

This 'power & control' circle of violence behaviour by perpetrators was confirmed by both stakeholders and abused victims who participated in the Study. **Exhibit 18** below depicts the salient reasons (amongst others) underlying the abusive behaviour of the abused victims' perpetrators.

EXHIBIT 18 - REASONS (AMONG OTHERS) UNDERLYING ABUSIVE BEHAVIOUR

REASONS UNDERLYING ABUSIVE BEHAVIOUR



The survey respondents were also asked to express their views on what motivates their alleged perpetrator (husband/wife/daughter/son, etc.) to act abusively towards them and, at times, also towards his/her dependents. The victims expressed the following perceptions:

EXHIBIT 19 - VICTIMS' PERCEPTIONS ON THE MOTIVATIONS FOR PERPETRATOR'S ABUSIVE & CONTROLLING BEHAVIOUR

"... Because the husband knows that the wife would never leave him as she is too submissive to him and has to remain quiet for the sake of the children ..."

"... Some men are very possessive and jealous of their wife ... She is simply a possession for them!! ..."

"... Abused wives are too scared to separate from their abusive husband and leave home as they still need to be responsible for the family and their children! This is what happened to me. I could never leave my husband as I had my children to think about and he knew this! I started living again after he died earlier this year!

"... Abusive men are jealous, possessive and drunk husbands! And their wives remain under their control against their will because they are too scared to leave!

"... Because some women are very pleasant and attractive and when they win you over and possess you, they turn nasty! ..." (male elder victim referring to his abusive wife).

"... The abusive husband knows that the wife will keep her mouth shut and will not take action to keep the family united and not to give a bad name to the family ..."

"... Women are so afraid to address the situation, so they remain quiet and then difficulties and problems keep on escalating! ..."

"... As a result of greed and sole interest to get their hands on the inheritance and because a mother is blind with love towards her children..." (the perpetrator is the respondent's daughter)

"... The abusive husband knows that the wife is scared and vulnerable and hence he feels more powerful ..."

"... The wife notices that her would-be husband is abusive before she marries him, but she loves him so much that she still marries him, hoping that he would change. But he will never change! ..."



II ASSISTANCE FOR PERPETRATORS

“From abuse to respect through awareness and responsibility”. This is the mission statement of Appoġġ’s Managing Abusive Behaviour Services Unit (FSWS, 1999) which offers assistance to perpetrators of domestic violence. The Research Consultant interviewed the head of this Unit and enquired on the services currently being offered to perpetrators who wish to address their abusive behaviour.

The service which was set up in January 1999 assists perpetrators (largely men) who are abusive in intimate relationships for these to become more aware of and understand and take responsibility for their behaviour. The Unit offers a non-residential group programme of a 22 week-duration targeting perpetrators of domestic violence who are assisted to change from being abusive to start being respectful in their beliefs and, subsequently in their behaviour. The participants are also provided with a social work service when required and on concluding the programme, the participants are then encouraged to receive continued support via an open support group or on an individual basis.

This programme undoubtedly produces good and success stories, as confirmed by the Head of Unit. However, some of the stakeholders have identified a number of reservations relating to the ‘limited assistance’ of such programmes being offered to perpetrators. The reservations identified by the interviewees primarily pertain to the fact that participation in the 22-week programme currently being offered by Appoġġ is optional. Consequently, considerations should be given to compulsory participation in the programme as part of court sentencing.

4.11 FEAR OF HOMELESSNESS

The research study showed that the fear of homelessness by the elder victims if they finally decide to leave their abusive spouse after long years of abuse, is significant. This problem is real, particularly in the case of elderly spouses who do not possess private home ownership.

A 71-yr old female who endured some 50 years of physical, psychological and financial abuse by her abusive husband recalled:

“... It took me years to leave my abusive husband. I had nowhere to go! I am not educated, I have never worked in my life and I have no money. I live on a small pension. My husband and I lived in a rented government flat, so where could I go? Where could I live? ... Thank God Dar Merhba Bik accepted me when I decided to leave my husband and move out. I was 66 years old. Then I lived alone in a small garage for many months as I couldn’t afford more. I am now indebted to my sister and her husband as I am now living with them in their small flat ...”

However not all abuse victims are empowered enough to take the plunge and leave their abusive spouse. Another 64-year old female, who is still living with her abusive husband and who has been and is still suffering from physical, psychological and financial abuse for these past 43 years proposed the following:

“... The Authorities should provide a small decent place with very low rent for women (old & young) who must leave home because of their abusive husband! If I leave my husband I will be homeless as we live in a rented government flat. I don’t have where to go and I have no money! In this way abused women will be able to take a stand and will have the opportunity to start a new life! ...”

So at present, where do such elderly victims (who do not possess private home ownership) go when they decide to leave their abusive spouse after having endured many years of domestic abuse? This research area was discussed with all interviewed stakeholders, who in their majority expressed their disappointment (some even frustration) on the serious and inadequate services currently available to address this problem. The stakeholders who work largely with elder abuse victims in the community recalled the several similar cases they encountered. At present, there appears to be two possible solutions: i. the abuse victim may move in with relatives, assuming that the victim does have relatives and that these are willing to host him/her in their home indefinitely. The second option available is for these abuse victims (who have no choice but to leave their matrimonial home, as assessed and recommended by the multi-disciplinary professional team working on their case) to be admitted in one of the public sector residential homes. However, this solution further triggers other problems in the light of the existing long waiting lists of dependent elderly awaiting entry in these homes. These stakeholders admitted that it is indeed a feat for them to be able to find decent and safe long-term dwellings for these abuse victims to live in. One stakeholder strongly recommended that there should be a better provision of emergency beds in residential homes to allow for immediate action to be taken on such severe cases of elderly abuse.

Other stakeholders argued further: Why should the abuse victim leave his/her matrimonial home and not the perpetrator?

4.12 LACK OF EMPOWERMENT & BASIC LIFE SKILLS

One significant research finding emerging from the stakeholder and abuse victim interviews is the severe lack of empowerment and basic life skills characterising elder abuse victims who experience long years of abuse. This was mentioned by the interviewed stakeholders involved in running sheltered for battered women and homeless persons.

An incident worth noting was the immediate reaction of one of the female victim respondents, when the subject matter of the study was introduced to her. The victim respondent promptly turned red in the face and burst out crying before she could utter a word. Although no pressure was made on her to accept the interview, and was informed that she can refuse the interview, it was very evident that she wanted to talk about and share her sad experience. After drinking some water to calm down, the 69-yr old respondent related her sad story of the 36 long years of physical, psychological and sexual abuse by her abusive husband. Whilst she was relating her story, at times it was very hard to understand her as she was barely opening her mouth to speak up and throughout the whole interview she kept her head bowed down and rarely looked up at the Research Consultant. She cried whilst talking and also had to hold her chest to be able to breathe better:

“... Psychologically I used to feel that I have to do everything the way he says and used to feel like a robot and obey all his commands whether I liked it or not. He used to abuse me verbally and used to humiliate and belittle me even in front of others and make me feel bad. My self-esteem was very low. Both my kids and I used to feel isolated, abandoned and scared of him ...”.

From her non-verbal reactions, one would assume that this respondent is still experiencing abuse and not recalling experiences which happened over 7 years ago. She is now separated from her abusive husband but still lacks empowerment and essential life skills:

“... I am still suffering from depression especially when I have these flashbacks. I feel helpless and feel shy to speak to people. I am a loner and like to stay inside alone in my flat playing some game on the computer. My self-esteem is very low ...”

Another 64-yr old abuse victim who has been and is still suffering physical, psychological and sexual abuse by her abusive husband for these past 15 years confessed to the Research Consultant:

“... I never shared this with anybody since I prefer to keep all my feelings and emotions to myself. You're the first person I am talking to about it. It is very difficult to live this life and to accept my husband this way. The only thing I look forward to in life is when my grandchildren come over to visit me so that, at least, I can feel better for a short time ...”

4.13 CONCLUSIONS & POLICY CONSIDERATIONS

A number of interesting and challenging findings and conclusions emerge from the study. This section presents the salient conclusions and some policy considerations on how the problem of elder abuse may be further addressed in Malta.

I IDENTIFYING THE PREVALENCE OF ELDER ABUSE IN MALTA

Although the problem of elder abuse in Malta is evident and has been addressed at national conferences, in academic papers, on all mass and social media, etc., however no one knows the exact extent of the problem in Malta and Gozo. There is no statistically significant data available to assess how widespread the problem is. Moreover, the Research Consultant made several attempts to obtain information from the Community and Media Relations Unit (CMRU), Police General Head Quarters on the number of reported cases of domestic violence on the elderly in Malta for the last three years, however this information was not forthcoming whilst this paper was being written. To this end, it is highly recommended that funds are to be made available to conduct nationwide quantitative research across Malta and Gozo to identify the extent of the problem and also learn on the prevalence of the various forms of elder abuse present in Malta and Gozo. Separate quantitative studies are to be carried out to assess the prevalence of elder abuse in both domestic and institutional settings. Such studies are indeed doable. Recent quantitative studies on domestic violence and other social research areas have already been carried out successfully in Malta. These studies have produced statistically significant results and also identified the exact size and incidence of these social problems across Malta and Gozo.

II A HOLISTIC STRATEGIC FRAMEWORK BUILT ON EMPIRICAL EVIDENCE TO ADDRESS ELDER ABUSE

There is indeed a wide range of institutional and community care services currently being offered for the elderly in general in Malta, some of which may assist elder victims of abuse. However the Study clearly showed that there does not seem to be a focus, a vision, SMART objectives and a holistic strategy which is integrating these various services into one conceptual framework to effectively address the problem of elder abuse in Malta. One Stakeholder described the situation as a “black hole”, a sentiment which was voiced by most stakeholders and abuse victim respondents. The range of services currently made available to elder abuse victims by the various service providers (hailing from the public sector, private sector, the Church, NGOs, etc.) are just “skimming the surface” as another stakeholder observed. An empirically based model and holistic strategic approach towards envisioning the elderly care sector and issues/ problems related to same (including elder abuse) must be drawn up. This framework should encompass and integrate all these services and other services to be introduced in future.

These observations should not in any way reflect negatively on the senior management team of the Department of the Elderly and Community Care. All the senior management team (who are all largely new to the sector) and their team must be applauded on their zeal and dedication in addressing the problems and issues pertaining to the sector, however the study findings clearly show that there is a dire and immediate need for a more holistic, strategic framework to address the problem of elder abuse in Malta.

By way of example, a holistic empirically based framework which may be adopted in Malta to effectively address and combat elder abuse in Malta is depicted in Exhibit 20 below. This Model has been adapted from the document entitled “The Elder Justice Roadmap: A Call for Action” drawn up by the National Centre on Elder Abuse and proposed to the US Government in 2014 (NCEA, 2014).

This proposed framework presents an integrated strategy for all service-providers (public sector, private sector, the Church, NGOs, etc.) offering services to combat elder abuse. The Model simply identifies the most urgent needs, categorises these into four salient domains and outlines the highest priorities. However, as NCEA asserts “There is much to do to address elder abuse. This Roadmap is just the beginning” (NCEA, 2014).

EXHIBIT 20 - THE ELDERLY JUSTICE ROADMAP - A CALL TO ACTION

DIRECT SERVICES

- Care management
- Caregiving workforce
- Cultural sensitivity
- Geriatric expertise
- Multidisciplinary teams

EDUCATION

- Cultural competency
- Enlarge network of expert educators
- Identify target populations and communities for training
- Public awareness

POLICY

- Adult Protective Services
- Funding and implementation of laws
- Infrastructure
- Long-term care
- Programme evaluation

RESEARCH

- Clarify definitions
- Define successful outcomes
- Enhance the cadre of researchers
- Research translation

Source: Adapted from National Centre on Elder Abuse (NCEA) (2014) - Elder Justice Roadmap

III MORE RESOURCES REQUIRED TO COMBAT ELDER ABUSE

A number of research findings emerging from the study suggest the consolidation of existing and the introduction of new programmes and services which may be integrated in the holistic framework proposed above in the short, medium and long terms. These include:

I CONSOLIDATION OF EXISTING COMMUNITY SERVICES

At present, there are various professional community services which can be availed of by elder victims (and other elderly), however the Units (i.e. Comcare Assessment Unit, TelecarePlus, Social Work Unit, etc.) offering such services lack significant resources and as a consequence of this, the community services being offered are highly fragmented. The Authorities must give more priority to these community services on two counts:

- i Invest more resources in these Units and
- ii Consolidate the range of services offered to the elderly in general as well as to elder abuse victims. An assistance programme drawn up specifically and dedicated solely to elder abuse perpetrators is also recommended.

II INTRODUCTION OF A NEW TELEHELP UNIT AND HELPLINE NUMBER DEDICATED TO ELDER ABUSE

At present, there is not one TeleHelp Unit and Helpline number dedicated to elder victims of abuse in Malta. The Authorities must generally dedicate more funds in combating elder abuse. This TeleHelp Unit and dedicated helpline number would be a first step to addressing the problem of elder abuse in Malta. This proposal was recommended by all the elderly survey respondents and most of the stakeholders interviewed. The 1771 Dementia and the 179 helpline Units cannot be considered as helplines that accommodate the needs of elder abuse victims. As one stakeholder described the existing situation in Malta: “At this stage abuse on an 18-year old is treated the same as that on a 100-year old”.

As a soft recommendation, upgrading the existing TelecarePlus Unit, investing in more human resources and training and introducing (and promoting) a new dedicated helpline for elder abuse is very doable. At present, the Unit already receives calls from elder abuse victims from its 8000-count subscribers.

III A HOLISTIC & INTEGRATED APPROACH TO PREVENTION , EDUCATION AND PUBLIC AWARENESS ON ELDER ABUSE

Formal prevention and educational outreach programmes and public awareness campaigns on elder abuse must be an integral component of the holistic framework. The one-off and occasional conferences, talks, workshops and outreach exercises on elder abuse are not enough to combat this serious problem. The object of a formal and integrated prevention, educational and public awareness strategy is not only to inform all sectors of society on the problems and effects of elder abuse but to also change attitudes, perceptions and behaviour towards same.

The prevention strategy should comprise continuing educational programmes, series of seminars, talks and outreach activities targeting all sectors of society, with a special focus on the ‘elderly’ segment who hail from both domestic and institutional settings across Malta and Gozo. The preventive strategy must also include outreach activities and educational services to existing and would-be abuse perpetrators.

The fundamental characteristic of a winning strategy is the holistic and integrated approach to education, prevention and raising public awareness.

IV EMPOWERING VICTIMS OF ELDER ABUSE

Two salient findings emerging from the study relate to:

- i the lack of empowerment and self-esteem skills of elder abuse victims, and
- ii the absence of basic life skills which may have been lost as a result of the long years of abuse, suffering and humiliation by their perpetrators.

One of the main thrusts of the Prevention, Education and Public Awareness programme must address this very pressing need, that of empowering victims of elder abuse to seek professional assistance from counsellors and to report the perpetrator/s to the relevant authorities.

The Education Programme must also address the training and relearning of basic life skills. As the study showed, elderly who have been victims of various forms of abuse for many years may become “robots” as described by one abuse victim. These victims would need to relearn certain basic life skills which they would have lost as a result of these long years of abuse.

Moreover, community services should be at hand to provide immediate support to elder victims when they challenge the behaviour of their perpetrators.

IV INSTIL MORE CONFIDENCE IN THE SYSTEM

The Prevention, Education and Public Awareness programme must also address the lack of confidence which elder abuse victims have in the system and instil more confidence in the new system. As the study showed, elder abuse victims may lose confidence in the system as they may have tried seeking assistance in the past but this was not very forthcoming and end up developing their own ‘defence mechanisms’ which may prove very harmful in the long run: “My only friend is my computer”; “The only thing I look forward to in life is when my grandchildren come over to visit me so that, at least, I can feel better for a short time”.

V INTRODUCTION OF SHELTERED HOUSING

Two salient findings emerging from the study refer to:

- i cases of elder abuse where the life of the abuse victims will be in grave danger if these keep on living under the same roof as their perpetrators and
- ii. such abuse victims who do not possess home ownership, hesitate to report their abusive spouse as a result of a paralysing fear of perceived potential homelessness.

At present, unless these abuse victims have relatives willing to host them in their homes, these victims will end up living in a public residential home, which is not the optimal solution, given that:

- i some of these elder victims may still be relatively young (even in their mid-sixties) and in very good health and may still live independently in the community and
- ii there exist waiting lists for admission of more dependent elderly in these homes.

A proposed solution to this problem is the setting up of small government-owned warden-assisted sheltered housing units with special facilities to host elder abuse victims (but not only). This sheltered housing may run on the same lines as the independent living units which are currently being set up for persons with disability in various parts of Malta. This sheltered housing scheme model already exists abroad. These schemes usually have the services of a warden, a scheme manager or a 'floating support', with periodic visits from staff members. These units are usually also equipped with security alarm systems, where the elder residents may summon help in an emergency. Living in a sheltered housing unit in the community, rather than a residential home, may also prove more therapeutic for the elder abuse survivor. Indeed, to address the potential misuse of this sheltered housing scheme, a multi-disciplinary team will be engaged to assess and recommend the older persons who would be most eligible to use this service.

VI MORE ADVOCACY AND LOBBY GROUPS FOR OLDER ADULTS

Although the older adults segment is the largest minority group in Malta accounting for some 15% of the population, there is a dire need for more advocacy and lobby groups to influence public policy and educate the general public on issues of concern pertaining to this segment. Concern on this issue was voiced by most stakeholders interviewed. The National Commission for the Elderly is doing good things however in the light of the size (and increase in) of the older adults segment and its diverse needs and requirements, more advocacy and lobbying is required.

In this respect, the Bill issued on the Government Gazette last May, which refers to an Act providing for the appointment of a Commissioner dedicated solely for older persons, is indeed a step in the right direction. Whilst this report is being written, this Bill has been tabled at Parliament Committee level, as advised by the Parliamentary Secretary for Rights of Persons with Disability and Active Aging. The Bill provides details on the powers and role to be given to this Commissioner: “... to provide for the appointment of a Commissioner for Older Persons with power to promote and safeguard the interests of older persons, and investigate any alleged breaches or potential infringements of the human rights of the older persons...” The majority of the stakeholders interviewed applauded this initiative which will indeed enhance the advocacy efforts required for this large minority group. However, these stakeholders augured that the selection of the person to be appointed Commissioner will make or break this initiative in that this person must possess the appropriate advocacy and lobbying skills and competences and also possess a sound understanding of the older adults sector in Malta. Whether this person is an older adult or not is irrelevant to the cause. In the context of this study, the stakeholders also argued that the Commissioner must also put the issue of elder abuse high on his/ her advocacy agenda!

VII IMPROVING LEGAL STRUCTURES

Malta has recently witnessed positive developments in legislation where elder abuse is concerned, which is also another step in the right direction in improving legal structures to protect older persons from elder abuse.

In recent months, much has been reported and discussed on the local mass and social media on a new Bill on the protection of vulnerable adults (or equivalent) which the Parliamentary Secretary for the Rights of Persons with Disability and Active Aging is currently working on and which has been reported to be issued for public consultation in Q4 2015 - Q1 2016. Whilst conducting the qualitative field research and writing this paper, none of the stakeholders interviewed could comment on the content of this Bill. The Research Consultant tried making attempts to obtain more information on the Bill and on the title (or working title) of this Bill directly from the Secretariat for Active Aging and from the Parliamentary Secretary herself however the latter refused to disclose any type of information on the Bill. Notwithstanding this, it is augured that this new Bill will continue improving the legal structures aimed at enhancing the protection of elder abuse victims.

4.14 CONCLUSION

It felt opportune to conclude this paper by quoting from the World Report on Violence and Health issued by the World Health Organisation (WHO 2002), which encompasses the salient research findings of the study, stakeholders' views and perceptions and the Research Consultant's recommendations proposed in this paper:

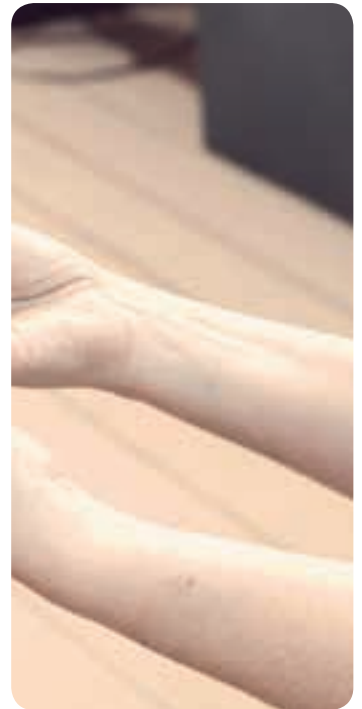
“Perhaps the most insidious form of abuse against the elderly lies in the negative attitudes towards, and stereotypes of, older people and the process of ageing itself, attitudes that are reflected in the frequent glorification of youth. As long as older people are devalued and marginalized by society, they will suffer from loss of self-identity and remain highly susceptible to discrimination and all forms of abuse. Among the priorities for confronting and eradicating the problem of elder abuse are: — greater knowledge about the problem; — stronger laws and policies; — more effective prevention strategies.”



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