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When the struggle against dejection becomes a part of everyday life: a qualitative study of coping strategies in older abused people

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Background: Abuse of older people is a serious issue and is associated with an increased risk of morbidity and mortality, and professionals will encounter elderly victims of abuse in all areas of the health care system. An important health determinant is behavioral factors, including coping style, which will impact on how older people manage stress and maintain control in their lives, and thereby protect themselves from abuse. The aim of this study was to explore the coping strategies elderly people abused by their offspring used to manage everyday life.

Methods: A qualitative approach was used and 14 elderly victims of abuse were interviewed. The interviews were recorded, transcribed, and subjected to qualitative content analysis.

Results: Five main coping strategies were identified. The main strategy was linked to the role of parent. Another prominent strategy was attitude towards being victimized. Further strategies were associated with hope for a better relationship with offspring in the future, while others felt that they had done the best they could, or that their offspring were no longer their responsibility. The results are discussed in light of theoretical perspectives related to coping and resilience.

Conclusion: Abuse of older people by their offspring imposes severe stress on victims and challenges the values and beliefs about the caring nature of families. The findings of this study indicate that victims of abuse use a wide range of coping techniques to manage everyday life, and that some strategies help them to maintain their self-respect in their role as parents and find some sort of resilience.

Keywords: elder abuse, older parents, coping

Introduction

Abuse of older people is a serious issue affecting both individuals and society. Long-term abuse impacts physical health and quality of life, and is associated with an increased risk of morbidity and mortality.[1,2] There is a clear connection between elderly abused people, disability and low social support.[2,3] The Irish prevalence study[3] emphasized that older abused people with poor community support tended to report abuse three times more than those with stronger support. Prevalence studies in the UK[4] found that 2.6% of people aged 66 and over living in private households experienced abuse, and a similar study in Ireland[3] indicated a prevalence of 2.2%. These studies also show that elderly victims of abuse are in frequent contact with health care services, but few report the abuse.[3,4] Elderly people may tend to play down abuse problems or regard it as a private matter.[3,5,6] Possible barriers for not seeking help may be fear of isolation, not to be believed, that the victim is embarrassed, or fear that the abuse will escalate if they tell someone about it and they then interfere.[7] Older victims might lack the strength to report the abuse due to health status, low self-confidence

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and self-esteem, possibly caused by the abuse.[7] These same factors will influence the strategies used to cope with the stress caused by abuse.

Social support is an important factor for health and well-being and influences the elderly victim's coping strategies.[8] Behavioral factors, including coping style, are important determinants of health status, and will impact on how older people manage stress and maintain control over their lives, thereby protecting themselves from abuse.[9] As a consequence at all encounters health professionals should be aware of signs indicating abuse of older people, be acquainted with relevant supporting services in the community, and discuss the problems as far as possible with the patient.[10,11] Such approaches may be crucial for how the older person appraises and copes with the abuse. This paper is mainly concerned with elderly victims' coping strategies.

Conceptual models

Most research on stress and coping tracks back to the work by Lazarus and Folkman 30 years ago.[12] The authors' emphasize that stress comes into existence when there is an unbalance in the relationship between the person and environmental incidents or demands. The person might appraise the stress in several ways depending on the seriousness of the event, if values, beliefs and personal control are challenged, in addition to previous experience of stress and personal coping resources. Hence, people will manage stress in various ways depending on what is at stake, and the controllability of the situation.[12]

The comprehensive review by Skinner et al[13] assessing coping categories highlights the complexity of the coping phenomenon and critiqued commonly used distinctions such as problem-focused versus emotion-focused coping, as did Lazarus,[14] because no topologies covered the multidimensional aspects of coping. Skinner and Zimmer-Gembeck introduced a model of coping that included adaptive, episodic and interactional processes and the interplay between these levels.[15] Appraisal and reappraisal of demands at the interactional level in real time involves behavior reaction, in addition to emotion, attention, motivation, and cognition. The outcome is influenced by previous experience and strategies used to reduce stress together with present social context and support.[15]

Studies about coping across age and sex differences in older and younger people are inconsistent.[16] Age related differences might be due to controllability of the situation more than developmental, contextual, or cohort factors.[17] While others have found very slight age differences, but more sex differences in coping strategies.[18] Brennan et al's[19] study of coping trajectories in later life, indicates that people's coping strategies diminish from late middle age to older age, and that the decline was most evident in avoidance coping. This might be the result of the aging process, dwindling personal and social resources, and/or the way the older person perceives stressors in their life. This observation is in line with other research, for example, a study by Kraaij et al[20] which identified that the better the social support is, the less the older person will engage in avoidance coping and instead use more efficient strategies to manage stressors and emotional problems. Studies about coping and depressive symptoms, indicate that the elderly with a high degree of coping self-efficacy used more problem-focused than emotion-focused coping,[20] and that such strategies strengthened the person's ability to be more resilient.[8]

Over the last 20 years, the concept of resilience has received increased attention.[21] Resilience in older people can be understood "as a process of adaption when challenged by adversity" where the outcomes are influenced by internal and external factors.[22] Coping as a multi-dimensional adaptive process is much in line with the processes of resilience which stresses that personal qualities, and lifelong experiences, together with external and contextual factors will either bring on resilience or lead to inappropriate processes to overcome stress.[15,21] As already mentioned, research indicates that coping strategies decline in old age, but this is not supported in the resilience literature.[19] Testing of the Resilience Scale suggest that a long life strengthens the person's ability to adapt to adversity,[23,24] in particular if there are supportive social factors that prevent isolation and facilitate relationships.[22]

Our aim was to explore the coping strategies elderly people used to manage stress caused by abusive offspring, and their ability to be resilient. The study used the World Health Organization definition of elder abuse 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".[25] The definition includes abuse of a physical, sexual, psychological/emotional, or financial nature, in addition to neglect.

This study formed part of a project assigned by the Norwegian Directorate of Health to the Norwegian Centre for Violence and Traumatic Stress Studies. Fourteen elderly abused by their offspring participated in the study. This paper describes the main coping strategies they used to deal with the abuse.

Materials and methods

A qualitative approach was used to explore the coping strategies used by older abused parents.[26]

Recruitment

The strategy was purposeful in that we recruited elderly people with experience of abuse. The criteria were that the participant was above 62 years old, living at home, and had sought professional assistance from the Protective Services for the Elderly (PSE) or a domestic shelter. Employees of these services contacted both present and past clients, and invited them to participate in the study. PSE exist only in two Norwegian counties and participants were recruited from this area and from shelters nearby.

Five potential participants withdrew before the interviews were performed. The reasons given for withdrawal were that they did not wish to talk about the abuse after all, that they were too busy, or that they did not feel well at the time. Fifteen participants, including 12 women and three men from a range of socioeconomic backgrounds were recruited by the PSE, including one from a domestic shelter. All participants were ethnic Norwegian. Their mean age was 78.5 years (range 62–95 years). One interview was subsequently excluded for logistic reasons. Therefore, this research is based on information provided by the 14 subjects it was possible to interview within the time frame of the project.

The study group consisted of one married couple, and 12 participants who were either single or living alone. Generally, they were well educated and seven participants had upper-secondary school or higher education; all but two had had a previous occupation, although all were now retired. Several participants described that they suffered from chronic illness but did not consider their health to be poor as long they could manage on their own. Only three participants rated their health as poor. The subjects were on a variety of medications, with three reporting taking antidepressants. All could manage activities of daily living, but six received some help with housework.

The participants had a variety of experiences of abuse. Three participants reported having two abusers, whereas the other cases reported having only one abuser. According to information supplied by the participants, eight of the abusers had problems with alcohol and/or drug addiction, and four abusers had chronic mental health problems. The abuse problems had started several years earlier, and at the time of interview, ten participants were still being abused, although the frequency and intensity of the abuse had become less since they contacted the PSE or domestic shelter.

Data collection

All participants were contacted by telephone and asked where they preferred to meet the researcher. Most invited the researcher to their home, but three preferred to meet at the PSE office and two asked to meet in a café.

The data were collected by interviews comprising open-ended questions. The interviews lasted for about 1 hour on average. The married couple preferred to be interviewed simultaneously. They had been together when abused by their son and complemented each other during the interview, however this might have influenced the information given. At the start of the interview, the participants were asked for background information, such as place of birth, where they lived, and educational level achieved, which they found easy to talk about, with some showing photographs of places they had lived or of their families. These conversations provided an opportunity to gain some knowledge about their lives, and to establish a trusting relationship before moving on to discuss their experiences and the problems related to abuse. The themes outlined in Figure 1 were used to guide the interviewer during the interview.

All but one interview was digitally recorded and transcribed verbatim in full or in part. Immediately after the interview, the researcher wrote a summary and notes describing the experience of the interview and dialogue with the participant. One interview inadvertently missed being recorded, so was not included in this paper because the notes taken were insufficient for further analysis.

Analysis and interpretation

Qualitative content analysis was performed according to the method described by Graneheim and Lundman[27] whereby text is structured according to themes derived from the interview guide, reading through and listening to entire interviews, and reading the literature.[26,28]

Our preliminary analysis of the interviews indicated the type of abuse and the relationship between the victim and the abuser, the victim's understanding of the situation, and the way they interpreted the abuse being perpetrated by their offspring. An example of content analysis for one subject is

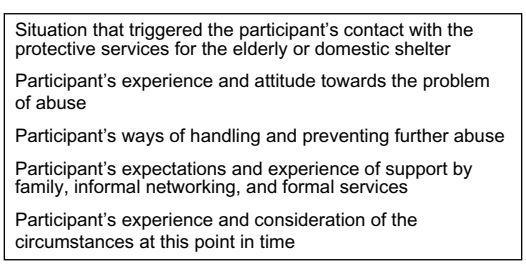

Figure 1 Topics covered in the interview guide.

shown in Table 1. This participant was an elderly widow in her 80s who had been abused by two of her four offspring who had drug addiction problems, and was struggling to find ways to cope with her circumstances.

Ethical considerations

The study was approved by the Norwegian Social Science Data Service. All participants were contacted by telephone and provided with verbal and printed information about the study prior to being interviewed. Written consent and permission to make digital recordings of the interviews were obtained before the interview took place and confidentiality was assured. All participants had support systems available through the PSE or shelter in the event that the interview raised concerns or painful emotions that were difficult to handle afterwards.

Results

During the analysis, we identified several coping strategies, some of which seemed to be successful in terms of helping the elderly person move on with their life, while others seemed to fail. When analyzing the interviews, it was evident that each participant's main coping strategy was based on one of the approaches shown in Figure 2.

"My performance as a parent was quite straightforward"

A main finding of the study was that participants were searching to explain the abusive behavior of their offspring and why they could not behave like decent people. The data indicate that the participants needed to find an explanation beyond themselves and their role as a parent, ie, that there were circumstances beyond their control. This finding is noteworthy because none of those interviewed were asked to offer reasons for why their offspring abused them, and were only asked when the abuse started and the circumstances in which the abuse occurred.

None of the participants denounced their offspring as "bad people", or described them as lacking the skills to manage everyday life and family relationships; having an urgent need for money, drugs, or alcohol; or being unable to control negative emotions. In some way, there was an influence of factors beyond the control of the parent that put their offspring at risk of becoming an abuser. The most frequent explanation given was hereditary weakness. Participants mentioned relatives such as uncles or aunts with mental health problems or undesirable social behavior for unknown reasons that were interpreted by participants as "bad genes". One participant stated: "there's nothing one can do about genes". Another, when describing her daughter, said: "I think she is like my aunt who wants to control other people all the time; she behaves like a psychopath. You know … 'a chip off the old block' … ". Those who had adopted children blamed the bad influence of their children's friends in youth or relationships they had entered into as adults.

Participants also reported that their child had shown behavior problems very early on, often evident in primary or secondary school, that affected their relationships with family and friends. Some blamed teachers for escalating a bad situation involving their child.

"I am not a victim"

Participants were less willing to regard themselves as victims of abuse, even though they had contacted professional services. This attitude was noticeable in almost all participants. At the beginning of the study, participants were asked to describe how they would characterize what they had

Table 1 Example of qualitative content analysis

Meaning unit	Condensation	Subtheme	Theme
Strategies to manage difficult situations			
"I told my son that I had got an alarm, so it was not worthwhile to come in the middle of the night and cause trouble"	Signal to her son that she does not want him to come to her house in the night	Create distance Less involvement	Not my responsibility
"I do not call my daughter, but she is calling me and sometimes she is very angry. You know, she tells me that I am stingy, that a mother is expected to support her child and that mothers do not behave like me. It is like that all the time. I tell her that I will not listen any more to her and then I hang up"	Does not actively contact her daughter Attack her role as a mother Protects her understanding of motherhood	Less involvement Create distance Protect her feelings Loosen family bond	
"They psych me out in ways that harden me. I almost do not care anymore"	The bond with her offspring is weakened		
"I try to keep the problems a distance. I suppose she (friend) understands it, but we never talk about it"	Keep the problem at a distance	Less focus on problems	

My performance as a parent was quite straightforward
I am not a victim
I am hoping for a miracle
I have done the best I could
My offspring are not my responsibility any more

Figure 2 Participants' main coping strategies.

been exposed to by their offspring, ie, whether they saw it as offensive behavior, abuse, or mistreatment. This question seemed confusing for the participants, and they often fell silent or switched to talking about other issues.

Most participants felt sorry for their offspring, regarding them as victims or losers in a complex society that they could not cope with or as people who could not function within a family. One stated at the beginning of their interview: "It is my son who has a problem, not me." However, the data indicate that participants realized that their "difficult child" had created a demanding situation.

"I am hoping for a miracle"

Statements made by the participants indicated that hope was a prominent coping strategy for several parents. They had not given up on their adult child, even though the problems had been present for years and involved serious instances of abuse. Several of the adult children had problems with drug addiction and/or severe psychiatric illness. One participant said: "I do not really have any hope for my son, but at the same time, I cannot live without some hope … you never know, miracles have happened before." The same participant described being woken up in the middle of the night by her son shouting: "'I'll kill you', whereupon he started to hit and hit and hit, you know. I was beaten up." Another participant reported being terrorized by her daughter's unstable behavior, stating: "My daughter has to change, turn on to the Lord. Then everything would be different."

Participants who sincerely hoped that their situation would change were preoccupied with an everlasting search for better services and support for their offspring. This quest was very time-consuming and exhausting, and they reported often feeling that they were faced with a professional wall of silence. They could not accept that there was no longer any hope of a better life for their offspring. One of the mothers said: "My greatest wish in life is to see my son rehabilitated. That is the only thing that matters." Her son had been abandoned by health and social services because of his inability to cooperate, his unrealistic expectations of the services available, his attempts to manipulate medical staff into prescribing tranquillizers and other drugs, and very aggressive behavior. This mother was constantly asking for her son's antidepressant and antipsychotic medication to be changed because she was not seeing any improvement. Her son had recently visited her for the first time since being admitted to an institution and was accompanied by two security guards. She described her son's physical and psychological condition as poor, describing his visit as follows:

> "He sat in that chair and said to me: 'Mother, I feel terrible. I have so much up top'. I said to him, 'John, I understand.' 'No, you do not understand the pain I have.' 'Certainly, I understand your pain my son, but there is one thing your mother expects, which is that you take walks and exercise regularly. You know, John, medication can help you a lot, but you have to help yourself too. Taking a walk is the best medicine.'"

Participants who mainly used the abovementioned coping strategy had limited social interaction with family and friends because they lacked the strength needed to maintain close relationships due to depression, chronic pain, chronic sleep disturbance, and/or reduced mobility.

"I have done the best I could"

Another common coping strategy used by participants was to accept that they had done their best as parents. This attitude helped them to understand that they had to live with their problems and that it was unrealistic to believe that the abuse would end. Several participants conveyed an understanding that something had gone wrong along the way, even though they had tried hard to do the best for their children. All these participants had been exposed to psychological abuse and two to severe financial abuse, with adverse consequences.

These cases can also be seen as indicating serious family conflict. One situation that resulted in psychological harassment occurred when an elderly parent transferred property to adult children, who started to quarrel about it. The elderly parent tried to resolve matters, but eventually came to realize that they would never be able to restore peace and order in the family. The consequence was a split family and a deadlocked conflict, whereby several of the offspring refused to have any contact with their parent. Lost contact with grandchildren and great-grandchildren is a source of much despair and emotional stress for elderly parents in this situation.

Conversations with old friends and/or professional support helped these elderly parents to move on by putting distance between them and their problems. This can

be described as "putting family problems in a drawer and closing it as far as possible". They tried to concentrate on other activities, such as reading a good book or watching an interesting television program, and when together with friends and family members they still stayed in touch with, they talked about things other than their problems. Small and good moments in everyday life were of value, described by the oldest participant as follows:

> "Every moment is important, you have to savor it and enjoy it if possible … . You know, when I lay down in a good bed without any pain, I think about how lucky I am … . I think the situation with my daughters is too deadlocked … I have to live with it. At least, I have the ability to relax and find some comfort … I have done the best I could; it was done with the best intentions."

"My offspring are no longer my responsibility"

Several participants expressed an understanding of their situation, and that they could not take responsibility as parents for the miserable lives of their offspring, which often involved drug and/or alcohol abuse and/or mental health problems. Psychological harassment and nagging about money were apparent in their stories.

One mother reported that her son invaded her home after the breakdown of his third relationship. The first thing he did when he came to visit her was to empty the refrigerator. He was often aggressive and asked for money. Over a period of years, she had become well acquainted with his bad behavior and knew that she could not cope with it any more. She had always managed to put her problems aside for a time, but now felt that it was impossible to do so. She had become depressed, cried a lot, and was hospitalized because of severe stress headaches. She attempted to talk to her son, asking him not to visit her so often, without success. Her brother who had always supported her suggested that she seek professional help. That was the turning point for her, and she was finally able to get the help she needed to reclaim her life. She no longer felt the need to sit in darkness in her dining room without the television on pretending that she was not at home. PSE staff talked with the son, reached an agreement regarding how often he could visit his mother, and helped him find a better place to live. His mother did not believe that he would ever be able to sort out his life. The only thing she wanted was to be able to live in peace, and said: "I do not think he will change, no, I am sure about that. As long as he does not bother me I can let it slide. He is almost fifty, and he has to sort out things himself." At that time, she was looking forward to going on holiday with her brother and collecting the puppy she had ordered.

There was an elderly married couple among the participants who had been physically abused. They had transferred their house to their son some years earlier, and at the time of interview were living in a small flat in part of the house. During the previous year, their son, who suffered from delusions, had a worsening of his symptoms, possibly as a result of taking less medication because of adverse effects. The son was often verbally aggressive, and a few months earlier had knocked his father to the ground without any warning, kicked him, and then hit his mother in the face. The couple contacted their general practitioner and other services where their son had received treatment, but the general practitioner was not willing to change the medication. This elderly couple understood that their son's situation was not their responsibility, but struggled to find partners in the health care system who were willing to take action and protect them from abuse.

Struggle against despondency

Our findings indicate that one of the described coping strategies tended to be more evident in some participants' individual coping behavior than the others. However, use of one strategy did not necessarily rule out using any of the other strategies, with coping responses varying according to the circumstances in which these elderly parents found themselves. Independent of the type and severity of abuse, all participants struggled to some degree with despondency. Despite the difficulties involved in making sense of their offspring's behavior, all participants were trying to create meaning in a meaningless situation. The passage of time and their social, psychological, and physical resources helped participants to regain control over their lives, but this required a good deal of strength not to "give in".

Discussion

The aim of this study was to gain knowledge of the strategies older abused people used to cope with everyday life, with the intention of informing health care workers when dealing with cases of elder abuse rather than adding to the body of literature of coping mechanisms. Still, knowledge of theoretical perspectives remains important when interpreting the results of this study. Based on recent research addressing coping in late life,[8,18,19] the discussion of the result will be centered along different coping strategies in addition to the process of resilience.[22,23] However, despite the critique, terms like problem and emotion-

focused, or approach and avoidance coping exist in the literature. Though, it is necessary to keep in mind that such concepts complement rather than distinguish the coping strategies used by individuals.[14]

The findings of the present study indicate that there is a pattern of response to stressors linked with abuse that is visible in terms of coping style at the level of the individual. For example, the strategy used by participants in our study to make some sort of sense of the abusive behavior of their offspring was to find external factors or circumstances that were beyond their control as parents. Being abused by their own child is a serious life experience and may challenge participants' values of the nuclear family, self-esteem related to upbringing of their children, and a sense of loss of control as head of the family. The degree of controllability is an important factor influencing the strategies chosen to prevent or reduce stress.[12] The strategy to create external explanations may have the benefit of reducing the stress associated with the sense of failure as a parent. To take an active approach to the parent–offspring relationship would ultimately increase the distress and sense of failure. This stance seemed to be effective in helping these elderly parents to create meaning in a situation they were a part of but unable to resolve or control. The same mechanism might explain why participants were less willing to regard themselves as victims and this is a considerable finding. This could be interpreted as an emotional coping strategy to prevent stress by not accepting the seriousness of the situation. The cost of such a strategy may be that it prevents an active approach to abuse being taken, which in the long term could worsen the situation.

Participants' understanding of the situation and reluctance to be identified as victim might be a result of older people's understanding of abuse as a phenomenon that occurs in society but far from their own personal lives.[5,6,29,30] Naughton et al[29] found that financial abuse and neglect were seldom associated with elder abuse, and that this lack of awareness had a negative impact on help-seeking behavior. Another issue is that the abused elderly may not acknowledge victimization because it can lead to social stigma associated with being an unsuccessful parent.[30] Such attitudes in the community might have a negative impact on the older person's ability to recover from adverse events like abuse and keep healthy. The feeling of shame might be prominent and contribute to less social contact.[7] Participants in the present study did not directly talk about embarrassment but all were reluctant to communicate their situation to anyone other than close family members and friends, and the abuse had gone on for a while before they sought professional support.

Emotion-focused strategies might be effective if the stressor is rare or less serious, because it can promote cognitive reappraisal of the situation that leads to more problem-focused coping.[12] However, if the demands and thereby the stress is high, too much emotion can bring about self-deception and distorting of the events that in the long term might increase the stress.[12,20] Our findings indicate that participants whose coping strategy was strongly "hoping for a miracle" underestimated the abuser's physical and/or mental condition and ability to change their behavior. In the long term, such a strategy is exhausting and counterproductive in that is likely to prevent the victim from getting on with their life because they get trapped in an abusive relationship. In addition, these participants tended to search for better services and support for their offspring, and in this way took an active approach to the problem, anticipating that solving the problems of their offspring would solve their problems as well. Both emotion- and problem-focused coping strategies may apply to reduce the stress related to abuse, and these strategies are therefore complementary and less mutually exclusive.[8,12] Tomás et al[8] found that both strategies were positively associated with resilience coping, but the correlation with problem-focused coping was much stronger to predict well-being in the elderly than emotional strategies. Lazarus emphasized the importance of situational factors and the person's emotions and described the two distinctions, problem-focused and emotion-focused, as intertwined coping functions.[14]

Participants who understood the need to create distance between themselves and the offspring by withdrawing emotionally and physically eventually realized that it was their children's responsibility to sort out their own problems; the responsibility was not in the hands of their parents anymore. They had come to an understanding that they had done the best they could for their children. Most participants with this attitude had lived with abuse problems for a long time and reported that the abuse had become less serious. Taking such a stand might reflect the support of family and friends, the severity and frequency of the abuse, and/or the passage of time. Social and community belonging is essential for coping and for recovering from adverse events.[7,22] Discussing the issue with family and friends may contribute to a new appraisal of the situation, and thereby more efficient strategies to meet certain demands created by the abuse. Whether the abuse is ended or in some way controllable are essential factors for achieving some sort of resilience that enables the older victims to go on with their lives.[7] Research indicates that

the importance of stressor controllability increases with age and the feeling of controllability promote healthy coping.[16] The UK study of abuse[7] showed that older victims of abuse felt frustrated, powerless, and depressed if they were unable to change their situation.

The efficiency of any coping style has to be linked to outcomes as well as individual and social resources.[19] The outcome desired by victims of offspring abuse might be different from that of victims of partner abuse, because the ties of kinship between victim and abuser are likely to be much stronger.[31,32] None of the participants in our study expressed a desire to have no further contact with their offspring, and those who had lost contact with part of their family reported emotional distress. Therefore, it is imperative that professionals identify the ties in the abusive relationship at an early stage and what the victim wants to achieve by seeking professional assistance.[33,34]

The study by Brennan et al[19] of coping trajectory in later life indicate that coping styles were much the same even though there were slight declines in all strategies.[19] However problem solving strategies increased with age and the use of support and guidance to handle stressors did not decrease which might reflect on problem solving strategies.[16,19] The alleged decline in coping strategies is in some contrast to research about resilience which indicates that the ability to achieve resilience increases with age.[22,23] It is suggested that challenging events over the lifespan will strengthen the ability to recover from adversity.[23,24] However the Resilience Scale do not cover such challenging experiences as abuse and few studies ask older people to identify what they regard as adverse events.[22] It is important to have in mind that previous life experiences might strengthen self-efficient coping processes, but fundamentally these experiences might increase the older person's vulnerability as well. The study by Mowlam et al[7] indicated that earlier traumatic events during the lifespan were activated by the abuse experiences and that it was difficult to find strength to "bounce back" in the situation they now were a part of. Support by someone close, in addition to professional support might help these older people find appropriate coping strategies.

Based on the findings of the abovementioned studies, it is important to identify the social network and resources available to older victims of abuse, and if possible activate partnerships with the victim's significant others.[11] It is also of value to identify the coping style to the older victim, ie, how they have responded to negative life events and the various stressors that occur in life.

Our study has some limitations, in that all participants were recruited via a support service for victims of abuse, ie, the PSE or a domestic shelter. Our study participants had the insight, resources, and problem-solving skills to understand that they needed professional help, so might have had more personal and social resources than most elderly victims of abuse. A further limitation is that all participants in our study were ethnic Norwegian, and their coping strategies might differ from those in other cultures and societies. Nevertheless, we believe that this study makes a contribution to our knowledge about some of the coping strategies commonly used by elderly parents who are being abused by their offspring.

Conclusion

Abuse of older people by their offspring represents a huge stress to individuals, and challenges the values and beliefs of both professionals and victims with regard to the caring nature of families. The findings of this study indicate that victims of abuse use a wide range of coping strategies to manage their everyday lives, and that some of the strategies used are strongly linked to a need to maintain their self-respect as parents. Participants that were able to create distance from their offspring emotionally and physically by realizing that the miserable situation was not their responsibility were able to "bounce back" from the dejection and find some sort of resilience. The time, seriousness and controllability of the events, support by family, friends and professionals were all important factors in this process.

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The authors report no conflicts of interest in this work.

References

1. Dong X, Simon M, Leon C, et al. Elder self-neglect and abuse and mortality risk in a community-dwelling population. *JAMA*. 2009;302(5):517–526.
2. Schofield M, Powers J, Loxton D. Mortality and disability outcomes of self-reported elder abuse: a 12-year prospective investigation. *JAGS*. 2013;61:679–685.
3. Naughton C, Drennan J, Treacy M, et al. *Abuse and Neglect of Older People in Ireland: Report on the National Study of Elder Abuse and Neglect*. Dublin: University College Dublin; 2010.
4. O'Keeffe M, Hills A, Doyle M, et al. *UK Study of Abuse and Neglect of Older People: Prevalence Survey Report*. London: National Centre for Social Research and King's College London, prepared for Comic Relief and the Department of Health; Jun 2007.

5. Erlingsson C, Saveman B-I, Berg A. Perceptions of elder abuse in Sweden: voices of older persons. *Brief Treatment and Crisis Intervention*. 2005;5(2):213–227.
6. Hjemdal O, Juklestad O. *En privatsak? Eldres oppfatning av vold og overgrep og om å melde fra om vold. [A Private Matter? Elders' Attitude towards Violence and Abuse and Reporting Violence]*. Oslo: Norwegian Centre for Violence and Traumatic Stress Studies; 2006.
7. Mowlam A, Tennant R, Dixon J, McCreadie C. *UK Study of Abuse and Neglect of Older People: Qualitative Findings*. London: National Centre for Social Research and King's College London, prepared for Comic Relief and the Department of Health; 2007.
8. Tomás J, Sanchoa P, Melendezb J, Mayordomob T. Resilience and coping as predictors of general well-being in the elderly: a structural equation modeling approach. *Aging Ment Health*. 2012;16(3):317–326.
9. Podnieks E. Social Inclusion: An interplay of the determinants of health – new insights into elder abuse. *J Gerontol Sos Work*. 2006;46(3–4):57–79.
10. Helmes E, Cuevas M. Perceptions of elder abuse among Australian older adults and general practitioners. *Australas J Ageing*. 2007; 26(3):120–124.
11. Sandmoe A, Kirkevold M. Nurses' clinical assessments of older clients who are suspected victims of abuse: an exploratory study in community care in Norway. *J Clin Nurs*. 2011;20(1/2):94–102.
12. Lazarus R, Folkman S. *Stress, Appraisal, and Coping*. New York: Springer; 1984.
13. Skinner E, Edge K, Altman J, Sherwood H. Searching for the structure of coping: a review and critique of category systems for classifying ways of coping. *Psychol Bull*. 2003;129(2):216–269.
14. Lazarus R. Emotions and interpersonal relationships: toward a person-centered conceptualization of emotions and coping. *Journal of Personality*. 2006;74(1):9–46.
15. Skinner E, Zimmer-Gembeck M. The development of coping. *Annu Rev Psychol*. 2007;58:119–144.
16. Amirkhan J, Auyeung B. Coping with stress across the lifespan: Absolute vs relative changes in strategy. *J Appl Dev Psychol*. 2007;28: 298–317.
17. Folkman S, Lazarus R, Pimley S, Novacek J. Age differences in stress and coping processes. *Psychol Aging*. 1987;2(2):171–184.
18. Meléndez J, Mayordomo T, Sancho P, Tomás J. Coping strategies: gender differences and development throughout life span. *Span J Psychol*. 2012;15(3):1089–1098.
19. Brennan PL, Holland JM, Schutte KK, Moos RH. Coping trajectories in later life: A 20-year predictive study. *Aging Ment Health*. 2012;16(3):305–316.
20. Kraaij V, Garnefski N, Maes S. The joint effects of stress, coping, and coping resources on depressive symptoms in the Elderly. *Anxiet St C*. 2002;15(2):163–177.
21. Garcia-Dia M, DiNapoli J, Garcia-Ona L, Jakubowski R, O'Flaherty D. Concept analysis: resilience. *Arch Psychiat Nurs*. 2013;27:264–270.
22. van Kessel G. The ability of older people to overcome adversity: a review of the resilience concept. *Geriatr Nurs*. 2013;34:122–127.
23. Resnick B, Inguito P. The Resilience Scale: psychometric properties and clinical applicability in older adults. *Arch Psychiat Nurs*. 2011;25(1):11–20.
24. Lundman B, Strandberg G, Eisemann M, Gustafson Y, Brulin C. Psychometric properties of the Swedish version of the Resilience Scale. *Scand J Caring Sci*. 2007;21:229–237.
25. WHO. The Toronto Declaration on the Global Prevention of Elder Abuse. 2002. Available from http://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf. Accessed June 23, 2014.
26. Munhall E. Qualitative research. In: Brink P, Wood M, eds. *Advanced Design in Nursing Research*. 2nd ed. Thousand Oaks, Calif: Sage Publications; 1998.
27. Graneheim U, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. *Nurse Educ Today*. 2004;24:105–112.
28. Kvale S, Brinkmann S. *Det kvalitative forskningsintervju [Interviews: An Introduction to Qualitative Research Interviewing]*. 2nd ed. Oslo: Gyldendal Norsk Forlag AS; 2009.
29. Naughton C, Drennan J, Lyons I, Lafferty A. The relationship between older people's awareness of the term elder abuse and actual experiences of elder abuse. *Int Psychogeriatr*. 2013;25(8):1257–1266.
30. Solhaug A. *Men det er vel egentlig ikke overgrep? – en studie av eldre som er utsatt for overgrep i familien [But it is not really abuse? – A study of elderly who are victims of abuse in the family]*. Oslo: Det samfunnsvitenskapelige fakultet; Institutt for sosiologi og samfunnsgeografi, Universitetet i Oslo. [Faculty of Social Sciences; Department of Sociology and Human Geography, University of Oslo]. Thesis Master; 2007.
31. Buchbinder E, Winterstein T. "Like a wounded Bird": older battered women's life experiences with intimate violence. *Journal of Elder Abuse and Neglect*. 2003;15(2).
32. Skjørten K. Partnervold blant eldre [Intimate partner abuse among elderly people]. *Tidsskrift for Psykisk Helsearbeid*. 2009;6(2): 120–127.
33. Lithwick M, Beaulieu M, Gravel S, Straka S. The mistreatment of older adults: perpetrator-victim relationships and interventions. *J Elder Abuse Neglect*. 1999;11(4):95–112.
34. Sandmoe A, Kirkevold M, Ballantyne A. Challenges in handling elder abuse in community care. An exploratory study among nurses and care coordinators in Norway and Austraila. *J Clin Nurs*. 2011;20(23/24): 3351–3363.