Original paper

Incidence and Patterns of Abuse among Patients aged 60 years and older Attending the Consultation Clinics in Al-Imam Hussein Medical City in Karbala Governorate, 2020

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Abstract

Background: Elder abuse is defined by the World Health Organization in Europe as 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. It is an important cause of morbidity and mortality in developing and developed countries.
Subjects and Methods: A cross-sectional study conducted included 402 patients attended the Consultation Department of Imam Hussein Medical City aged 60-year-old and over. A structured modified questionnaire was developed for the study and filled out by a doctor using face-to-face interviews.
Objective: To evaluate the proportion of elder abuse, identify its different patterns, and determine the risk factors related to the problem.
Results: Out of 402 total respondents, females constituted 52% (70.1%) were married, the proportion of all types of abuse/neglect was 82.1%, psychological abuse accounted for three-quarters of the study participants (74.1%), followed by physical abuse, financial abuse, and neglect (61.9%, 53.7%, and 45.8% respectively), while sexual abuse reported by only 4% participants. In general, the main three perpetrators of all types of abuse were spouses, followed by a son and daughter (41.8%, 38.1%, and 21.9%), respectively.
Conclusion: The proportion of elder abuse is high in Karbala, with psychological abuse being the most commonly reported pattern, the abuse induced by a family member in most of the cases, and two-thirds of the study participants did not report the abuse.
Keywords: Elder abuse, Victimization, domestic violence.

Introduction

Elder abuse also called "elder mistreatment," is a major growing health problem across the world and an important cause of morbidity and mortality in both developing and developed countries [(1)]. It was first described as 'granny-battering' in the mid-1970s in several short articles and correspondence within British medical journals [(2)].

The national research council of national academies defined *elder mistreatment* as "(a) intentional actions that cause harm or create a serious risk of harm, whether or not intended, to a vulnerable elder by a caregiver or other person who stands in a trust relationship to the elder; (b) failure by a caregiver to satisfy the elder's basic needs or to protect the elder from harm" [(3)].

Population aging is a global phenomenon [(4)] accelerated by a rise in life expectancy and a fall in fertility rates [(5)]. In 2016 the global life expectancy was 72.00 years)74.2 years for females and 69.8 years for males) with variations between countries, and it increased by 5.5 between 2000-and 2016[(6)].

By 2050, the world's population aged 60 years and older is anticipated to reach 2 billion, up from 900 million in 2015[(7)].

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During the past year, around 1 in 6 older people (60 years and older) had experienced some form of abuse in community settings [8]. Elder Abuse comprises physical, psychological, sexual, financial exploitation, and neglect [8].

Among the reported Abuse against older people, psychological Abuse [9] was the most common, followed by neglect, financial, physical, and sexual exploitation [10, 11]. Factors that induce or facilitate elder abuse can be broadly categorized into static and dynamic. The static risk factors are fixed variables that do not change and include historical factors such as the history of criminality. Dynamic risk factors are the modifiable variables with intervention, such as alcoholism [12].

The stay-at-home order during the COVID-19 pandemic, quarantine, social isolation, travel restrictions, people are obligated to stay at home and only leave the house for essential activities (buying groceries, medications, and other vital needs) or leave for work in essential businesses (health care workers, essential infrastructure operations). Although these measures helped to control the spread of the disease, they resulted in the victim being confined to the abuser and is less likely to be able to report Abuse [13].

There has been a dramatic rise in domestic violence and elderly people abuse; this includes older people living in institutional settings and long-term care facilities, other community settings, and even those living at home with other relatives and family members [14]. The quarantine has been associated with increased anxiety, depression, posttraumatic stress disorder, the dependency of the older people on others during the period of lockdown, financial dependency, and limited access to social services [15, 16].

Due to the Islamic culture and conventional norms, the elderly are usually cared for by their sons and daughters and grandchildren, and most of the elderly in the middle east live in large families. Abuse against the elderly is common in eastern Mediterranean countries. In Iraq, Baghdad [17], elder abuse prevalence was 62%. The prevalence of Abuse is estimated to be 23% in Turkey [18]. The overall prevalence of elder abuse in Iran was 48.3% [19]. In across sectional study done in Mansoura districts, Egypt, elder Abuse was prevalent in 46% of the studied elders [20]

This study aims to evaluate the proportion of elder abuse, identify the different patterns of elder abuse, and determine the risk factors related to the problem.

Subjects and Methods

A cross-sectional study design was conducted on 402 elderly patients who attended the consultation departments of Imam Hussein Medical City in Karbala from the beginning of April to the end of August 2020. All departments of the consultation clinic were included. Data collection took about 3 hours per day for 3 days a week; the sample was selected using systemic random sampling. Only a third were included for every three patients who attended the clinic.

This study was approved by the scientific and ethical committee at the Arab Board for Health Specialization in Baghdad and by the research ethics committee in the Karbala health directorate.

Data were collected anonymously, and participants were informed about the aim of the study and that their participation is voluntary and they are free to refuse participation or can withdraw at any stage without being asked for a reason. Also, the information gathered is confidential and will not affect their health care. Their verbal consent was taken before participation.

The enrolment criteria were defined as patients aged 60 years old and more, attending the consultation department of Imam Hussein Medical City, who were compliant, not deaf or suffering from any severe forms of mental illness or cognitive deficits, and provided informed verbal consent to participate. Cognitive impairment was

not formally assessed but was based on the interviewer's judgment of the elder's capacity to supply reliable answers. Four hundred twenty-three fulfilled our inclusion criteria, 21 persons were excluded from the study because they had refused to participate. In the end, the analysis was made on 402 participants.

A modified structured questionnaire was developed using a questionnaire adopted by the WHO and other studies [8, 21] for the study, made originally in English and translated into Arabic language, evaluated by two specialists (a family physician and a psychiatrist). The questionnaire consisted of two parts. The first part consisted of 18 questions about socio-demographic characteristics and personal information. The second part consisted of 18 questions about abuse, the different patterns of the abuse, chronicity, and reporting the abuse. Questionnaire paper sheets were used and were filled out by the researcher through private face-to-face interviews with the participants that lasted about 10-20 minutes.

Data was entered and analyzed through the Statistical Package for the Social Sciences (SPSS version 23). Descriptive statistics are presented as frequency and percentage in appropriate tables and graphs.

Before data collection, a pilot study was done by interviewing 15 elderlies not included in the original study, pretesting the questionnaire, assessing the time needed, and checking for any discrepancies in the same hospital. Some modifications were done to several questions.

Results

Socio-demographic and other characteristics of the study participants:

Out of 402 participants in the study, 48% had ages ranging from 60-64 years, whereas 27.9% of the study sample were aged 65-to 69 years. The female gender constituted 52% 0f the elderly participants. More than two-thirds of the elderly (70.1%) were married. Illiteracy among the study participants comprised one-quarter of the total, while college or higher education had more than one-third of the total participants. The study sample included 153 participants (38%) from rural residences. Employment comprised only 11.9% of the occupational status of the elderly. More than three-quarters of the elderly participants described their income as good or medium.

More than two-thirds of the elderly (71.9%) had reported having one or more chronic diseases (as illustrated in table-1).

Frequency of abuse:

Out of 402, only 72(17.9%) participants reported that they had no history of abuse, whereas the rest 330 (82.1%) reported that they had suffered from one or more than one type of abuse (as illustrated in table-3 below).

Types of elderly abuse:

The study revealed that psychological abuse accounted for three-quarters of the study participants (74.1%), while sexual abuse was reported by only 16(4%) participants (as seen in figure 1.

Perpetrators of overall abuse:

In general, from a total of 402 participants, the main three perpetrators of all types of abuse were Spouse (Husband/wife) followed by a son and daughter (41.8%, 38.1%, and 21.9%, respectively) (as illustrated in the Figure (2) below), Figure (3) shows the elder abuse prevalence by the husband and wife.

Reporting the incident:

Of 402 participants in the study population, two-thirds of them (66.2%) did not report the incident. The remaining reported to a family member (19.8%), to the police (10%), and to a friend (4%) (as illustrated in figure-4).

Discussion

Elder abuse is a growing health issue and a human rights violation that requires the

intervention of the policymakers to set laws to protect elderlies as it has multifaceted consequences impacting not only the life of the significant individual but affecting society as a whole [22].

Out of 402 patients involved in the study, widespread abuse was reported by 330(82.1%), which is higher than the prevalence of 62% recorded in a study conducted in Baghdad [17].

Table 1. Socio-demographics and some health correlate of the included study participants.

Characteristics	**Total=402 No. (%)**	
Age groups (years)	60-64	193 (48)
	65-69	112 (27.9)
	70-74	48 (11.9)
	75-79	25 (6.2)
	80-84	8 (2)
	85 and above	16 (4)
Gender	Male	193 (48)
	Female	209 (52)
Marital status	Married	282(70.1)
	Divorced/Separated	32(8)
	Widow/er	80(19.9)
	Single	8(2)
City	Karbala	329(81.8)
	Others	73(18.2)
Education	Illiterate	104 (25.9)
	Read and write/Primary school	105 (26.1)
	Secondary school	48 (11.9)
	College or higher	145 (36.1)
Residence	Urban	217(54)
	Rural	153(38)
	Slum	32(8)
Occupational status	Retired	185 (46)
	Employed	48 (11.9)
	Unemployed	40 (10)
	Housewife	129 (32.1)
House ownership	Owner	345(85.8)
	Rented	17(4.2)
	children's home	32(8)
	Other	8(2)
Household facilities	Fully equipped	153(38.1)
	Average	184(45.8)
	Not completely equipped	65(16.2)
Living status	With husband/wife	249(61.9)
	With children	121(30.1)
	With a relative	24(6)
	Alone	8(2)
Household size	≤4	193(48)
	>4	209(52)
Personal income	Good	129 (32.1)
	Medium	184 (45.8)
	Poor	89 (22.1)
Satisfaction with household income	Completely satisfied	113 (28.1)
	Partially satisfied	208 (51.8)
	Completely unsatisfied	81 (20.1)

Table 2. smoking status, chronic diseases, and the study participants' level of vision and hearing.

Smoking	Non-smoker	322(80.1)
	Current smoker	72(17.9)
	Ex-smoker	8(2)
Chronic diseases	Yes	289(71.9)
	No	113(28.1)
Level of Vision	Weak	112 (27.9)
	Neither good nor bad	194 (48.2)
	Good	96 (23.9)
Level of Hearing	Weak	32 (8)
	Neither good nor bad	194 (48.2)
	Good	176 (43.8)

Table 3. Frequency of abuse among the study participants.

Variable	Number(n=402)	Percentage
No abuse	72	17.9
Had abuse	330	82.1

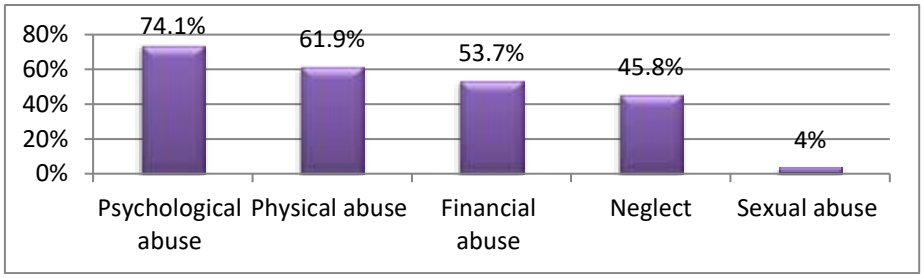

Figure 1. Proportions of the types of abuse of the study participants.

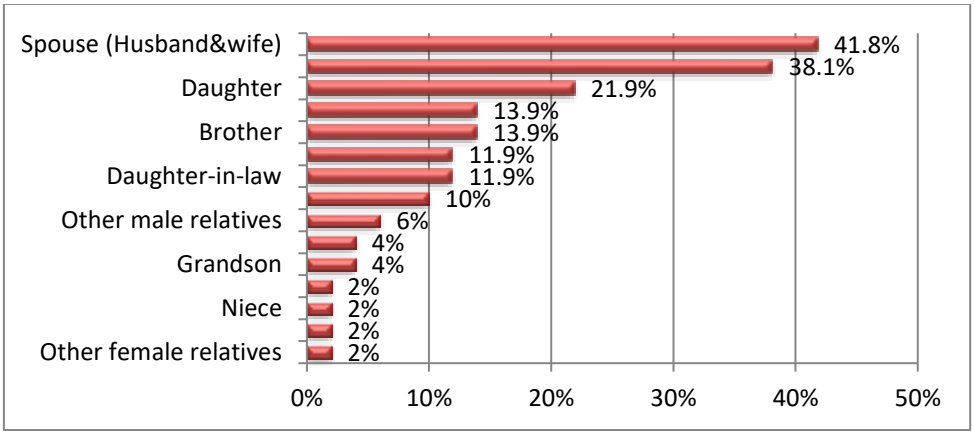

Figure 2. Proportions of perpetrators of all types of abuse of the participants in the study.

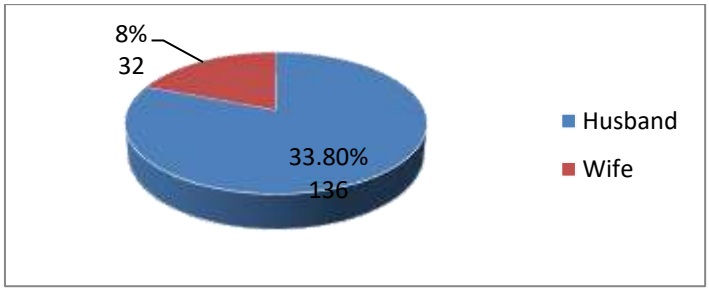

Figure 3. Percentages of overall abuse by the spouses(husbands and wives).

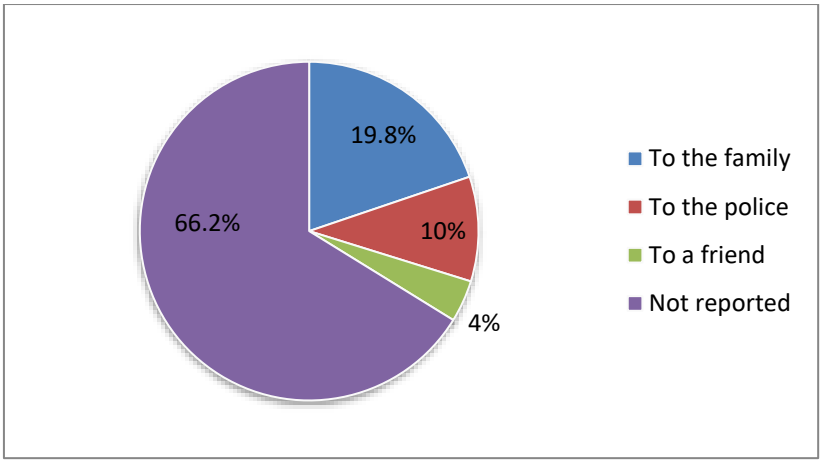

Figure 4. percentages of the reporting the incident by the study participants.

Variable results were obtained from several other countries with a lower prevalence rate for EA. In Egypt [23], 46% of the studied rural elders were subjected to abuse; two studies from Iran, Mohseni et al. [24] and Aminalroaya et al. [25] have shown that abuse was reported by 51.4% and 32.8% of the elderly respectively. In India [26], abuse against the elderly was reported by 15.57% of the participants, the variation in the prevalence rate of elder maltreatment across countries could be due to the different definitions of the elderly, different instruments used to screen the presence of the abuse, variable methods of data collection, and cultural differences between different communities.

This study's elder abuse rate was significantly higher than that obtained from other studies, which might be due to the difference in the samples used. In this study, the sample consisted of the elderly attending the consultation department, where they might attend to seek medical care for the emotional and physical harm inflicted by the abuse. Elderlies in Iraq are encountering accelerated hardships with Iraq's bad circumstances (wars, violence, terrorism, mass displacement, poor quality health care, lack of health insurance, and basic life needs, including electricity and clean water), affecting the older people's lives and health. Elderlies in Iraq are not being cared for by the government; the poor policy framework and absence of law legislation to protect the elder's rights and provide them with the appropriate care they need, family forms the only safety net for the older women in Iraq [27]. Most of them depend on family members for material assistance, food, and health care; many families think of an elder as a burden.

Psychological abuse was the commonest of all types, reported by (74.1%) of the elderly; this is lower than that obtained from Iran (28) a prevalence rate of 76.3%, and it is higher than that of Turkey [29], the USA[30], China[31] 11.9%, 47.5%, and 27 .3% respectively, with emotional abuse being the most common pattern of abuse reported in all the mentioned studies. Emotional abuse could vary between communities according to the cultural norms and beliefs, which might be considered psychological abuse for some elders or a lifestyle for others. This study's high prevalence rate for psychological abuse might be due to the Iraqi family's stressful economic and emotional circumstances, especially with the lockdown during the pandemic, which might have affected the lives in every aspect resulting in a high rate of psychological abuse.

While (61.9%) of the elderly were physically abused, this finding is slightly lower than that of Iran [32] 64.9%, and it is higher than that obtained from Egypt [23], Iran [24], Turkey [29], India [26], with prevalence rates of 9.5%,17.5%,2.7%,50% respectively. If not reported or dealt with, psychological

maltreatment could recur and evolve, resulting in physical maltreatment.

In this study, financial abuse was reported by 53.7% of the respondents, and this finding is higher than that obtained from Egypt [23], Iran (24), USA[33] at rates of 27%, 27%,14.9%,4.7 % respectively, financial abuse had the highest rate of abuse form reported in a study from Iran [34], Turkey [35] (45.6%, 26.9%) respectively. The elders might be financially abused by their adult children due to their poor income and the need for monetary support from their elderly parents with the lack of job opportunities and insufficient income.

Neglect constituted 45.8% of the study population, this is lower than the result of Baghdad [17] (51 %), and it is higher than Egypt [23], Iran [19] at rates of 40%,38.4%, respectively. Taking care of an older person can be a time, effort, and money consuming process; this can be beyond the physical, the emotional, and financial capability of some families, which can lead to negligence of the elder's needs, mistreatment, being placed in a nursing home or left to face their fate alone living on charity or even being homeless in the streets.

Sexual abuse was the least reported, only by 4% of the elderly see figure1. The study of Baghdad [17] had a similar prevalence rate of 4%, our prevalence rate for sexual abuse is lower than that of Turkey [35] (12.6%), and it is higher than that of Canada [36], Nepal [37], with a prevalence rate of sexual abuse 2.2%, 0.9% respectively. This low proportion rate for sexual abuse in this study was expected, as people in general in our society refrain from disclosing such private information and might give inaccurate answers, leading to underreporting of sexual mistreatment.

As illustrated by figures (2) and (3), the main culprits for all types of abuse were the spouse (husbands constituted two-thirds of the spousal abuse), followed by son and daughter. This finding might be due to the nature of culture in Iraq and the Arab world in general, where the man is the dominant partner and the financial supporter of the family. In contrast, women might be oppressed, emotionally and physically harmed in dysfunctional marriage but stay married, although the oppression for the financial support and due to the bad reputation divorce has in the Arab world and its impact not only on the partners but also on the children. Another reason is the living status of the respondents, almost two-thirds of the elderly were living with a partner, husband, or wife, and only about one third were living with the children. These findings from our study are similar to the results of Walsh et al. from Canada [38]. Different results were obtained from Baghdad [17], in which the most commonly reported type of abuse was neglect followed by psychological abuse and was induced mostly by the offspring (children) followed by the spouse. In India [26], the main abusers were Son, followed by the Daughter-in-law.

Conclusions and Recommendations

- Elder abuse is a serious health problem in our community, with negative psychological and physical impacts on the elder. It often goes unreported. Two-thirds of the study participants did not report the abuse, which could have devastating consequences on the elder and even death.
- Psychological abuse was the most common pattern of abuse reported, followed by physical, financial abuse, and neglect, respectively. Sexual abuse was the least pattern of abuse reported by only 4% of the total study sample.
- the main culprits for all types of abuse were the spouse (husbands constituted two-thirds of the spousal abuse), followed by son and daughter.
- More focused, in-depth study should be endorsed that includes the caregiver's perspective of the abuse and other risk factors for elder abuse, such as the abuser's history of alcoholism, to

recognize the real magnitude of the problem better.

- ❖ Training of the family physicians, general practitioners, and other health care providers working in primary health care centers of the applicable administration of suspected and validated elder abuse cases through screening as part of routing geriatrics health care evaluation.
- ❖ The government should have an active role in supporting this community group by providing the elder with health insurance plans, pensions to decrease dependency and the monetary burden on caregivers and establishing a social service organization where abused elders are referred to and cared for.
- ❖ Role of the community is to support the elderly especially lonely, isolated, and homeless elders, provide them with the basic life needs, shelter, and food, and give them the assistance they require.

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