

Perceptions of Elder Abuse, Neglect and Attitudes toward Ageism: Volunteers Public Non-Health Staff and Tradesmen in Manisa/Turkey

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Abstract

The aim of this study was to examine the attitudes towards ageism, perceptions of elder abuse and neglect in working and profession groups which have potential sources of help and support for elders. This is a descriptive and a cross sectional study that was carried out between January and May 2012 in Manisa/Turkey. With working and profession groups face to face interviews were conducted with volunteers from: the police; the imam/hodja; the constabulary; and the tradesmen. The total numbers of participants were 339 from Center of Manisa/Turkey and fieldwork took place. Participants believe that elderly abuse and neglect is a social problem and they have professional and individual responsibilities to prevent it. The mean (\pm SD) of the Ageism Attitude Scale score was 71.4 ± 9.7 and their attitudes toward senility and ageism were positive. Results of this study, volunteer public non-health staff and tradesmen have a quite sensitive about elderly abuse and neglect and, a positive attitude toward senility and elderly.

Keywords: Abuse; Neglect; Ageism

Introduction

Ageing is an irreversible and unavoidable physiological process that affects all body systems. As the average human lifespan and thus the elderly population increased, old age, one of the physiological periods of human life, has begun to gain importance today [1,2]. Underlying global population ageing is a process known as the “demographic transition” in which mortality and then fertility decline from higher to lower levels. Decreasing fertility along with lengthening life expectancy has reshaped the age structure of the population in most regions of the planet by shifting relative weight from younger to older groups. The role of international migration in changing age distributions has been far less important than that of fertility and mortality [3]. In this century, because of increased average life expectancy, the ratio of aged people population is gradually increasing and world population is getting older. In 2008 the population of those 65 years and older in the world was around 470 million; it is expected to be 671 million in 2025 and approximately 1 billion in 2050. The rate of increase in the elderly population is twice the rate of increase in the total population and it is estimated that in 2025 the population 60 years and older will be 14% of the total world population [3].

The elderly population is also increasing in developing countries, particularly in Asia. Turkey is one of the developing countries in Asia with a rapidly increasing elderly population. In the last 20 years in Turkey, the average life expectancy has increased and the fertility rate has decreased which has resulted in a continual rise in the population of those 65 years and older [4]. The life expectancy at birth are around 76.1 years for women and 71.5 for men in Turkey [5]. According to the 2012 Turkey Demographic and Health Survey, 7.5 percent of the population in our country was 65 years and older. It is estimated that 10 percent of the population will be elderly in Turkey in 2025 and 20% will be elderly in 2050, which will be approximately equal to 15 million people [4].

These demographic changes may be called “aging of the population”. It is predicted that this rapid increase in the world’s elderly population in the near future will lead to significant problems in families and society. These problems are expected to be in the areas of: use of health care services, covering health expenses, organization and financing of social insurance institutions, social support from family and friends, period of retirement, adaptation to ageing process,

difficulty in obtaining adequate income, accommodation, adequate services and job opportunities. The social, physical and psychological changes can cause neglect and abuse of elder lies and ageism [1,2].

In the literature, ageism is defined as having attitudes, prejudices, actions and activities towards an individual who is different just because of his/her age. People consider old age to be a period when there is a decrease in productivity, ability and independence in all areas of life. The society’s attitudes towards elderly individuals and ageing are rife with prejudice and stereotypes. Ageism includes beliefs (elderly people are ugly, contrary, ill, etc.) and attitudes (preference for young people and being young over old age) that can be turned into behaviors. When data about ageism are evaluated, positive and negative attitudes are considered together. Among the negative attitudes about ageism are elements such as illness, impotence, ugliness, retardation in mental functions, mental illness, worthlessness, isolation, poverty and depression; the positive attitudes are compassion, knowledge, reliability, intelligence, political power, freedom and happiness [6]. The beliefs and attitudes toward the elderly can be reflected in the quality of care and health services. As a results of these, elderly may be abused and neglected [1,2]. In the past 20 years, abuse and neglect of children, and spousal abuse, have been acknowledged as significant social phenomena. However, abuse of older people has been hidden from public view [7]. According to World Health Organization (2008) [8], 80 percent of elder abuse is unreported. Abuse of older people is important to address, particularly in settings where older people are dependent on care from others [9]. Every year, an estimated 4 million older Americans are victims of physical, psychological or other forms of abuse and neglect. Those statistics may not tell the whole story. For

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every case of elder abuse and neglect reported to authorities, experts estimate as many as 23 cases go undetected [10]. Research also suggests that older people who have been abused tend to die earlier than those who have not been abused, even in the absence of chronic conditions or life-threatening disease. Occasionally, there are shocking reports of nursing home residents who are mistreated by the staff. At any one time only about 4 percent of them have their physical needs without experiencing abuse or neglect [10]. During 2010, 92,865 persons over the age of 65 were victims of violent crime. In 2010, 585 persons age 65 or older were murdered, or 4.5 percent of all murder victims. Of those 585 homicide victims age 65 or older, 46.3 percent were female compared to 22.5 percent of homicide victims of all ages [11].

Few scientific studies about violence, abuse and, neglect have been carried out in Turkey. In Izmir, (West Anatolia) a research which is about physical, financial abuse and neglect in elderly people 65 years and over is performed. It is found that 15% of elderly people have exposed the physical abuse by their son and husband. 2.5% of elderly stated that their income has consumed by force without permission, 7% of elderly stated their income has been misused. It is defined that, according with findings from previous researches, 28.9% of elderly show neglect symptoms [12]. In a study carried out in Middle Anatolia at a health care clinic region, it is stated that 4.9% of elderly has been exposed to physical, 5.9% of elderly psychological, 2.3% of elderly economical and 0.3% of elderly sexual violence [13]. In addition a research was carried out in Istanbul (North West Anatolia) in a nursing home with 113 elderly and their relatives about "Physical Elder Abuse in Family" it is found that 25.6% of elderly had been exposed to physical abuse like slapping, beaten violently and they felt loneliness, sadness, despair and hatred. In the same research when degrees of closeness to elderly is examined it is found that almost all of relatives are very close. Also elderly abuse has been hidden owing to being crime, affair of exclusion from society and to want to keep the problem in family [14]. United States of America and Canada are the first countries which was defined the abuse to elderly, so these societies carried out measures long before. In Turkey, elderly abuse, neglect and, violence are started to reach a level that attracted the attention of persecutors, polices and researches [15]. It's required to prevent and determine abuse and neglect of the elderly by means of the measurements [1,2]. Generally elderly have stated that they had been exposed to abuse, neglect and negative attitudes directly from health professionals and individuals in close. In this regard only individuals in social environment of elderly who recognized and communicated with them and could obtain information [16]. It is thought that some public servants; who keep society's safety (police, constabulary), ensure spiritual needs of society (imam/hodja) and provide services to various needs of society (artisan/tradesman) could determine, prevent and make notification that elderly couldn't pay the bills, couldn't ensure their nutrition and hygiene needs, there isn't any home to stay for them and couldn't benefit from health services. Also it is predicted that these profession groups are sensitive to exploitation, misuse and all variety of neglect also they can make implements when these situations took place.

Little research has been conducted to examine the attitudes toward ageism and perceptions of working and profession groups about elderly abuse and neglect. The aim of this study was to examine the attitudes toward ageism, perceptions of elder abuse and neglect in working and profession groups which have potential sources of help and support for elders.

Materials and Method

Method

The study design was descriptive and cross sectional. Data were collected by the researchers through face to face interviews between January and February 2012. The study group were conducted with volunteers from: the police; the imam/hodja; the constabulary; and the tradesmen. The total number of participants were 339 from Center of Manisa/Turkey and fieldwork took place. They have worked in Center of Manisa/Turkey and at least 18 years old. The participants individually completed the instrument that took approximately 20 minutes to complete. The participants were not given any rewards (bonus points, money etc.) in return for their participation. Likewise, all participants (the police; the imam/hodja; the constabulary; and the tradesmen) gave informed consent for the research, and that their anonymity was preserved. Written permission was taken for conducting this research from Municipality of Manisa, Police Center Directorate of Manisa, Mufti of Manisa, and Union Chambers of Tradesmen and Craftsmen of Manisa.

Materials

Data were collected with a questionnaire form occurs the questions about sociodemographic features and perceptions of elder abuse and neglect which was developed by the authors of this study. Participants' attitudes toward ageism were measured using the Ageism Attitude Scale.

A questionnaire form: A questionnaire form contains 68 questions related to socio demographic features and perceptions of elder abuse and neglect which was developed by the authors. This is a questionnaire form that prepared by scanning literature for the study. Questions choosed to evaluate participants' sociodemographic features (age, gender, marital status, profession group, place of residence, family structure) and perceptions of elder abuse and neglect.

The Ageism Attitude Scale: The Ageism Attitude Scale (AAS) was developed by Vefikuluçay-Yilmaz and Terzioğlu [6]. The AAS contains 23 items and three dimensions: restricting life the elderly, positive ageism, negative ageism. The scale consisted of positive and negative attitudinal sentences to determine the attitudes towards ageism. The positive attitude sentences regarding ageism were scored as 5 points for 'completely agree,' 4 points for 'agree,' 3 points for 'unsure,' 2 points for 'disagree,' and 1 point for 'absolutely disagree.' The negative attitude sentences regarding ageism were scored opposite to the positive sentences: 1 point for 'completely agree,' 2 points for 'agree,' 3 points for 'unsure,' 4 points for 'disagree,' and 5 points for 'absolutely disagree.' The highest possible score was 115 and the lowest was 45 according to this scoring scale. Each of three dimensions' possible scores were between 9 and 45 for restricting life the elderly, between 8 and 40 for positive ageism, between 6 and 30 for negative ageism. The scale's Cronbach alpha reliability coefficient for 23 items was found to be 0.80. Permission to conduct this research was obtained from Vefikuluçay-Yilmaz and Terzioğlu [6] with an e-mail.

Analysis of the data

The Statistical Package for Social Sciences version 16.0 was used to analyse the data using descriptive statistics and ANOVA analysis.

Ethical considerations

This study was approved by the chair of the Research Ethics Committee of the Celal Bayar University Faculty of Medicine at

Manisa, Turkey. Written permission was taken for conducting this research from Municipality of Manisa, Police Center Directorate of Manisa, Mufti of Manisa, and Union Chambers of Tradesmen and Craftsmen of Manisa. Likewise, all participants (the police; the imam/hodja; the constabulary; and the tradesmen) gave informed consent for the research, and that their anonymity was preserved.

Results

Volunteer public non-health staff and tradesmen participated in the consist of 109 (32.2%) imam/hodja, 114 (33.6%) police, 22 (6.5%) constabulary and 94 (27.7%) tradesmen. The majority of participations were satisfied with the job (94.1%). The mean age of participations were $\bar{x} \pm SD=37.2 \pm 9.0$. The majority of participations were male (83.2%). Socio demographic features of the participants is shown in table 1. Participations have lived downtown (75.5%), district (1.5%) and small town/village (23.0%) in apartment flat (70.8%) and in family house (29.2%). They have 1-2 children (57.2%) and 3-4 children (12.1%). Participations have lived in a large family (10.9%), in a small family and alone (8%). When participations were examined according to living situations with an elderly; 17.7% of participations have lived with an elderly.

They have lived with 1-2 elderly (15.4%) and 3-4 elderly (2.3%). When we asked to participations "what is the elderly?" the majority of respondents ($n:187$) answered "person whose physical, social, mental abilities decreased, who needs care and, deserves respect", another group answered ($n:63$) "person who is 65 years and over" and ($n:89$) "person who is 60 years and over" When it is asked to participants "What do you think about elder abuse and neglect?" 27.7% of them answered "getting money and/or goods from them without permission", 23.0% of them answered "leaving alone, abandoned", 26.2% of them answered "not to care about their needs, health", 16.1% answered "behaving badly, violently", 6.4% answered "I don't know". Also when it is asked to participants "Do you think elderly are abused

or neglected?" 87.3% of participants answered "yes". In addition 77.0% of them replied "yes" to the question of "Do you think discrimination is applied to the elderly?". When requested from participants to define ageism participants answered the following: 25.6% of them "caring about elderly, pay attention to their opinions, show respect to them", 13.5% of them "keep separate the elderly, behave in different way", 22.7% of them "behave differently to elderly whose economic and social status are high and low", 24.1% of them "give priority to elderly in social life, behave privileged and show respect" 10.0% of them "to ignore, to scorn and to exclude from society", 3.8% of them "behave to elderly in a biased way, to make age discrimination".

While 53.4% of them answered "yes" to question of "Have you ever encountered cases of elder abuse or neglect during your life/ during your work-life?" 54% of them answered 'no'. When level of education about elderly abuse, neglect and ageism were evaluated, it was seen that 89.4% of them haven't got education. To the question of have you got any information about elderly abuse, neglect and ageism, 50.7% of them answered "yes". When sources of their information is examined, they were stated that 22.8% of them from occupational training, 31.9% of them from TV-radio, newspapers and magazines, 20.4% of them from internet and 6.3% of them from environment, family and social life. 80.5% of them answered "no" to the question of "Is there any instructions about elderly abuse, neglect and ageism in your institution?". To the question of "If you have witnessed to elderly abuse, neglect and ageism, would you report?" 89.1% of them answered "yes". When asked to whom or to where they will report, 24.1% of them said to police, security director and constabulary, 19.4% of them said to governor, social services, 13.2% of them said they would intervene and report to security directorate. 10.9% of those who answer "I don't report" said "I don't know to whom or to where I will report, I haven't got any information if there is a place like that". To the question of "Should there be places where elderly who are exposed to abuse, neglect and ageism can get service?" 92.0% of them answered "yes". Participants' answers about perceptions of elderly abuse and neglect are shown in table 2.

The mean of total score that participants took from the ASS, which evaluate the attitudes toward ageism, $\bar{x} \pm SD=71.4 \pm 9.7$. The mean of total score taken from each of dimensions of the scale in order is: Restricting life of elderly was $\bar{x} \pm SD=21.4 \pm 4.2$; positive ageism was $\bar{x} \pm SD=31.7 \pm 7.2$; negative ageism was $\bar{x} \pm SD=18.2 \pm 3.4$. There wasn't found a statistically significant difference between participant groups and AAS scores. The mean scores of the ASS and its dimensions are shown in table 3.

Discussion

The elderly is one of the most fragile groups of society. Elderly abuse, especially in last ten years is a serious social problem, which appears giving harm to elderly and benefit from them. It is not only seen in family or in general population, but also in social services, nursing homes, every society, culture and economical status [17]. Elder abuse is a single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Abuse is the physical, psychological or financial mistreatment of an older person by an individual, who has a relationship with them. The term neglect as a separate and distinct categorisation should be omitted from the elder abuse dialogue and should be considered as another form of abuse [18]. When the definitions of participants on elderly abuse and neglect is examined, most of them defined the abuse as discrimination of economic and rights while the others defining the neglect as

Characteristics	n	%
Sex		
Female	57	16.8
Male	282	83.2
Marital Status		
Married	261	77.0
Single	66	19.5
Widow	12	3.5
Educational status		
Post graduate education (MSc,PhD)	5	1.5
University	225	66.4
High school	81	23.9
Primary school	28	7.8
Average working years		
Less than one year	32	9.4
1-2 yrs	35	10.3
3-5 yrs	46	13.6
More than 6 years	226	66.7
Insurance		
Government Employee's Retirement Fund (GERF)	241	71.1
The Social Insurance Organization (SSK)	53	15.6
The Social Insurance Agency of Merchants, Artisans and Self-Employed (Bağ-kur)	33	9.7
Private (out-of-pocket payments)	12	3.5
Total (N)	339	100

Table 1: Demographic characteristics.

Perceptions about elderly abuse and neglect	Job and profession groups											
	Imam/Hodja			Police			Constabulary			Tradesmen		
	Yes	No	I don't know	Yes	No	I don't know	Yes	No	I don't know	Yes	No	I don't know
Elderly who live alone are exposed to abuse and neglect more.	96 28.3%	6 1.7%	7 2.0%	93 24.7%	8 2.3%	13 3.8%	16 4.7%	2 0.5%	4 1.1%	27 7.9%	36 10.6%	31 9.1%
Elderly who live in nursing home are exposed to abuse and neglect more.	30 8.8%	44 12.9%	35 10.3%	34 10.0%	60 17.6%	20 5.8%	4 1.1%	5 1.4%	13 3.8%	41 12.0%	16 4.7%	37 10.9%
Elderly women are exposed to abuse and neglect more.	52 15.3%	45 13.2%	12 3.5%	61 17.9%	39 11.5%	14 4.1%	10 2.9%	8 2.3%	4 1.1%	59 17.4%	16 4.7%	19 5.6%
Elderlies whose socioeconomic status is high and have money are exposed to abuse and neglect more often .	36 10.6%	62 18.2%	11 3.2%	36 10.6%	66 19.4%	12 3.5%	4 1.1%	16 4.7%	2 0.5%	39 11.5%	39 11.5%	19 5.6%
Elderlies who have mental disability are exposed to abuse and neglect more often.	87 25.6%	12 3.5%	10 2.9%	93 27.4%	17 5.0%	4 1.1%	18 5.3%	2 0.5%	2 0.5%	72 21.2%	3 0.8%	18 5.3%
Elderlies who are 75 years old and over are exposed to abuse and neglect more often.	76 22.4%	23 6.7%	10 2.9%	75 22.1%	26 7.6%	13 3.8%	13 3.8%	5 1.4%	4 1.1%	64 18.8%	9 2.6%	24 7.0%
Elderlies who have physical disability, stroke, handicapped or bedridden are exposed to abuse and neglect more often.	85 25.0%	8 2.3%	6 1.7%	77 22.7%	15 4.4%	9 2.6%	15 4.4%	3 0.8%	3 0.8%	71 20.9%	10 2.9%	9 2.6%
Elderlies who live in a large family are exposed to abuse and neglect more often.	12 3.5%	70 20.6%	17 5.0%	19 5.6%	63 18.5%	19 5.6%	1 0.2%	9 2.6%	11 3.2%	25 7.3%	44 12.9%	21 6.1%
Elderly abuse and neglect is seen more often in families whose socioeconomic and cultural status is low.	45 13.2%	46 13.5%	18 5.3%	36 10.6%	48 14.1%	30 8.8%	9 2.6%	7 2.0%	6 1.7%	48 14.1%	28 8.2%	18 5.3%
Bad habits in family cause abuse and neglect of the elderly.	94 27.7%	9 2.6%	6 1.7%	84 24.7%	9 2.6%	21 6.1%	14 4.1%	6 1.7%	2 0.5%	65 19.1%	12 3.5%	17 5.0%
Violence in family cause abuse and neglect of elderly.	93 27.4%	8 2.3%	8 2.3%	88 25.9%	15 4.4%	11 3.2%	19 5.6%	0 0.0%	3 0.8%	77 22.7%	16 4.7%	11 3.2%
Individuals who have negative feeling, thought and bad experiences to elderly are more likely to neglect and abuse of elderly.	84 24.7%	8 2.3%	17 5.0%	94 27.7%	10 2.9%	10 2.9%	14 4.1%	1 0.2%	7 2.0%	76 22.4%	6 1.7%	12 3.5%
Individuals who think looking after the elderly as a burden are more likely to neglect and abuse of elderly.	99 29.2%	8 2.3%	2 0.5%	91 26.8%	12 3.5%	11 3.2%	19 5.6%	0 0.0%	3 0.8%	81 23.8%	6 1.6%	7 2.0%
Abandoning of elderly is a neglect	98 28.9%	10 2.9%	1 0.2%	79 23.3%	26 7.6%	9 2.6%	16 4.7%	5 1.4%	1 0.2%	62 18.2%	15 4.4%	17 5.0%
Placement of elderly to the nursing home is a neglect	84 24.7%	21 6.1%	4 1.1%	61 17.9%	42 12.3%	11 3.2%	12 3.5%	7 2.0%	3 0.8%	50 14.7%	25 7.3%	19 5.6%
If an elderly is exposed to abuse and neglect in a nursing home he/she is should be place in a nursing home.	86 25.3%	20 5.8%	3 0.8%	79 23.3%	19 5.6%	16 4.7%	20 5.8%	1 0.2%	1 0.2%	66 19.4%	23 6.7%	5 1.4%
It is neglect that if an elderly's hygiene, nutrition and safety requirements aren't met.	103 30.3%	6 1.6%	0 0.0%	97 28.6%	9 2.6%	8 2.3%	13 3.8%	6 1.6%	3 0.8%	74 21.8%	9 2.6%	11 3.2%
If elderly couldn't meet his/her own hygiene, nutrition and housing requirements, it means that he/she neglects own self.	41 12.0%	59 17.4%	9 2.6%	42 12.3%	61 17.9%	11 3.2%	10 2.9%	10 2.9%	2 0.5%	52 15.3%	30 8.8%	12 3.5%
It is a neglect that if elderly's health needs are' met or retarded.	99 29.2%	5 1.4%	5 1.4%	90 26.5%	17 5.0%	7 2.0%	16 4.7%	4 1.1%	2 0.5%	81 23.8%	6 1.6%	7 2.0%
It is a neglect that if elderly lives in homes which have unsuitable conditions.	92 27.1%	13 3.8%	4 1.1%	92 27.1%	15 4.4%	7 2.0%	17 5.0%	1 0.2%	4 1.1%	67 19.7%	11 3.2%	15 4.4%
It is abuse that if elderly is exposed to violence such as beating, slapping, kicking, biting and throwing goods.	107 31.5%	2 0.5%	0 0.0%	101 29.7%	6 1.6%	7 2.0%	20 5.8%	1 0.2%	1 0.2%	83 24.4%	5 1.4%	6 1.6%
It is abuse that if elderly is exposed to shouting, insulting and ridiculing.	104 30.6%	5 1.4%	0 0.0%	99 29.2%	9 2.6%	6 1.6%	21 6.1%	0 0.0%	1 0.2%	79 23.3%	12 3.5%	3 0.8%
It is abuse that if elderly's money and goods are stolen, getting by force and misuse.	103 30.3%	6 1.6%	0 0.0%	104 30.6%	4 1.1%	6 1.6%	21 6.1%	0 0.0%	1 0.2%	82 24.1%	5 1.4%	7 2.0%
Whether or not compos mentis, it is abuse that forcing to elderly for sexual intercourse or having sex with him/her.	103 30.3%	0 0.0%	6 1.6%	108 31.8%	0 0.0%	6 1.6%	22 6.4%	0 0.0%	0 0.0%	83 24.4%	0 0.0%	11 3.2%
It is abuse that behaving to elderly as if they weren't, imprisoning the room/home and excluding from society.	105 30.9%	3 0.8%	1 0.2%	100 29.4%	8 2.3%	6 1.6%	20 5.8%	1 0.2%	1 0.2%	86 25.3%	5 1.4%	3 0.8%
Elderly abuse and neglect is a social problem	108 31.8%	1 0.2%	0 0.0%	98 28.9%	9 2.6%	7 2.0%	19 5.6%	1 0.2%	2 0.5%	76 22.4%	8 2.3%	10 2.9%
Preventing to elderly abuse and neglect I think I have responsibilities.	101 29.7%	6 1.6%	2 0.5%	94 27.7%	12 3.5%	8 2.3%	19 5.6%	2 0.5%	1 0.2%	83 24.4%	6 1.6%	5 1.4%
Preventing to elderly abuse and neglect I think I have professional liabilities.	102 30.0%	2 0.5%	5 1.4%	89 26.2%	17 5.0%	8 2.3%	19 5.6%	2 0.5%	1 0.2%	59 17.4%	26 7.6%	9 2.6%
Elderly abuse and neglect is a criminal act.	97 28.6%	0 0.0%	12 3.5%	101 29.7%	0 0.0%	13 3.8%	19 5.6%	0 0.0%	3 0.8%	69 20.3%	7 2.0%	18 5.3%
When I witnessed to elderly abuse and neglect reporting is my individual responsibility.	108 31.8%	0 0.0%	1 0.2%	101 29.7%	0 0.0%	13 3.8%	21 6.1%	0 0.0%	1 0.2%	82 24.1%	6 1.6%	6 1.6%

When I witnessed elderly abuse and neglect reporting is my professional liability.	107 31.5%	0 0.0%	2 0.5%	108 31.8%	0 0.0%	6 1.6%	22 6.4%	0 0.0%	0 0.0%	65 19.1%	23 6.7%	6 1.6%
When I was a witness to elderly abuse and neglect, to report legal responsibility	90 26.5%	9 2.6%	10 2.9%	87 25.6%	17 5.0%	10 2.9%	16 4.7%	1 0.2%	5 1.4%	55 16.2%	21 6.1%	18 5.3%
Elderly may hide abuse and neglect.	75 22.1%	26 7.6%	7 2.0%	77 22.7%	26 7.6%	11 3.2%	16 4.7%	5 1.4%	1 0.2%	68 20.0%	16 4.7%	10 2.9%
Family Members/Caregivers may hide abuse and neglect of elderly.	81 23.8%	18 5.3%	10 2.9%	82 24.1%	22 6.4%	10 2.9%	18 5.3%	3 0.8%	1 0.2%	70 20.6%	18 5.3%	6 1.6%
The elderly who exposed to abuse and neglect, it may seen that withdrawal, disbelief, avoidance of social contacts and fear .	99 29.2%	1 0.2%	9 2.6%	103 30.3%	2 0.5%	9 2.6%	21 6.1%	0 0.0%	1 0.2%	83 24.4%	3 0.8%	8 2.3%
Fracture, wound and bruise can be seen on the body of abused and neglected elderly.	100 29.4%	2 0.5%	7 2.0%	97 28.6%	8 2.3%	9 2.6%	19 5.6%	0 0.0%	3 0.8%	83 24.4%	4 1.1%	7 2.0%
Elderly who exposed to abuse and neglect may be grumpy, aggressive and quarrelsome.	79 23.3%	14 4.1%	16 4.7%	88 25.9%	13 3.8%	13 3.8%	19 5.6%	1 0.2%	2 0.5%	80 23.5%	3 0.8%	11 3.2%
If elderly is weaken, hairs are dirty, clothes are torn and smells bad, it may be thought they exposed to abuse and neglect.	102 30.0%	4 1.1%	3 0.8%	96 28.3%	9 2.6%	9 2.6%	17 5.0%	4 1.1%	1 0.2%	61 17.9%	11 3.2%	22 3.5%
Individuals, who will care to elderly, should get education about elderly health and care.	83 24.4%	19 5.6%	7 2.0%	88 25.9%	17 5.0%	9 2.6%	14 4.1%	6 1.6%	2 0.5%	73 21.5%	10 2.9%	11 3.2%
I don't think I'm enough to determine elderly abuse and neglect.	51 15.0%	47 13.8%	11 3.2%	46 13.5%	56 16.5%	12 3.5%	9 2.6%	6 1.6%	7 2.0%	51 15.0%	28 8.2%	15 4.4%
I don't think I'm enough to prevent elderly abuse and neglect.	56 16.5%	42 12.3%	11 3.2%	53 15.6%	50 14.7%	11 3.2%	13 3.8%	5 1.4%	4 1.1%	63 18.5%	19 5.6%	12 3.5%
I must get information and education about elderly abuse and neglect.	77 22.7%	22 6.4%	10 2.9%	78 23.0%	23 6.7%	13 3.8%	15 4.4%	5 1.4%	2 0.5%	66 19.4%	14 4.1%	14 4.1%
Total: 339 100%		109 32.1%		114 33.6%				22 6.4%			94 27.7%	

Table 2: Perceptions about elderly abuse and neglect.

The mean, SD of The Ageism Attitude Scale and three dimensions	Working and profession groups				F	p
	Imam/Hodja	Police	Constabulary	Tradesmen		
Restricting life of elderly $\bar{x} \pm SD$	21.8 ± 3.5	20.6 ± 4.1	21.6 ± 3.7	22.1 ± 4.9	2.3	0.07
Positive ageism $\bar{x} \pm SD$	30.7 ± 7.4	32.5 ± 6.7	33.0 ± 6.6	31.5 ± 7.5	1.4	0.2
Negative ageism $\bar{x} \pm SD$	18.3 ± 3.1	17.9 ± 3.7	19.5 ± 2.5	18.1 ± 3.6	1.4	0.2
The Ageism Attitudes Scale $\bar{x} \pm SD$	70.9 ± 8.7	71.2 ± 9.4	73.3 ± 7.0	71.8 ± 1.7	0.4	0.7
Total:339	109	114	22	94		

\bar{x} : Mean SD:Standard deviation

Table 3: According to working and profession groups' the mean, SD of the Ageism Attitude Scale and three dimensions.

abandoning, leaving alone and not care. The studies are shown that, 51% (Australia, 2002), 6.4% (Japan, 2004), 4.1% (Korea, 2006), 5.2% (America, 2010), 2.5% (Turkey, 2007) of the economic exploitation of the elderly are existed [19]. In a research carried out in Turkey (West Anatolia) with 204 participants 65 years and over, it is defined that, 2.5% of them met financial abuse, 28.9% of them had neglect evidence and 53.4% of them met elderly abuse and neglect case or doubt during their life/business life [12]. Neglect, abuse and violence to elderly are started to reach a level that attracted the attention of prosecutors and polices in Turkey. Elderly deaths induced judicial, have shown an increase in recent years. In a study about changes in judicial death number of elderly and causes of deaths, 17015 autopsies were examined, 7.8% (n=1326) of them were 65 age and over. When causes of death in man and women elders were examined it is found that "presence of death at home" (40.3%) and "traffic accident" (40.3%) are the first for two genders. In 69% of death cases who found dead at home, the cause of death was pathological. These pathological results were 20.1% "general body trauma", 6.3% "hanging" and the other common autopsy results

[15]. Most of participants stated that if they witness elderly abuse and neglect, they will report to police, security directorate and constabulary. The police officers involved in, expressed they will interfere and report to their police station. Abuse, neglect and bad behavior which are legally criminal should be known and identified by society. According to the Turkish law on protection of the family "behaving badly to the elderly, child and woman is a crime and there are criminal sanctions for it" [16]. Most of the profession/business groups involved in research agree that elderly abuse and neglect is a crime and when they witnessed, reporting that is their individual, profession and legal responsibility. In addition they think they aren't sufficient to determine and prevent elderly abuse and neglect, so they think they should had education to determine and prevent.

When participants' family type, environment, living situation whether or not with an elderly are evaluated, it is seen that most of them have lived in small families with mother, father and children at the town center. Only 17.7% participants have lived with an elderly. It is known that there are demographically big differences between developing and

developed countries for living situations. In developed countries most of the elderly have lived in urban areas while in developing countries most of them have lived in rural area. In developing countries ratio of elderly in rural areas are more than in the urban areas. Trends have shown that in future there will be living more elderly population, in rural areas. Age hasn't reached a serious problem status in Turkey for its population and features of social structure. But for changes in parallel with society, it has emerged in large cities. One of the most important issue in elderly is care [20]. Participants defined elderly as: Individual who over the age of 65, need of care and having physical disability. Some of the elderly's care met by their family, relatives and some of them are placed in nursing homes. Most of the participants think that, abandoning the elderly or placing them in nursing homes is an elderly neglect. Although it is known that in family environment, elderly's social, emotional and physical needs are met best, depending on the complex and fast structure of our time, their needs haven't met enough. So elderly's have placed in nursing homes, though the attitude is different [21]. Also participants agree that if elderly is exposed to abuse and neglect in family environment, they should be placed in nursing home. Most of them answered "yes" the question of "Should the individual be trained to give care to the elderly? Elderly's physical disability, force the family members especially the care giver.

Elderly's care often an obligatory duty and not voluntary. Both caregivers/families and elderlies need to support related with care. When this support doesn't meet on time and sufficiently, elderly abuse and neglect have occurred [20]. It is stated that owing to the social structure in home care conditions, elderly care is met by adult children, but abuse, neglect and bad behavior not only perform by children but also by one of the wives, relatives and health care staff. In addition elderlies living alone at the risk because of the actions such as abuse, theft and attack [16]. The reason of abuse and neglect to the elderly isn't known exactly. In various studies different hypothesis as "learned violence, addiction" are put forward to explain this. Adults exposed to bad treatment when childhood, generally abuse their family in the future [22,23]. Also participants agreed the expression of 'violence and bad habits in family cause the elderly abuse and neglect'. According to the literature, violence in family has increased the probability of elderly abuse and neglect [20]. According to Zhou [24] good quality care service and healthy relationship with older adults are necessary, but are unlikely if people's views of older adults are negative. Participants think that individuals who have negative emotions, thoughts and bad memory to elderly have high probability of abuse and neglect the elderly. It is defined that, according with findings from previous researches, some of the features of individuals who abuse elderly. These are; not to adopt the role of care and met this role forcibly, to be opposite to the elderly, to undertake offended roles, to have financial and medical and personality problems (not to be able to control thoughts and behaviors), marital conflict, unemployment, addict of alcohol, drug and perceive the violence as a solution [2,16,22,25]. Some of researches reported that there is relation between the type of abuse and health status, demographic features of abused elderly. It is defined that, according with findings from previous researches, elderly between 70 and 75 years, commonly woman who are divorced, living alone, being isolated and having some chronic diseases are exposed to abuse mostly. Also it is determined that being dependent to the other for physical aspect and having mental disability is a risk factor for abuse [2,16,20,21]. The majority of individuals participated in research think that elderlies who are woman, living alone, 75 years and over, with physical, mental disability expose to abuse more. According to literature elderlies who have lived in large families and had attractive

funding, expose to abuse more [2,16,25]. In a research it is stated that in low socio-economic region; physical abuse is 1.5%, economic abuse is 2.5% and neglect is 27.4% while in high socio-economic region physical abuse is %2, economic abuse is %0.3 and neglect is 11.2% [26]. Participants commonly defined economic and right abuse while they were defining elderly abuse, but they haven't thought that elderly who have enough money, high socio-economic status, and lives in large family have been exposed to abuse more. This situation can be explained with their previous statements such as "Elderly who has good socio-economic status, can get more respect and care. Elderly, who has low-high socio-economic status, are treated in different way." And also explain with our culture's family relations, especially relations between generations for emotional intimacy and confidence. In a research it is determined that there is no close connection between elderly's mood, spirit and relations among grandchildren and grandfather/mother. For elderly, a person living with him/her is more important [27]. In another study carried out in America function of mothers/fathers on children is mentioned and evaluated. Especially young mothers/fathers consult to their family for upbringing their child. Because they accept their families expert on child education. The grandmothers help their working daughters mostly in housework and child care while grandfathers help in home repairs [28]. In our country especially in large cities industrialization and urbanization caused important changes in family structures. These changes also affected the elderly. They have become as a burden to the families due to deteriorating living conditions, but when elderly had income they could be support for families both material and spiritual perspective. So they can share the burden of life. At the present time families' economic status has been changing and economic independence has extinction. Family roles have been changing. The birth rates have reduced owing to the women working outside. In the fast social change process, less personal experiences and information has been needed. Elderly who lives in large family, because of the generation differences could live loss of status and power, so the risk of abuse and neglect have increased. Participants defined neglect and abuse as abandoning the elderly. In our traditional family structure adults and children care for elderly, maintain the communication with them and don't leave them alone to the death. Because of society condemns the family who leave alone elderly. Under this attitude there is responsibility of respect and conversation demand for ancestors. But fast and social changes have facilitated to admit the right living alone for elderly and using their preference. In developed countries although living alone cause some of the problems for elderly, they don't want to disrupt their life routine and prefer to live in their environment autonomously. For our country growing up these opinions and practices will take time, but also this situation revived taking the measures and increasing the support system about this topic. While elderly population is increasing, socio-economic conditions are rapidly changing in society and urban living, and it is expected to increase the possibility of living in nursing homes [29-31].

Institutional abuse is defined as treating badly to elderly in nursing homes/aged care homes. It is stated that if there is lack of control on institutions and reporting these situations, abuse and neglect may not be noticed [32]. There are limited numbers of studies about this topic in our country. Participants don't agree the statement of elderly will abuse and neglect more in nursing homes. Most of the participants answered "yes" to the questions involved types of elderly abuse, neglect and their definitions. Neglect of own self is defined as not to be able to care himself/herself carefully [33]. Most of the participants answered "no" to the question of "If elderly couldn't meet own needs such as hygiene, nutrition and housing, its mean; he/she neglect himself/

herself. As stated by the participants in their previous definitions, elderly is an individual whose physical and mental abilities are decreased and who need of care. The situation can be explained with some of the thoughts of participants such as; "If elderly's nutrition, security, hygiene and wearing needs don't met by another person, this is the neglect of the elderly". Most of the participants answered "yes" the expression of "Elderlies and their families could hide the abuse and neglect to elderly." Elderly abuse and neglect cannot be determined for some reasons. These are: To fear of accuse and judge by caregiver, be ashamed of their family's behaviour, to fear to be sent a nursing home and to fear of being behaved worse, to fear of nobody will believe him/her, there to be lack of confidence to the system, to perceive the situation as if their own crime, not to want to share with anybody or to be reluctant to report the abuse, doesn't know how to tell, think unacceptable that interfere with the family life, doesn't evaluate the situation in seriously enough, not to be aware of how and from where can find help. Elderly abuse is a hidden and social problem. To reach enough and true information about, is hard. It is stated that elderly abuse and neglect can occur in every society, economic status and in every ethnic, religious structure. The most susceptible areas for abuse and neglect in societies are; elderly's own home, hospital, nursing home and daily care institutions. In this context to determine and prevent abuse and neglect, there should be multidisciplinary approach. Elderly's general appearance and changes may be decisive for all disciplines. It is stated that if there are wound and bruise on elderly's body and he/she is behaving in different way like, withdrawal, anxious body language, being afraid, looking his/her caregiver while speaking, bad nutrition, bad hygiene bad smell and unsuitable wearing, these symptoms may be indicate abuse and neglect [33]. Participants also answered "yes" to the expressions about abuse and neglect symptoms. Because of the answers given by participants to the expressions about elderly abuse and neglect are the same, it can be said that the perceptions of the occupational groups about elderly abuse and neglect also the same.

It is stated that in every society's attitudes toward elderly are positive, negative and mixed. Also attitudes of health professionals cover all three of them [1]. In a research, community awareness for elderly abuse was examined in Croatia. In this research attitude toward elderly abuse was carried out on the sample of 334 social welfare professionals and students. As a result of the research it is shown that participants a quite sensitive about elderly abuse and neglect, but they were in need of education about types of abuse and elderly [34]. In another research examined elderly abuse in different occupational groups (police, church groups, support organizations providing care services, municipal elderly care, offender-victim support organizations) asked some question about elderly abuse and it was seen that perceptions of individuals about elderly abuse in different groups are the same [35]. The findings of our study is acceptable similar to the findings of these studies. Many negative attitudes that reflect ageist stereotypes and knowledge deficits, significantly influence the practice of registered nurses and the quality of care older patients receive [36]. A study determined that physicians, providing care for elderly in rural Florida have negative perceptions and opinions about them and these opinions could be negatively impact the care of elderly. Especially physicians often exhibited ageist perceptions against the 85 years, over and staying in nursing homes [37].

Ageism is the attitudes and behaviors reflecting prejudice towards individuals at an advanced age. When data about ageism are evaluated, positive and negative attitudes are considered together. Among the negative attitudes about ageism are elements such as illness, impotence, ugliness, retardation in mental functions, mental illness, worthlessness,

isolation, poverty and depression; the positive attitudes are compassion, knowledge, reliability, intelligence, political power, freedom and happiness. The sources of this discrimination are negative attitudes of family members and the general society towards elderly individuals and the process of aging. In most societies aging and the changes accompanied with aging are generally perceived negatively. Aging is perceived as a decrease in productivity, sufficiency, individuality and independence in all aspects of life. Most of the time aged persons as well as the process of aging is looked upon with stereotypic thoughts, prejudices and discrimination. Ageism includes the beliefs and attitudes which can lead to discriminative behavior. Synonyms of aging or of being at an old age generally have negative meanings. These are related to negative situations like dotage, weakness, sickness, being worn-out and useless. As a result, aging is perceived as something to be avoided as possible. Negative attitudes of safety towards old age persons and the process of aging have effects on the health services provided to aged individuals [6,31]. Ageism is an attitude of mind that gives rise to age discrimination, a set of actions that may advantage (positive discrimination) or disadvantage (negative discrimination) an older person. Age discrimination may be direct when an older person is treated differently solely because on their age, or indirect when an older person is disproportionately disadvantaged by a policy or set of actions equally and universally applied. Direct age discrimination occurs when a direct difference in treatment based on age cannot be justified. A direct difference in treatment is a situation in which a person is, was or could be treated in a less favourable manner than another person in a comparable situation based on his/her age. Indirect discrimination occurs when a seemingly neutral provision, measure or practice has harmful repercussions on a person. For example an older person who may need longer to recover from hospital procedures, may be disadvantaged by an early hospital discharge policy universally applied. Changes and increased awareness following the publication of the National Service Framework for Older people in 2001, mean that explicit policy based age discrimination is likely to be rare. Age discrimination, when it occurs is likely to be indirect, from under provision of services and facilities required by older patients, as a result of commissioning decisions, or as a result of conscious or subconscious ageist attitudes on the part of medical staff [38].

In a study examined medical students' attitudes toward the elderly in Singapore. Medical students in Singapore have a positive attitude towards the elderly [39]. Some studies in the literature, where medical students have apparently had at best, a moderately positive, neutral or even negative attitude towards elderly individuals [40-42]. In researchers have studied with university students in our country it is notified that they had both positive and negative attitudes toward elderly [43-45].

When participants groups evaluated to ageism, which provide services to society, it can be said that they have positive attitudes toward elderly. On the whole, participants demonstrate sensitivity towards elderly abuse. According to the mean total score of ASS that taken from subscales, they have positive attitudes toward elderly and senility. Because of the fast changes in socio-cultural and economic structure, large families have turned into the small families, nevertheless features coming from Turkish culture such as; respect to elderly, protecting and caring father and mother, have continued. There wasn't found a statistically significant difference between participant groups and AAS scores. This situation can be explained with being similar to the mean total scores that were taken from ASS and dimension of participant groups. One possible reason for this positive attitude among our study groups are the observation that respect for older persons is a notable

tradition among people of between Asia and Europe, of which Turkey is a part. Moral codes and social norms of Turkish culture (show respect for the elderly, to help the needy, etc.) are likely to be very much influenced by Turkey. In some societies elderlies are seen incompetent and useless. In traditional societies like Japan, individuals have respect for elderly, benefit from their experiences and knowledge [46]. A 2004 study of ageism in Ireland found that, for Northern Ireland, middle aged people tend to be the most likely to perceive ageism by medical staff towards older people [47]. 2003 focus group based study, of the experiences of National Health Service (NHS) staff in the clinical setting, found some evidence of the observation, by NHS staff, of ageist attitudes and activity by other staff. The study noted however that ageist activity and outcomes and age discrimination in treatment, were less common than ageist behaviour with the older person. The majority had observed staff being patronising, over familiar, speaking over a person (speaking about them but not including them in the conversation) and not keeping them fully informed of their condition, treatment or care, 'sometimes or often' [38].

In Britain elderlies are seen as worthless, weak, strange and inadequate individuals or sweet natured, wise and herd by said individuals. At the present time traditional applications such as respect to elderly and protecting them, have changed because of the urbanization, industrialization, changing in family, economic, social life, the population of women in business and passing into the modern family structure [48,49]. A 2008 survey of 201 British Geriatrics Society members, carried out on behalf of Help the Aged, found that over one half (55%) would be worried about how the NHS would treat them in old age and nearly one half (47%) think that the NHS is institutionally ageist. Two thirds (66%) think older people are less likely to have their symptoms fully investigated and 72% said older people were less likely to be considered and referred on for essential treatments [38].

In recent years there has been an attempt to recognize and counteract age discrimination in the workplace and socially. The media also have great power to influence general perceptions of older people. The study concludes that when social contact and communication exists between the generations, there is a positive attitude and more recognition of the individual characteristics of the person, less on their age, either old or young. Social contact between age groups may be caused the positive attitudes toward senility and elderly in our society.

Conclusions

This current study carried out with Turkish volunteers' public non-health staff and tradesmen in Manisa/Turkey. It is the first research about public non-health staff members' perception of elderly abuse and neglect, attitudes toward elderly, which is much more limited in scope. However, there are several notable points in the findings, worthy of further considerations both researches and social support projects. It is suggested that creation and dissemination of community-supported applications such as; formed with the participation of the elderly, based on the principle of equality, without discrimination and covering all age groups, the promotion and protection of human rights and fundamental freedoms.

Results of this study, volunteer public non-health staff and tradesmen have a quite sensitive elderly abuse and neglect and a positive attitudes toward senility and elderly which have potential sources of help and support for elderlies, and volunteers could be expect to play a supportive role elderly abuse and neglect cases. Nevertheless, volunteers could be need further education about elderly abuse, neglect and ageism that impact on elderly services.

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Declaration of Conflicting Interests

None.

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