Awareness of Elderly Abuse among Patients Attending Geriatric Clinic in Medical City

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ABSTRACT:

BACKGROUND:
Elder abuse or elder mistreatment is one of the most important problems encountered by the elderly. It includes harms by people the older person knows such as spouse, partner, family members, neighbor or people that older person relies on for services.

OBJECTIVE:
The aim of this study was to determine the abuse to which elder people were exposed and its relation with age, sex, marital status, economic income and education. The study increased awareness and helping families, relatives of the elderly, professionals, social workers, nurses, doctors and counselors about elder abuse.

PATIENTS AND METHODS:
The present cross- sectional study was carried out on 300 elderly patients of age range 60-84 years attending geriatric clinic Baghdad Teaching Hospital from April to August 2019 who answered face to face survey questionnaires to elicit elder abuse.

RESULTS:
This study showed that 66.2% of elderly abused patients experienced more than one type of abuse. Majority of the patients were victims of abandonment abuse (70.3%), followed by financial abuse (25.3%), emotional abuse (21%) neglected (10.3%) and physical abuse (7%). There was a significant relationship between sex, marital status, economic income and education of the elderly and being abused.

CONCLUSION:
Abuse of the elderly is an important social and public health issue. Elderly abused patients experienced more than one type of abuse. There was a significant association with gender, widow, divorced, poor economic income and low level of education.

KEYWORDS: Elder abuse (EA), risk factors (RF).

INTRODUCTION:

Elderly abuse is an intentional act, or failure to act, by a caregiver or another person in a relationship involving an expectation of trust that causes or creates a risk of harm to an older adult (age 60 years or older) [1]. The WHO calls elder abuse 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 [2, 3]. Every year hundreds of thousands of elderly persons are abused, neglected, and exploited. Many victims are elderly frail peoples who cannot assist themselves and depend on others to meet their most essential requirements [4]. There are many types of elderly abuse.

Physical abuse means the intentional use of physical force those results in acute or chronic illness, bodily harm, physical pain, functional impairment, distress, and death. It includes violent act such as hitting, pushing, slapping, beating, biting, shoving, shaking, kicking and punching [5].

Emotional abuse or psychological abuse can include a caregiver saying hurtful words, yelling, threatening, ignoring the older person or keeping the older people from seeing close friends and relatives [6].

Neglect occurs when the caregiver does not respond to the older person's needs for essential medical care, nutrition, hydration, hygiene, clothing or basic activity of daily living while the abandonment abuse is leaving an elder alone without planning for his or her care and

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desertion of elderly person by an individual who has physical custody of the elder. Sexual abuse involves a caregiver forcing an elder person to watch or be part of any kind of sexual acts. Financial abuse-material exploitation means the illegal, unauthorized or improper use of older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other. It happens when money, retirement, forging checks, bank accounts or belongings are stolen [3-8].

Healthcare fraud can be committed by doctors, hospital staff, and other healthcare workers. Self -neglect is characterized by failure of the elderly person to perform essential, self-care tasks [7, 8].

Most cases of elder abuse are perpetrated by trusted family members, spouse, and partner, relative, friend, and neighbor, volunteer worker, paid worker, practitioner and solicitor. Most victims of abuse are women, but some are men. Every month one in 10 older adults over age of 60 years worldwide experience some form of abuse but with only 1 in 24 cases of elder abuse reported [8, 9].

Risk factors for elder abuse including an elderly person with memory problems (dementia), mental illness, physical disabilities, depression, loneliness, alcohol abuse, shared living situation, criminal history. In addition, lower income or poverty and low economic resources, living with a large number of household members other than spouse are associated with increased risk of abuse [7, 10].

The signs of elder abuse include poor physical look, lack of hygiene, signs of dehydration, bruising, welts, cuts, fractures, apparent weight loss and recurrent infections [8, 10]. Elder abuse is largely a concealed problem and tends to be dedicated in the privacy of the elderly person's home, mostly by his or her family members [10-12].

OBJECTIVE OF THE STUDY:

This study was conducted to evaluate the proportion of elderly abuse and their relation with age, sex, marital status, level of education, working status and economic income, also to help the health provider to be aware of this health problem

PATIENTS AND METHODS:

This cross sectional study was carried out in geriatric clinic in Baghdad Teaching Hospital/ Medical city and enrolled 300 elderly patients of age (60-84) years of both genders attending the geriatric unit for medical diseases during the study period from 1st of April to 1st of August-2019.This clinic received elderly patients from 60years and older according to the administrative order of Iraqi Ministry of Health.

Sampling technique and information on abuse was attained through face to face interviews with all elderly patients attending the clinic; clinical history with physical examination was done. After taking their agreement for participation in the study, the questionnaire was filled to identify the presence of abuse and its type. This study was performed to highlight the problem of elderly abuse and its relation to age, sex, marital status, education, working conditions and economic income to alert the health provider about this risky problem. The obtained data were processed by applying SPSS impacted program version 19, chi-square test difference between observations were calculated, p value <0.05 was considered significant.

RESULTS:

The mean age of elderly patients in this study was 70.33 ± 6.77 years. However, 65% were males with a mean age of 71.49 ± 6.5 years while, 35% were females with a mean age of 68.18 ± 6.69 years. Figure (1) showed the distribution of studied samples by age and sex.
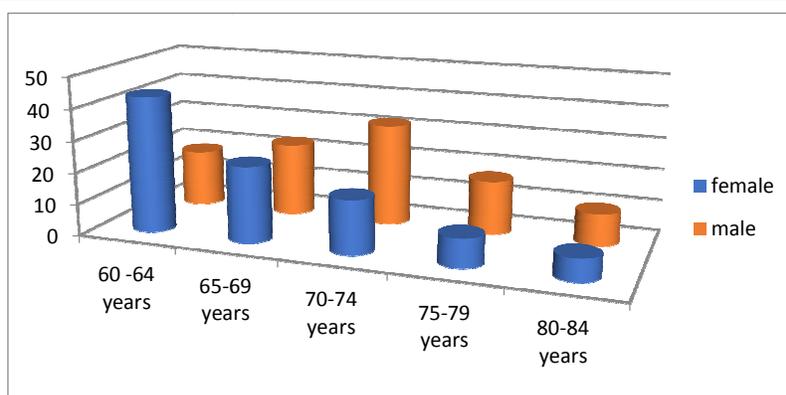
Fig. (1): Distribution of studied sample by Age and gender

Most patients had combined types (more than one) of abuse; others had single type only. The elderly patients with combined types were more frequent (66.2%) than patients with one type (33.8%) of abuse. Figure (2) showed different types of elder abuse of study samples.
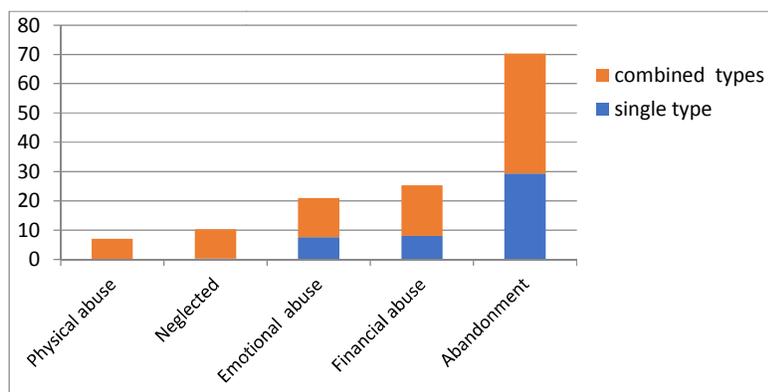

Fig. (2): Types of elderly abuse of study samples

Elder abuse sufferers had often inclined to report their abuse for many reasons. In spite of elderly abuse was a concealed problem, table (1) appeared that a significant association of neglected, financial, and abandonment abuse with gender.

Table (1): Prevalence of elderly abuse among the studied samples by gender

Elderly Abused		Neglected Abuse		Financial Abuse		Physical Abuse		Emotional Abuse		Abandonment abuse	
		No.	%	No.	%	No.	%	No.	%	No.	%
Female (N=105)	One type	1	3.2	9	11.8	0	0	10	15.9	21	10
	More than one	16	51.6	28	36.8	10	47.6	14	22.2	44	20.8
	Total	17	54.8	37	48.7	10	47.6	24	38.1	65	30.8
Male (N=195)	One type	0	0	15	19.7	0	0	13	20.6	67	31.8
	More than one	14	45.2	24	31.6	11	52.4	26	41.3	79	37.4
	Total	14	45.2	39	51.3	11	52.4	39	61.9	146	69.2
Total (N=300)		31	100	76	100	21	100	63	100	211	100
		10.3%		25.3%		7%		21%		70.3%	
P- value*		0.0247		0.0059		0.3077		0.6665		0.0269	

*means, chi-square test was used, p value <0.05 was significant.

The study demonstrated that 10.3% of patients were neglected and 25% of elderly patients experienced financial abuse while 70.3% of patients suffered from abandonment abuse. Table (2) demonstrated no significant association of elderly abused patients with age.

Table (2): Prevalence of elderly abuse of the study sample by age

Elderly abused	Neglected		Financial abuse		Physical abuse		Emotional abuse		Abandonment		Total (N=300)	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
60-64	6	19.3	29	38.2	5	23.8	10	15.9	54	25.6	81	27
65-69	12	38.7	15	19.7	7	33.3	15	23.9	57	27	69	23
70-74	7	22.6	14	18.4	3	14.3	20	31.7	59	28	80	26.7
75-79	3	9.7	10	13.2	3	14.3	13	20.6	27	12.8	44	14.7
80-84	3	9.7	8	10.5	3	14.3	5	7.9	14	6.6	26	8.6
Total	31	100	76	100	21	100	63	100	211	100	P-value Not significant	
	10.3%		25.3%		7%		21%		70.3%			

There was significant association of neglected and physically abused patients in separated and widow patients as revealed in table (3).

Table (3): Prevalence of elderly abuse among the study sample by marital status

Elderly abused		Neglected		Financial abuse		Physical abuse		Emotional abuse		Abandonment	
		No.	%	No.	%	No.	%	No.	%	No.	%
Married (N=207)		13	41.9	47	61.9	8	38.1	42	66.7	144	68.3
Total (N=93)	Unmarried (N=7)	0	0	3	3.9	0	0	3	4.8	6	2.8
	Divorced (N=3)	1	3.2	1	1.3	0	0	1	1.6	3	1.4
	Widow (N=83)	17	54.9	25	32.9	13	61.9	17	26.9	58	27.5
Total (N=300)		31	100	76	100	21	100	63		211	100
		10.3%		25.3%		7%		21%		70.3%	
P – value*		0.0012		0.156		0.0034		0.766		0.272	

*means, chi-square test was used, p value <0.05 was significant.

There was no significant difference in working status with elderly abused but there was significant association of economic income with financial and physical abuse as demonstrated in table (4).

Table (4): Prevalence of elderly abuse among the study sample by economic income

Elderly abused	Neglected		Financial abuse		Physical abuse		Emotional abuse		Abandonment	
	No.	%	No.	%	No.	%	No.	%	No.	%
Working (N=28+168)	16	51.6	31	40.8	11	52.4	40	63.5	144	68.2
Unemployed (N=104)	15	48.4	45	59.2	10	47.6	23	36.5	67	31.8
Total (N=300)	31	100	76	100	21	100	63	100	211	100
	10.3%		25.3%		7%		21%		70.3%	
P- value*	0.134		0.0001		0.0002		0.844		0.1337	

*means, chi-square test was used, p value <0.05 was significant.

Regarding education there was significant association of neglected, financial and physical abused patients with low level of education as illustrated in table (5).

Table (5): Prevalence of elderly abuse among the study samples by formal education

Elderly abused	Neglected		Financial abuse		Physical abuse		Emotional abuse		Abandonment	
	No.	%	No.	%	No.	%	No.	%	No.	%
Illiterate (N=82)	13	41.9	23	30.3	8	38.1	21	33.3	52	24.6
Primary (N=80)	14	45.2	29	38.2	10	47.6	19	30.2	61	28.9
Intermediate (N=47)	1	3.2	8	10.5	2	9.5	8	12.7	31	14.7
Secondary (N=35)	1	3.2	9	11.8	0	0	5	7.9	30	14.2
Collage and Higher (N=56)	2	6.5	7	9.2	1	4.8	10	15.9	37	17.6
Total (N=300)	31	100	67	100	21	100	63	100	211	100
	10.3%		25.3%		7%		21%		70.3%	
P- value*	0.0149		0.0184		0.0165		0.849		0.4924	

*means, chi-square test was used, p value <0.05 was significant.

DISCUSSION:

Elder abuse has a distressing outcome for older persons such as a poor worth of life, psychological grief and loss of possessions and security [9]. In this study about 66.2% of elderly abused patients had experienced more than one type of abuse, while elder mistreatment in Urban India study -2006, among the mistreated half of them qualified more than one type mistreatment [13]. The WHO reported that in 2017 around 1 out of 6 old people experienced some form of abuse and about 15.7% of people aged 60 years and older had some form of abuse [6, 11, 12].

This study showed no significant relationship with age of elderly abused patients while there was significantly higher abuse in elderly people over 72 years than 60-62 years in Iran study [12].

This study showed that 39% of women had single type of abused. Gender is an important factor in aging, and elder women were found to be more commonly abused than men by Iran -2016 study in which more than 50% of elderly abused were women while in India abuse was reported among 47% of elderly women [12,13]. The prevalence of elderly abused women throughout the world was estimated to be 14.1% [12].

This study which illustrated that widowed, divorced patients significantly associated with neglect and physical abuse and this agreed with the realistic implications of elder abuse and neglect in urban India were common among patients living with non-spouse family, friends, or other persons in a non-supervised situation and a history of family disruption by widowhood, divorce, or separation were significantly correlates of abuse [13].

◦ This study showed lower monthly income or poverty had been significantly associated with financial and physical abuse. Current research suggests that more than one in ten older adults aged 60 years and over were victims of elder abuse every year (14). Risk factors for abuse include low income, low education, living with others, isolation, and less use of proper services, these characteristics among Latino immigrants' study [14, 15].

This study also showed low level of education significantly associated with neglect financial, and physical abuse. Education is the issue that most consistently lowers elderly abuse and those with more than 8 years of education are less likely to experience abuse compared to those with no education [16, 17]. The lack of vital education, not in any form of paid employment, widowed, having no income and economically dependent on others were observed in elderly abused similar to this study [18 - 20].

There was significant relation between gender, marital status, health condition of elderly and being abused [15, 20, 21].

CONCLUSION:

The best intervention policy at this time appears to be education targeted at increasing awareness of elder abuse among health care professionals. Community members and health professionals should be aware of the reporting requirements and processes to follow.

The most familiar elderly abused in our society was abandonment abuse, followed by financial abuse, emotional abuse, neglected and physical abuse.

There was a considerable association of gender, education and economic income with physical and financial abuse while marital status had a major effect on neglecting and physical abuse.

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