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Author: Mysyuk, Yuliya
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Appendices

Appendix A

Focus groups' protocol/guide

Welcome!

The topic that we would like to discuss today is elder abuse. We are interested in your opinion about elder abuse. The results of this focus group will be only used for research purposes.

Today I am your discussion leader. To begin with, I would like to introduce myself…

As discussion leader/facilitator I will try to make sure that we will listen to each other, respect each other and give each other space. Your opinions, so variable as possible, are important for us to come to better understanding about what we can do about elder abuse and what elder abuse is about. I am here to facilitate the discussion and to pay attention that we are remaining within the timeframe/within the time. Starting point/premise is that there are no wrong answers, only different opinions that I am as a discussion leader will be pleased to hear.

Information package: folders (brochures about then institution, pen, notebook and gift voucher of "…" euro).

Rules

I would like to introduce a few rules:

– For the research purposes we are going to record focus groups. The recording is aimed only for transcription and analysis and will be used only for the research purposes. In the transcript we will feign the names. We would kindly ask you to give the word to one person at the same time for better quality of the recording.
– "First name rule": for an ease we would like to use your call you by first names. Does anyone object?
– Listen to each other, give each other space, respect each other
– Talking to each other

The most of you know each other but not everyone. That is why I would like to start with an introduction round.

Opening

Can you please introduce yourself? Your name? Your background? What is your profession? What do you like to do during your free time? *If people know each other then* This group is familiar with each other, that is why anonymity is not anymore possible but it is important to remember that everything that will be said here is confidential. *Emphasis*: confidentiality.

This group is not very familiar with each other, it is important to remember that everything that will be said here is confidential. Now we are sitting next to each other and we are not anymore anonym but lets try to keep in this setting everything that will be said here.

Topics for discussion

Main topics:

1. What do you consider as elder abuse?
– Definitions, meaning of the term
– Forms of elder abuse

2. What is necessary to do in order to solve the problem?
– Actions (interventions, campaigns)
– Awareness (policy makers, general public)
– Different (social) aspects (quality of life, social life). Are there other aspects?/And social aspects?

Possibilities of ending focus group

– Is there something that we have missed? Is there something that was not mentioned?
– Resume of discussion OR: remind important points (2-3 min)
– Asking about additions/comments/remarks/questions
– Follow up (article or report)
– Thanking the participants
– Expense statement
– Have a nice trip back

For researchers: 10 min of debriefing

Probes and clarifying questions

I don't understand it completely. Can you explain it please?
Can you please explain it?/illustrate it? Explain further?
How does it work?
Could you please tell us more about it?
Can you give an example?
Who has something to say?
Base don which experiences you are saying that?
What exactly do you mean?
Can you please describe what you mean?

To lead the discussion

Would anybody like to react on this?
Does anybody have something to add to that?
Would anybody like to add something to that?
Does anybody see this differently? Does anybody think differently about it/that?
Are there different views? How the others are thinking about it?
I see some people nodding, can you please tell me about it? Somebody has something different?

Silence: 5 sec, taking time to think about the answer
Repeating the question

As no answer: why this question is so difficult? Not possible to answer?

Redirecting

Back to the question: thank you for sharing that, but i would like to go to another aspect
Thank you, it is a n interesting comment. This aspect we have discussed, I would like to…
This is an interesting discussion but we have to go further….

Dealing with challenging participants

"Macho behavior": We are here not to come to agreement but for listening different opinions.
Talking together: sorry, i can not hear you. I would like to ask you to talk only by one at a time (for recording).
Somebody who is dominant: You have without any doubt a lot of experience, now i would like to hear something from the others? Do the others have also experiences? Has anybody remarks? Do the others think differently? Anybody would like to add something?

A

Appendix B

Interview guide (experts)

I am a researcher at the Leyden Academy. I am investigating elder abuse in the Netherlands. I am a sociologist. I studied Public Health in Maastricht. I am currently conducting my research at the Leyden Academy on Vitality and Ageing. This interview is a part of my qualitative study on perspectives of elder abuse. The aim is to get a better understanding of the issue of elder abuse by elucidating the background of abuse and explaining the factors that influence elder abuse. I am trying to obtain an overview of experiences of elder abuse.

The information will be used for research purposes only. All you say will remain confidential. Anonymity will also be guaranteed. I will not use your name/place of work/occupation or any of your other identifying characteristics. Would you mind if I use a recording device? Alternatively: Would you mind if I record this interview?

I ask you this, because I want to represent your words as truthfully as possible. I will type out the recording and use this for my analysis. The recording will not be used for any other purposes nor will it be listened to by the others.

Background information

Could you (please) introduce yourself?
Sex (observe)
Education: What training have you received? Workplace: Where do you work? / Could you describe your position here/what you do here?

Experience

In what way do you involve yourself with elder abuse? What is your experience with elder abuse?

The background and meaning of elder abuse

What is the prevailing view on elder abuse within your practice/field of work?
Do you make use of a definition of elder abuse? *If so, what definition?*
What kind of behavior do you consider as abuse?
What forms of elder abuse have you come into contact with? What factors, in your opinion, play a role in elder abuse?
Could you please describe signals of elder abuse? What do you consider to be signals of elder abuse?
How often did elder abuse occur here in the past year?
How does this compare to previous years? What do you think influenced this?

Profile of the victim

What characteristic s do you find typical for a victim? What similarities do you see between victims?

Profile of the perpetrator

What characteristics do you find typical for a perpetrator? What similarities do you see between perpetrators?

Collaboration/network

What do you do when you encounter a case of elder abuse? What is the plan of actions/ procedure in the case of elder abuse? Could you please describe this?
When you encounter a case of elder abuse, which aspects of the situation do you try to influence first? Where do you start? (Aspects: Which circumstances of the situation/of the older person do you try to influence first?) What is important?
From whom do you receive help, advice and support? With what organizations do you work together? What organizations are involved?

Societal views

How do people react to your line of work/profession when you introduce yourself?
In general, how do people react when elder abuse is mentioned?

Necessary actions (interventions, prevention)

What do you think needs to be done to reduce the problem?
What kind of preventive actions/interventions are still necessary?

Ending

Contact information
Gift

Appendix C

Interview guide (non-abused older persons)

This interview is part of my study about the lives of older persons and family relationships. The topics, in which I am interested, are: 1. How older people are treated, and 2. How they experience their own ageing process. The information will be used for research purposes only. All you say will remain confidential. Would you mind if I use a recording device? Alternatively: Would you mind if I record this interview? I ask you this, because I want to represent your words as truthfully as possible. I will type out the recording and use this for my analysis. The recording will not be used for any other purposes nor will it be listened to by the others.

Background information

Could you (please) introduce yourself?
Sex (observe)
Age: How old are you? or What is your age?
Are you married? Do you have children?
Education: What level of education have you received? / What do/ did your do for a living?
With whom do you live?

Health status and daily activities

How would you describe your health?
Do you have any health-related problems? Do you use medication? What do you use this medication for?
Could you please describe a typical weekday – what you do from the moment you wake up to the moment you go to bed?

Risk/protective factors

Social contacts/network

How do you spend time with your family? Do you talk to your family/ about their lives/ your life?
How do you feel talking to your family/friends about things is going? (Or somebody in your neighborhood) Are there moments when you feel that this is going less well?
Alternative: How do you feel about/what is your experience of how well you are able to keep in touch with family/friends? Is there anyone with whom you are less well able to keep in touch?
Whom do you see every week? (For instance: family, friends, neighbors, care professionals...)
Probes: With whom do you get together most? In whose company do you feel most comfortable?
How do you feel in the company of other people?

Social support and help

Do you receive help from anybody in your environment? What kind of help? From whom?

How would you describe the help that you are receiving? *(about average, good, below average… and why?)* Who else provides you with support?

With whom do you like doing various activities (going for a walk, grocery shopping, drinking coffee)?

Stress and coping strategies (risk/ protective factors)

Could you please describe the last time you felt stressed/tensed/put under pressure? How did you deal with this situation?

In general, how do you cope with stressful situations?

Do you often feel stressed/tensed? And: Why?

Could you give an example of (a different) stressful situation?

How do you feel when you are able/unable to find a solution to a problem?

The questions I will ask next will specifically concern negative experiences, in particular elder abuse.

Perspectives of abused person

The meaning of elder abuse

What do you think of when you think about elder abuse?

Followed by other possible questions:

What does the term "elder abuse" mean to you?

How do you feel about elder abuse?

What kind of behavior do you consider elder abuse? According to you, what is elder abuse?

Have you ever seen/experienced it? (Perhaps involving someone around you)

Older people's attitudes towards, perceptions of and ideas about elder abuse

In general, how do people react to you? When you walk down the street? (Why is this, do you think?)

Do you ever feel that you are being treated differently by other people? (Differently than when you were younger/differently than others)

Do you ever feel that you are receiving less care/attention because of your age?

Experiences of elder abuse

How would you like to be treated by others most? / How would you like to be treated by the others?

Could you please describe when this was not the case?

Extra questions:

Is there anyone around you in whose company you feel uncomfortable/unpleasant?
Has anyone around you hurt you recently?
Do you recall anyone ever trying to force you to do things that you did not want to do?
What do you think of the level of privacy in your home (to have one's own space, be able to go about one's business)?

Social life / recreation time

What do you like to do in your spare time? What are your hobbies?
Do you occasionally go to social events/clubs? Are you a member of one?
What do you find was the happiest period in your life and why? (From young age onwards…)
Is there anything else that you would like to add?

Would it be possible to have a second meeting/interview if I have any remaining questions?

Ending

Gift
Contact information

C

Appendix D

Case studies

In this appendix we present two case studies that illustrate some of the patterns of how older victims explain the occurrence of the abuse to come to grips with some of the dilemmas victims struggled with. These case studies can be useful for practitioners and clinicians as they show how older victims explain and experience abuse and therefore can help these professionals to come closer to needs of potential victims of abuse while examining them or making an assessment.

The first case study is an example of financial and psychological abuse and involves an older man who lived independently at the time. He got involved with a woman in his environment and later she became the perpetrator. The second case study illustrates a complex combination of financial, psychological and physical abuse. The female older victim lived alone in her own apartment, but received care from her son who later on became the perpetrator. The names and some of details have been changed to protect interviewees' confidentiality.

Case 1: Henk

Henk is an 83-year-old widower living alone in an apartment building. His wife died four years ago and they did not have children. He described the chronology of events as well as a detailed description of his perception of the abuse during our interview.

Henk opened the interview by describing how the abusive situation started five years ago and how it continued. He described how he has a garden in a community area and he regularly goes there. One day a woman originally from Haiti named Leila came to his garden and started talking to him and told him her story. The story of Leila is complicated and includes a lot of personal issues: she had a brain operation earlier, mental problems and issues with alcohol and drugs, moreover her children were living in a foster family.

She told him that she had to visit her children but did not have money for the train ride; Henk felt he should help her out, as he felt sorry for her, so he gave her some money. The day after she came to the garden again, and Henk felt they had a nice and pleasant conversation. She continued to come to Henk's garden and they kept in touch. He said that he felt happy to have someone with whom he could talk and share his life story. After a while Leila started becoming more demanding, aggressive and abusive in the end. She used a lot of Henk's money and did not care so much how this would impact Henk. She could easily become rude and offensive.

After a while, Henk reflected during our interview, he felt that Leila controlled him, she had power over him and he always felt anxious and stressed: "I was always under enormous pressure. I was doing what she wanted me to do. I was kind of dependent on her but I loved her." The relationship between Henk and Leila involved issues of power and control and mutual dependency. For Henk, at least, it was kind of a love affair. He always believed that they could be together. Retrospectively, Henk thought Leila probably used him and his feelings for her own purposes. She demanded

money and he gave it to her: to pay the bills, to buy cigarettes, and to repair the house. "I can name at least 50 different examples..." said Henk describing the demands she made. Their relationship and this situation continued for about 5 years and it did not stop at only financial exploitation. After a while, Leila also threatened, screamed, and offended Henk and she became physically aggressive. Henk wanted to refuse her requests, but in the end he did not. Whenever he tried, Leila would become really angry and rude to him: using verbal offences. Or she would just tell him to do everything what she wanted, or otherwise they would not be together anymore, and thus blackmailed him. Henk noted that "there were periods I felt completely threatened, surrounded by aggression and anger, I could not say 'no'". He was slowly getting used to this situation and he also loved her.

At times the situation became unbearable for Henk and he reported her actions to the police, this happened a few times. Leila was even in prison a couple of times for suspicion of prostitution and the use of drugs and during their relationship she was also in several rehabilitation centres. Henk visited her during her stay at these institutions. He believed that she, and therewith the whole situation could change for better. Despite all previous experiences, Henk was still ready to forgive her, marry her and have a happy life with her. At the same time Henk also realized and understood that it could not continue like this. The situation ended when Leila was placed in a mental health institution with restrictions. She was not allowed to go outside or receive any visitors. Henk said he felt that the accusations he made about the abuse also had an influence on her placement in this facility. At the moment of the interview Henk still had occasional contact with her by phone.

The experience of abuse changed and influenced Henk's life. He still feels insecure and uncertain in life and he struggles with that: "You never feel certain, you do not know anything for sure, that is the most terrible...you are living in doubts, you cannot believe what happened". Henk's description particularly puts in view the low self-efficacy and self-esteem that is experienced during and results from the abusive situation. Moreover, besides feeling insecure about himself he also feels he has difficulties trusting others. Even though he still kept faith in a better life, Henk said: "I am not desperate, I am not desperate, I am not hopeless but it (abuse) did have a huge influence on me". This experience also changed some of his values, especially his attitude towards money. "I became very tight with money". Sometimes however he is somehow grateful for this experience: "even though I had all this misery, I am thankful that this had happened to me. I became wiser, I understand people and their behavior better".

Henk's self-explanation of the causes of abuse is fitting with patterns identified in this study, he described how he made mistakes and blamed himself: "I think that I did it completely wrong". Despite this self-blame, he showed how ambiguous these feelings were as at the same time he realized that it was abuse, and she was a perpetrator and he was a victim. "I can not understand how somebody can do such things, I have never done them myself, it is just violence. I was a victim and still am a victim of bad treatment of that woman, a victim of abuse". In the end, Henk had not only lost thousands of euros - almost all his savings – he also sees life differently now. He is now well-aware that some people might use others just because it is convenient

and good for them, without caring much about their feelings; he is aware of elder abuse and understands that it can happen to every older person; he analyses daily situations much more carefully, trying to see them more rationally.

Henk tried to deal with the abuse and its consequences in several ways. Before seeking help at different organizations, such as the support center for domestic violence, Henk reported abusive actions to the police. However, he felt that the police could not help much; they were unable to return his money. The other institutions could also not do much for him; they could only provide emotional support and he expected they would also have helped with providing some information and maybe return a part of money he lost. Henk also attended a victims' support group that was recommended by an advisor for older persons. Now, he wants to live: he fills his life with things that are interesting and meaningful to him like reading, gardening and travelling. Despite this abusive experience, Henk is open to new, positive experiences and hopes to find someone with whom he can spend the rest of his life. "I would like to meet a woman with whom I can do nice things together and enjoy life".

This case study shows the main patterns of occurrences of abuse identified and described above. Issues such as mutual dependency, power and control inequalities caused and explained further continuation of the abusive situation. Feelings of insecurity and low-self efficacy, and feeling a victim, while at the same time blaming oneself, and a new attitude and perspective towards money and life in general were the effects of the experienced abuse. Two coping strategies were used: the interviewee sought external help at various organizations and he tried to deal with the abuse by doing things he enjoys.

Case 2: Ellen

Ellen is an older lady of 79 years old living alone in her apartment in a big city in the Netherlands. She has a son and a daughter. Her son lives in the same city and her daughter lives further away. At the time of the abuse, she did not have a very close relationship with her daughter. Her son Erik helped her with finances, housekeeping, groceries and other daily affairs.

Ellen described that about a year ago she noticed that different amounts of money were withdrawn from her bank account. There were first bigger amounts (thousands of euros), which were followed by smaller ones (hundreds of euros). This money, she could see from the account statement, was used, for travelling, new furniture and home appliances. Since her son was doing her finances, Ellen asked him about the missing amounts but he told her that he had used the money only for her needs. When she showed him the printouts from the bank, Erik became furious, he screamed and offended Ellen while yelling that everything he did was only done for her.

Ellen was unable to talk to him, he would not answer or simply scream and offend her. Ellen asked him to return the money, but he refused. She felt her son had changed: from a caring child he became an angry and disrespectful person. "I always had a good relationship with my son, I trusted him…and now he is completely different, he doesn't want to talk to me, he only screams and offends me". Ellen felt

she could not influence, control or change the situation. "I do not know what to do. I feel powerless". Ellen's son blackmailed her by saying that he would not take care of her anymore and would no longer visit her if she would go and ask for help. From the words of Ellen, he knew and realized that she was dependent on him for care. In the end, Erik's aggressiveness increased. Ellen described that during the last fights with her son, he slapped her in her face a couple of times, grabbed her and pushed her on the bed. "I myself felt terrible. It is difficult to describe my feelings. How can your child do such things to their mother? I was always a good mother to my children". That's unbelievable. Can you do this to your mother? I saw the cases of abuse only on TV, I couldn't even imagine that it would happen to me". Ellen was scared as she felt Erik's behavior was unpredictable.

This situation caused her a lot of emotional distress and resulted in health problems. She described having pain in her stomach and bladder. "I do not feel good...I feel really bad, physically and emotionally. I have a lot of problems with my body. I feel tired all the time, I cannot do anything". She did not want to tell her relatives or neighbors about this situation. Ellen felt, and still feels, ashamed: "You wouldn't share such experiences with other people...especially about your own child. It is shameful".

A few months ago Ellen finally decided to ask for help. She called the public health service in her town. An elderly advisor from the public health service came to visit. The advisor evaluated the situation and wrote a letter to Ellen's son and now a legal case is opened. Ellen receives support and help from the public health service. A support center for domestic violence and home care service are also involved. Together with the elderly advisor they developed a plan with concrete actions that should be performed in order to deal with the experienced abuse. These actions included that together with Ellen they evaluated the situation and they created a safety net for Ellen. This safety net consisted of the elderly advisor, general practitioner, family members and friends. In addition, the elderly advisor talked to Ellen's son. The elderly advisor supported Ellen during the whole process. In the meantime, Ellen tried to cope with the situation. She kept, and still tries to maintain, herself busy with different activities, hobbies such as listening to music, watching TV and solving crossword puzzles. She told her daughter the whole story and she is willing to support her. Currently Ellen does not have any contact with her son. She feels she has to adapt to a new reality (and changes in her life) and learn how to live with them. Ellen wishes the whole situation to be over soon and believes she could then live normally again. "I want it to be finished...this is such a painful and horrible experience, I hope that I will have a normal life again".

In this case study the main causes and effects of abuse, and coping strategies described in the article can be identified. Ellen was dependent on her son's help, and her son seemed to rely on the finances of his mother. Power and control imbalance between her and her son and dependence on care are important factors that played a role in the occurrence and continuation of abuse. The abusive situation caused emotional distress, especially feelings of fear and shame, and physical problems to Ellen. In order to deal with the abuse, she received help and support from the

public health service and her daughter and also she described how she used self-help strategies to continue her life and forget about the abuse, for Ellen this meant listening to music or watching TV and finding relieve in these daily activities. Despite this negative experience, Ellen believes that she will overcome this situation and life will continue.

D

Appendix E

Interview guide (abused older persons)

This interview is part of my qualitative study on perspectives of elder abuse.

The information will be used for research purposes only. All what you say will remain confidential.

Would you mind if I record this interview? Alternatively: Would you mind if I use a recording device?

I ask you this, because I want to represent your words as truthfully as possible. I will type out the recording and use this for my analysis. The recording will not be used for any other purposes nor will it be listened to by others. If you do not want to answer a particular question, you can always decide to withhold the answer, without the obligation of providing a reason. This is no problem at all. If you have any questions throughout, you should always feel free to ask them.

First I would like to know a little bit more about you, before I begin the actual interview.

Demographic and social background

Could you (please) introduce yourself?
Sex (observe)
Age: How old are you?
Are you married? Do you have children?
Education: What did you study? / What did your do for a living?
With whom do you live together? (if applicable)

In order to better understand how you live your life, I would now like to ask you some questions about your daily activities.

Health status and daily activities

How would you describe your health? Alternatives: Do you have any health-related problems? For what reason do you use medication and/or make use of healthcare?
Could you please describe a typical weekday? For instance: yesterday...
> Possible questions (probes):
> At what time do you get up in the morning? And after that? What do you do?
> Do you cook yourself? What do you do after breakfast? Do you need any help?
> How do you get there? What mode of transport do you use to get there?
> Do you occasionally get visitors? Do you occasionally visit others? How do you feel about that?
Who decides on household matters?
Who takes care of bills/money/financial matters?
How do you feel when you are at home/ in your own home?

Care

How would you describe care that you receive? What kind of care do you receive?
Quantity: how many times a week and about how many hours a week/how many hours

a week on average? How often do you go to the hospital/doctor/medical specialist/ other healthcare/social services?

My research, as you perhaps already know, is also about the way people treat you and the way you would like this to be. The questions that I am going to ask now are about this subject:

Transition: Has anyone ever treated you badly?

Experience of elder abuse

In the case of already established/ already known abuse: Could you please describe what happened? Could you please describe your experience of abuse?

Who was involved in this situation?

Could you please describe how this happened?

Probes: How often did it happen? And for how long, roughly speaking? Where and when do you think it started?

Could you please describe how you reacted? What did you do about it?

How did you feel?

How did you deal with that? How do you feel now?

What changed in your life after this experience? What influence did this experience have on your life? How do you feel about it in hindsight? Why, do you think, did it go as far as it did? What advice would you give to someone who is being maltreated/abused now?

Social network/help and support

Whom do you see on a regular basis? (Family, friends, neighbors, care professionals...)

How well do you keep in touch with family/friends/neighbors/acquaintances?

Do you receive help from anybody in your neighborhood? What kind of help? From whom?

How would you describe the help that you are receiving? *(about average, good, below average...)* How do you feel about this?

Who else provides you with support?

How do you feel in the company of other people?

How do you feel talking to your family/friends about things is going? (Or somebody in your neighborhood)

Are there moments when you feel that this is going less well?

Social life

What do you like to do in your spare time? What are your hobbies?

What do you find was the happiest period in your life and why? (From young age onwards...)

Is there anything else that you would like to add?

Ask about possibility of second meeting/interview if I have remaining questions/ Would it be possible to have a second meeting/interview if I have any remaining questions?

Ending

Gift

Contact information

Appendix F

Methodology and methods

Elder abuse

Underlying this study and the development of the research design was a review of the literature on elder abuse. This revealed that a comprehensive understanding of the phenomenon of elder abuse was at the time still lacking. Concerning elder abuse itself, as a concept, it highlighted how different definitions of elder abuse have created definitional disparity. Partly, this complexity and ambiguity seems inherent to the phenomenon itself. However, also this is because different scholars, professionals and organizations adhere to different terminologies and have defined which variables – and what these mean – differently (Abbey, 2009; Ansello & O'Neill, 2010; Erlingsson, 2007; Anetzberger, 2005; Manthorpe, Penhale, Pinkney, Perkins, & Kingston, 2004; Bonnie & Wallace, 2003). These different definitions influence the detection of cases of abuse, incidence and prevalence rates, reporting of abuse and therewith prevention and intervention strategies, and the development of policy and legislation. This conceptual ambiguity about the phenomenon itself was confirmed, when next to the careful study of the literature on elder abuse, initial conversations were held with professionals and experts (four informal conversations) in the field of elder abuse. These evidenced that there was no strong consensus – yet – on what elder abuse entails, in chapter two we have therefore compared these definitions.

For purposes of this study, the core concept of this study "elder abuse" still needed an initial definition to delineate our subject of study. After all, our search for understanding abusive situations required an initial demarcation of the phenomenon. On the other hand we wished to explore the perspectives on elder abuse, and thus also allow for an empirical redefinition of elder abuse. Initially, a combination of the core elements of the elder abuse definition of the WHO (2002) and the Dutch definition of Comijs et al. (1998) – given that this study was conducted in the Netherlands – was adhered to. Elder abuse refers to violence perpetrated by anyone in the environment of an older person that is trusted by this person (see also chapter seven). We explicitly refrained from further defining 'older person' by a chronological age (see next paragraph) and the types of abuse to ensure that the empirical perspectives would find their place in our study. By using the concept "relationship of trust" we emphasize that incidental criminal behavior was not considered abuse. A relationship of trust necessarily implies that harm is done by people the older person knows or with whom they have a relationship, such as a spouse, partner or family member, a friend or neighbor, or people that the older person relies on for services, support or help (WHO, 2002). This definition is broad and all-embracing and prevents unjustified exclusion. The understanding of elder abuse was considered an "open" concept that can be modified, on the basis of the empirical data collected to incorporate how it was perceived, defined, explained and experienced by different participants of the study.

The victim and perpetrator

Elder abuse refers to a victim that is older, but the concept "older person" is socio-culturally and contextually determined, after all what is old? A number of countries

use the chronological age of 65 on the basis of the entitlement age for state pension benefits, others use chronological ages based on average life expectancies. However, it is questionable whether defining "older person" based on chronological age is appropriate as these cut-offs are arbitrarily determined. The common use of chronological age as a threshold marker of old assumes equivalence with biological age; at the same time it is widely accepted and acknowledged that these two are not necessarily synonymous (Thane, 1978; WHO, 2002; WHO, 2011). A chronological age-limit will exclude and unjustifiably include persons who have experienced ageing differently than others, as the ageing process is heterogeneous and can express earlier or later in age-related problems. Age-related damage – whether cognitive, physical or social – would be the most naturally cut-off. For this study, such a natural boundary was adhered to for those individuals being abused. Individuals who were abused because of age-related problems were included. This means that we considered older persons as individuals who had diseases or experienced problems that were results of the ageing process and for whom these problems, according to them, played a role in their experiences with abuse. This required a post-hoc evaluation of the lead researcher (YM) and a co-researcher (JL) whether or not the situation of abuse could be attributed to and was influenced by age-related problems. In two cases, this led to the later exclusion of these individuals from the data used in current study.

For non-abused older persons such an empirical approach was not feasible, as we could not assess a causal effect of age-related problems to abuse, and we thus stumbled upon another issue of demarcation: when are age-related problems sufficient to result in an inclusion of being old? Taking into account these considerations, in the beginning of the study of non-abused older individuals we adhered to a societal demarcation of "older person" and we used the age of 65 as an inclusion to the study, being the retirement age in the Netherlands at that time.

In the initial phase of our study, we attempted to include the individuals that harmed or distressed the older victims. In the end, we succeeded talking only with two such individuals and had to refrain, because of limitations of time and sample size, from including this study group. People in the environment of the older person who caused harm or distress to the older person were considered and named perpetrators throughout this study (Dutch: *pleger)*, in line with current insights in elder abuse (Killick, Taylor, Begley, Carter Anand & O'Brien, 2015; Daly, Merchant & Jogerst, 2011; Naughton, Drennan, Lyons, & Lafferty, 2013; Erlingsson, Saveman & Berg, 2005), we refrain from using the word offender, because this has the connotation of purposeful behavior.

The framework of concepts

In the development of the main concepts of this study we used the definition of the WHO as a starting point: "Elder abuse is a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person" (WHO, 2002). All concepts, however, were open, and treated in an iterative way, that is depending on how the individuals involved in this study conceptualized the concepts (or not) we re-conceptualized these concepts.

Dependency and vulnerability

We considered the concepts dependency and vulnerability in line with the vulnerability theory that views dependency as a cause of vulnerability, which then causes abuse. These two concepts complement each other and the combination of both can lead to violence in later life (Anetzberger, 2004).

By dependency we mean relying on other people for assistance or care. This can be in the physical, economic, social, or psychological domain. Older persons can become dependent on their children, partners or other family members. Vulnerability is closely related to dependency. It has a specific meaning in the context of elderly. Vulnerability occurs because of increased physical frailty associated with aging (Slaets, 2006). Vulnerability may refer to an older person's exposure to abusive situations, the risk of suffering harm, as well as older person's capacity or diminished capacity to defend against abusive acts or to the older person's capacity to cope with the abusive situation and its consequences (Georgen & Beaulieu, 2013). The concept of vulnerability focusses on intrinsic characteristics of the victim (Fulmer et al., 2005). Thus the characteristics of the perpetrator or the environment are not taken into account. The role of vulnerability in elder abuse is debated (Grundy, 2006). However, together with dependency, it is considered an important contributor, and some would say prerequisite, for elder abuse and important to consider while conceptualizing elder abuse.

Trust relationship

The concept of trust relationship was one of the starting points for the exploration of the issue of elder abuse. Trust implies the expectation and some degree of confidence that the other person will behave as agreed upon (Goergen & Beaulieu, 2013). Relationships with the expectation of trust are considered as such on the basis of victims' perspectives and include victims' relationships with family members, friends, professionals (social workers, case managers, nurses).

Trust is linked to dependency and vulnerability as older persons who are in a trust relationship with their perpetrators experience increased dependency on the perpetrator and can also be more vulnerable to the actions of the others, in this case to the actions of the perpetrator (who can also be a carer). Therefore, victims' dependency and vulnerability increase their need for trust, and trust can become even more important for them as they may also feel less independent and autonomous (Goergen & Beaulieu, 2013).

Harm

By harm we understood physical, psychological, financial, sexual damage. Harm was conceptualized based on the perceptions of the interviewees. Severity and intensity thus may vary of the conceptualized harm. We also excluded incidental criminal behavior as abuse based on the idea that a trust relationship requires longer term relationships. This harm was defined following the commonly distinguished types of elder abuse, e.g., physical, psychological, financial, sexual and neglect. The term "abuse" excludes cases of self-neglect in contrast to some states in the US (Bartley, O'Neill, Knight & O'Brien, 2011; Pavlou & Lachs, 2008). Self-neglect is a controversial type of abuse. It implies that older

persons fail to meet their own physical, psychological, and/or social needs. It invokes further questions: If an individual is competent but chooses to neglect his/her own needs, is this then abuse? Moreover, self-neglect does not include a situation of abuse occurring within a trust relationship and the harm is caused by the older person (victim) him/herself. Therefore, it is not included in our initial list of the types of elder abuse.

Older person

Defining "older persons" in this study is a conceptually challenging task. Debates about the age at which a person becomes old show that it is problematic to adhere to a chronological age. Ageing is a process and a cut-off creates a rather artificial boundary that leads to exclusion and inclusion of participants that might conceptually fall at either side of the boundary. Some studies use an age limit because it marks the entry into retirement status, but retirement ages vary between different countries and societies (see for instance Comijs, 1999; Erlingsson, Saveman & Berg, 2005; Naughton, Drennan, Lyons, & Lafferty, 2013; Daly, Merchant & Jogerst, 2011) and so does the meaning of retirement over the life course (depending on a person's socio-economic status) (Goergen & Beaulieu, 2013). Taking into account these considerations, we decided to adhere to the age of 65 years (the entitlement age for pension benefits in the Netherlands) for non-abused persons and for abused older individuals we decided not to use an age limit in order not to exclude anyone by a rather arbitrary age limit (also see the considerations described above).

Thus, we considered abuse as an act that occurs within a trust relationship and causes harm or distress to an older person. We paid close attention to situations of dependence and vulnerability as that is known to increase the risk for abuse to happen.

Research design

This thesis was based on a qualitative study on elder abuse. Qualitative research enables exploring, understanding and explaining of a phenomenon. It allows getting to the inner experience of participants, to explore and discover the meanings, rather than testing variables (Corbin & Straus, 2008). Moreover, it allows for exceptions, and differential opinions, for the minority, to be heard which would have been missed with a positivistic approach. It also enables the exploration of complexities, of important details. The iterative approach used allows for the exploration of rationales and its emergent nature fits with the target of current research that was to explore and understand the phenomenon of elder abuse.

Choice of methods

Semi-structured in-depth interviews were chosen as the most fitting choice in terms of methods, because they allow exploring a topic, in this case elder abuse, to discover views, perceptions, experiences, beliefs, and that is what we aimed for. Moreover, it contributed to another important goal; namely to be able to discuss and follow perceptions, explanations and attitudes on the individual level. Moreover, the individual nature of semi-structured interviews and the way informants are free to express themselves takes into account the sensitivity of discussing elder abuse.

Focus groups use group dynamics to generate ideas and opinions. Since we wanted to explore the phenomenon from diverse perspectives, this method was chosen in addition to the semi-structured interviews. Furthermore, focus groups enable interaction between participants, which stimulates richer responses and new ideas and thoughts. It challenges the thinking of participants and thus illuminates conflicting and alternative opinions.

We considered interviews and focus groups more appropriated, because despite that observation is generally the best method for studying natural behavior, we wanted to explore opinions and perspectives. However, to situate our study better and develop appropriate terminology and questions we did observations that helped to obtain knowledge and understanding of the ideas about growing older and practices around elder abuse and to build connections with professionals in the field (this process will be described and discussed below, pp. 177-179).

Epistemological considerations

What did we consider data? Data is empirical representation of concepts and measurements. In our study, data mostly included spoken words that were transcribed verbatim. Our data was therefore text-based. As described above, the considerations and ideas about the concepts were taken into account before the process of data collection. During the research process new and adapted concepts were added as we continued our data collection and analysis, we reflected on the concepts and new ideas developed and this gave new directions and ways to analyze. Thus the iterative process of bridging ideas and data was continuous and interactive (see also Neuman, 2003).

As the core aim of current study was to study diverse perspectives, we wanted to keep the concept of elder abuse open to be able to change or modify it along with its exploration. The interaction between data, concept and theory remained iterative throughout the study as this approach allows openness to unexpected themes and enables changes in the direction or focus of the study along the way. Given the text-based data we collected, we used a hermeneutic approach, to give meaning and to make it understandable, a method of "continual interpretation and reinterpretation" (Bernard, 2006, p. 22). As such, we primarily used an inductive approach of grounded theory that implies that theory is built from data or grounded in the data (Glaser & Strauss, 1967; Neuman, 2006).

Development of interview guides

We developed the main concepts that we used in our interview guides and focus groups' protocol, and correspondingly the topics and questions of the interview guides from existing literature on elder abuse. Besides this, our terms and questions were formulated based on observations and informal conversations in a residential care facility, and pilot interviews with older persons (see Appendices A, B, C, E).

We used research literature on ageing and elder abuse - in particular concerning perceptions of older persons, both abused and non-abused, definitions of elder abuse, risk factors for abuse and theoretical frameworks on elder abuse. Furthermore, we conducted two literature studies on the definitions on and explanatory frameworks of

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elder abuse that also served as a basis for the development of the main concepts and terms that we have used while interviewing our respondents.

Since perspectives in the literature usually say more about what is being said and observed, but less about what is happening in practice, the lead researcher YM complemented this literature overview with informal conversations and participation in a residential care facility. These conversations and observations helped to better understand the ageing process, perceptions and attitudes of older persons towards aging, family relations, social networks and support. We used this information to gain deeper insight into aging, challenges and troubles older persons may encounter, and their awareness of elder abuse that later played a role in the development of the terminology and concepts used for the interview guides.

Partly, the initial results of the focus groups helped to choose the terms we used further in the interview guides for the interviews held with experts and non-abused older persons. After analyzing the relevant literature, obtaining information from observations and informal conversations we developed interview guides, which we tested in pilot interviews with ten participants (non-abused older persons, professionals from the field of elder abuse, and in addition, middle-aged individuals) in order to obtain more information on the subject and to check whether the topic lists and questions were clear and straightforward. After analysis and discussions of this pilot phase between the lead researcher (YM) and co-investigator (JL), subsequently, some of the questions were modified and adjusted (see Appendices B, C, E for further information).

Sampling and recruitment of participants

The sampling of participants for current study was not random, as would be the case in quantitative research. Instead, it is important that the sample yields the type of knowledge necessary to understand the structure and processes in which the individuals or situations are located. In this case, we strived for a sample that allowed us to understand the processes and perspectives of the individuals involved in the field of elder abuse. To do so, the principle guiding the selection of interviewees and participants was relevance instead of randomness.

Interviews

Non-abused older persons were recruited through convenience sampling and snowball sampling (Polit & Hungler, 1999) through referrals from other respondents and via contact persons, being primarily coordinators of volunteers and welfare managers in residential facilities and nursing homes (see also chapter four).

Six older victims were recruited through advertisements in freely distributed local newspapers. The advertisement was placed in local, freely available newspapers. In the advertisement the aim of the study was shortly described. Older persons were asked if they wished to share and discuss their experiences and stories and were suggested to contact the researcher. Confidentiality was guaranteed and it was emphasized that after contact there was no obligation to participate. An additional eleven abused older individuals were recruited through elder advisors and welfare managers who work in healthcare institutions or support centers of domestic violence.

The main inclusion criterion was experience with any type of abuse (see chapters one and five). Some weeks before an interview, these contact persons asked older victims to participate in the study. When interested, the primarily responsible researcher contacted them personally. After a full explanation of the purpose of the research by phone, the interviewees were given a few days to think about the request after which the lead researcher would contact them again. If the interviewee still agreed, appointments were made for a place and time to meet as chosen by the interviewee (see also chapter five).

Experts in elder abuse were identified through different organizations in research, elder abuse care and elder abuse fields. Furthermore they were approached through contact persons via a snowball sampling technique (see chapter three).

All the participants were considered to be cognitively intact and to have the capacity to consent to involvement in the study. In a few cases, the primarily responsible researcher was in doubt about the capacity of the interviewee after the initial conversation. If in doubt, the researcher would refrain from including this individual to the data sample. Participation in the study was voluntary. The respondents were told that they would receive a small gift (notebook) after participation in the interviews. Prior to the actual interview, the purpose of the study was again explained to each participant.

To maximize inclusion of a heterogeneous sample, we included participants (e.g. older individuals) with a broad age range and in diverse living situations and geographic placements. The heterogeneity of the sample also enabled a differential expression of participants' ideas regarding elder abuse.

Focus groups

The list with the potential participants for the focus groups was made on the basis of known organizations in the Dutch field of elder abuse using a web-search and cross-referencing. After this, persons from the different organizations were contacted and asked for further referral to additional organizations and participants, thus using a snowball sampling technique. Following this, all the potential participants were contacted and invited to take part in a particular focus group (based on their expertise, experience, skills). This also meant that at times initial invites for focus groups were assigned to another focus group after contacting the potential participant. Experts were approached in a similar way through contact persons and via a snowball sampling technique. The experts were considered as such based on their experience with elder abuse, and/or specific knowledge and expertise related to the field of elder abuse.

All the participants were considered to be cognitively intact and had the capacity to consent to involvement in the study. Confidentiality and anonymity were guaranteed through an explicit oral agreement. With the permission of the participants, the interviews were recorded. At the same time notes were taken by the interviewer. The presence of the audio-recorder did not seem to influence the process of the interviews, as often the interviewer observed that the respondents forgot about it and did not pay attention to it when the interview moved along. Only three interviews were not recorded as the respondents felt safer and more comfortable when the interviewer was only taking notes.

Finding participants

Getting acquainted with the topic of elder abuse, establishing contacts with various organizations and professionals in the field and the process of data collection and finding respondents included several phases, which at times occurred simultaneously.

The first phase included participant observations and (in)formal conversations with older persons. As soon as empirical data collection on elder abuse was initiated the primary responsible researcher YM also started volunteering at a residential care facility in a large city of the Netherlands, part of the conurbation of Western Holland. This participant observation continued for two and a half year. YM participated in the activities, helped and assisted older persons and carried out informal conversations. YM observed, made notes for herself and analyzed them. Permission to take notes was obtained from older persons. This experience later helped to find respondents for interviews (non-abused older persons) and was also a good basis for the development of interview guides and modifying some of the concepts that were studied in the study.

Simultaneously YM tried to establish contacts with different organizations and professionals in the field of elder abuse in order to receive access to future participants (foremost victims of abuse). These organizations were support centers for domestic violence, welfare organizations for older persons and public health institutions. It was important to get to know the principles of their work, how they function and to understand how they worked with clients. This included how these professionals communicated, how they collaborated with other professionals and how they interacted with elderly care advisors, welfare and case managers, and other professionals involved. YM participated in the meetings of the elder abuse multidisciplinary team and gatherings of regional welfare organizations in Leiden, Haarlem, Utrecht, The Hague and Rotterdam. Moreover, several times, especially in the initial phase, YM conducted day visits at the same organizations to observe their way of practice. In addition, together with case managers elder abuse YM visited older persons who experienced problems in the family, who were in abusive situations or who were visited because of suspicions of abuse. Involvement in these activities helped YM not only to find respondents, but also to better understand the field of elder abuse, the management of cases of abuse and prevention or intervention strategies used in the practice of elder abuse.

An interesting observation, not really delved into in the manuscripts, is that some elderly care advisors could be seen behaving as "gatekeepers" between older persons and the lead researcher YM. They were not willing to ask older persons whether they wanted to participate in the study as they felt they need to protect them and considered that giving interview would be too difficult and painful for these older victims. They did, however, allow YM to participate in the chain of activities and interactions that they had with these individuals. We later analyzed this protective behavior as coming forth out of an understanding of these individuals as vulnerable. However, older persons themselves could, during the very same visit, be open and willing to share their experiences and stories. We decided to refrain from including those individuals despite this willingness, since it would disturb professional practice of the professionals involved. Thus, such behavior of elderly care advisors was an

important barrier, perhaps justified but also influenced by their perception. In contrast to this behavior, some of the elderly advisors and case managers assisted YM to come in contact with older victims of abuse. They played a crucial role in the process of finding and approaching the potential interviewees. These individuals seemed to have a different perspective on vulnerability and especially self-reliance (see chapters three, six, seven) than the 'gatekeeping' professionals.

In addition to above mentioned and described activities, I collaborated with experts and professionals from other countries (for instance France, Australia) in order to create a network of internationals experts who gave valuable advices, support and feedback. They also shared their experience with approaching older victims in their countries.

The researcher's role and position

As it is well-known the role of the researcher in a qualitative study is quite different from that in quantitative study. The researcher is considered an instrument of data collection, which means that data is mediated through a human instrument rather than through questionnaires or other means (Lenzin & Linkoln, 2003). YM tried to write down thoughts, reactions, new ideas and insights during the process of conducting interviews and observations. It helped to reflect and better understand own perceptions and attitudes.

The role of qualitative researcher can be emic and/or etic (Punch, 1998). YM's role was both emic and etic. YM started as an outside observer but then slowly participated in the activities of older persons (during the initial phase of participant observation). They perceived YM as someone with whom they could chat, share their ideas, as a friend, not as a "stranger from outside or observer". After that roles changed to more of a participant, but rarely fully so. While conducting interviews YM was again more an observant.

YM listened carefully to what respondents told, asked probing questions, thinking over, and then asked more questions in order to get to deeper levels during the conversations. The place where the interview took place, day and time of the interview, mood of the interviewee influenced the process of interviewing and the answers of the interviewee. These factors are not always under control of the researcher, therefore it is important to try to take them into account and realize what effects they can have in the analyses. It is therefore that throughout this thesis we have tried to show how there are core variables, with differing expressions.

During the data collection, it was crucial to develop trust relationships with the interviewees. First, the topics discussed were sensitive; moreover, some of the interviewees were victims of abuse and we asked them to share their experiences with abuse. It was very important for them to feel safe and to trust the person with whom they shared their experiences. Therefore YM starting points were to show respect, empathy, engagement, and understanding of their situation and their experiences. In addition, for the victims of abuse the researcher (YM) also represented a neutral outsider, someone who would listen without judgements. Moreover, YM tried to be aware of verbal and non-verbal expression (reactions, posture, emotions). Unfortunately, it was not possible to rely on continuous contact, which is also important in developing trusting relationships, as with some of the respondents YM could only meet once, as the topic of elder abuse

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was sensitive and it was difficult and at times burdening for older persons to discuss and share their experiences. Admittedly, at times, at least initially, respondents did give socially acceptable answers. For instance, on questions about their relationships with children and grandchildren, they normally answered that the relationships were ''good'', however, later on after telling more, they would describe them differently and as not so good and mentioned some problems in these relationships.

As YM interviewed different target groups (e.g. non-abused older persons, victims of abuse and experts), their ideas and understanding of the role as a researcher differed. Indeed, some of the respondents (in particular, older persons) did not view YM as a traditional researcher. Sometimes they thought that YM's role was similar to a journalist who asks different questions and wants to gather information, which was partly true as YM did ask questions and aimed to gather relevant information. It was not so common for them to be interviewed, especially not on such a topic as elder abuse. For some of the respondents it was the first time that they were asked to give interviews. That is why in the beginning of the interview they sometimes felt nervous or were slightly worried. However, these feelings went away after a few minutes – also because we paid close attention to the chronology of topics after our initial experiences and revisions in the pilot interviews. For experts this was different. They were fully aware of my role as a researcher. For a lot of them it was common to give interviews and they felt quite comfortable from the very start. Moreover, they were happy to share their knowledge and make their contribution to this study.

As for the focus groups, YM together with JL acted alternating as discussion leader and discussion assistant. The discussion leader tried to make sure that participants listened to each other, respected each other and gave each other space to describe their views to facilitate the discussion. This role can be described as an observer who does not try to get involved in the discussion, but to facilitate and support it.

Data analysis

Organization of data and coding procedure

As described above, the grounded theory approach was used to analyze interviews and focus groups' data (Glaser & Strauss, 1967). The interviews and focus groups were transcribed. Fieldwork notes that were taken during the focus groups and interviews were also transcribed. The transcripts of the interviews and focus groups and other data (notes, literature on elder abuse (articles, protocols, relevant documents) were carefully read and studied. After the first interviews and focus groups were conducted, the transcripts were made and they were read, analyzed and coded by two researchers (the researcher who gathered the data YM and her supervisor JL) as this first data coding served as a foundation for further data collection and analysis. Based on these initial transcripts, a code-list was developed.

First, the data was ordered. The transcripts of the interviews and focus groups were organized based on the professional background and inclusion criteria of respondents with whom interviews and focus groups were conducted. For the focus groups they were ordered by each focus group (experts, policy makers, managers, interest organizations of older persons, physicians, professionals from intramural and extramural care and older people themselves). The transcripts of the interviews were

organized by the group of interviewees (non-abused older persons, experts, victims of abuse). The coding of the data was performed for each group, using the same principles as described above.

The other transcripts were also subsequently coded. We used inductive and primarily "open" coding that allows the generating of theory that is grounded in the data and enables emergence of understanding from the close study and constant comparison of the data. In vivo coding was also used (the actual words and/or phrases of the respondents themselves) whenever open coding could not capture the interpretive meaning of the concept. In discussion with the co-investigator JL, after coding of the interview transcripts of all the groups (non-abused older persons, experts, victims of abuse) the lists of codes were developed (repetitive codes were removed). After studying the relations between these concepts and in discussion with JL, these codes were further used for developing of bigger themes (grouping codes of the concepts) and then from these concepts main categories were derived. These main categories form the basis of the findings and conclusions that were discussed and drawn in the chapters (scientific articles) of current thesis.

For organization, coding and subsequent analyzing of data we used NVivo, a software program for analyzing qualitative data. It allows classifying, sorting, arranging information and examining relationships in your data.

Analytical tools

For analyzing the data we (YM and JL) used different analytical tools. JL was time to time involved in the transcription, coding and further analyzing of data to cross-check the process of analysis of the data. One of the most important tools was asking continuous questions. Constantly asking questions to the data (e.g. what, who, where, how, why this one, or with what consequences) helped to become acquainted with the data and understand what it tries to tell, to find other ways of thinking and to probe the data in other to capture a diversity of experiences and perspectives and relevant variables of elder abuse.

Another analytical tool that was used was making constant comparisons between the data. For instance, comparing definitions and explanations of elder abuse of within and between different groups of respondents (older persons, victims, experts), their similarities and differences. This tool suggested further interview questions and moreover, forced to examine researcher's (YM) assumptions, perspectives on the topic of elder abuse and the ones of the participants.

An additional analytical tool used was semantic exploration, thinking about the various meanings of a word. YM and JL brainstormed about the meanings of keywords and phrases, including sometimes even the most farfetched possibilities, then discarded those meanings that were irrelevant and improbable when analyzing the data. For instance, phrases of older participants such as "take control of your own", "boundaries were crossed", "care is insufficient", "double dependency" were explored and analyzed. Therewith while finding and analyzing possible meanings and relating them to the rest of the interview, and other interviews, we could make sense of the data and these particular terms that at first were not entirely clear. As such, we conceptualized the key variables and themes in this research.

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Saturation

Theoretical saturation of data means the continuation of sampling and data collection until no new data emerges (Douglas, 2003). Hence, interviewing will take place until the data arising from the interviews becomes repetitive. This kind of theoretical saturation was reached while interviewing non-abused older persons and experts. With older victims of abuse the theoretical saturation was not entirely reached as our sample was quite small. The identified variables (see chapter five) did reach saturation level, but we were uncertain whether the expressions of those variables did show sufficient saturation (as acknowledged in chapter five). Experiences of abuse are quite unique and differ among victims. However, for example, no new data emerged while asking victims of abuse about coping strategies and how they dealt with abuse and its effects.

In the analysis we worked towards conceptual or descriptive saturation meaning that the researcher finds no new codes, categories or themes emerging from the analysis of data (Rebar, Gersch, Macnee & McCabe, 2011). The conceptual saturation was reached with the analysis of the data from experts' interviews and interviews with non-abused older persons as sufficient data was acquired to develop relevant categories. It is more difficult to determine whether saturation was reached with the analysis of data from the interviews with victims of abuse as the sample was relatively small (as was already discussed above while describing theoretical saturation). However, no new categories emerged from the analysis of data concerning coping strategies that victims used to deal with elder abuse. We estimate that, perhaps, additional ways of expression of these themes might emerge when data collection would have continued (as acknowledged in chapter five).

References

Abbey, L. (2009). Elder abuse and neglect: When home is not safe. Journal of Clinical Geriatric Medicine, 47–60.

Anetzberger, G. (2004). The reality of elder abuse. *Clinical Gerontologist, 28 (1)*, 1–25

Ansello, E.F, & O'Neill, P. (2010). Abuse, neglect, and exploitation: Considerations in aging with lifelong disabilities. *Journal of Elder Abuse & Neglect, 22,* 105–130.

Baron, S., & Welty, A. (1996). Elder abuse. *Journal of Gerontological Social Work, 25*, 33–57.

Bartley, M., O'Neill, D., Knight, P., & O'Brien, J. (2011) Self-neglect and elder abuse: related phenomena? *Journal of the American Geriatrics Society, 59,* 2163–2168.

Bernard, H.R. (2006). Reserch methods in anthropology. Qualitative and quantitative approaches. CA: AltaMira Press.

Corbin, J., & Strauss, A. (2008). Basics of qualitative research: Techniques and procedures for developing grounded the: Techniques and procedures for developing grounded theory. CA: Sage Publications, Inc.

Daly, J., Merchant, M., & Jogerst, G. (2011). Elder Abuse Research: A Systematic Review, Journal of Elder Abuse & Neglect, 23, 348–365.

Denzin, N. & Lincoln, Y. (2003). The landscape of qualitative research: Theories and issues. London: Sage Publications, Inc.

Douglas, D. (2003). Grounded theories of management: A methodological review. *Management Research News, 26*, 44–60.

Erlingsson C. (2007). Elder abuse explored through a prism of perceptions: Perspectives of potential witnesses (Doctoral dissertation). Retrieved from http://www.diva-portal.org/smash/get/diva2:140861/FULLTEXT01.pdf

Erlingsson, C., Saveman, B., Berg, A (2005). Perceptions of Elder Abuse in Sweden: Voices of older persons. *Brief Treatment and Crisis Intervention, 5,* 213–227.

Fulmer, T., Paveza, G., VandeWeerd, C., Fairchild, S., Guadagno, L., Bolton, M., & Norman, R. (2005). Dyadic vulnerability and risk profiling for elder neglect. *The Gerontologist, 4*, 525–534.

Glaser, B., & Strauss, A. (1967). *The discovery of grounded theory: strategies for qualitative research*. Chicago: Aldine transaction.

Goergen, T., & Beaulieu, M. (2013). Critical concepts in elder abuse research. *International Psychogeriatrics, 25*, 1217–1228.

Grundy, E. (2006). Ageing and vulnerable elderly people: European perspectives. *Ageing and society, 26,* 105–134.

Killick ,C., Taylor, B. Begley, E, Carter Anand, J., & O'Brien, M. (2015). Older people's conceptualization of abuse: a systematic review. *Journal of Elder Abuse & Neglect,* 27, 100–120.

Mysyuk Y., Westendorp R., & Lindenberg J. (2013). Added value of elder abuse definitions: a review. *Ageing Research Reviews, 12,* 50–57.

Naughton, C., Drennan, J., Lyons, I. & Lafferty, A. (2013). The relationship between older people's awareness of the term elder abuse and actual experiences of elder abuse. *International Psychogeriatrics, 25* (8), 1257–1266.

F

Neuman W. L. (2006). Social research methods: Qualitative and quantitative methods. Boston: Pearson Education, Inc.

Patton, M. Q. (2002). Qualitative evaluation and research methods . Thousand Oaks, CA: Sage Publications, Inc.

Pavlou, M. &, Lachs, M. (2008). Self-neglect in older adults: A primer for clinicians. *Journal of General Internal Medicine, 23*, 1841–1846.

Punch, K.F. (1998). Introduction to social research: Qualitative and quantitative approaches. Beverly Hills, CA: Sage Publications.

Slaets, J. (2006). Vulnerability in the Elderly: Frailty. *Medical Clinics of North America, 90,* 593–601.

Spiers, J. (2000). New perspectives on vulnerability using emic and etic approaches. *Journal of Advanced Nursing, 31*, 715–721.

Thane, P. (1978). The muddled history of retiring at 60 and 65. *New Society, 45(826)*, 234–236.

World Health Organization [WHO]. (2002). *Active ageing: a policy framework*. Geneva.

World Health Organization [WHO]. (2011). *Definition of an older or elderly person*. Retrieved from http://www.who.int/healthinfo/survey/ageingdefnolder/en/index.html