# **Original Article**

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# **Risk Factors Associated with Abuse among Elders- A Cross Sectional Study**

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#### ABSTRACT:

Introduction- The impact of abuse on physical and psychological health of the victims as well as quality of life is enormous. Abuse can exacerbate chronic and disabling condition of older person and make the person more dependent, vulnerable, and marginalized. This study was conducted to determine the prevalence and type of abuse among elderly and to study the various risk factors associated with it. Materials & Methods- It included 260 elderly people of 15 local wards of both gender. Modified Kuppuswamy's Scale was used for assessment of socioeconomic status. Barthel Index was used for determining functional status. Financially independent elders were those who had one or other means of current income which was sufficient for self-maintenance. H-S EAST was used to detect the elders at risk of abuse. Results- Abuse was present in only 8 in males and 18 in females with prevalence rate of 10%. The difference was significant (P < 0.05). In age group 50-64 years, abuse was present in 6, 65-80 years (8) and >80 years (12). The difference was significant (P < 0.05) more as age group advances. Those living with spouse only had significantly higher abuse cases (20) as compared to living with spouse and children (6). Those with lower socio- economic status had higher abuse cases (10) as compared to middle (8) and upper (8) class. The difference was non-significant (P> 0.05). Those who were dependent had significantly more cases (19) as compared to independent (7). Physical abuse was present in males (6) and females (18), neglect in males (7) and females (16), verbal abuse in males (6) and females (15) and financial abuse in males (5) and females (17). The difference was significant (P < 0.05). Main perpetrators were son (52%) followed by spouse (385), daughter in law (75) and others (3%). The difference was significant (P < 0.05). Conclusion- The number of elderly abuse is increasing day by day. Various causative factors are dependency, lower socio-economic status, higher age group. This matter needs more attention.

#### Key words- Abuse, Elder, Perpetrator.

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## **NTRODUCTION**

The abuse of older people by family members dates back to ancient times. Until the advent of initiatives to address child abuse and domestic violence in the last quarter of the 20th century, it remained a private matter, hidden from public view. Initially seen as a social welfare issue and subsequently a problem of ageing, abuse of the elderly, like other forms of family violence, has developed into a public health and criminal justice concern.<sup>1</sup> 'Elder abuse is a single or repeated act of, 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'. Mistreatment of older people – referred to as ''elder abuse'' – was first described in British scientific journals in 1975 under the term "granny battering" Abuse usually occurs at two sites—home and institution. Abuse occurring at home is usually not reported either due to unawareness of the victims regarding different legal provisions or due to fear of grave consequences by the abuser or due to social taboo.<sup>2</sup>

It is generally agreed that abuse of older people is either an act of commission or of omission (in which case it is usually described as "neglect"), and that it may be either intentional or unintentional. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment. Regardless of the type of abuse, it will certainly result in unnecessary suffering, injury or pain, the loss or violation of human rights, and a decreased quality of life for the older person.<sup>3</sup> The impact of abuse on physical and psychological health of the victims as well as quality of life is enormous. Abuse can exacerbate chronic and disabling condition of older person and make the person more dependent, vulnerable, and marginalized.

Hwalek–Sengstock Elder Abuse Screening Test (H-S EAST) is a tool with 15 items which targets three domains: violation of personal rights or direct abuse and contextual factors contributing of vulnerability and potentially abusive situations.<sup>4</sup> This study was conducted to determine the prevalence and type of abuse among elderly and to study the various risk factors associated with it.

#### **MATERIALS & METHODS**

The present cross sectional study aimed at determining the prevalence and type of abuse among elderly and to study the

various risk factors associated with it. It included 260 elderly people of 15 local wards of both gender. All were informed regarding the study and written consent was obtained. Ethical clearance was obtained from institutional ethical committee. Elders with dementia, depression etc. were excluded from the study. General information such as name, age, gender etc was recorded.

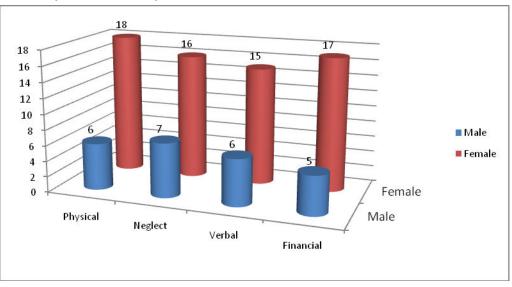
Modified Kuppuswamy's Scale was used for assessment of socioeconomic status. Barthel Index was used for determining functional status. Financially independent elders were those who had one or other means of current income which was sufficient for self-maintenance. H-S EAST was used to detect the elders at risk of abuse. Results were tabulated and subjected to statistical analysis using chi- square test. P value < 0.05 was considered significant.

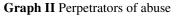
### RESULTS

Table I Abuse according to different variables

Gender	Yes	No	P value
Male	8	112	0.01
Female	18	122	
Age group			
50-64	6	112	0.03
65-80	8	98	
>80	12	24	
Living status			
With spouse only	20	152	0.001
With spouse & children	6	82	
Socio- economic status			
Upper	8	89	0.1
Middle	8	75	
Lower	10	70	
Financial status			
Independent	7	123	0.01
Dependent	19	111	

**Graph I** Different variety of abuse in family





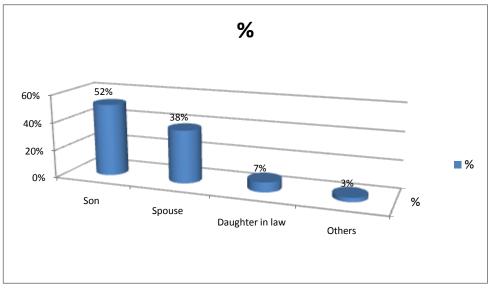


Table I shows that abuse was present in only 8 in males and 18 in females. The difference was significant (P< 0.05). In age group 50-64 years, abuse was present in 6, 65-80 years (8) and >80 years (12). The difference was significant (P< 0.05) more as age group advances. Those living with spouse only had significantly higher abuse cases (20) as compared to living with spouse and children (6). Those with lower socio- economic status had higher abuse cases (10) as compared to middle (8) and upper (8) class. The difference was non- significant (P> 0.05). Those who were dependent had significantly more cases (19) as compared to independent (7).

Graph I shows that physical abuse was present in males (6) and females (18), neglect in males (7) and females (16), verbal abuse in males (6) and females (15) and financial abuse in males (5) and females (17). The difference was significant (P < 0.05).

Graph II shows that main perpetrators were son (52%) followed by spouse (385), daughter in law (75) and others (3%). The difference was significant (P< 0.05).

#### DISCUSSION

Elder abuse can be physical abuse which is the infliction of pain or injury, physical coercion, or physical or druginduced restraint, psychological or emotional abuse ie the infliction of mental anguish, financial or material abuse ie the illegal or improper exploitation or use of funds or resources of the older person, sexual abuse – nonconsensual sexual contact of any kind with the older person or neglect – the refusal or failure to fulfil a caregiving obligation. This may or may not involve a conscious and intentional attempt to inflict physical or emotional distress on the older person.<sup>5</sup> This study was conducted to determine the prevalence and type of abuse among elderly and to study the various risk factors associated with it.

We found that out of 260 elder we included in the study, 26 (10%) had history of abuse in the family. The results are somehow those recorded by Naughton et al.<sup>6</sup> We found that abuse was present in only 8 in males and 18 in females. Maximum number of cases were recorded in age group >80 years (12) while other showed less cases. This is similar to the finding of Dong et al<sup>7</sup> who found that as age advances the cases of elderly abuse also increases.

We observed that those living with spouse only had significantly higher abuse cases as compared to living with spouse and children. Those with lower socioeconomic status had higher abuse cases (10) as compared to middle (8) and upper (8) class. This is in agreement with Chokanthan et al.<sup>8</sup> We found that dependency in the family is the major factor leading to abuse in elders.

We observed that in most of the cases main perpetrators were son followed by spouse, daughter in law and others. This is similar to results by Lachs MS.<sup>9</sup> Despite a growing interest in the problem, most countries have not introduced specific legislation on elder abuse. Particular aspects of abuse are usually covered either by criminal law, or by laws dealing with civil rights, property rights, family violence or mental health. Specific and comprehensive legislation on the abuse of older people would imply a much stronger commitment to eradicating the problem. However, even where such laws exist, cases of elder abuse have only rarely been prosecuted.

#### CONCLUSION

Author concluded that the number of elderly abuse is increasing day by day. Various causative factors are dependency, lower socio-economic status, higher age group. This matter needs more attention.

#### REFERENCES

- 1. Gupta R, Chaudhuri A. Elder abuse in a cross-cultural context: Assessment, policy and practice. Indian J Gerontol 2008;22:373-93.
- 2. Perel-Levin S. Discussing screening for elder abuse at primary health centre level. Age Ageing. 2002; 7: 11-15.
- Sarmukaddam SB, Garad SG. On validity of assumption while determining sample size. Indian J Community Med. 2004; 29:87-91.
- 4. Skirbekk V, James KS. Abuse against elderly in India the role of education. BMC Public Health. 2014; 14: 336.
- 5. Cooper C, Selwood A, Livingston G. The prevalence of elder abuse and neglect: A systematic review. Age Ageing. 2008; 37: 151-60.
- Naughton, Drennan J, Treacy MP, Lafterty A, Lyons I, Phetan A, et al. Abuse and Neglect of Older People in Ireland. Report on The National Study of Elder Abuse and Neglect. Report Summary. Ireland: National Centre for the Protection of Older People; 2010.
- Dong XQ, Simon MA, Gorbein MJ. Elder abuse and neglect in an urban Chinese population. J Elder Abuse Negl 2007;19:76-96.
- Chokkanthan S, Lee AE. Elder mistreatment in urban India: A community based study. J Elder Abuse Negl 2005;17:45-61.
- 9. Lachs MS, Williams C, O'Brien S, Hurst L, Horwitz R. Risk factors for reported elder abuse and neglect: A nine-year observational cohort study. Gerontologist 1997;37:469-74.

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