

# The elderly, COVID-19, and violence: A qualitative content analysis

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## ABSTRACT

**Introduction:** Violence against the elderly is one of the types of domestic violence that is one of the major social health problems in modern societies and whose incidence has increased sharply in the last two decades, especially during the COVID-19 pandemic. The present study aims at explaining the concept of violence against the elderly during lockdown and the epidemic of COVID-19. **Methods:** This qualitative study was conducted with a conventional content analysis approach in Izeh (a city in Khuzestan Province) in 2021. The data were collected through conducting unstructured interviews as well as taking field notes with as many as 13 elderly family members. After obtaining informed consent, the collected data were written word for word, and the content analysis method was applied to name the data, create analytical codes, and determine subgroups and categories. The data were analyzed using MAXQDA-10. **Results:** The results of this study indicated that the elderly who have been subjected to violence have many ambiguities in the process of identifying and dealing with the violence inflicted on them; the fear of being rejected by family members and their escalated violence make the violence remain hidden. **Conclusion:** Given their failure to seek help and the lack of support provided by the related organizations, the elderly did not report violence inflicted on them, which in turn led to the spread of violence against them. Thus, it is recommended that nurses and health policymakers provide the required planning to address the problems of violence against the elderly during the COVID-19 pandemic and post-pandemic era.

**Keywords:** COVID-19, elderly, qualitative content analysis, violence

## Introduction

Coronaviruses are a large family of viruses that cause a wide range of illnesses, ranging from a minor cold to more severe illnesses such as MERS and SARS.<sup>[1]</sup> The new coronavirus, named COVID-19, is an infectious disease causing symptoms such as respiratory problems, fever, cough, and shortness of breath. In more severe cases, the infection can cause pneumonia, severe

acute respiratory syndrome, kidney failure, and even death. The disease was first identified in December 2019 in Wuhan, Hubei Province, China, and it has spread rapidly to other parts of the world since then.<sup>[2]</sup> The outbreak of COVID-19 has brought unprecedented stress to healthcare systems and society at large. The rapid spread of the virus in the absence of targeted therapies or vaccines has forced many countries to take specific measures to reduce or inhibit the transmission of infectious disease.<sup>[3]</sup> These measures included encouraging staying home or lockdown, adopting appropriate social distancing, imposing travel restrictions, and closing schools and businesses. Although these measures have been effective in controlling the outbreak of COVID-19 in the short term, they also have profound effects on the quality of life of individuals in society and have

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negative psychological, social, and economic consequences.<sup>[4]</sup> One of the most serious psychological concerns that seems to be the result of lockdown and prolonged home confinement is increased domestic violence.<sup>[5]</sup> Violence against the elderly is one of the types of domestic violence that is one of the major social health problems in today's society, and its incidence has increased sharply in the last two decades, especially during the COVID-19 pandemic.<sup>[6]</sup> According to the studies conducted, since the beginning of the COVID-19 pandemic, domestic violence has increased by 10-27 percent in the United States, 40-50 percent in Brazil, 30 percent in France, 18 percent in Spain, and 18 percent in China (it has tripled in China). There have also been reports of an increased rate of domestic violence in Italy, Canada, Germany, and England. In Iran, this rate is not yet known, which calls for conducting a study of the sources from which most people report such violence.<sup>[7]</sup> In the aging process, various systems of the body are degraded, and as the abilities of the elderly reduce, their dependence on others increases as well.<sup>[8]</sup> These disabilities affect different aspects of their lives; in one study, one third of the elderly have cognitive disabilities, and 60% of them were in need of help for conducting activities in daily life such as cleaning, moving, lifting objects, shopping, and transportation.<sup>[9]</sup> Another study has indicated that 85% of the elderly needed help with daily activities and 40% needed help with housework activities, and most of them were struggling with reduced financial resources.<sup>[10]</sup> These disabilities increase the costs of care and the economic pressure on the health care system, affect the quality and lifestyle of the elderly and their families, and increase the likelihood of violence against the elderly.<sup>[11]</sup> Generally speaking, research has indicated that violence increases in critical situations, including a pandemic.<sup>[12]</sup> Violence against the elderly can lead to complications such as reduced self-esteem, hopelessness, incompetence, mental health problems, and indifference for the elderly.<sup>[13]</sup> Moreover, violence against the elderly, in addition to individual complications, is likely to reduce their quality of life and increase their mortality rate among them.<sup>[14]</sup> Given the lack of studies conducted on violence against the elderly, the emergence of COVID-19 and its limitations in Iran, and the multidimensional nature of the factors affecting violence against the elderly, the researchers attempted to conduct this study to explore the experiences of elderly members of families.

## Materials and Methods

### Project

This study was conducted with a qualitative research method that adopted a content analysis approach in Izeh in 2021. This method is recommended for phenomena about which there is little information or data. This method causes narrative data to be obtained from the investigated area with the aim of creating new insights and knowledge that can be used as a scientific guide for action. This method can also result in a broad description of the phenomenon being investigated under different concepts and categories.<sup>[15]</sup> The main participants in this study were the elderly, who lived in different areas of

Izeh and were selected and interviewed through a purposive sampling method. The inclusion criteria were being 60 years of age or older, being able to speak Persian, and suffering from no confirmed mental illness. The elderly with cognitive impairment as well as mental disorders and memory problems were excluded from the study. Willingness to participate in the study and have the required ability to express one's experiences were other inclusion criteria for this study. Sampling started purposefully and continued until the data reached saturation. Data collection and analysis were conducted over a four-month period.

### Data collection

The data were collected using in-depth, unstructured interviews, field notes, and face-to-face interviews. Given the COVID-19 pandemic, all interviews, as much as possible, were conducted outdoors by following physical distancing as well as all health protocols in a quiet environment. The participants were fully explained about the objectives of the study, and they agreed on the location of the interview. Confidentiality of the name and obtaining the informed consent of the interviewee were followed when holding the interview sessions and recording the conversations. In several cases, the participants were not willing to be recorded using a voice recorder, so the research team decided not to use voice recorders. The interviews with the elderly person were fully written on the spot and typed immediately after the session. The duration of each text ranged from 25 to 65 minutes and was 40 minutes on average. The main questions of the interview include the following: "Could you describe your experience with insults, abuse, or any other annoying behavior during COVID-19 disease that has been conducted by family members, relatives, or anyone living with you in the family?," "What made this happen?," "What happened following these behaviors?," "How did you feel?." The questions were aimed at identifying the hidden and deep layers of the participants' experiences. Exploratory questions such as "What do you mean" or "Please do explain more," or "Why" were also used during the interviews. The data were analyzed using MAXQDA-10.

### Data analysis

To conduct the data analysis process, the proposed steps of Graneheim and Lundman () were used. The recorded interviews were transcribed and re-read several times with the aim of obtaining a general understanding. All interviews were considered units of analysis, and all words and sentences were considered units of meaning that are related to each other in terms of content. Then, the units were summarized according to their content. In the next step, the concepts hidden in the semantic units reached the level of abstraction and conceptualization, and their naming was conducted by using codes. All extracted codes were compared according to their similarities and differences and classified under more abstract categories with specific labels. In the final stage, by comparing the extracted classes with each other

and having a deep and accurate reflection, the content hidden in the data was introduced as the theme of the study.

### Trustworthiness

Following the coding process, the codes were evaluated and validated by other members of the research team to validate the data. In addition, the findings were reviewed and confirmed by several participants. To achieve data validity in this study, techniques including long-term data engagement, data revision by colleagues, and data revision by participants were applied.

### Ethical considerations

The present study is the result of a part of the Ph.D. dissertation in nursing entitled “Designing and psychometrics of measuring instruments for violence against the disabled elderly living in the family.” It has been approved at the University of Social Welfare and Rehabilitation Sciences in Tehran. Ethical approval of this study was obtained at the University of Social Welfare and Rehabilitation Sciences with the code IR.USWR.REC.1397, 167. All participants volunteered to participate in the study and could leave at any time they wished. In addition, all participants were assured that their information would remain confidential. Prior to conducting the interview, an informed letter of consent was obtained from each participant for conducting the interview and taking notes.

## Results

As many as 13 participants were investigated. Their characteristics are listed in Table 1.

Based on the results of the interviews, three main categories and eight subcategories were extracted: being neglected (being abandoned, failure to give due attention to care and safety needs), interactive separation (poor and ineffective communication, family and relatives’ forgotten closeness, inevitable distancing), isolation, and social insecurity (negative social attitudes, social discrimination, injustice, and lack of social support) [Table 2].

### Being ignored

The elderly participants in the present study asserted that being ignored was considered an effective factor in the violence inflicted on them. In this study, the most apparent examples of being ignored were being abandoned and failing to give due attention to care and safety needs. The findings of this study indicate that being ignored is one of the major challenges to violence against the elderly during the COVID-19 epidemic.

### Being abandoned

One of the most important issues that all the elderly in the study spoke about clearly was being abandoned. Interpretation of the experiences of the elderly showed that giving a cold shoulder and lack of love from children and others, and meetings and phone calls with long intervals by children and grandchildren, cause an emotional gap between them and create a feeling of

being abandoned in the elderly. The majority of the elderly stated that their children and grandchildren visit them very rarely for fear of the elderly being infected with COVID-19 and their own preoccupations.

An elderly 70-year-old woman said, “Ever since the outbreak of COVID-19, my children have been busy with their own lives. Their father and me have badly missed them; but they haven’t even made a phone call. In the past, they used to bring thousands of excuses that they were busy. Now, with this pandemic, they don’t need even an excuse. I haven’t seen my grandchildren for two years.”

An elderly 77-year-old man said, “I was hospitalized for ten days because of COVID-19. During this time, my family were made to visit me unwillingly two or three times. It was such that they could not even answer my phone calls anymore. I wish I had died before this pandemic so that I wouldn’t be humiliated like that.”

### Failure to give due attention to care and safety needs

Ignoring the elderly’s care and safety needs can perhaps be considered one of the important experiences that form the meaning of the phenomenon of violence against the elderly because this theme was extracted from the statements of all elderly participants. Ignoring their basic needs, or in other words, refusing or failing to provide health, care, medicine, treatment, and safety needs, either intentionally or unintentionally, cause harm and create problems in the physical, mental, and social dimensions associated with their health.

An elderly 83-year-old woman said, “Alas, this life ... I have an appointment with a cardiologist every two months, but since the pandemic, I haven’t seen a doctor for almost a year. My children don’t care about what I say. They either say they are busy with their jobs, or there is a pandemic and lockdown, and doctors’ offices are full of patients, and it’s too dangerous to visit such place. They refuse to take me to a doctor.”

An elderly 69-year-old man said, “Two of my sons live with me and their mother. They don’t care at all about me and their sick mother. They don’t wear masks in these conditions. They hang out with friends until 3 and 4 a.m. As if they don’t understand that they are playing with our lives.”

### Interactive separation

According to the elderly participants in the present study, poor and ineffective communications, family and relatives’ forgotten closeness, and inevitable distancing are the main factors in their interactive separation.

### Poor and ineffective communications

In the experiences of the majority of participants, poor communication and a lack of communication with family members were emphasized as one of the unpleasant consequences of the COVID-19 pandemic. These participants stated that

**Table 1: The individual characteristics of the participants**

Age	Gender	Marital status	Educational level	Number of children	Job	The elderly's living status with family	The status of suffering from chronic diseases	Duration of the interview (minute)
70	Female	Divorced	Primary school	4-6	Housewife	With husband and children	Yes	35
69	Male	Married	High school	1-3	Retired	With wife	No	30
85	Female	Widow	Reading and writing	4-6	Disabled	With children	Yes	33
67	Male	Married	Academic	4-6	Retired	With wife and children	Yes	33
91	Female	Widow	Illiterate	7-9	Disabled	Alone	Yes	37
83	Female	Married	Reading and writing	10 and more	Disabled	With children	Yes	44
76	Male	Married	Reading and writing	4-6	Retired	With wife and children	No	52
82	Female	Single	High school	No children	Disabled	With others	Yes	25
94	Female	Widow	Illiterate	7-9	Disabled	With children	Yes	46
79	Male	Married	Primary school	4-6	Retired	With wife and children	Yes	34
87	Female	Married	Reading and writing	7-9	Disabled	With children	Yes	35
101	Female	Widow	Illiterate	7-9	Disabled	With children	Yes	50
66	Male	Married	Academic	4-6	Retired	With wife and children	Yes	42

**Table 2: The extracted categories, Subcategories, and codes related to the violence inflicted on the elderly during the COVID-19 pandemic**

Category	Subcategory	Code
Being neglected	being abandoned	<ul style="list-style-type: none"> <li>Giving a cold shoulder and a lack of love from the children and relatives</li> <li>Meetings and telephone calls with long intervals from children and grandchildren</li> <li>Emotional gap between the elderly and their children</li> </ul>
	failure to give due attention to care and safety needs	<ul style="list-style-type: none"> <li>Negligence and inattention of family members in meeting their basic needs</li> <li>Refusal or inability of family members to meet health, care, medication, treatment, and safety needs</li> </ul>
Interactive separation	poor and ineffective communication	<ul style="list-style-type: none"> <li>Reduced and lost communications</li> <li>Lack of empathy and failure to give due attention to their feelings</li> <li>Reducing the effective relationship of the elderly with family members</li> </ul>
	inevitable distancing	<ul style="list-style-type: none"> <li>Lack of allowing interaction with other individuals</li> <li>Lack of due attention to personal desires</li> </ul>
isolation and social insecurity	Family and relatives' forgotten closeness	<ul style="list-style-type: none"> <li>The ignorance of their status by family members</li> <li>Living on their own</li> <li>Infrequent visits of children</li> </ul>
	negative social attitudes	<ul style="list-style-type: none"> <li>Misconceptions and misunderstandings about aging</li> <li>Questioning the elderly's opinions and beliefs</li> </ul>
	injustice and lack of social support social discrimination	<ul style="list-style-type: none"> <li>Ignoring status, welfare, and social support</li> <li>Failure to seek social assistance</li> <li>Social isolation following the restrictions of COVID-19</li> <li>Lack of appropriate cultural and sports centers following the outbreak of COVID-19</li> <li>Discrimination in the care provided for the hospitalized elderly suffering from COVID-19</li> </ul>

the COVID-19 pandemic and its restrictions have reduced the social and family prestige of the elderly. Moreover, this pandemic has also reduced the effective communication of the elderly with family members and has resulted in reduced or lost communications at the family and community levels.

An elderly 70-year-old woman said, "A few months ago, a relative of my daughter-in-law died. I went to her memorial ceremony. Afterwards, I was, unfortunately, diagnosed with COVID-19. I hope it will never happen to anyone. You have no idea how my daughter-in-law disrespected and humiliated me. I wish I had died, so that I wouldn't be disrespected like that."

### Inevitable distancing

This subcategory means that, given the limitations caused by COVID-19, individual tendencies and interactions of the elderly

are less addressed compared to other groups in society; this causes the interactive separation and distancing of the elderly from society.

An elderly 79-year-old man said, "I am so bored that I am not in mood to see anyone. I am really tired; with this weak body and the problems I have, I can't go anywhere as before, I can't do anything. I used to attend the ceremonies out of compulsion. Now that this pandemic has arrived, I don't attend them anymore. I just stay home, and the best I can do is walking round the neighborhood."

### Family and relatives' forgotten closeness

Another theme that emerged from the experiences of the elderly participants in this study was the theme of the forgotten closeness of family and relatives. The elderly said that they suffer



from family members ignoring their status, living alone, and being visited by children very rarely.

An elderly 91-year-old woman said, “I live with my eldest son. Before this pandemic, my daughter and even my granddaughter used to come to my house every week and my mood would thus change. Since the beginning of this pandemic, I have started a solitary life; being completely on my own. I can neither leave home, nor am I visited by anyone”.

### Isolation and social insecurity

According to the elderly participants in this study, negative social attitudes, social discrimination, injustice, and a lack of social support are examples of isolation and social insecurity in the elderly’s experiences.

### Negative social attitudes

Most of the elderly asserted that a wrong understanding and conception of aging, as well as indifference to the elderly’s beliefs and opinions, resulted in numerous insults and misbehaviors against them.

An elderly 76-year-old man said, “Since the beginning of COVID-19, it’s been days and months that I have to stay home and can’t leave home. I can’t stand being home anymore. Whenever I went to the park in our neighborhood, the people looked at me in a way that I had made a big mistake or sin, they wander all around days and night, though.”

An elderly 94-year-old woman said, “I really want to go to Imam Reza Holy Shrine, I can’t do on my own. When I ask my children to take me, they start laughing at me and say “Mom, at this age and with this pandemic conditions, it’s not the right time. If you go somewhere, you may kill all of us.” But they themselves went to Kish a month ago. If they go to Kish that’s Okay, but my visit to the Shrine will bring them the virus. This pandemic is a double whammy for us.”

### Injustice and lack of social support

Most of the elderly reported that when their status, welfare, and social support are ignored and they fail to seek help, they have a negative feeling towards themselves and see themselves as having a low value with a poor social status.

An elderly 85-year-old woman said, “I don’t know, but on TV, it is said that the elderly in many countries have been vaccinated or are being vaccinated.. I do not think we are important to anyone and I will live long enough to be vaccinated.. Every time I cross the street, and I see obituaries and photos of old men and women who have died of COVID-19, my heart really aches.”

### Social discrimination

Most of the elderly reported discriminatory behaviors, both in the family and community. Social isolation, a lack of appropriate cultural and sports centers (due to the restrictions imposed

by COVID-19), and discrimination in care provided for the elderly (due to the discriminatory atmosphere in the home and hospital environment) were among their perceptions in this section.

An elderly 70-year-old woman said, “Two months ago, I was diagnosed with COVID-19. I was feeling so bad that I was hospitalized. I saw indifference in the eyes of my family, the doctor, and the nurses. Since we are old, we are seen as useless; I was forgotten and left alone.”

An elderly 67-year-old man said, “There is no respect. Since the beginning of this pandemic, they tend to say that this disease is for old men and women. People commonly say ‘thanks goodness, this disease doesn’t infect young people.’”

## Discussion

In the present study, the results of interviews with the elderly were divided into three main categories and eight subcategories: being neglected (being abandoned, failure to give due attention to care and safety needs), interactive separation (poor and ineffective communication, family and relatives’ forgotten closeness, inevitable distancing), isolation, and social insecurity (negative social attitudes, social discrimination, injustice, and a lack of social support).

### The main category 1: being neglected

Being neglected was recognized as one of the predisposing factors for violence against the elderly during the COVID-19 pandemic. Being abandoned and failing to give due attention to care and safety needs were examples of being neglected; they were gained from the experiences of the elderly participants in the study. Other studies have reported that older people’s perceptions of inadequate support by family members, family members’ inattention to their financial needs and well-being, feelings of worthlessness, and loss of respect and status in the family are predisposing factors for violence.<sup>[16,17]</sup> Empathetic behaviors of family members and expressing interest, as well as regular visits and phone calls with short intervals by family members, reduce the emotional gap and lack of intimacy between the elderly and family members and can reduce the occurrence rate of violence by family members.<sup>[18]</sup> Family members’ life and work occupations, as well as familiar, value, and intellectual conflicts of the elderly with family members, lead to negligence and refusal of family members to meet their basic needs; this is followed by aggression and violence. This is in line with the findings of other studies.<sup>[19-21]</sup> To prevent violence against the elderly, especially during the COVID-19 pandemic, it is important that these situations and their causes be regularly investigated and monitored. Although some requests or expectations of the elderly may be inaccurate or beyond the power and responsibility of family members and other caregivers, helping family members with household chores, financial support, respect for the elderly, empathetic behavior, and the seriousness and responsibility of family members towards the needs of the elderly can help reduce the incidence of violent behaviors.

## The main category 2: interactive separation

Poor and ineffective communication, family and relatives' forgotten closeness, and inevitable distancing are examples of interactive separation. The findings of the present study are comparable with those of the other studies in the field of interactive separation, including a lack of choice to determine the place of residence, job and voluntary services, a lack of personal privacy, restrictions on communication, and the imposition of opinions and decision-making on behalf of the elderly by family members.<sup>[22]</sup> In Iranian societies, given their prevailing cultural status and values in the family, elderly individuals have an important role in the family. Ignorance of their status by family members, living alone, infrequent visits of the children, showing a cold shoulder to their feeling of being sad, emotional indifference, and failing to answer their questions can provoke violence and abuse; this is in line with the results of other studies.<sup>[16,23]</sup> The elderly's having strong, effective communication with family members, empathetic, important, and valuable communication, and valuing their feelings will reduce isolation and social insecurity, and consequently, the limitations arising from old age in the COVID-19 pandemic. This can be effective and helpful in reducing the leading factors in the incidence of violence against the elderly.

## The main category 3: isolation and social insecurity

Negative social attitudes, social discrimination, injustice, and a lack of social support are examples of behaviors related to this category based on the experiences expressed by the elderly participants in this study.

A negative attitude toward the elderly was reported as one of the subcategories of isolation and social insecurity. The elderly people mentioned changing people's social attitudes toward the elderly, considering the elderly person as a burden, hiding them from friends and relatives, feeling insecure about the elderly person in the family, and a lack of motivation and dissatisfaction in caring for the elderly person. According to the results of this study, a non-supportive living environment was associated with reactions such as feelings of being rejected, a harsh and disrespectful living environment, being abandoned and forgotten in the decision-making process, and unprofessional and unsafe home cares.<sup>[24,25]</sup> The feeling of being discriminated against the family and society was another sub-category of isolation and social insecurity in this study. According to the literature, the reactions reported include ineffective communication with family members, depriving them of contact with their loved ones, changes in relationships with relatives and friends, and ignoring the status of the elderly in the form of defective interpersonal interactions.<sup>[16]</sup> Injustice and lack of social support are another known class at this stage, which is associated with reduced life satisfaction, health, and safety, low quality of life, reduced life expectancy, and loss of efficiency.<sup>[26]</sup> This can be due to the priority that the elderly victims of violence give to the social consequences of violence, and perhaps the effects of violence on the family and society

are their main concern. On the other hand, it can be due to a lack of support from health managers and policymakers and the absence of support organizations for the elderly victims of violence during the COVID-19 pandemic; they should be investigated in future studies.

## Limitations

Conducting interviews with the elderly living with children is one of the limitations of this study. Participants in this study were only the elderly who live with other family members; the elderly hospitalized and the elderly living in nursing homes were not included in this study. In addition, no interviews were conducted with children or people living with the elderly.

## Conclusion

According to the participants, the prevailing atmosphere in the community, based on traditional Iranian culture, made the elderly not pursue the problems of violence against themselves, and they have even attempted to hide such problems and become hesitant about reporting and asking for help to deal with them. In this study, participants emphasized that given the cultural structure of society, especially with the emergence of COVID-19, the lack of support organizations, being dependent on family members, and the inability to deal with violence, they prefer not to report and follow violence and abuse by family members and others, mainly for fear of being rejected by family members and the escalation of violence; this causes the violence to remain hidden from them. The elderly affected by violence experience severe stress and mental health problems. Adopting positive coping approaches such as having basic amenities, being able to participate in decision-making processes, understanding their status within the family, and helping the family accept the limitations of old age can facilitate their acceptance of the status quo and improve their lives. Education for their families, especially the elderly who have lost their spouses, and the periodic attention of social workers are also helpful. The findings can help to better understand the problems of the elderly and identify effective interventions to reduce the factors leading to violence. This study emphasizes the need for nurses and other health care providers to focus on the problems of the elderly during and after the COVID-19 pandemic. Awareness and sensitivity of individuals and organizations related to this issue are also important in order to prevent it and design a system for identifying the elderly at risk.

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## Conflicts of interest

There are no conflicts of interest.

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