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Abuse among elderly people: A cross sectional study from Baghdad Teaching Hospital

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ABSTRACT

INTRODUCTION: Elderly abuse is any 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. With increasing longevity globally, this bad behaviour in expecting to increase.

OBJECTIVE: To find out the prevalence and types of elderly abuse among attendants of Baghdad Teaching Hospital at Baghdad Medical City and to study the relationship of some socio-demographic characteristics on its occurring.

METHODS: A cross sectional study was conducted on 319 elderly persons attended Baghdad Teaching Hospital at Baghdad Medical City in Baghdad,Iraq from February to June 2015. A pilot study was done prior to data collection in the same-targeted hospital. A modified structured questionnaire was used containing questions about the socio-demographic features of the participants, questions about types of elderly abuse, information about the abusers and the consequences of the abuse on the victims life . Consent were taken from all participant and privacy was insured.

RESULTS: In this study, the percentage of elderly who suffered from at least one type of abuse was 62%. Among types of abuse, neglect had the highest percentage, and sexual abuse had the least. The main abuser were the siblings. The majority of the abused elderly reacted to the abusive behaviour, and most of them were negatively affected.

CONCLUSION: Elderly abused is not a rare in our society. Closely related persons like offspring are the commonest culprits for such behaviour. Elderly abuse has a serious negative impact on the personal life of the victims.

Key words: Elderly abuse, elderly, abuse.

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INTRODUCTION

Ageing process is a biological reality, which has its own dynamic largely beyond human control. However, it is also subjected to constructions by which each society makes sense of old age.[1] In the developed world, chronological time plays an important role in aging. The age of 60 – 65 years is equivalent to retirement age, and said to be the beginning of old age. While in many of the developing world, chronological time has little or no importance in the meaning of old age. Other socially constructed meanings of age are more significant like the roles assigned to older people and the declining in physical activity.[2] In Iraq an elderly is defined as any person aged 60 years and over which is the same definition adapted by the WHO and United Nations.[2]

The world population is rapidly ageing, between 2000 and 2050; the proportion of the world's population over 60 years will double from about 11% to 22%. Low and middle-income countries will experience the most rapid and dramatic demographic change.[3] WHO announced that the estimated Iraqi Population in 2014 are 32 585 692, those aged 55-64 represent 3.2%, and those aged >65 represent another 3.2% of the total Iraqis. Moreover, WHO estimated that life expectancy of Iraqi people is 72.7 years in 2010.[4]

Elder abuse is a complex and multi-dimensional problem. Many experts recognize elder abuse as a social and public health issue, a family problem, a domestic violence problem and a human right issue.[5] The phenomenon of elder abuse was first introduced with the term "Granny Battering" in the UK in 1975. Since then, elder abuse and neglect became gradually an important issue for most countries. Prevalence of overall abuse, including neglect, ranged be-

tween 3.2 and 35 % in studies of general population worldwide.[6]

Considering the increase in elderly population, and if no action is taken for elderly abuse and neglect, approximately 9.8 - 84.6% of this population will be at risk by 2050 worldwide. WHO reported that present rates may only represent the tip of the iceberg and some of them are under reported by as much as 80%.[7]

Studies from all the globe vary in quantification of this important social problem. A study from Turkey has showed that 14.2% of the participants had at least one type of abuse.[6] Another study from Iran has revealed that the incidence of elderly abuse among the sample studied was 14.7%.[8] While the Overall prevalence of all types of elderly abuse in a study from USA was 10%.[9] And a study in Ireland showed that 2.2% of people aged > 65 had experienced abuse in 2010.[10] After searching the published literature from Iraq that I could reach, I did not find a figure about the extent of this problem in our country.

Abuse of older persons is a major social problem that often goes undetected, and is associated with a number of consequences, both for individuals as well as societies. Victims of elder abuse often experience significant distress and may never have a full recovery from the emotional trauma. Moreover, elder abuse may be worsened because its victims are typically torn between the feelings they have for their abusers and their desire to speak up about the abuse. Victims' shame and their fear of being institutionalized may cause reluctance to seek help.[11]

This study was conducted to determine the prevalence of types of suspected elderly abuse among attendants of Baghdad Teaching Hospital for any reason, and to find the association between elderly abuse and some socio-demographic variables of its victims.

METHODS

Settings and study design: A cross sectional, questionnaire based study was done on 319 conveniently selected elderly persons who attended in-patient and out-patient's departments of Baghdad Teaching Hospital at Medical City Complex in Baghdad from February to June 2015.

Ethical issues: This study was approved by the scientific and ethical committees at Medical City Complex and Arab Board for Health Specialization in Iraq. All participants have been informed about the study and its aims and their informed consent to participate were taken.

Definition of cases, inclusion and exclusion criteria: Authors defined the enrolment criteria as any person whose age is ≥60 years attending in- or out- patients departments of Baghdad Teaching Hospital at Medical City Complex for any reason. Persons who had cognitive disorders which is defined as mini-mental score ≤ 23, history of psychiatric disorders, and those who refuse to participate have been excluded from the study. Three hundred thirty-six persons had fulfilled our inclusion criteria, 17 persons were excluded; 10 because of being cognitively impaired or having psychotic disorders and the other 7 persons had refused to participate. In the end, analysis was made on 319 participants.

Research instrument: Data were collected using a modified structured questionnaire, adapted from Elderly Abuse Suspicion Index.[12] Some modifications were made to fit our community, as some items in the original questionnaire were not applicable to our society. Then the questionnaire was reviewed and evaluated thoroughly by three consultants in community medicine. All necessary revisions and adjustments were done accordingly. The questions of the questionnaire were designed to be closed-ended questions and the possible answer is "yes" or "no". Prior to data collection the questionnaire was pretested in a pilot study by interviewing 20 elderly persons who were not included in the original study, the pilot study was performed in the same targeted hospital, and its purpose was to check for any discrepancies and misunderstandings.

The questionnaire filled by the researcher through face-to-face interview. To ensure privacy each participant was interviewed alone in the absence of anyone of his relatives. Researcher introduced herself before the interview and explained the purpose of the study clearly. To fulfil the inclusion criteria, cognitive state of each participant was evaluated using the mini-mental state examination;[13] an Arabic design, which is agreeable and applicable in previous Iraqi studies[14,15] was used. The mental state examination was done based on (DSM-IV-TR) to check for any psychotic disorders.[16]

The questionnaire form includes two parts;

Table 1: Socio-demographic features of the studied sample.

Socio-demographic variables		No.	%
Gender	Male	145	45.50%
	Female	174	54.50%
Marital state	Single	11	3.40%
	Married	198	62.10%
	Divorced	4	1.30%
	Widowed	106	33.20%
Age in years	60-69	202	63.30%
	70-79	96	30.00%
	80>	21	6.50%
Educational level	Illiterate	99	31.00%
	Reader-writer	50	15.70%
	Primary school	46	14.40%
	Secondary school	32	10.00%
	College	71	22.30%
	Higher education	21	6.60%
Regular income	Yes	275	86.20%
	No	44	13.40%
Source of income	Employment	41	12.80%
	Retired	175	54.80%
	Relatives	59	18.70%
	Social welfare	25	7.80%
	Others	19	5.90%
Chronic disease	Yes	277	86.80%
	No	42	13.20%
Have children	Yes	308	96.60%
	No	11	3.40%
Have grandchildren	Yes	302	94.70%
	No	17	5.30%
Have a private room	Yes	211	66.10%
	No	108	33.90%
In your living place have company	Alone	11	3.40%
	Spouse + sibling+ grandchildren	243	76.10%
	Sibling+ grandchildren	53	16.60%
	Others	12	3.70%
Type of Living place	House	302	94.70%
	Apartment	3	0.90%
	Elderly-care house	4	1.30%
	Others	10	3.10%
Type of property	Owned	226	70.80%
	Rented	65	20.50%
	Others	28	8.70%

the socio-demographic and the abuse parts. The socio-demographic section has included questions about age, gender, marital status, number of children and grandchildren, education, monthly income of the elderly, living arrangement, chronic diseases diagnosed by a doctor, any medication taken on regular basis, participation to social activities, and family relationships. Regarding the abuse section, questions were asked to address different types of abuse, the relation between the victim and the abuser, more questions to identify if the abused elderly had any reaction to the abusive behaviour, and if so what type of reaction, and to clarify if the abused elderly had been affected by the abuse, and in which way.

Mental state examination took about 5-10 minutes, mini-mental state examination took about another 5-10 minutes, and filling in the questionnaire form itself took about 5 minutes to be completed, so the whole interview took about 25-30 minutes to be finished.

Statistical analysis: Data were introduced into PC; SPSS V-20 was used for statistical analysis. Tables and graphs displayed age, gender, educational state, marital state, and other socio-demographic data. Chi-square test was used to find out possible associations between related categorical variables, p-value ≤0.05 considered as cut off point for significance of association.

Table 2: Types of reactions the abused elderly had towards the abuse.

Types of reaction	Number	%
Verbal reaction	42	21.1%
Emotional reaction	11	5.5%
Physical reaction	5	2.5%
Report the incidence	2	1.0%
Others	6	3.0%
Mixed forms	54	27.3%
No reaction	79	39.6%
Total	199	100%

Table 3: Impact of the abusive behaviour on the victim.

Types of effect	Number	Percentage
Emotionally	27	13.5%
Physically	2	1.0%
Socially	6	3.0%
Mixed	110	55.2%
Not affected	54	27.3%
Total	199	100%

Table 4: Association between total elderly abuse with different socio-demographic features.

Socio-demographic features		Total abuse		Total		p-value
		Yes	No			
Gender	Male	85(59%)	60 (41%)	145	1.603	0.205
	Female	114(66%)	60 (34%)	174		
Marital state	Single	11(100%)	0 (0%)	11	10.369	0.01
	Married	122(62%)	76(38%)	198		
	Divorced	4(100%)	0(0%)	4		
	Widowed	62(59%)	44(41%)	106		
Age in years	60-69	125(62%)	77(38%)	202	3.478	0.176
	70-79	57(59%)	39(41%)	96		
	80>	17(81%)	4(19)	21		
Educational level	Illiterate	64(65%)	35(35%)	99	7.728	0.172
	Reader-writer	37(74%)	13(26%)	50		
	Primary school	31(67%)	15(33%)	46		
	Secondary school	18(56%)	14(44%)	32		
	College	39(55%)	32(45%)	71		
	Higher education	10(48%)	11(52%)	21		
Regular income	Yes	172(63%)	103(37%)	275	0.023	0.881
	No	27(61%)	17(39%)	44		
Source of income	Employment	26(63%)	15(37%)	41	17.47	0.002
	Retired	98(56%)	77(44%)	175		
	Relatives	46(78%)	13(22%)	59		
	Social welfare	21(84%)	4(16%)	25		
	Others	8(42%)	11(58%)	19		
Chronic disease	Yes	169(61%)	108(39%)	277	1.687	0.194
	No	30(71%)	12(29%)	42		
Have children	Yes	188(61%)	120(39%)	308	6.870*	0.009
	No	11(100%)	0(0%)	11		
Have grandchildren	Yes	184(61%)	118(39%)	302	5.114	0.024
	No	15(88%)	2(12%)	17		
Have a private room	Yes	129(61%)	82(39%)	211	0.412	0.521
	No	70(65%)	38(35%)	108		
In your living place have company	Alone	11(100%)	0(0%)	11	27.485	0
	Spouse + sibling+ grandchildren	155(64%)	88(36%)	243		
	Sibling+ grandchildren	21(40%)	32(60%)	53		
	Others	12(100%)	0(0%)	12		
Type of Living place	House	186(62%)	116(38%)	302	2.455	0.51
	Apartment	2(67%)	1(33%)	3		
	Elderly-care house	4(100%)	0(0%)	4		
	Others	7(70%)	3(30%)	10		
Type of property	Owned	126(56%)	100(44%)	226	15.374	0
	Rented	53(82%)	12(18%)	65		
	Others	20(71%)	8(29%)	28		

*Fisher exact test was used because more than 20%of expected values were less than 5.

RESULTS

Women are more prone for abuse than men; 174 (54.5 %) versus 145 (45.5 %) respectively. Two hundred two (63 %) abused elderly persons are within age group of 60-69 years. Other socio-demographic features are seen in table 1.

One hundred ninety-nine (62%) elderly persons had suffered at least one type of abuse.

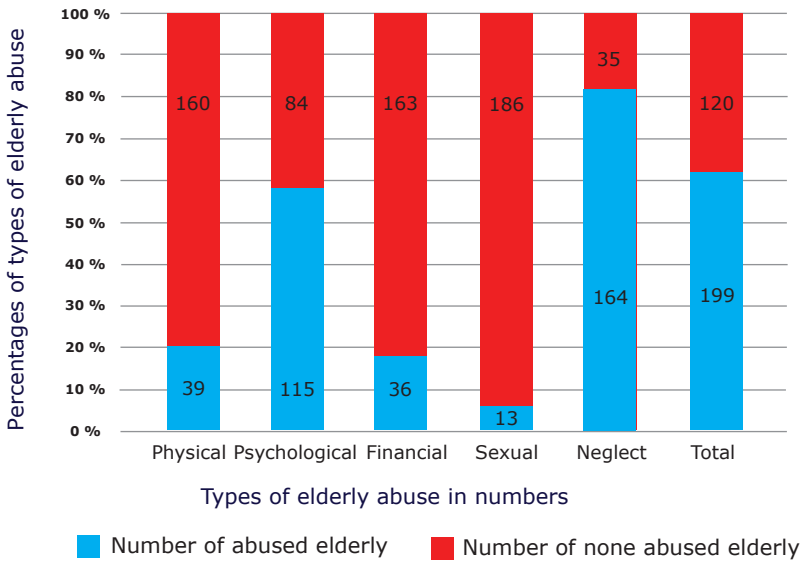

Figure 1: Percentage and numbers of types of elderly abuse out of 319 elderly people.

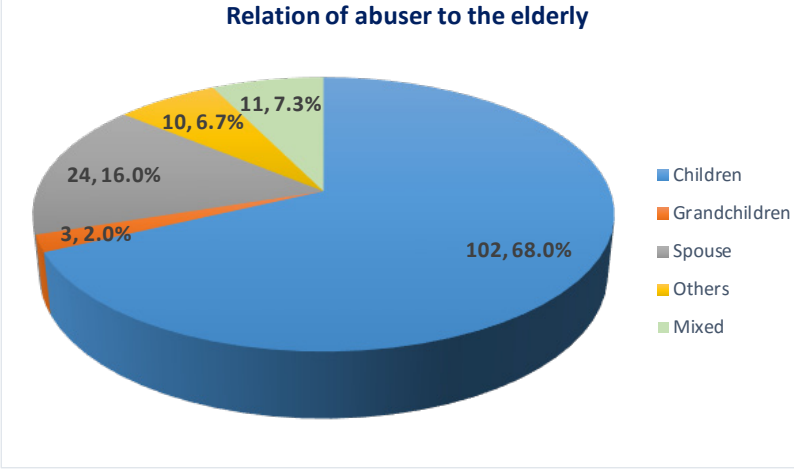

Figure 2: Relationship of the abuser to the study sample.

The commonest type of abuse is neglect which is reported by 164 (51 %) while sexual abuse is the least and has been reported only by 13 participants (4 %). Other types of abuse are shown in figure 1.

Offspring is the most common culprit for the abuse reported by 102 elderly persons (32 %), spouse is the second most common 24 (7.5 %). See figure 2. Table 2 shows the reaction of the elderly abused person towards the abuse while table 3 shows the impact of the abusive behaviour on the abused person. Table 4 shows the relation of some sociodemographic features on the chance of having an abuse. It shows that marital status, source of income, having children and grandchildren, type of property, and living with others have statistically significant association with the chance of being abused.

DISCUSSION

Over the past 35 years, tremendous studies have been made to identify and increase awareness about patterns of abusive relationships including child abuse, intimate partner violence and elder abuse.[13] With current medical advances and the adaption of healthier life style, people are living longer; as a result, the number of abused elderly is suspected to increase, as well as its impact as a public health issue.[12]

In this study, 199 (62 %) of elderly have suffered from at least one type of abuse, **seen figure 1**. On reviewing literature from the eastern and western countries, this is a very high percentage. In Turkey, a study[6] has shown that 14.2% of the participants had at least one type of abuse. Similarly, the prevalence of all types of elderly abuse in study from Iran[8] was 14.7 %. Two studies from USA[9] and Ireland[10] have shown that the percentages of elderly abuse are 10 and 2.2% respectively. The obviously huge difference between our results and that of other studies can be explained on two principles. The first is that this difference is an exaggeration of the real community state because we enrolled participants who attended Baghdad Teaching Hospital for any reasons; a place in which we expect to see abused people more commonly either to treat the physical or psychological trauma of the abuse or to seek empathy from such a place as a sort of mitigation from the bad effect of the abuse. The second principle is that this is a real community state of our country which developed due to hard social, economic and security problems that Iraq has witnessed over decades. Such a hard situation has led to lack of social awareness about the consequences and seriousness of this bad behaviour on the society, lack of support from the governments to this vulnerable group of people, lack of financial independence for those elderly people which make them a burden and exposing them to abuse, lack of good health system that could notify about this issue, and lack of judicial law or its implementation that criminalized those who abuses vulnerable people like elderly. So in order to define whether this is a real social problem in Iraq we need to do a community based study to disclose the real extent of this social and moral problem.

Neglect followed by psychological abuse were the commonest types of abuse found in our study, while sexual abuse was the least, **see figure 1**. These results are consistent to studies from Turkey,[6] United Kingdom 2007,[17] and Japan.[5] It seems that we are following the international pattern in this issue, although we should keep in our mind that people usually refrain from disclose sensitive issues like sexual abuse especially in our eastern societies.

We have studied the association of the variety of sociodemographic factors on the chance of being abused. Our study has showed that marital status, source of income, having children and grandchildren, type of property, and living with others have statistically significant association with the chance of being abused. Type of property and living with others in the same place were strongly associated with the chance of being abused, p value 0.00001. While gender, age, having regular income, having chronic diseases, living in a private room, and type of living place have shown a statistically nonsignificant association with being abused. Up to the knowledge I able to get from the studies I have exposed to, I could not find any figure to talk about the association between some sociodemographic factors and the chance of an elderly person to be abused.

Figure (2) showed that the main offenders of elderly abuse were the offspring (children), which is similar to the result of a study from Turkey[6] and contradict that from the United Kingdom which reported that the main abusers were the spouse.[17] This difference can be caused by the cultural differences between the two societies; in the UK, siblings tend to separate from their parents when they reach age of 18 years; in contrast to the Iraqi society, most of the families continue to include children, and even sometimes grandchildren, in the same house after they reach age of 18 years.

Our study has found out that 120 abused elderly persons (about 60%) have shown sort of reaction towards the abusers; majority of them reacted by more than one form of reaction. Verbal reaction is the commonest reaction shown by the abused elderly person 42 /199 (21.1%), while reporting the incident was only seen in two persons (1%). A similar study in the UK has demonstrated that the majority (70%) of elderly persons who had experienced mistreatment said that they had reported the incident or sought help. Respondents mainly sought help from a family member or friend (31%) or a health professional or social worker (30%).[18,19] reluctance of elderly people in our community to report such incidents may be linked to variety of causes of them afraid of being punished by the abuser again, lack of confidence that reporting the incident will be dealt with by authority properly, lack of awareness about the importance of reporting such bad behaviour, and sometimes even passionate sense of the elderly abused person not to harm the abuser especially if he is a close relative. This demonstrates the importance of legislation of laws that supporting the elderly and protecting them from being abused,

in addition to implement a campaign of increasing awareness about this important social problem and its consequences.

Abuse of elderly has a bad impact on the victim, our study has revealed (see table 4) that the abusive behaviour had a negative impact on the social life, physical, and emotional health of the victims. This is consistent with the result of a similar study done earlier in the United Kingdom.[17] This is certainly going to be reflected by a heavy burden on the family, health system and the community as a whole, stresses the importance of early detection and properly managing this problem in the community.

CONCLUSION

Elderly abuse is a problem in our community. It needs to be paid a considerable attention as it may have a negative impact physically and psychologically on the victim in particular and the society in general. Marital status, source of income, having children and grandchildren, type of property, and living with others have statistically significant association with the chance of being abused.

REFERENCES

1. Aging and life course: Elder abuse, WHO [Internet]. 2012 Feb. 1 [Cited 2015 May 13]. Available from: http://www.who.int/ageing/projects/elder_abuse/en
2. Paul K, Karen P. Indicators for the Minimum Data Set Project on Aging: A Critical Review in sub-Saharan Africa. WHO; 21-22 June 2001:9. Available from: http://www.who.int/healthinfo/survey/ageing_mds_report_en_daressalaam.pdf
3. World Health Organization. Facts about aging [Internet]. 30 September 2014 [Cited 28th January 2015 at 9p.m]. Available from: www.who.int/ageing/about/facts/en/
4. Conflict and humanitarian crisis in Iraq. Public health risk assessment and intervention. World Health Organization; 24 October 2014:p.9-10.
5. Maria van Bavel, Kristin Janssens, Wilma Schakenraad, Nienke Thurlings. Elder Abuse in Europe Background and Position Paper; 1 June 2010: p.1- 28.
6. Ergini F., Evci-kiraz D., Saruhan C., et al. Prevalence and Risk Factors of Elder Abuse and Neglect in AWestren City of Turkey: Acommunity based study. Bulletin of the Transilvania University of BraşovSeries VI: Medical Sciences .2012; Vol. 5: p. 1.
7. World Health Organization. (2012a). a Global Response to Elder Abuse and Neglect: Building Primary Health Care Capacity to Deal with the Problem Worldwide: MainReport.01February2012, Retrieved15February2015at12a.m. from http://www.who.int/ageing/publications/ELDER_Doc Augusto8.
8. Sharifi F, Fakhrzade H, Hossain Z. Elder abuse: Risk factors of abuse in Iranian elderly community dwelling. Ageing Research Center, Tehran University of Medical Sciences Faculty of Health Sciences. October 2013.
9. Cierano R, Hernadez M, Amstadter A, Resnick H, Steve K, Muzzy W, Kilpatrick D. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the national elder mistreatment study. Am J Public Health 2010; 100(2):292-297. doi: 10.2105/AJPH.2009.163089
10. Begley E., Carter J., KILLICK C., et al.: Insights into Elder abuse. Centre for aging research and development in Ireland. 2011, p. 10-12.
11. Gehem M, Diaz PS. Shades of Graying. Policy Brief on ageing. UNECE. No.14. October 2013, p-2.
12. Rajini S,Wan-Yuen C,Noran N. A review on the prevalence and measurement of elder abuse in the community. Trauma violence abuse. 22 July 2013. retrived 15 May 2015 at 10 am
13. Folstein MF, Folstein SE, McHugh PR. The Mini-Mental State:apractical method of grading the cognitive state of patients for the clinician. *J Psychiatr Res* 1975; 12: 189-198.
14. Salman WH. post stroke depression. A thesis submitted to scientific council of psychiatry.1999.
15. Amir A. Depression in elderly patients attending primary health care clinics in Baghdad city. Thesis submitted to scientific council of psychiatry. 2004, p.8.
16. Mental state examination. In textbook of diagnostic and statistical manual of mental disorder. American psychiatric association. Text version.2000; fourth edition.
17. Action on Elder Abuse. Briefing Paper: The UK Study of Abuse and Neglect of Older People 2007 [internet]. [Cited 2015 May 12]. Available from: www.elderabuse.org.uk.
18. WHO Regional office for eastern Mediterranean .net-demographic, social and health indicators for countries of the eastern Mediterranean 2013. Retrieved 29 January 2015 at 3 p.m. from http://www.emro.who.int.
19. O'Keeffe M, Hills A, Doyle M, et al. UK Study of Abuse and Neglect of Older People Prevalence Survey Report 1. National Centre for Social research 2 King's College London. Prepared for Comic Relief and the Department of Health. June 2007, P. 2512.

Abbreviation list: World health organization (**WHO**), The Diagnostic and Statistical manual of Mental Disorders, fourth Edition, text revision (**DSM-IV-TR**). Mini-mental state examination (**MMSE**). Mental state examination (**MSE**), Number (**No.**), Personal computer (**PC**), Statistical package for social science (**SPSS**), United Kingdom (**UK**), United States of America (**USA**).

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