RESEARCH ARTICLE

Filipino elderlies' perception on abuse: Their safety status and treatment of social networks

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ABSTRACT

Background and Objectives: Elderly Filipinos have four important concerns: security in old age, health status, impact of aging, and elder abuse. Elder abuse committed in their homes or in their community is alarming. How their social networks (their family, friends, relatives, and significant others) treat them plays a crucial role in their well-being. The aim of this study was to explore the perceptions on elder abuse and the safety status of Filipino older persons along with the treatment afforded to them by their social networks. The study also determined such perception to be able to devise a cost effective, community-based interventions to address elder abuse.

Methodology: The study used mixed methods design and the Experience of Abuse Suspicion Index (EASI) tool, a questionnaire along with the demographic profile of the participants. The results were tallied and analyzed using descriptive statistics. How social networks treat them and their safety status were explored using researcher-made open-ended questions analyzed using the qualitative approach.

Results and Conclusion: Findings revealed the perceptions of Filipino older persons on elder abuse, with participants from the 60-69 age group, predominantly female, with no work, and have low monthly income. The major themes generated from the qualitative findings were relationship issues with the self, environment, coping, abuses, and values. Several sub-themes were also discovered and were related to the findings. An awareness campaign on the issue of elder abuse in Philippine society was recommended. Educating social networks about the perils of abuse is crucial in maintaining the safety of older persons. A monitoring system must be developed at the *barangay* level and policies must be put in place to address the concerns of elder abuse.

Keywords: *elder abuse, Filipino older persons, safety status, social networks*

Introduction

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 that causes harm or distress to an older person. It can take various forms of abuse ranging from physical, psychological or emotional, sexual, and financial, as well as caregiver neglect. Elder abuse can also be a result of unintentional or intentional neglect [1].

The Commission on Philippine Human Rights in 2014 documented a total of 760 human rights violation cases involving victims aged 60 and above [2]. There is a range of 3.2 to 27.5% elder abuse reported by the general public, of which the adult children are the main perpetrators. The types of abuse range from physical and verbal abuse, ridicule and discrimination, negligence, to dependency of families to older persons.

Asian societies like the Philippines give importance to respecting the older persons [3,4]. For Filipinos, the family is the center of the social structure [5] and being a family-centered country means taking responsibility for its family members, particularly the old and the sick. Providing care for the older person remains a moral obligation for families in the Philippines. With the rapid increase of the old-aged community in the Philippines and with the economic

hardships a lot of Filipino households face, a vast majority of older people are still dependent and benefitting from their family. However, there are still a number of them suffering from neglect, financially exploitation, and abuse. Elder abuse, according to World Health Organization, is a violation of human rights and is a significant cause of illness, injury, loss of productivity, isolation, and despair [6]. Though Filipinos respect their elders, still, a number of alarming cases of elder abuse in Filipino homes and communities arise [7]. Elder abuse is happening in the Philippines but it remains invisible and unaddressed.

In a Summary Report provided by the UN OHCHR Secretary-General, it was stated that violence often goes unreported and under-documented as older persons are reluctant and unable to report incidents [8]. Researches show that even in many parts of the world, elder abuse still remains unaddressed, unreported, and uninvestigated due to the fact that older persons are unaware of what is being done to them. Older persons preferred to be silent on the discrimination they are experiencing from family or from other people for reasons that reporting would make the situation worse [7].

A research commissioned by the Coalition of Services for the Elderly showed that older persons in the Philippines are left alone to fend for themselves or are dependent on their immediate family members for many of their activities of daily living [7]. Older persons have only their family, friend, relatives, or significant others to help them in times of abuse. How safe they perceive their community and environment has a bearing on how they live a healthy and fulfilling life.

The purpose of this research was to document and assess the Filipino older persons' perceptions of their experience of abuse, their safety status, and treatment of social networks.

Methodology

Mixed methods research, specifically the sequential transformative design, was used in the study. An advocacy lens guides sequential transformative design in mixed methods research, where the quantitative and qualitative components of the study vary in terms of order and priority [9]. This research used a sequential order and prioritizing, with a greater emphasis on qualitative data collection and data analysis.

The research locale was a Drop-in Center for senior citizens in an urban poor community in Mandaluyong City, Philippines. The number of elderly participants (N=80) was derived from the number consistently attending the program activities at the Social Welfare Drop-In Center for Senior Citizens as pre-determined by the social worker in-charge. The senior citizens listed were representing various subgroups in age, sex, socio-economic, health, and functional status. The inclusion criteria include a willingness to speak about their perceptions of elder abuse. Older persons with co-morbid conditions resulting in memory loss and/or cognitive impairment are excluded from the study.

A researcher-made Socio-Demographic Data Questionnaire (SDQ) has provided a baseline of the older persons included in the study. SDQ as the preliminary instrument determined the age, sex, highest educational attainment, marital status, occupation, work status: employed or unemployed, financial capacity/socio-economic status, living arrangements, and religion/religiosity of the participants in the study.

Quantitatively, the EASI or Experience of Abuse Suspicion Index determined findings from the perception of elder abuse. This standardized questionnaire was translated (by an English Editor) and back-translated (by a Filipino Editor) into the Filipino language that is used in the study, which served as the culturally validated version of the instrument. This has described the experience of elder abuse among the participants.

The study explored perceptions on elder abuse, the treatment of social networks, and the safety status of Filipino older persons through an interview schedule. The interviews were tape-recorded and transcribed verbatim. A researcher-made tool facilitated the interviews. This is a 10-item open-ended questionnaire that was answered by the participants after they have agreed to sign the informed consent and to participate in the study. The Research Ethics Board of Centro Escolar University, Manila, approved this research as ethically sound.

The interview schedule generated rich information from the participants by using open-ended questions. Colaizzi's distinctive seven- step process provides a rigorous analysis, with each step staying close to the data [10]. The investigator developed clusters of meaning from significant statements into themes. Significant themes are then used to write a textual description of what the participants experienced. These were written as a description of the context or setting that influenced how the participants experienced the phenomenon, called structural description [11]. After the structural and textual descriptions, a composite description that presents the essence of the phenomena was written.

This is called the essential, invariant structure. Primarily, this passage focused on the common experiences of the participants. The end result is a concise yet encompassing description of the phenomenon under study, validated by the participants through member checks.

Results

The findings of the socio-demographic profile showed that majority of the participants are between 60-69 years old, mostly female, grade-school graduates, married, live with an extended family, and are Roman Catholic. For work status and monthly income most of the older persons in the study were unemployed, some have no government pension, and were totally dependent on their family. Others get monetary support from the local government that ranges from Php 1000 to 1500 per month.

The study was able to generate findings from the data transcripts by highlighting significant statements, sentences, or quotes that provide an understanding of how each participant experiences elder abuse. This resulted in major themes generated from the qualitative findings such as: relationship, issues with self, environment, coping, abuses, and values. The majority of themes were on social networks and self. Several themes were generated using the thematic analysis approach of Creswell [9]. The theme of relationship has subthemes of family, friends, significant others, and/or relatives. The theme of issues with self was subdivided into internal and external issues. The theme of environment was divided into the housing and the community. The theme of coping can be positive or negative. The theme related to abuse was subdivided into verbal, psychosocial, financial, and physical abuse. The theme of values is related to tenacity, prudence, humility, resilience, health vigilance, and foresight. This reality of Filipino older persons is showcased in Table 1, the matrix of themes.

The participants stated that they mostly rely on themselves in getting basic necessities. "*'Di ako umaasa sa ibang tao ng suporta kasi sa mga anak pa lang daw nila kulang na yung panggastos kaya ako pa rin ang bumubuhay sa sarili ko kasi 'di ako makakakain eh*," (I do not ask help from other people because they said that their money is not even enough for their daily expenses; that is why I still work for myself because if I do not, I would not be able to eat) as stated by a participant.

In terms of being shamed, all participants mentioned that they've experienced such when their kin talk to them in a way that makes them feel upset. An older person said "*Ang sakit nilang magsalita sakin. Pati anak barumbado magsalita kung sumbatan nila ako akala mo hindi mo sila pinakain,*" (They speak harshly to me, even my children talk aggressively to me. They reprimand me as though I had not fed them.) However, none of them stated any experience of being touched, being physically hurt, being forced to sign papers, or use their money against their will. One participant stated, "*Ay wala, kahit asawa ko hindi ako nakurot,*" (No one hurts me, not even my husband.).

Elder abuse affects the mental health of the older person and can have harmful long-term effects on their overall physical health. The health effects of abuse may vary among individuals depending on many factors like living arrangements, presence of significant others, and even their culture. Since the Filipino older person co-resides with family members, the burden on verbal abuse is always imminent. As stated by a participant, "*Madalas ako makatanggap ng masasakit na salita galing sa anak ko, lalo na kapag hindi ako makapagbigay ng kaunti galing sa pension ko, dahil inaabutan ko ng kaunti iyong iba kong anak na mas nangangailangan at walang-wala. Katuwiran niya ay sa kaniya kami ng asawa ko nakatira at sa bahay niya kami kumakain. Bakit daw ibinibigay ko ang kaunting pera sa iba niyang kapatid?*" (Verbal abuse from the daughter is common especially when there are financial constraints. Her daughter does not understand why she gives her money to her other children who are in need, even when she lives and eats with her youngest daughter.) Another participant laments, "*Parang hangin lang ako kung daan-daanan nila. Hindi na marunong magmano ang mga anak ko.*" (They treat me like I do not exist. They pass in front of me without noticing me. My children have forgotten to observe an honoring gesture.)

The 1980's economic changes among Filipinos have brought with them their own threats to the well-being of older persons [12]. Older members of poor families may be regarded as burden by their children and are culturally expected to eat less food than the younger household members [13,14].

Despite elder abuse, the Filipino older persons still choose to reside with their family in the belief that their children will be their supporters in old age. Lopez stated that, "Filipino parents prefer to live in nuclear households, which allows them to retain their autonomy. While nuclearity with proximity would be the best arrangement, economic necessity often results in sharing residence with

Table 1. *Matrix of themes*

Relationship	Issues with self	Environment	Coping	Abuse	Values
Family	*Internal*	*Housing*	*Positive*	*Verbal*	*Tenacity*
• Devotion to children • Devotion to spouse • Sense of security in having a partner in life • Finds ally in children • Assume provider role • Source of strength in family • Maintains conflict-free & harmonious family relationship • Disrespect for feelings • Burden of responsibility • Sibling concerns related to care and finances	• Helplessness · Inability to fight physical abuse • Powerlessness · No authority over children • Inability to open up • Lack of trust in others • Low self-esteem • Physical stress manifestation · Dizziness · Knees ache · Numbness of hands · Stomach ache · Difficulty in breathing · Unable to sleep when depressed • Ambivalence/confused • Easy to anger • Being sensitive to words • Longs for a happy family/happiness/love/kind treatment/care and attention • Self-pity • Loneliness	• Co-residency • Sharing one's resources • Financial sharing concerns *Community* • Feeling insecure • Safety is not considered as security • Environmental vigilance	• Self-defense • Spirituality · Faith in God or higher power · Religiosity · Praying • Financial independence • Catharsis through crying • Humor to dissolve anger • Takes things lightly • Defends self through words • Positive thinking • Shows established identity • Anger management • Reminiscing younger days • Use Diversion • Gratitude · Thankful for being visited by children	• Hurtful words • Bullying through text *Psychosocial* • Humiliated because of lack of money • Unfair treatment despite being kind • Misjudgment from neighbors • Forced to leave the house	*Prudence* *Humility* • Accepts one's mistakes *Resilience* • Overcomes problems • Knows how to survive to get basic needs *Health Vigilance* • Self-monitoring • Self-help • Self-care • Self-preservation • Self-control *Foresight* • Hopes for a good future of the family after she dies • Concern for family's welfare before leaving them
Friends • Ally • Look after her welfare • Friends substitute as family in protecting her • Communicates & seeks advice with friends about his problems *Significant Others/Relatives* • Likes to be with people • Communicates problems with other people • Maintains good relationship with others • Wants to have someone to talk to • Diminishing interaction with others	*External* • Maltreatment • Intimidation • Does not want to be a burden • Generation gap with grandchildren • Strained marital relationship • Strained communication • Gets angered with noise • Being alone in her home • Reality of death of loved ones		*Negative* • Isolates self · Keeps thoughts to self · Does not share problem • Repression · Does not show true emotion • Suppression · Withholding thoughts and feelings • Sarcasm • Intellectualization • Denial • Uses drinking as a way to vent out emotions/concerns • Being passive · Does not fight for his right/lets things pass · Does not mind physical abuse • Wants to end life	*Financial* • Grandchildren take her money *Physical* • Mauled • Let dog bite her • Let her bleed/did not offer help	

adult children, parents with little savings or income become dependents." [15]. Being with family makes the older person feel safe that they will be cared for. In turn, they continue to look after the children that live with them.

The Filipino older persons still opt to maintain parenting even if their children have grown old. Most of their dreams are centered on their family. One of the respondents stated that, "*Gusto ko magbagong-buhay yung pamilya ko para yung hinahangad ko—kung mawala man ako sa mundo—alam ko maayos sila.*" (I just want my family to change so that when I'm gone, I know they will be fine.)

They cope by maintaining a harmonious relationship with their social networks and maintain their safety by health vigilance. An older person learned the value of *pakikisama* (getting along with others) and narrated that, "'*Pag 'di ka pumayag sa inuman magtatampo ang kumpare.*

Kapag nagtampo si kumpare, wala na akong makakausap kapag may problema. Kumbaga pakikisama na lang." (If you don't agree to drink with them they will feel bad. If they feel bad, I have no one to talk about my problems. It is just a matter of getting along with others.)

A novel finding of the study was on the religiosity of the Filipino elderly. As one participant describes being resilient through belief in God, "*Naging matatag ako lalo na kay Lord. Pag may problem, kay Lord lang talaga ako tumatawag. Kapit lang kay Lord kahit na single parent na lang ako.*" (When there is a problem, I will only call out to the Lord. I just hold on to the Lord even if I am living as a single parent.)

According to Pillimer, abuse and neglect can affect an older person's health, happiness, and safety [16]. They experienced different kinds of harm from people they trust or rely on. Abuse of older persons can occur at home, in the community, or in institutional settings. The consequences of abuse can be especially serious if done by people that surround the person who are supposed to keep him or her safe.

Discussion

The abuse of older people in the 20th century was first seen as a social welfare issue and afterwards has evolved as a problem of elder abuse, similar in form as family violence. After being seen as a problem, it has developed into a public health and criminal justice concern [1].

When the participants were initially asked "*Kamusta ka?*" (How are you?), they say an array of physical symptoms, showing the effects of old age. When they were asked how they cope with aging concerns, the common answer was always through family, spirituality and religiosity. Even when they struggle, they have remained resilient and tenacious.

The study presented evidences that Filipino elderlies are doing all they can on their own to alleviate the suffering caused by elder abuse. They use self-help activities through interactions and communications with other people in order to release the pains of abuse. Although there were times that they resort to harboring their emotions, due to lack of family support, they have managed to turn to their friends or neighbors for support.

The present study showed that if the family is abusive, the community takes over to look after the welfare of the Filipino older persons. It is because older people have an established community identity with a form of respect that most people acknowledge.

The participants talked about laughing at their problems, although some had few cases of depression even if they engaged themselves in diversional activities. They are relational and like to be with people of different age groups. They avoid conflict by being passive and do not always fight for their right. Instead of standing up for their principles, they would rather work towards a harmonious relationship with others. They are also not confrontational about their needs, sometimes putting their needs last among other people.

Admittedly the major concern of the Filipino older persons is still security in old age [17]. The senior citizen discount granted by the Philippine government often has no use for the urban poor since they do not have the financial capacity to spend on establishments that give them the said discounts. On a hand to mouth existence, they would rather spend their money in a nearby *sari-sari* store or small merchants that do not offer the discount.

The issue of sharing family resources also emerged from the findings. Despite their age, Filipino older persons are expected to share in the family's expenses. If not, this often results in conflict. Thus, older persons are forced to work, even menial jobs that are not safe for them. An example is selling *sampaguita* flower necklace on the streets or being a cigarette vendor. They take advantage of this opportunity as some Filipinos would prefer buying from an older person to help them.

For the Filipino older persons, safety is not considered as security. They stated a need for environmental and health vigilance. The participants are vigilant with their surroundings because they fear for their safety. Some have experience lack of attention, lack of support, and lack of belongingness, because family members have left them in a situation, that forces them to fend for themselves.

Overall, the study recommends educating the family and the *barangay* on how to understand and to care for an older person. Nurses can offer free classes related to chronic diseases, home remedies, interventions on emergency situations, and proper drug intake or maintenance. There is also a need to support the religiosity of the Filipino elderlies. A community religious group may be formed with the active participation of senior citizens.

The communities are encouraged to tap champions to act and draft a policy to safeguard the Filipino older persons from elder abuse. The formulation of a task force with interprofessional team members can help address the concerns of older persons. The team can include a social worker, nurse, dentist, pharmacist, medical doctor, nutritionist, and other allied health professionals.

Acknowledgment

References

1. Lindayag M. (2013) Elderly abuse: A problem on the ageing population in the Philippines.
2. Commission on Philippine Human Rights. (2014) Commission on Human Rights-Dignity for all.
3. Domingo L. (1987) Filipino elderly: A review of literature and existing data. Quezon City: University of the Philippines Press.
4. Carlos C. (1999) Concerns for the elderly in the Philippines. Philippine Social Sciences Review 56:1-40.
5. Jocano F. (1966) Filipino social structure and value system. In: Jocano F (ed.). Filipino cultural heritage, Manila: Philippine Women's University pp. 1-26.
6. WHO. (2013) World Health Organization.
7. COSE. (2017) Commission on Services for the Elderly Research Report. 1st Aging Summit, SM North EDSA.
8. UN OHCHR Secretary-General. (2017) Info note human rights of older persons: Summary of the report of the Secretary-General to the General Assembly.
9. Cresswell JW, Klassen AC, Clark VL, Smith KC. (2011) Best practices for mixed methods research in the health sciences.
10. Colaizzi P. (1978) Psychological research as phenomenologist views it. In: Valle RS, King M (eds.). Existential Phenomenological Alternatives for Psychology, New York: Open University Press.
11. Marshall C, Rossman GB. (2006) Designing qualitative research. Thousand Oaks: Sage Publications.
12. Costello MA. (1994) The elderly in Filipino households: Current status and future prospects. Philippine Sociological Review 42:53-77.
13. Mendez P. (1984) The Filipino family in transition. Manila: Centro Escolar University.
14. Hurge (1965) In: Costello M (1994) The Elderly Filipino Households.
15. Lopez ME. (1991) The Filipino family as home for the aged. Research Report No. 91-7 of the Comprative Study of the Elderly in Asia. Ann Arbor: Population Studies Center, University of Michigan.
16. Pillimer K. (1989) Causes of elder abuse: Caregiver stress versus problem relatives. American Journal of Orthopsychiatry 59(2):179-87.
17. Cuevas P. (2014) Nurse managed adult day care program for Filipino older persons. Dissertation submitted to the University of the Philippines Manila.