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## Feature Article

## Barriers to help-seeking for elder abuse: A qualitative study of older adults

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## ABSTRACT

The identification of barriers to older adults' help-seeking can help develop effective preventive and supportive strategies. The present descriptive qualitative study seeks to explore the barriers to help-seeking for elder abuse in Iran. Eighteen older adults with a history of abuse were selected through purposive sampling. Data were collected through semi-structured interviews. Data analysis was performed concurrently with data collection using the conventional content analysis. The barriers to help-seeking for abuse were categorized into three main categories, namely personal attitude toward abuse, the inefficiency of support systems, and dependence on others. Training programs can help promote the knowledge of older adults and their families about abuse and facilitate its prevention. Policy-makers and executive managers can also use the findings of the present study to develop supportive strategies for older adults.

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## Introduction

Medical advances in recent decades have reduced the mortality rate, improved the life expectancy and thereby increased the elderly population.<sup>1</sup> The global elderly population is estimated to reach from 900 million in 2015 to 1.4 billion in 2030 and 2.1 billion in 2050.<sup>2</sup> The elderly population in Iran has also increased significantly<sup>3</sup> and is estimated to reach 8.7% of the total population in 2025 and more than 30% of the total population in 2050.<sup>4</sup> The aging population is a global phenomenon that is not limited to a specific geographic region or country.<sup>3</sup> Iran is also among the countries that are experiencing an increasing growth in their elderly population.<sup>4</sup> The results of the 2006 general census indicate that Iran has become an elderly country with 7.2% of the population being over age 60. According to the latest report by the Statistical Center of Iran (2016), about 9.27% of the total population of Iran is 60 years old and above.<sup>5</sup>

Aging is associated with reduced physical, cognitive and mental abilities, the emergence of functional disorders and increased risk for chronic health conditions and disability.<sup>6</sup> Older adults

therefore become increasingly dependent in their activities of daily living, fulfilling their needs and managing their life and problems. All these problems make them vulnerable to elder abuse.<sup>6</sup>

Elder abuse is defined as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person”. It includes physical, psychological, sexual and financial abuse as well as neglect.<sup>7</sup> Elder abuse is considered a health problem throughout the world. The prevalence of elder abuse varies in different communities depending on the population, living environment, definitions and methods of the research. The prevalence of elder abuse in the north and south of the United States varies from 10% in the elderly without cognitive impairment to 47.3% in the elderly with dementia. In Europe, the prevalence varies from 2.2% in Ireland to 61.1% in Croatia. In Asia, the highest prevalence is in China (36.2%) and the lowest in India (14%). In Africa, only two studies have been conducted on this subject and they report the prevalence of elder abuse as 30%–43.7%.<sup>8</sup> Statistics show that 3.2%–27.5% of older adults experience abuse.<sup>9</sup> Although several studies have reported elder abuse in Iran,<sup>10–14</sup> there is no reliable statistics on its prevalence.

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Elder abuse is associated with different physical, mental, financial and social consequences and serious complications for older adults.<sup>7</sup> It causes fear, depression, stress, disappointment, isolation,<sup>15,16</sup> sleep disorders, disability and even death and increases the risk for suicide.<sup>17</sup> Any kind of elder abuse is obviously a violation of human rights that can undermine older adults' quality of life and well-being.<sup>18</sup>

Elder abuse is a hidden phenomenon that occurs behind closed doors.<sup>19</sup> Help-seeking by the abused older adult is therefore considered the first step to abuse prevention and management. Help-seeking involves problem-solving behaviors at the time of serious life events<sup>20</sup> through which individuals can identify their problems and use others' help to manage them.<sup>21</sup> Most abuse victims, however, prefer not to seek help from others.<sup>18</sup> A study showed that only 1.3% of abuse victims refer to legal authorities to seek help.<sup>19</sup>

Help-seeking behaviors among abused older adults are wide-ranging in scope and vary from one person to another. They are affected by various factors, including physical and mental abilities, physical and emotional dependence, cultural structure, abuse severity and the older adult's perception of abuse.<sup>12,21,22</sup> For instance, in one study, some older adults regarded abuse as a family conflict rather than abuse and some others believed that they deserved abusive and violent behaviors.<sup>22</sup> Other studies also found that older adults avoid abuse reporting and help-seeking due to their sense of shame, dependence on the abusers, unawareness of the available support services and fear of the abusers' revenge on them or intention to discard them.<sup>23–25</sup> The older adults in these studies had sought help only in the case of serious and unbearable abuse or in instances of having readily-available sources of help and support.<sup>23–25</sup> These findings show that there are barriers to older adults' help-seeking for abuse. Nonetheless, there is no comprehensive information about these barriers.<sup>8,19</sup>

In Iran, the Iranian culture and traditional beliefs have a prominent role in people's life, but industrialization has created many challenges in this area. Many developing countries, including Iran, are in a state between tradition and industrialization.<sup>2</sup> Special social phenomena such as urbanization, modernity, changes in traditional values, the contradictions in the value systems of the new and old generations and the lack of readiness for taking care of older adults have led to the emergence of elder abuse in Iranian societies.<sup>29</sup> With the increasing growth of the elderly population, abuse may also increase as a more serious problem. Therefore, policy makers and planners should devise plans to deal with this phenomenon. Since no studies have yet explored these barriers in the sociocultural context of Iran, the present research was carried out to explore the barriers to help-seeking for elder abuse among a group of Iranian older adults.

## Methods

### Participants

Participants were 18 community-dwelling older adults in Guilan, Iran, who were selected from community settings, including families, retirement centers, municipal health centers, parks, religious associations, mosques, healthcare clinics and older adults' workplaces. Purposive sampling was carried out with maximum variation in terms of gender and education. Purposive sampling was first used and the elderly who had experienced abuse, had rich information about this phenomenon and could provide a

thorough picture of the phenomenon under study were selected. In the second step, the next participant was selected based on the results of the analysis of the interview data or based on the raised questions. Then, with the progress of the study, purposive sampling turned into theoretical sampling. In some cases, snow-ball sampling was also used because of participants' lack of cooperation to recount their experiences of abuse and their manner of dealing with them. For this purpose, the previous participant was asked to introduce the next participant with abuse experience to the researcher, which meant that the new participants communicated more easily with the researcher.

This study used sampling with maximum variation to achieve different perspectives on the subject, and the participants were selected from different age groups according to the WHO classification (50), including young-old (65–74 years), middle-old (75–84) and oldest-old (85+). Also, considering their living status, the elderly who lived alone, who lived with their spouse, with their children or with their relatives entered the study. Considering the role of education in understanding abuse and the manner of reacting to it, the participants were selected from different educational backgrounds. Also, financially- or physically-dependent and non-dependent participants were all selected. In terms of gender, both men and women, and in terms of marital status, married, single and widowed participants were selected. Urban and rural residence and good, moderate and poor economic status were all considered factors affecting the selection of participants.

Informed oral consent was obtained from the older adults before they entered the study. The inclusion criteria consisted of a score above 7 in the Abbreviated Mental Test (AMT), age over 60 years, ability to speak Persian, no cognitive problems and a previous experience of abuse. The AMT, which consists of ten items, has been developed by Hodkinson in 1972 and was used in this study to assess the mental health of the older adults. The cut-off point for this questionnaire is 7 and scores less than 7 indicate cognitive impairment.<sup>30</sup> The study population consisted of the elderly population living in Guilan Province, which is one of the northern provinces of Iran with an area of 14,044 m<sup>2</sup> and a population of 25,300,000 according to a 2016 census.<sup>31</sup> Older adults constitute 11.7% of the population in this province, making Guilan the oldest province of the country.<sup>32</sup> The participants were selected from among the families, retirement centers, municipal health centers, parks, religious associations, mosques, clinics and older adults' workplaces.

### Data collection

Data were collected over a ten-month period (i.e. from September 2017 to August 2018) via face-to-face semi-structured interviews. The interviews began with questions about participants' demographic characteristics, followed by questions about their abuse experiences and their reactions to abusive behaviors. To clarify any ambiguities, they were also asked some probing questions, such as "Can you provide an example of this?" and "Can you elaborate on this?" At the end of the interviews, the participants were asked if they wanted to add anything else. The time and place of the interviews were arranged based on participants' preferences. The interviews lasted 30–60 min according to participants' conditions and continued until data saturation, i.e. the point at which no new data was obtained from the interviews. The interviews were recorded in audio format and immediately typed up by the researcher in Microsoft Office Word.

Examples of the questions in the interview guide are shown in the [Box 1](#):

**Box 1.** Interview guide.**Interview guide**

1. Explain your living arrangements at this age and how your relationship is with your spouse, children, family, friends and others.
2. How do your spouse, family members, and others treat you?
3. Have you ever been upset about the behavior of your spouse, family members or others toward yourself? When? Why?
4. Can you explain a little bit about the last time you were upset with your spouse, family members or others?
5. What reaction did you have in that situation? Why?
6. Have you ever sought help to prevent these behaviors? Or have you ever talked to anyone about it?
7. Who do you ask for help in such situations? Or who do you talk to? Why?
8. Why do you endure your living arrangements despite these behaviors?
9. Which other people do you find able to help you in such situations?
10. Have you ever counteracted them? If not, why?

*Data analysis*

This descriptive qualitative study using the conventional content analysis method proposed by Graneheim and Lundman (2004) was used to analyze the data. The steps included (Table 1):

1. Transcribing the recorded interviews and reading them several times to achieve a proper understanding.
2. Extracting the meaning units and classifying them as condensed meaning units.
3. Selecting appropriate codes for the meaning units.
4. Sorting the sub-themes by comparing their similarities and differences.

5. Selecting proper themes that encompass all the categories.<sup>33</sup> The data were managed in MAXQDA-10 software.

*Ethical considerations*

The Ethics Committee of Tehran University of Medical Sciences in Tehran, Iran, approved this study (code: IR.TUMS.FNM.REC.1396.4459). The participants were briefed on the study objectives and then ensured of the confidentiality of the study data, the voluntary nature of participation and their freedom to discontinue the interviews at any time without experiencing any negative consequences. Verbal and written consents for participation in the study were obtained from all the participants.

**Table 1**

A summary of the coding process.

Theme	Subtheme	Condensed meaning unit; description close to the text	Meaning unit
Personal attitude toward abuse	Different perceptions about the definition and context of elder abuse	Disrespect and mistreatment of the elderly by family members	My son disrespects me; he maltreats me; sometimes he pushes or punches me, but this is just a family conflict.
	Consequence of own past actions	Working day and night, not having a good income and being punished for not meeting the children's needs	I worked day and night. Well, I didn't take good care of my son. I didn't have a good income. My son could not study, I have to pay for my faults.
	Fear and concern over the future	Being thrown out of the house in the event of suing the abuser	If I sue, he'll throw me out of the house, then I will have no place to live.
Inefficiency of support systems	Insufficiency of social support systems	Lack of elderly support centers or physical and financial inability to use the facilities of these centers, if any	There is no place to help us, even if there is, I can't go. They surely would want money. I don't have any money.
	Disappointment with the legal system	The invisible effects of disrespect and inability to prove mistreatment	I can't prove some of his mistreatment. Disrespect is not something that can be proven; it isn't physical damage that leaves marks.
Dependence on others	Love for and belonging to the abuser	Concerns about creating a problem for their children and getting them imprisoned	I pity him, and I can't do something that upsets or imprisons my son.
	Diminished power	Tolerate conditions due to physical inability	I'm not physically capable of performing my daily tasks. I have to tolerate.

## Trustworthiness

Different techniques were used to ensure the trustworthiness of the study. The data were independently coded and categorized by each of the authors and they then compared their generated codes and categories with each other. Any disagreements were discussed and resolved. A member check was also performed and some of the participants were asked to comment on the fit of the data with their own experiences. A peer check was also carried out, and several interview transcripts and their corresponding codes were distributed among several qualitative researchers not involved in the study and they were asked to comment on the findings. The transferability of the findings was also ensured through maximum variation sampling.

## Findings

The participants included 18 older adults (14 females and four males) at the age range of 61–92 years and with a positive history of abuse (Table 2). The barriers to their help-seeking for abuse were categorized into three main categories, namely personal attitude toward abuse, inefficiency of support systems and dependence on others. The following section presents these categories and their subcategories.

### Personal attitude toward abuse

Personal attitude toward abuse was the first main category of the barriers to help-seeking for abuse. The study participants had different attitudes toward abuse, most of which prevented them from help-seeking. For instance, some of them considered abuse a family conflict and therefore did not seek help for it. Some of them did not consider it a serious problem because it had not inflicted them physical damage and were therefore doubtful about seeking help.

*“My son is disrespectful and mistreats me; he even pushes or punches me, but fortunately, I haven’t had any physical injuries. This is just a family conflict” (P3).*

Some others considered their current condition a consequence of their past actions in life and therefore accepted and tolerated it. This main category included two subcategories, namely ‘considering abuse

a consequence of own past actions’ and ‘fear and concern over the future’.

### Considering abuse a consequence of own past actions

Some of the participants considered abusive behaviors toward themselves a consequence of their own past actions and behaviors. They accused and blamed themselves for their neglectfulness in properly raising their children, treating them with kindness and providing them with sufficient accommodation and educational facilities; they therefore believed that they deserved abuse.

*“I worked day and night. I was tired when I came home. My income was not very good, I could not afford to pay for his education. My son could not study, and now he is obsessed and is abusing me. It’s my fault and now I have to pay for it” (P4).*

Some of them also considered abuse an atonement for their sins and believed that patiently tolerating abuse washes away sins and brings them God’s mercy in the afterlife.

*“I might have committed some sins or violated somebody’s rights in my youth that my life now is like this. Maybe this pain and difficulty I’m now suffering will wash away my sins” (P5).*

Some of them attributed the abusive behaviors of others toward themselves to their predetermined poor fate and believed that their lives had been established on pain and agony from the beginning. Such beliefs prevented them from seeking help for abuse.

*“From the beginning, I was born with misery; my destiny was a miserable one. My father was poor, my son was evil, and now my wife is annoying me. A bad fate can’t be changed. There is no way to escape it and I just have to endure” (P1).*

### Fear and concern over the future

Another main barrier to help-seeking for abuse in the participants was fear and concern over their indefinite future. They had fear over dishonor, others’ blames, the abusers’ revenge or retaliation, the aggravation of abuse, their children’s refusal to hold a deserving funeral for them, being discarded and left alone, homelessness and being stigmatized. Fear over dishonor was one of the main concerns of almost all the participants. One of the participants who was abused by his child discussed wanting to protect his family’s honor:

*“These are family conflicts; they cannot be reported. The honor of the family is in danger. I have to endure to protect the honor of the family. Others can’t solve my problems. By reporting it, I have just dishonored myself. I rather die than dishonor the family” (P7).*

Fear of the children’s refusal to hold a deserving funeral for them and fear of experiencing a lonely death were other barriers to help-seeking reported by the older adults. One participant said:

*“I don’t say anything and keep silent because whatever I say, it will get worse, I’m afraid he won’t attend my funeral. Just like when his father died. Then there’s nobody to carry my coffin” (P4).*

The participants also believed that reporting abuse may cause their family members to discard them and leave them alone. In other words, they avoided reporting abuse and seeking help due to their fear of loneliness. This fear was deeper among those who were widowed and lived alone. Some of them also had fear of being sent to nursing homes and therefore attempted to tolerate abuse and avoided reporting it.

*“If I file a lawsuit over abuse, my son will throw me out of his home. Then, where can I go? I’m homeless. They may even send me to a*

**Table 2**  
Participant’s characteristics.

Characteristic	n (%)	
Age (Years)	Mean	68.9
	60–75	16 (88%)
	76–90	1 (6%)
	>90	1 (6%)
Gender	Male	4 (22%)
	Female	14 (78%)
Education	Illiterate	5 (28%)
	Primary and junior high school	6 (33%)
	High school	2 (11%)
	University	5 (28%)
Marital status	Married	9 (50%)
	Widowed	7 (38%)
	Divorced	1 (6%)
	Single	1 (6%)
Living arrangements	Alone	39 (17%)
	With spouse	7 (39%)
	With children	6 (33%)
	With relatives	2 (11%)
Place of residence	Rural areas	5 (28%)
	Urban areas	13 (73)
Abuser	Children	11 (61%)
	Spouse	3 (17%)
	Relatives	4 (22%)

nursing home. I prefer this miserable life here over being transferred to a nursing home”.

#### Inefficiency of support systems

Inefficiency of support systems was the second main category of the barriers to help-seeking for elder abuse. This category included the familial and social barriers that prevented reporting abuse and seeking help for it. The three subcategories of this category included ‘inefficiency of social support systems’, ‘disappointment with the legal system’ and ‘disappointment with family support’.

#### Insufficiency of social support systems

Most participants were unaware of the social support services available for elder abuse. They did not know where and how to seek social support. Some of them also noted that, because of age-related disabilities, they could not easily seek and use the available social support services or could not easily access these services.

*“There is no place to go to for help. Even if there are such places, I don’t have the ability to go there. Somebody should take me. I can’t go anywhere alone. They make no plans to come and find us. Their services may not be free of charge and I have no money. I think there is no place for helping people like us” (P11).*

#### Disappointment with the legal system

The participants highlighted the lack of a legal authority to support them against abuse. The lack of social and legal support made them tolerate abuse. The participants who had the experience of calling the police at the time of abuse also reported that the police did not adequately support older adults, considered abuse a family conflict and advised them to cope with the abuse and abusers. They also noted that police interventions to solve an abuse case were ineffective and simply had the effect of suspending abuse for a short period of time. They considered the lack of supportive laws and legal authorities’ support as facilitators of abuse and barriers to help-seeking.

*“The police told me that they can’t do anything for me because it is a family conflict. They advised me to cope with my children and tolerate them instead of calling the police” (P6).*

The lack of evidence to prove abuse was another barrier to help-seeking. Most participants reported verbal and emotional abuse against them and considered disrespect, humiliation, condemnation, ridicule and inattention as instances of abuse. Nevertheless, they were unable to prove these types of abuse due to the lack of an objective evidence. They also emphasized that, without adequate evidence, legal authorities never support them.

*“If I call the police, I need to prove my claim. How can I prove that my son treats me badly or does not respect me? His behaviors have no detectable and provable effects that I can show as evidence to others. These are non-provable psychological strain” (P3).*

#### Disappointment with family support

Despite experiencing abuse from their children, the participants were reluctant to report abuse or seek help, because they believed that abuse reporting can damage the integrity of their family, cause problems for the family and negatively affect family relationships. One of the participants who was abused by his son was worried about disrupting the family ties if the subject was disclosed. She said:

*“I wouldn’t tell my problem to my daughter or to anyone else. If my daughter knew my problem, she would interfere, then things would get worse. This makes him angry and hateful of his sister. I don’t want to disrupt their relationship. My problem is not solvable, so it’s better that no one finds out” (P6).*

The participants also noted how their other relatives refrained from mediating between them and their abusers to solve the problem of abuse because they considered any mediation an instance of overt curiosity and interference in others’ private life. The participants also avoided seeking help from their relatives because they believed that their relatives were so preoccupied with their own problems that they had no time to solve another person’s abuse-related problems. Besides, their relatives might merely advise them to cope with abuse.

*“Nobody helps you. Everybody is entangled in problems of his or her life. They ask me not to involve them in my problems because they are already entangled in their own problems. They recommend me to personally solve my problem and to put up with my children (P7).*

#### Dependence on others

Dependence on others was the third main category of the barriers to help-seeking for abuse. Dependence refers to older adults’ inability to self-reliantly perform their roles and activities as before. Dependent older adults need others’ help in order to fulfill their physical and emotional needs. Moreover, they may have no or little income and may therefore be financially dependent on their children. Such types of dependence may put them at risk for abuse.

*“What can I do? I have nothing; no money, no physical ability and no shelter. If I object, I have neither support nor a shelter. So, I have no option but to put up with this situation” (P11).*

Some participants also avoided help-seeking for abuse because they felt a close emotional attachment to their family abusers, who were mainly their own beloved children, and therefore considered any help-seeking a threat against them. One participant said:

*“I pity him. I’m a mother. I can’t face that my son has a problem. If I sue him, he must go to prison; I can’t stand him being imprisoned” (P5).*

#### Discussion

This study aimed to explore the barriers to help-seeking for elder abuse among Iranian older adults with a history of abuse. The findings revealed that older adults’ personal attitude toward abuse, the lack of legal, social and family support, and dependence on others prevent them from seeking help for abuse.

It has long been believed that this problem is less observed in Iran due to the nation’s general adherence to Islam and the ruling culture of the society, which emphasize respect for parents by the children and also respect for older adults. Nonetheless, elder abuse is rising in prevalence in the Iranian society and what distinguishes elder abuse in this study from other forms of domestic violence is that the studied older adults were generally abused by their children, which, compared to other types of domestic violence, is more despicable.

The participants attributed their family members’ abusive behaviors toward themselves to their own past sins and considered the tolerance of such behaviors an atonement for their sins. This attitude prevented them from seeking help and attempting to change their conditions. Based on the religious beliefs that dominate the Iranian society, patience and endurance against suffering and grievances lead to salvation and God’s reward. This belief made the participants unwilling to change their circumstances and seek help. Similarly, in a study by Chokkannathan et al.<sup>9</sup> Hindus also believed that their bad conditions were caused by their own past actions and did not recognize any solutions for their abuse-related problems.<sup>14</sup> The attitude toward abuse is a significant factor contributing to help-seeking, as people are unlikely to seek help if they cannot accurately identify abuse and differentiate it from other phenomena. Some older adults may tolerate abuse and avoid help-seeking due to their unique

attitudes and may therefore be at risk for serious damage.<sup>27</sup> Several studies have reported older adults' attitudes toward abuse as a barrier to help-seeking.<sup>25,28,29</sup>

Fear over their indefinite future after help-seeking was another barrier to help-seeking in the present study. Some studies have reported that older adults avoid help-seeking for abuse due to their fear of the exacerbation of their conditions after help-seeking,<sup>30</sup> fear of dishonor,<sup>15</sup> fear of their children's avoidance of attending their funeral<sup>8</sup> and fear of others' blame and judgment.<sup>31</sup> Based on the dominant beliefs and culture of Iranians, family is the first major group responsible for taking care of older adults, but recent socioeconomic changes have jeopardized the position of older adults in the family.

The participants of this study also had fear of being transferred to nursing homes and consequently avoided help-seeking. An earlier study also reported that 34.2% of older adults have such fears.<sup>32</sup> Iranians' negative attitudes toward nursing homes can heighten this fear among older adults who are subjected to abuse.

Another barrier to help-seeking for elder abuse in the present study was the inefficiency of social support systems. Previous studies have similarly reported a lack of strong social support for older adults who suffer from elder abuse.<sup>28,30,33,34</sup> Several studies have also reported that older adults who suffer from abuse do not know where and how to seek help<sup>25,31,33,34</sup> however, the elder abuse victims in one study had received support from different sources such as the family, friends, peers, healthcare providers, lawyers, religious advisers and social service agencies.<sup>32</sup> Given the growing population of older adults in Iran, serious support programs need to be developed and integrated into routine care services for older adults in order to minimize the likelihood and effects of elder abuse.

The present findings also revealed that some older adults believe that reporting abuse and seeking help for it may negatively affect family relationships and therefore prefer not to report abuse in order to retain their family's integrity. Iranian traditions and culture cause older adults to pay little attention, if any, to abusive behaviors manifested toward them. Iranian older adults prioritize family integrity over personal wishes and prefer not to report abuse. An earlier study in India also reported the same finding.<sup>8</sup> Another study also reported that the predominating traditional culture of East Asia and the excessive adherence to traditional values prevent abuse victims from seeking help.<sup>27</sup> Similarly, a study in China showed that older adults prefer their family goals and benefits over their personal benefits and sacrifice their own wishes and benefits for maintaining their family relationships and integrity.<sup>25</sup>

The results of this study showed that preserving the family honor, the lack of support from other family members and the protection of the abuser are important family barriers to help-seeking in older adults. Elder abuse is a social taboo in Iran, and the culture and religious values governing the Iranian society require individuals to maintain their family relationships and respect their family and its secrets. The participants of this study did not reveal their issues with abuse and kept their problem hidden in order to respect their family's privacy and secrecy, prevent the interference of strangers in their family matters and also prevent the abuse of others and protect their family's honor. Several studies have corroborated this finding.<sup>18,24,26,30</sup> In one study, the participants stated that they would dishonor their family if they reported their problems to others. The older adults also believed that exposing their issues with abuse would make others misuse the situation and ruin their family image.<sup>11</sup>

The lack of strong legal support was found as another barrier to help-seeking for elder abuse. Older adults avoid reporting abusive behaviors toward themselves to legal authorities due to their unawareness of their rights, the complexity and difficulty of filing a lawsuit, the lack of supportive laws, fear over the consequences of reporting abuse, fear over their own future and the lack of objective evidence to prove their abuse-related claims. Several studies have also reported the same findings.<sup>19,28,30,33</sup> Most instances of elder

abuse are not considered a crime in Iran and cannot be easily proven and prosecuted.<sup>35</sup>

Dependence on others was the other main barrier to help-seeking for elder abuse. The participants in this study were physically, emotionally and financially dependent on their abusers. This finding is in line with the findings of several earlier studies.<sup>19,21,28,30</sup>

In Iran, older adults usually spend their money on the education and marriage of their children; also, some older adults play a lesser role in their family income due to their reduced physical abilities. They are therefore more likely to tolerate any bad situation rather than seek help because of their social and economic dependence.

One study reported social and financial dependence and the view of older adulthood as a period of dependence as factors preventing older adults from seeking help.<sup>8</sup> Dependence is considered a significant risk factor for elder abuse.<sup>35</sup>

## Conclusion

This study shows that Iranian older adults' personal attitudes toward abuse, the inefficiency of support systems and dependence on others are major barriers to older adults' help-seeking for abuse. At present, developed countries have long been faced with the phenomenon of an aging population and are therefore more prepared to face the problem of abuse, but there is still no sufficient awareness and readiness to deal with elder abuse in developing countries such as Iran, which have only recently become faced with an aging population. Based on this study, some older adults consider abuse a family conflict and do not consider abuse a serious problem, but it is necessary to change the perceptions of community members about elder abuse in order to encourage victims to seek help. Public education programs in schools, universities and the media are therefore essential for improving older adults' and families' knowledge about aging, older adults' needs and elder abuse and its consequences.

Mos older adults in Iran tend to be religious, and given the religious doctrine that enduring hardships and miseries will lead to the forgiveness of sins, they endure abuse in the hope of receiving divine rewards. It is therefore necessary to change incorrect religious beliefs. Clerics and religious leaders can contribute significantly to changing these mindsets.

Moreover, policy-makers, legislators and legal authorities need to enact laws for supporting older adults and preventing abuse. In order to solve the problem of abuse in the Iranian society, policymakers need to adopt measures to protect older adults from various social and financial aspects. Establishing safe and respectable environments for housing older adults can help solve the negative attitude toward nursing homes. Preventing elder abuse requires the statesmen to plan and provide supportive, social and welfare services to older adults at the community level and also requires families to commit to the culture of respecting older adults and observing religious duties and the recommendations of their ancestors and elders. It is also necessary to develop social work programs for the better management of the phenomenon of aging in Iran.

## Limitations

The participants of this study were older adults and their fatigue sometimes interrupted or prolonged the interviews. The interview time was adjusted to their physical and mental conditions. Elder abuse is a hidden problem in Iran, and according to the culture that dominates the Iranian society, it is a social taboo; therefore, many abused older adults were not willing to be interviewed, and the sampling of this study was a very difficult and lengthy process. The findings of this study are based on the opinions of older adults who expressed their consent to participate in the study. The participants were also ensured of the confidentiality of their information by the

researcher establishing a friendly relationship with them and by their being introduced to the researcher by people whom they knew. Some older adults avoided or had negative reactions to the questions raised about mistreatment or abuse, in which case indirect questions and less negative words were used. Since the researcher's preconceptions could have also affected how the data were collected, interpreted and presented, bracketing was used to relieve the potential effects of any preconceptions related to the research subject and thereby increase the rigor of the study.

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### Supplementary material

Supplementary material associated with this article can be found in the online version at doi:10.1016/j.gerinurse.2019.04.003.

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