



**"Voices Unheard: Exploring the Perception and Attitude
Toward Reporting Elder Mistreatment Within Pakistani
Communities in the UK"**

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Abstract

Title:

“Voices Unheard: Exploring the Perception and Attitude Toward Reporting Elder Mistreatment Within Pakistani Communities in the UK”

Purpose

Elder mistreatment (EM) is a complex, universal health and social problem predominantly studied in the indigenous (White) populations of Western countries. This has led to the consideration of dominant explanations as universal, potentially masking crucial cultural and ethnic differences. This study aims to fill the gap in elder mistreatment literature for the Pakistani community, offering unique perspectives to inform culturally sensitive policy recommendations.

Design/Methodology:

A qualitative approach, anchored in the philosophical basis of constructivist grounded theory (CGT), was employed to investigate understandings of EM among Pakistanis in Sheffield, UK. This involved two gender-based focus groups (male = 1; female = 1) and 22 in-depth individual interviews, engaging a diverse participant pool, including older people, family caregivers, and community stakeholders.

Findings

This study reveals diverse understandings of elder mistreatment (EM) among Pakistani adults, varying across age and gender groups, with distinguished key forms identified. Reporting EM is crucial, but victims face complex decision-making, hindered by societal and individual barriers, including moral and cultural dilemmas. Access to formal support is limited, emphasising the need for targeted interventions.

Originality.

This study is the first to delve into the perspectives of Pakistanis on elder mistreatment. It emphasises the importance of policymakers and service providers integrating considerations of race, ethnicity, culture, and gender to develop inclusive services, as indicated by the study's findings.

Keywords. Elder Mistreatment, Elder Abuse, Neglect, Pakistanis, United Kingdom

Introduction/Background

The United Kingdom is experiencing a demographic shift with a rapidly ageing population. This trend is particularly pronounced among minority communities, including the Pakistani population, which is projected to see a significant increase, from 142,000 in 2020 to 639,000 in 2050, in its over-65 demographic by 2050 (Centre for Ageing Better, 2022). This demographic shift presents both opportunities and challenges, with one crucial concern being the potential rise in elder mistreatment within these communities.

Elder mistreatment (EM), also known as elder abuse, is a widespread and intricate health and social issue, that encompasses, "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" (World Health Organization, 2002, p126). This can include physical, psychological, emotional, financial, and sexual abuse, as well as neglect and self-neglect. EM is linked to morbidity, mortality, and increased hospital and nursing home admissions (Lachs *et al.*, 1998; Dong *et al.*, 2011). Several studies, for example, reveal increased mortality risk with elder mistreatment: confirmed mistreatment tripled death risk (Lachs *et al.*, 1998), reported and confirmed self-neglect had hazard ratios of 5.82 and 1.88 (Dong *et al.*, 2009), and financial/psychological abuse showed a slightly higher mortality rate (25.8% vs. 23.3%) (Yunus *et al.*, 2022).

While global estimates suggest an approximate 15% prevalence of EM in the general population (Yon *et al.*, 2017), variations exist by country, form of abuse, study methods and population. In Asia, for instance, the prevalence ranges from 0.22 per 1000 to 62% (Yan *et al.*, 2014), with emotional and psychological abuse being most commonly reported (Oh *et al.*, 2006). Notably, no studies have specifically investigated EM prevalence among South Asian communities living in the UK. However, a qualitative study reported that about 9% of its participants experienced EM in family settings (Bowes *et al.*, 2008). Estimating the true prevalence of elder mistreatment in the UK in general/ethnic population is challenging due to underreporting; however, available data paints a concerning picture. A UK study on the abuse and neglect of older people indicates that, within the past year, 2.6% of individuals aged 66 and over residing in the community reported instances of mistreatment in relationships they trusted, which involved family members, friends, or care workers (O'Keeffe *et al.*, 2007). This figure is likely higher within minority communities, including the Pakistani population. A paper published in the Journal of Adult Protection, for instance, suggests that South Asian communities, including Pakistanis, exhibit lower reporting rates compared to the white British population (Talpur *et al.*, 2018).

Formal support systems could offer crucial support to victims, potentially reducing the risk and severity of re-victimisation (Burness *et al.*, 2019); regrettably, self-reporting of EM remains a major challenge of overall reporting, with difficulty in recognising different types of EM hindering older adults from seeking assistance. A study in the Netherlands found that elder abuse was primarily defined as physical abuse, while neglect, financial, and psychological abuse were less easily recognised as being abusive (Mysyuk *et al.* 2016). Even upon detection,

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3 however, reporting may not ensue, influenced by the victim's relationship dynamics and
4 emotional attachments to the perpetrator/reporter or awareness of support. Previous research
5 (Lee *et al.*, 2014; Chokkanathan *et al.*, 2014) indicates that older Asians, when faced with
6 conflict or elder mistreatment/abuse involving their children or spouse, tend to avoid disrupting
7 family relationships. In their study, Chokkanathan *et al.*, (2014) found that Indian older adults
8 often derive a strong sense of purpose from family; consequently, conflict within these
9 relationships can lead to feelings of emptiness, hopelessness, and further mental health
10 challenges. In a US study, both Chinese and Korean participants emphasised traditional values
11 of prioritising family harmony over individual rights, with family preservation and protection
12 being recurrent themes, motivating individuals to avoid behaviours causing family disruption
13 and shame (Lee *et al.*, 2014). Furthermore, there is a lack of awareness within marginalised
14 and ethnic communities in host Western countries about available resources and how to access
15 them when family tensions occur, hindering effective reporting. A recent study shows that a
16 considerable number of Asian minority ethnic older adults in America (75.5% of participants)
17 were unaware of Adult Protective Services (APS) and other formal sources of assistance
18 (66.3%) before the study (Choi *et al.*, 2024). Although victims of elder mistreatment (EM)
19 often don't ask for help, there isn't much written about how they do seek help. Different types
20 of mistreatment might lead to different ways of seeking help (Burnes *et al.*, 2019). While these
21 results confirm older adults face barriers in seeking assistance for abuse, a concerning lack of
22 comprehensive research on these barriers leaves us ill-equipped to address them effectively.
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31 Understanding EM within Pakistani communities requires acknowledging the influence of
32 cultural factors. Pakistani culture traditionally emphasises respect and reverence for elders,
33 who are seen as sources of wisdom and experience (Choudhary, 2001). This value can be a
34 protective factor against mistreatment; however, it can also lead to reluctance to report abuse
35 due to fear of shaming the family or disrespecting elders (Chokkanathan. *et al*, 2014).
36 Additionally, the hierarchical structure prevalent in many Asian cultures, where elders are held
37 in high regard, can create power dynamics that hinder victims from coming forward (Talpur,
38 2019). Furthermore, the prevalence of extended families within the community can create
39 complex dynamics where mistreatment might go unreported to maintain family harmony or
40 protect the family's reputation (Bowes *et al.*, 2008). Understanding how various aspects of
41 someone's identity, such as ethnicity, gender, and culture, interweave is crucial to identifying
42 both their unique vulnerabilities to mistreatment and the potential barriers they may face in
43 reporting it. For instance, older Pakistani women might face higher risks of abuse due to
44 gender-based power imbalances within families (Bowes *et al.*, 2008).
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51 Despite growing concerns and rising EM numbers, research on EM in diverse cultural groups
52 remains limited. Existing knowledge primarily stems from Westernised perspectives,
53 potentially leading to oversights and misinterpretations (World Health Organization, 2002).
54 Studies focusing on various minority ethnicities suggest distinct meanings of EM within
55 different cultures and ethnicities living in the Western world (Bowes *et al.*, 2008; Zhang, 2019).
56 However, these meanings also differ from professionals, policymakers, and the general public,
57 rooted in communities' unique socio-cultural, economic, and migratory experiences (Choi *et*
58 *al.*, 2024; Lee *et al.*, 2014; Nagpaul, 1997). While some research exists, significant concerns
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3 remain regarding the limitations of current safeguarding practices and the availability of
4 culturally appropriate support services specifically for the ethnic communities in the UK
5 regarding elder abuse (Bowes *et al.*, 2008). The House of Commons Health Committee's
6 Report on Elder Abuse (2004) acknowledges that care staff often lack training in recognising
7 and reporting abuse within diverse communities. While the Care Act 2014 aimed to reform
8 adult social care in England, promoting individual well-being and safeguarding adults at risk,
9 its effectiveness for ethnic communities requires further scrutiny. The Act emphasises early
10 intervention, personalised care plans, and increased awareness, but its focus on individual
11 needs might overlook broader societal issues. The House of Lords Adult Social Care
12 Committee (2022) identified limited choice and control for older adults due to insufficient
13 funding, with unpaid carers feeling burdened by societal expectations placing the responsibility
14 mainly on families. This disproportionately affects families from ethnic minority backgrounds,
15 such as Pakistani communities, resulting in acknowledged family tension, as highlighted in the
16 UK Government Report on the Future of the Ageing Population (Government Office for
17 Science, 2017). Therefore, concerns persist regarding the Care Act's effectiveness in addressing
18 elder care and abuse within Pakistani communities. The limited cultural sensitivity of current
19 safeguarding practices and the lack of culturally appropriate support services require further
20 investigation and action to ensure the well-being and protection of older adults within this
21 community.
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30 As the Pakistani population in the UK ages, understanding their perspectives on elder
31 mistreatment (EM) becomes crucial for promoting inclusivity and protecting older adults.
32 While past notions suggested silence around this topic, recent research reveals rising
33 prevalence and unique cultural interpretations within Asian communities (Choi *et al.*, 2024;
34 Chokkanathan, 2014). This study bridges the gap left by quantitative research (O'Keeffe *et al.*,
35 2007) by employing a qualitative approach to explore the perceptions and reporting of EM
36 among older Pakistani adults in the UK. By uncovering the meanings, experiences, and
37 perspectives attached to EM, this research will inform culturally sensitive interventions and
38 safeguarding practices to protect this vulnerable population.
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45 **Design/Methodology/Methods**

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47 "Elder abuse" and "elder mistreatment" are terms often used interchangeably, but they can have
48 slightly different meanings depending on the context. For the purpose of this study, we adopted
49 'elder mistreatment' because it is a more inclusive term that encompasses not only abuse but
50 also neglect and other forms of maltreatment or harm that may result from inadequate care or
51 lack of attention to the needs of older individuals. In this study, our goal was to enhance our
52 comprehension of harm inflicted intentionally, known as elder abuse, as well as the harm
53 resulting from both intentional actions and unintentional negligence or oversight. We also
54 preferred to use the term "elder mistreatment" (بزرگ کے ساتھ بدسلوکی) because it aligns better with the vocabulary associated with the entire concept in Urdu culture,
55 as opposed to the term "elder abuse".
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Population, Sample, and Settings

This study, conducted in Sheffield, England, a metropolitan city in Yorkshire and Humberside, focused on the Pakistani population, constituting approximately 4% of residents, making them Sheffield's largest minority ethnic group (Sheffield City Council, 2017). The Pakistani diaspora in the UK reflects Pakistan's diverse regions, languages, and cultural traditions, encompassing individuals from various provinces within the country. In our sample, we sought to improve diversity by including participants from three out of the four main provinces (Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan) of the Pakistani diaspora, ensuring a comprehensive representation. We encountered challenges in recruiting participants from the UK diaspora who could have represented Balochistan, as we faced difficulties locating or accessing this specific population group. This limitation may be attributed to the relatively small number of individuals from Balochistan in Sheffield.

Three participant groups were chosen for this study: older individuals, family caregivers, and relevant stakeholders encompassing community and religious leaders, charity members, and council representatives. Recruitment involved purposive and theoretical sampling (Charmaz, 2014). The selection criterion for older participants was an age of 55 years and above, aligning with established studies on ethnic communities (Nagpaul, 1997). Acknowledging the increasing role of family members in meeting older people's care needs, particularly children or partners (Greenwood *et al.*, 2019), family caregivers were deemed crucial for exploring this perspective. This study uses the terms family caregivers, young people, and younger generations interchangeably for the same purpose. The caregivers included in the sample were connected to the care receivers due to their caregiving responsibilities for older individuals. However, it's important to note that we did not conduct interviews with family caregivers or older receivers who were part of the same family or acquainted with each other. Some of the caregivers were not necessarily young individuals, but we included them in the study because they were extensively engaged in caring for older parents and possessed significant experience in caregiving (see Appendix 2). The study also involved religious and community leaders, acknowledging their influential roles in addressing sensitive issues such as elder mistreatment (EM).

Data Collection and Analysis

Participants were recruited through local social groups, personal contacts, and existing networks. Given the sensitive nature of the topics, early and prolonged engagements were maintained with all research participants to develop trust and rapport. The first author conducted the research, involving preliminary meetings, attendance at local events, and piloting interviews to refine the interview guides. This pre-protocol fieldwork, along with further consultation exercises with community stakeholders, helped shape the interview guides and their subsequent piloting with three participants from each sample group.

The interview guides for this study aimed to facilitate discussions on the sensitive topic of elder mistreatment (EM) by employing language that depersonalised questions and scenarios, encouraging participants to express themselves openly. The guide included questions probing participants' feelings/interpretations about themselves and others, perceptions of how older

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3 people are treated in the Pakistani community, types of abuses prevalent in the community,
4 coping strategies in the face of mistreatment or inadequate care, and preferred sources for help
5 concerning health and safety concerns (Appendix 1.0).
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9 Qualitative interviews involved eight older Pakistanis (4 females, 4 males), six family
10 caregivers (3 females, 3 males), and eight stakeholders (2 religious leaders, 3
11 council/community leaders, and 3 charity workers). Additional insights were gathered through
12 two focus group discussions with older Pakistanis, each including both female and male
13 participants (Appendix 2.0. Research Participants). These focus groups, conducted in Urdu at
14 the participants' request, aimed to explore general awareness of the problem and enhance
15 recruitment for one-to-one in-depth interviews. The decision to conduct gender-based focus
16 groups is outlined in the reflexivity sheet (Appendix 3.0), with participants selected based on
17 age, gender, and socio-demographic details to ensure diverse perspectives.
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20 Five interviews and both focus group discussions were conducted in Urdu, later translated and
21 transcribed by the native Pakistani researcher (first author) proficient in both Urdu and English.
22 The data underwent analysis using Quirkos, a qualitative data analysis software program,
23 applying Basic Constructivist Grounded Theory (Charmaz Version) principles (Charmaz,
24 2014). The iterative process involved multiple readings of each interview transcript, coding,
25 matching, and comparison. Key concepts were highlighted and discussed with the team, and
26 relevant, distinct quirks and categories were selected to form themes. We later undertook a
27 thematic analysis for our research data on this topic due to its versatility and ease in recognising
28 and examining patterns, themes, and codes within the data.
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31 It should be noted that these findings are part of a larger PhD study that employed grounded
32 theory to generate an explanatory theory elucidating interpretations of actions and interactions
33 of EM unique to this population (Talpur, 2019). The present paper focuses on themes identified
34 in the mistreatment of older people in community settings, marking the completion of the first
35 author's PhD study in 2020.
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40 **Ethics and integrity**

41 The University of Sheffield Ethics and Governance Committee granted approval for this study,
42 emphasising participant safety and ethical considerations. Adults aged eighteen and above,
43 possessing the capacity to consent, received the Participant Information Sheet (PIS)
44 confidentially. The assessment of their mental capacity did not involve any standard scale or
45 instrument; instead, the first author relied on common sense and leveraged his experience in
46 the healthcare practice to assess the decision-making abilities of potential participants. The
47 Participant Information Sheet (PIS) was withheld if participation posed a safety risk to prevent
48 endangerment; otherwise, participants were allowed to keep the PIS. PIS and consent forms
49 were provided in English-only and bilingual formats (English and Urdu), ensuring
50 comprehension through expert-checked translations. Clear details on research aims, process,
51 conduct, confidentiality, and ethics were expounded in the PIS, emphasising voluntary,
52 confidential, and anonymised participation. The Focus Group Discussions (FGDs) adhered to
53 established ground rules for confidentiality and respect. Methodological triangulation was
54 employed, incorporating in-depth interviews, focus groups, and field notes, ensuring
55 comprehensive insights from diverse participants across various locations. Rigour, credibility,
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originality, resonance, and utility were upheld through prolonged engagement, consistent data comparison, peer consultation, and a detailed description of participant perspectives. The names of the participants used in the paper have been replaced with pseudonyms to ensure confidentiality.

Findings:

Findings from this study reveal diverse understandings of elder mistreatment (EM) among distinct Pakistani groups, spanning age and gender differences. The subsequent discussion is streamlined to concentrate specifically on the distinguished forms and reporting patterns of mistreatment within Pakistani communities.

Acronyms in quotes: EP, Elder person; YP, Young person, SH, Stakeholder; MFG, Male Focus Group; FFG, Female Focus Group.

Theme 1: Perception and Understanding of EM

This theme explores the complex nature of elder mistreatment (EM) within Pakistani communities, using rich qualitative data from focus groups and interviews. It examines how understandings and experiences of EM are shaped by intergenerational relationships and cultural expectations, highlighting both commonalities and unique interpretations across these accounts.

1.1 Disrespect and Intergenerational Conflict:

Disrespect, framed as a pervasive form of EM, transcends mere discourtesy. It embodies the devaluation of older individuals' worth, encompassing diminished agency, roles, and status. Exclusion from family decision-making and abandonment through relocation or emotional distancing were particularly salient sources of pain. Mr Gulzar's statement on older Pakistanis "*Here [in the UK] parents think they are not valued...just sitting in the corner and whenever decision they make in-house...*" (Mr. Gulzar, YP) points to a potential disconnect between traditional expectations of respect and care for elders in Pakistani culture and the lived experiences of elders within their families in the UK. Silence, furthermore, exemplified by Ms. Roshni's experience, underscored the profound isolation and neglect embedded within disrespect. "*Children do not like sitting with parents, they leave their parents alone inside the room, you keep calling the children again and again, but they do not come to you. It does not feel good...*" (Ms. Roshni, EP). Participants also emphasised the emotional dimensions of perceived desertion and its cultural significance within Pakistani communities. "*It hurts, mother and father that they worked too hard in bringing him up, fed him, and now he is leaving [them alone].*" (Mr. Zameer, MFG). This perceived desertion violates the implicit intergenerational contract within Pakistani culture, where children are expected to care for their ageing parents as a form of repayment for their sacrifices.

1.2. Verbal and Psychological Abuse:

The analysis of interview excerpts revealed a concerning theme of verbal and psychological abuse experienced by older adults within Pakistani communities. This theme extends beyond mere words, highlighting the deep-seated impact of prejudice and cultural misunderstandings

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3 on their emotional well-being. Several quotations illustrate the use of disrespectful language
4 by younger generations, like "shut up" (Mr Gulzar). "*Young children here [in the UK] they say*
5 *... 'shut up'. Shut up may be a common word in this country but ... they [older people born in*
6 *Pakistan] really, really get you to know the disappointed, sad, low mood and devalued*" (Mr
7 Gulzar, YP). While seemingly commonplace in some contexts, such phrases are observed to
8 hold deeper significance for older adults raised in cultures emphasising respect for elders.
9 Furthermore, the experience of racial slurs like "Paki" and ageist terms like "Budha" (Mr
10 Ahsaan) underscores the pervasive issue of prejudice based on ethnicity and age. "*I was*
11 *walking on the street. A Pakistani boy looked at me and said 'Oh Paki' [an offensive term] and*
12 *I said in shock - Allah-u-Akbar [God is most great]. I thought he would be Pakistani, rather*
13 *than giving respect called me Paki. Yesterday, honest to God, two girls wearing scarves were*
14 *passing by, and they said 'Budha' [the derogatory word used to refer to an old man] this is*
15 *what I heard, God forgive*" (Mr Ahsaan, MFG). These terms, uttered even by members of the
16 Pakistani community, reflect internalised biases and contribute to feelings of isolation and
17 diminished self-worth.
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26 **1.3. Financial Exploitation:**

27 Financial abuse, perceived as a consequence of evolving times and cultural patterns, manifests
28 in an imbalance of material and non-material social exchanges between generations.
29 Participants underscored the contrasting approaches of different generations toward the
30 material aspects of family life. Mr Saif (SH) succinctly captures the sentiment, stating,
31 "*Financially obviously ... they [elder] have sacrificed their ... life ... built the houses, the car,*
32 *bungalows... so hard earned money and they [children] just eating in golden plates...and they*
33 *[elder] are not given even due respect*". This materialistic shift is further exemplified by
34 instances of defrauding, property transfer, and exploitation of household resources,
35 highlighting the intricate interplay between financial expectations and caregiving
36 responsibilities. "*They [elder parents] wrote down [transfer deeds of the house]; they thought*
37 *that they had only one son, and he would look after us. Within a few months ... said 'Get out';*
38 *this is our house. Never mind looking after but kicked out of the house*". (Mr. Ahsaan, MFG).
39 These quotes reveal that elder persons' dependence on children for security can leave them
40 vulnerable to manipulation and exploitation, further exacerbating feelings of devaluation and
41 lack of control.
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49 **1.4. Neglect and Inadequate Care:**

50 The data revealed dual constructs of neglect encompassing both intentional deprivations of
51 elder basic needs - as highlighted in Mr Shabeer's view: "*When you don't feed them... don't*
52 *get them clothes...leave them wet, dirty, damp toilets*", and unintentional failure related to
53 inadequate resources for caregiving: "*when they need you and you don't go to look after them*
54 *and have just been too busy or had no time*" (Ms Zakia, YP). This emphasises the nuanced
55 dynamics of neglect, influenced by attitudes toward caregiving duties and the older person's
56 dependence. This theme reveals the intricate connection between cultural expectations, family
57 dynamics, and social resources in addressing elders' needs, highlighting how resource
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3 limitations and competing priorities within families may unintentionally result in neglectful
4 situations.
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6 7 **1.5. Cultural Influences:**

8 The interviews of participants also highlighted the complex interplay between religious beliefs,
9 community pressure, and individual agency in shaping caregiving decisions, potentially
10 leading to negative consequences for older people. In his Interview, Mr Furkan pointed out a
11 conflict between cultural belief systems and biomedical approaches to healthcare, potentially
12 increasing older Pakistanis' neglect and vulnerability *"If an elderly ... wanted to see the doctor.*
13 *They [family] may not want to take her to the doctors because they may think oh we will just*
14 *leave it to God... and we read the Quran and drink Zum Zum [elixir] water. So basically,*
15 *mistreatment by not giving her access to certain services like that, so the stuff that may inflict*
16 *on them"* (Mr. Furkan, SH). Similar to religious fatalism, the negative impact of forced filial
17 piety was highlighted. Participants viewed that coercion through cultural, physical, or social
18 pressure can lead to resentment and could potentially create dysfunctional caregiving dynamics
19 - *"If somebody does not want to look after their parents and then you are forcing them somehow*
20 *culturally, physically or isolating them or society pressure to look after them then they are not*
21 *going to do that job... they will neglect their parents"* (Mr Shabeer, EP) - More importantly,
22 this also highlights the risk of violating individual autonomy when caregiving decisions are
23 made under pressure, potentially leading to increased tensions between generations.
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31 **1.6. discrimination and prejudice:**

32 Participant narratives revealed the compounding effects of ageism and racial prejudice faced
33 by Pakistani elders in the UK. Racial discrimination is often intertwined with social identities
34 like ethnicity, age, and religion, making them more susceptible to marginalisation.

35 One participant described this experience: *"If they [older Pakistanis] do something that*
36 *contradicts English culture, they [English people] always say... funny words... like 'oh look at*
37 *him, you know he's illiterate"* (Mr. Saif, SH).

38 Participants also noted that the intersection of multiple disadvantaged identities further
39 increased their vulnerability. Being both Muslim and Pakistani heightened their risk of facing
40 Islamophobia-related attacks. Age, especially for those adhering to traditional Pakistani ways
41 and beliefs, further compounded these vulnerabilities. As Mr. Talal (SH) explained, *"First-*
42 *generation Pakistanis, with long beards and wearing Shalwar Kameez, are seen as more visible*
43 *and susceptible to street abuses."*
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51 **Theme 2: Attitude toward Reporting EM**

52 Reporting elder mistreatment (EM) is crucial for understanding its extent, identifying causes,
53 and designing interventions. The narratives woven by our interviewees reveal a hidden terrain
54 of abuse shielded by a potent mix of familial silence and misgivings towards external support.
55 Whether to report or not is a multifaceted dilemma for EM victims within the community. The
56 barriers to reporting mistreatment are discussed below.
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59 **2.1. Familial Honor**

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3 Despite a strong cultural emphasis on filial piety, the topic of elder mistreatment (EM) remains
4 unspoken in many Pakistani families. Ms. Salika's assertion captures this paradox: *"We might*
5 *be very backward, and traditional but I think, a lot of them have that respect."* However, this
6 reverence for elders collides with the inviolable concept of "izzat" (family honour). As Ms
7 Farida emotionally reveals, *"It is not a new thing... but then what should you do, you can't turn*
8 *the house upside down [by reporting it]"*. The fear of damaging one's reputation ("izzat") by
9 talking about things publicly acts as a strong silencer, making both victims and wrongdoers
10 keep quiet in a stifling way. The pervasiveness of this silence is echoed by statements like *"It*
11 *might be happening, but no one mentions it"* (Mr. Adam) and *"Make sure that nobody knows*
12 *about it"* (Ms. Khaira). This culture of secrecy, fuelled by the anxieties of shame and societal
13 censure, renders EM a hidden epidemic, fostering an environment where abuse flourishes
14 unseen and unchecked.
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2.2. Unequal Silences

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21 The narratives further expose the uneven terrain of suffering based on gender. Mr. Ahsaan's
22 (MFG) disturbing remark, *"We will take poison and die. What else we will do,"* speaks to the
23 pressure on men to internalise abuse, trapped within the confines of hegemonic masculinity.
24 This stoic silence, fuelled by societal expectations of emotional restraint, masks the depths of
25 their suffering.
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27 In contrast, Ms Sumble's observation highlights the silent struggles of elder women: *"Elder*
28 *women, even if abused, often accept it to maintain family harmony; they don't retaliate or seek*
29 *help."* This self-silencing stems from their marginalised position within the family structure,
30 where prioritising familial unity often comes at the cost of silencing their own pain.
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32 These gendered experiences of EM underscore the need for interventions that go beyond
33 platitudes of respect and acknowledge the power dynamics at play.
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2.3. Seeking Help

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39 The analysis underscores a notable expansion of social and health services, as mentioned by
40 Mr Kaamil (EP), *"there is this proliferation of services"*. However, the likelihood of these
41 services being accessible, available, and appropriate emerges as a significant concern in EM's
42 reporting.
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44 The interviewees' narratives revealed a deep-seated hesitancy towards seeking external help.
45 Mr. Furkan's statement, *"The Pakistani community necessarily give information out as easily*
46 *and says this we need help for example,"* captures this reluctance. This preference for internal
47 solutions, even in the face of suffering, can be attributed to a historical mistrust of authority
48 figures and institutions, as hinted at by Mr Saad's concern about *"cultural misrepresentation"*
49 by service providers.
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51 Moreover, the absence of readily available interpretation services and language barriers
52 amplify concerns about divulging sensitive information to services. This raises the issue of
53 potential distortion of facts through controlled translation by family members, as articulated by
54 one participant: *"The family member is always representing their views of the client [older*
55 *person], which again is from Asian culture, and how they open the background is not always*
56 *right"* (Mr Saad, SH).
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3 This analysis goes beyond simply acknowledging the concerns and delves deeper into potential
4 causes and implications. It also raises critical questions that need to be addressed for effective
5 service delivery within the Pakistani community.
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8 **Discussion, Implications and Conclusion.** 9

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11 This qualitative study provides valuable insights into the perceptions and reporting approaches
12 of elder mistreatment (EM) within Pakistani communities living in the UK. The findings
13 underscore the multidimensional and emerging serious social and health problems that EM
14 poses in this community. While participants identified commonly known types of EM, the
15 study reveals that the interpretation and behaviours associated with these types are distinct.
16 Additionally, reporting EM is portrayed as a complex decision-making process influenced by
17 cultural, religious, and social factors.
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21 Consistent with prior research, this study identifies abandonment and silent mistreatment as
22 common behaviours representing the disconnection between younger generations and their
23 migrant older parents (Chokkanathan *et al.*, 2014; Lee *et al.*, 2014). The study participants
24 highlighted the cultural and generational shift in the Pakistani community residing in the United
25 Kingdom, attributing these shifts to rapid changes driven by individualism and Westernisation
26 (Talpur, 2019). The multifaceted impact of acculturation, wherein younger generations adopt
27 elements of the host culture, was discussed as leading to a divergence in values, lifestyles, and
28 communication styles between the two generations. Research by Choi and colleagues (2024)
29 has also highlighted the challenges faced by migrant Asian families in reconciling traditional
30 cultural values with the Westernised norms prevalent in the host country. They argue that this
31 cultural dissonance can exacerbate the sense of disconnection between younger and older
32 generations. Furthermore, our findings also highlight that the notion of respect, once a
33 cornerstone in the original religion and culture, was seen as losing relevance for younger
34 Pakistanis, impacting the historical social status of older individuals and diminishing their
35 sense of meaning and personhood. This erosion of respect through exclusion, emotional
36 distancing, and verbal abuse suggests a potential clash between cultural expectations and the
37 lived experiences of families migrating to the UK. Such intergenerational conflicts within
38 immigrant communities resonate with the work of Choudhary (2001), who identified similar
39 tensions in South Asian families in Canada, pointing to the impact of acculturation and shifting
40 family roles on elder relationships and care dynamics.
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49 Financial abuse emerges as another significant finding, aligning with research conducted with
50 ethnic minorities in the UK (Bowes *et al.*, 2008), the US (Dong, 2015), and South Asia (Yan,
51 2014; Talpur *et al.*, 2018). Unlike studies with white populations, financial abuse in this context
52 is linked to ideological and practical differences between older and younger Pakistanis
53 regarding fair expectations and exchanges. The prevailing belief among older participants was
54 that caring for and meeting the needs of their children would establish a mutual understanding,
55 ensuring that the children would, in turn, take on the responsibility of looking after their parents
56 as they aged. These findings align with social exchange theory, where social interactions
57 involve an exchange of resources. People naturally seek to maximise benefits and minimise
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3 risks within these interactions (Cropanzano *et al.*, 2016). However, older adults in Pakistan
4 might be more susceptible to manipulation due to their dependence and reliance on children.
5 This vulnerability could be exacerbated by a potential rise in individualism and materialistic
6 values among younger British Pakistanis. Multiple studies have supported and confirmed elder
7 financial abuse by family members (Fundinho and Ferreira-Alves, 2023; Bagshaw *et al.*, 2013;
8 Metlife. 2009). In their study, Metlife and partners (2009) revealed that in instances of Elder
9 Financial Abuse (EFA), close relatives, particularly sons, are 2.5 times more likely to be
10 implicated. Our findings align with those of Fundinho and Ferreira-Alves (2023), who
11 examined social exchange in the context of moral intuitions and elder abuse. We observed that
12 strong moral convictions and cultural beliefs can, in certain situations, have unintended
13 consequences for older adults. This is because established cultural norms based on social
14 exchange can solidify existing power dynamics. In scenarios where children hold significant
15 authority and power within the family structure, older adults may be less likely to challenge
16 their children's decisions, even if those decisions seem unfair or potentially exploitative of their
17 financial resources. Bagshaw *et al.* (2013) further offer insights into power imbalances within
18 families. Their study found that older adults who expressed less concern about financial abuse
19 were those who had proactively managed their finances, prepared wills, and granted enduring
20 powers of attorney. This suggests that maintaining control over finances and legal matters can
21 be a strategy for older adults to mitigate the risk of unfair exchange and potential exploitation
22 in their relationships with children.

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24 In Pakistani families, where multi-generational living is still favoured, we argue that the assets
25 of older individuals can become a source of conflicting interests. This arises as children may
26 have competing priorities, and older individuals may feel pressure to utilise their assets not
27 only for their own expenses but also to provide for their children. Within such a cultural and
28 familial context, the transfer of financial assets from an older person to their family members,
29 particularly their children, is often perceived as anticipated or unavoidable. Our findings,
30 additionally, align with the results of Lee *et al.* (2014), indicating that collectivist practices in
31 Asian families, particularly the sharing of financial resources with adult children, reduce
32 awareness about financial exploitation, thereby increasing the risk of financial mistreatment.
33 Consequently, differentiating intentional or unwanted financial transactions becomes
34 challenging, and such exchanges might be regarded as commonplace (Jackson and Hafemeister,
35 2015). Moreover, in multigenerational systems characterised by a heightened emphasis on
36 collectivist values and family honour, a considerable number of financial abuse cases persist
37 unreported and concealed (Yan *et al.*, 2014).

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39 The study also argues that older Pakistanis, isolated with low immediate social relations, are
40 more vulnerable to fraud and financial abuse, resulting in severe psychological, economic, and
41 social implications. Our findings are consistent with those of Bagshaw *et al.* (2013),
42 highlighting that financial abuse often takes place at the hands of people known to the victim,
43 with individuals exerting control over the older person or their finances. In the absence of
44 strong social support networks, migrant older parents may feel obligated to depend on these
45 individuals, even if they have underlying trust concerns.

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59 Notably, sexual abuse was not mentioned by any participant, aligning with other studies
60 suggesting it is an unacknowledged and taboo subject linked with cultural and religious

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3 upbringing inhibiting public discussion about sex among older generations (Bowes *et al.*, 2008;
4 Nagpaul, 1997). We did not specifically delve into instances of sexual abuse during the
5 interviews, as participants did not bring up or provide any indications or clues regarding this
6 particular form of abuse.
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10 Consistent with studies across various populations, under-reporting of EM among older people
11 is a consistent finding (Adib *et al.*, 2019; Chokkanathan *et al.*, 2014). The findings of various
12 studies underscore a significant reluctance among older adults in Asian families to disclose
13 instances of elder abuse, primarily due to deeply ingrained cultural values and familial
14 dynamics (Chokkanathan *et al.*, 2014). In Pakistani society, akin to other cultures like Iran
15 (Adib *et al.*, 2019) and traditional Chinese communities (Yan, 2014), there exists a paramount
16 emphasis on preserving family honour and maintaining social harmony. The collective
17 orientation prevalent in these societies dictates that familial interests supersede individual
18 concerns, with expectations for family members to prioritise the cohesion of the social unit
19 above all else. Consequently, issues within the family, including instances of elder abuse, are
20 often safeguarded as closely held secrets, with disclosure seen as potentially damaging to
21 familial reputation and social standing. Consistent with our findings, participants in these
22 studies expressed concerns that revealing abuse would not only disrupt family relationships but
23 also invite external interference, leading to stigmatisation and loss of face for both the family
24 and the individual (Adib *et al.*, 2019; Yan, 2014). In the patriarchal culture of Pakistan,
25 additionally, where men are revered as role models of strength, courage, and resilience, the
26 very concept of male elder abuse challenges these deeply ingrained societal expectations.
27 Participants likely found it difficult to reconcile their esteemed status with the reality of
28 mistreatment within their own families. The weight of maintaining family honour, often
29 viewed as synonymous with their own life, likely became an insurmountable barrier to seeking
30 help. This internal conflict further silences victims, trapping them in a cycle of abuse to
31 preserve a social image that may no longer reflect their reality.
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40 Our findings also highlight that seeking help from services for elder mistreatment within the
41 Pakistani community faces a complex interplay of cultural and systemic barriers. Language
42 difficulties pose a significant obstacle (Bowes *et al.*, 2008), as many crucial support services
43 lack adequate interpretation resources. Researchers suggest that this creates a sense of isolation
44 and frustration, hindering victims' ability to navigate the intricacies of these systems.
45 Communication breakdown further fuels the feeling of disempowerment and hinders their
46 understanding of available resources and their rights. Secondly, our findings show that a deep-
47 seated distrust towards formal services exists due to historical experiences of marginalisation
48 and unfair treatment within these systems (Greenwood *et al.*, 2017). This distrust stems from a
49 perception that these services have not adequately catered to the specific needs of the Pakistani
50 community, potentially even perpetuating further discrimination or failing to address their
51 concerns effectively. As a result, Pakistani elders are often hesitant to disclose their experiences
52 of abuse, even when help might be readily available, fearing judgment, inadequate support, or
53 even further marginalisation. We argue that this reluctance to seek help due to language and
54 trust barriers allows elder abuse to remain hidden and unaddressed, perpetuating a cycle of
55 suffering within the community.
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6 Strengths of the study include being the first qualitative research on the mistreatment of older
7 Pakistanis in the UK, offering rare insights from a diverse range of participants.
8 Methodological triangulation, combining in-depth interviews, focus groups, and field notes,
9 enhances the richness of the data. However, limitations include a confined study to one city,
10 potentially limiting generalisability, and a sample biased toward cognitively fit and physically
11 independent participants.
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15 Implications for policy, practice, and future research are extensive. This study emphasises the
16 crucial role of social services in supporting and caring for Pakistani elders, especially
17 considering the increasing risk of psychological abuse and neglect, and the potential isolation
18 they face. Culturally sensitive interventions tailored to the specific needs of the Pakistani
19 community in the UK are essential. This includes training professionals and community leaders
20 to understand cultural nuances, and offering interpretation services to bridge communication
21 gaps and build trust.
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24 Policymakers should focus on strengthening legal safeguards against EM, particularly financial
25 exploitation, while considering the cultural context of social exchange within Pakistani families.
26 Culturally tailored policies and accessible, culturally competent community-based services are
27 crucial to address the specific needs and challenges faced by this community.
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30 Future research should delve into understudied forms of abuse like sexual abuse, and adopt an
31 intersectional lens to understand how various factors like gender, ethnicity, and socioeconomic
32 status influence the experiences of elder mistreatment. Examining the impact of changing
33 family dynamics and acculturation processes on caregiving and mistreatment can further
34 contribute to a nuanced understanding of this complex issue.
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37 In conclusion, this study sheds light on the intricate dynamics of elder mistreatment within
38 Pakistani communities in the UK, revealing diverse perceptions, forms, and reporting patterns.
39 The findings underscore the urgent need for targeted interventions at the individual, community,
40 and policy levels.
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43 The thematic analysis illuminated the profound impact of disrespect, verbal and psychological
44 abuse, financial exploitation, neglect, cultural influences, and discrimination on the well-being
45 of older Pakistanis. These forms of mistreatment are deeply rooted in intergenerational
46 conflicts, evolving cultural expectations, and societal pressures, creating a complex web that
47 demands nuanced and comprehensive solutions.
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50 Furthermore, the reluctance to report elder mistreatment, driven by concerns about familial
51 honour, gendered expectations, and mistrust of external services, emphasises the need for a
52 multi-pronged approach. Culturally sensitive interventions, educational programs, and
53 inclusive social services are crucial components in addressing elder mistreatment within these
54 communities.
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57 This research contributes to the growing body of literature on elder mistreatment, specifically
58 within diverse cultural contexts, and calls for continued efforts in research, policy development,
59 and community engagement. By understanding and addressing the unique challenges faced by
60 older Pakistanis in the UK, we can work towards fostering a culture of respect, care, and
support for our elder population.

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Supplementary Material:

Appendix 1: Interview guide

1. Introduction and consent

- Introduce to self and the research
- Clarify the content of the interview
- Explain confidentiality and gain verbal consent
- Length of interview (1 hour with breaks) and recording, and nature of discussions
- Check whether have any question and happy to continue

2. Background (Demographic) data

- Age.....
- Area/Location.....
- Educational achievement.....
- Gender.....
- Religion.....
- Ethnicity.....
- Country of Birth.....

3. Family dynamics and traditions

- Different culture roles and definitions
- Family and community role in conflicts and care
- Compare the treatment of older people in the country of origin and the UK
- Views about Care homes and institutionalizing of older person

4. Social structure and processes

- Migratory experiences; gains and losses
- Views on traditions, culture, changing norms
- Factors influence on the treatment of older people

5. Understanding of elder mistreatment

- How older people are treated in the community

- If mistreatment, types of mistreatment
- Reasons of mistreatment and who is more likely to experience mistreatment – gender, age
- Any experience personal or others of mistreatment
- Impact of mistreatment

6. Barriers and facilitator of mistreatment

- What are/should be coping mechanism in face of abuse
- What are the first and or best channels of support/reporting
- Awareness of support services/help
- What stops in seeking help
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Interview probes

Can you tell me more about that?

Can you give me an example?

So you are saying...?

Have you always felt this way?

What is significant about this to you?

How so?

How has your approach changed over time?

And what do you think of that approach?

Appendix 2.0. Research participants (Individual interviews)

Pseudonym	Age and Gender	Country of birth	Education or Occupation	Living status - household
Category 1: Older people				
Adam	73 years old; male	Pakistan	No formal education: Retired,	Lives with wife
Kaamil	62 years old; male	Pakistan	Primary School: Administrator	Lives with his wife and two children
Ishaq	79 years old; male	Pakistan	Matric (GCSE) level; Retired	Lives with wife
Shabeer	56 years old; male	Pakistan	Diploma; works in a hospital	Lives with wife and children
Hawa	60 years old; female	Pakistan	No education: Housewife	Lives with a son
Roshni	56 years old; female	Pakistan	No education: Housewife	Lives alone
Saadia	67 years old; female	Pakistan	No education: Housewife	Lives with grandson
Khaira	56 years old; female	Pakistan	Diploma; works in a hospital	Lives husband and a son
Category 2: Young people				
Ameen	48 years old; male	UK	Bachelor; self-employed	Lives alone
Zakia	19 years old; female	UK	Diploma: works at a store	Lives with mum
Anya	25 years old; female	Pakistan	Bachelor: works in a hospital	Lives with parents and siblings
Salika	43 years old; female	Pakistan but moved to the UK on first birthday	GCSE: Housewife	Lives with in-laws
Fatima	46 years old; male	UK	Bachelor: self-employed	Lives with his own family
Gulzar	37 years old; male	Pakistan	Bachelor: works in care	Lives with family

Category 3: Community Stakeholders			Association	
Ansar	58 years old; male	NA	Council and Charity	N/A
Sumble	Decline age; female	NA	Local Charity	N/A
Saad	34 years old; male	NA	Religious Leader (Imam) and national charity	N/A
Talal	Decline age; male	NA	Religious leader (Imam)	N/A
Furkan	27 years old; male	NA	Council and Charity	N/A
Saif	44 years; male	NA	National charity	N/A
Imdad	49 years old; male	NA	Charity	N/A
James	70 years old; male	NA	Council and Charity	N/A

*NA = Not Applicable

Appendix 3. Supplementary Material: Reflexivity on Gender Issues by Primary Author

My personal and professional understanding of EM likely influenced the research, shaping the design, data collection, and result analysis. While prior knowledge equipped me to conduct effective research, it may have introduced bias. To mitigate this, I maintained a reflexive diary and honed memo-writing skills.

Recognising gender as a significant source of social differences affecting interactions and participant recruitment, especially with female participants, I encountered challenges despite extended engagement and gender-matched discussions. Access to all participants was not consistently granted, particularly from older women who were hesitant to discuss EM and related topics in mixed-gender settings. Consequently, planned mixed-gender focus group discussions shifted to gender-based groups.

Although the issue of my gender was not raised by other female participants, I proactively addressed potential concerns by consulting literature on a researcher's gender in qualitative interviews (Williams and Heikes, 1993)*. This preparation proved valuable in establishing trust and preventing awkward situations. For instance, during interviews with female participants, I maintained appropriate eye contact, ensured comfortable spacing, and provided a gender-matched chaperone.

Moreover, sharing the same ethnic and cultural background as the participants heightened my awareness of gender dynamics in male and female interactions, enhancing the research's cultural sensitivity.

*

William, C. L., and Heikes, E. J. (1993), "The importance of researcher's gender in the in-depth interview: evidence from two case studies of male nurses, *Gender & Society*, 7(2), 280-291. <https://doi.org/10.1177/089124393007002008>