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Violence against people over 65 years old – Lublin Voivodeship inhabitants

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Key words: senior patient, violence, abuse, mistreatment

ABSTRACT

Introduction

In the majority of cases violence and aggression have been and are directed against women, and also the older ones. Nevertheless, the number of reported incidents of abuse and neglect of older people does not match the number of the cases discovered and treated.

Objective

The aim of the research was to determine the risk factors of violence against people over 65 years of age, with regard to all the forms of the phenomenon (psychological, physical, material and sexual violence and neglect).

Material and methods

This series of research were conducted from 1 September 2014 to 28 February 2015 in family doctor's clinics in the Lublin Voivodeship chosen at random. The research participants comprised 1047 people. The methods applied included the analysis of both doctor's and nurse's medical documentation.

Results

The violence risk factors for the victim are as follows: old age, low level of education and dependency on other people. The worse situation of the people living in the country who are more frequently subject to almost all types of violence as compared with the city-dwellers. Violence against older people is a manifestation (very often ignored) of pathologies of family life.

Conclusions

Old age, low level of education and dependency on other people among elderly are the risk factors of becoming violence victim. There is worse situation of the people living in the country who are more frequently subject to almost all types of violence as compared with the city-dwellers. Violence against older people is a manifestation (very often ignored) of pathologies of family life.

INTRODUCTION

The ageing of the world's population is one of the most distinct demographic phenomena of the 21st century, since more and more older people have to be cared for in their homes and the incidence of their abuse is rising.

The number of reported incidents of abuse and neglect of older people does not match the number of cases discovered and treated.

Physical, psychological and social circumstances of the old age make an old person particularly susceptible to such manifestations of social pathology as violence – aggression and abandonment – neglect known as abuse, ill-treatment or mistreatment (Eng. abuse + neglect = mistreatment) which, in turn, influence significantly the patient's quality of living and his/her health.

In J. Streulan's handbook, violence and aggression are defined as 'behaviour directed at a person to inflict suffering of the person who is then motivated to avoid suffering' [1].

The American Medical Association defines cruelty and neglect of the elderly as 'an act or omission that can cause harm or a risk to the health and well-being of an old person [2].

Many forms of abuse against seniors are known, e.g. deliberate neglect (active) and unintentional (passive) neglect of physical and psychological needs of a senior person, which is a failure in providing adequate clothes, food, shelter, medical care, hygiene and social interactions, physical, psychological, sexual and financial abuse [3].

In the majority of cases, domestic violence has been and is directed against women [4].

Mistreatment is not usually an isolated case but it seems to follow a chronic disease model with active and latency periods. [5]. In discovering cases of mistreatment the family doctor and family nurse play a crucial role. They are the people who work in the patient's natural setting, i.e. family.

OBJECTIVE OF THE WORK

The aim of this article is to determine the risk factors of violence against elderly (over 65 years of age) with respect to all the forms of the phenomenon (neglect, physical, psychological, material and sexual violence) as well as the competence and abilities of the family doctor and visiting and family nurse.

MATERIAL AND METHODS

Research participants comprised 1047 patients. The research was conducted from 1st of September 2004 until 28th of February 2005 within 15 private health care clinics chosen at random in the Lublin Voivodeship. Within every health care clinic the medical documentation of all the patients over 65 was analysed in order to find the victims of violence (with medical staff not always aware of such cases).

The Selection of Research Patients.

The age of patients was 65 years and over. The patients were cared for by a visiting and family nurse and family doctor; the patient's medical documentation was complete, including the Community and Family Form (i.e. a very detailed interview in respect to the patient's and his family's social, economic and family situation and financial and housing conditions, which is a standard in Poland), previous discovered and documented types of abuse.

The research methods included the tools which the family doctor and visiting and family nurse can use in their work. The documents analysed were as follows: the Community and Family Form, hospital treatment documentation, documentation of the family doctor.

RESULTS

Characteristics of the Researched Population.

Research patients comprised 504 inhabitants of urban areas of the Lublin Voivodeship and 543 inhabitants of rural areas.

The total number of the research participants included 740 women (70.68%) and 307 men (29.32%).

The spread of the subjects in relation to their place of residence by sex: 30.4% (361) of women were from urban areas; female country-dwellers comprised 36.2% (379) of the total number of the population while male population was represented by 13.6% (143) and 15.6% (164) respectively.

People between 65 – 75 years were 50.81% (532) of the population; people between 76 – 85 years of age were 36.49% (382), while there were 12.70% (382) of people over 86 years.

With respect to the place of residence, the age structure was similar.

Among city-dwellers people between 65 – 75 years of age were 23.59% (247), 76 – 85 years were 17.38% (182) and people over 86 years of age represented 7.16% (75) of the population.

In the country-dwellers, the age structure was as follows: 27.22% (285) were people 65 – 75 year old, 19.10 (382) were patients 76 – 85 years of age and there were 5.54% of patients over 86 years.

The education of the population was similar in both categories (city/country), i.e. 3.82% of the victims of violence had higher education, 14.14% had secondary education and 21.01% had vocational education, while 57.31% of people had basic education and 3.72% were uneducated.

Violence.

45.75% (479) of senior patients were the subjects of active neglect, including 45.09% (216) of city-dwellers and 54.91% (263) of inhabitants of the rural areas. Another researched form of violence was passive neglect, i.e. the inability to take care of the patient. The people who were subject to that kind of neglect constituted 44.51% (466) of all subjects, including 58.80% (247) of city-dwellers and 41.20% (192) of country-dwellers.

Physical violence occurred in 48.90% (512) of the patients, including 35.74% (183) of city-dwellers and 64.29% (329) of the people living in the country.

Material violence tends to be one of the most frequently occurring forms of violence. It happened to 71.92% of the subjects (753), including 43.96% of city-dwellers (331) and 56.04% (422) of country-dwellers.

The form of violence that was discovered relatively rarely in the elderly was sexual violence. It was reported in 3.92% (41) of the researched senior patients; in this group, 31.71% (13) of the people were city-dwellers while 68.29% (28) of the subjects were country-dwellers.

The last researched form of violence was psychological violence. 87.30% (914) of the patients were subject to that form of violence, including 46.72% of the city-dwellers (427) and 53.28% (487) of the country-dwellers.

DISCUSSION

The results of the research show very clearly that a low level of education of the person using violence and the victim are major violence risk factors. This is connected with the fact that a low level of education or lack of education implies a low level of health awareness, poor knowledge of the person's rights and the frequency of anti-health behaviour.

Unfortunately, in Poland there are not any official statistics (by the police) that record the age of a victim of violence available. Consequently, it is extremely difficult to give the number of older people becoming the victims of violence.

Neglect of a senior patient can be intended (active) or it can be the inability to take care of the old person. This type of violence happens in 58.5% of cases of mistreating older people [1]. In the researched population of women, there was a lower percentage of this form of violence; active forms constituted 45.75% and passive ones 44.51%.

Physical violence is defined as 'an incidental use of physical force leading to injury'. Another definition states that physical violence is any conscious act taken with the intention to inflict physical pain or injury. The forms of physical violence are slaps, punches, pushing, hitting with various objects, bruising, force-feeding and moving a person on a bed or a wheelchair to an uncomfortable position. In literature, this type of violence constitutes 15.7% of all the cases of violence [2,5]. In the researched population, as many as 48.9% of people were the victims of this form of violence, particularly the people who were most helpless, i.e. completely relying on the help from other members of their families who often committed the acts of violence.

Psychological violence is defined as exerting pressure by threats and similar behaviour, or 'conscious acts undertaken with the intention to cause psychological pain, injury or fear.' The consequences of such actions are fear, depression, stress, suicidal thoughts, self-destructive behaviours and lowering of self-esteem [5,6]. The examples of psychological violence include constant verbal aggression, threats, insults, humiliating and childish statements, scoffing, etc. According to the authors quoted here, this type of violence constitutes 13.5 percent of all the cases, although it seems that psychological abuse accompanies other types of violence, hence the number should have been much higher. Among the subjects of the study, psychological violence often accompanied other types of violence and reached almost 87.3%.

Sexual abuse is defined as 'an unwanted sexual contact.' Nevertheless, many writers give a more complex definition that takes into account not only a physical contact but also 'suggestive conversations', touching and caressing against the person's will [5].

The examples of such behaviour are forced sexual intercourse with a person able or unable to have a sexual act.

Regarding the incidence of sexual violence, the numbers are frequently quoted together with data concerning other types of abuse, most often with psychological violence.

The authors who 'include' the data, support their decision with the fact that it is difficult to disclose information on this type of violence, i.e. psychological violence because the data are not specific, and sexual violence because people are reluctant to admit the fact that they are victims of such behaviour. Another obstacle is the old age.

Another form of violence is material abuse, or 'improper disposal of an old person's resources in order to obtain personal profit or gain'. It can manifest itself, for example, in stealing money and forcing an old person to transfer money or property [5].

71.92% of the women investigated were the victims of material abuse. Undoubtedly, it can be stated that the reason for that is the family's poor financial situation. All of the victims of violence had their own small income (disability benefits, old age pensions), and people who committed acts of violence were unemployed (not entitled to an unemployment benefit) or they received disability benefits or old age pensions, which seems to contribute to increasing the risk of violence against older people.

The risk factors for violence against elderly, can be described as:

- dependency of the person using violence and the victim, e.g. housing and financial dependency; occurring along with physical and material violence,
- various types of addiction and mental illness of the person causing the violence; occurring along with physical and material violence,
- perception and consciousness disorders of the victim, dementia and behavioural problems; occurring along with neglect,
- family's social isolation, neglect and material violence,
- stress in the family; every stressful and emergency situation in the family can contribute to the higher incidence of all forms of violence,
- previous incidents of violence in the family increase the possibility of pathology occurring in all of its variations [5,9].

It should be noted that in the all investigated types of violence plenty of statistically significant relations were found which suggested a worse situation of the people living in the country. This may be explained by the fact that overall living conditions in the country are worse as compared with the city.

Among all the medical specialisations it is the family doctor, who should play a crucial role in investigating this negative phenomenon and be prepared to respond to it.
Violence against the elderly is a crucial part of differential diagnostics of many geriatric syndromes such as depression, dementia, collapsing, bedsores, etc.
Inappropriate treating of elderly people is associated with decreasing of the quality of life and life- shortening which are likely to have been caused by people not following the doctor's recommendations, and the factors such as malnutrition, poor physical condition or stress [4].

CONCLUSIONS

1. Old age, low level of education and dependency on other people among elderly are the risk factors of becoming violence victim.
2. There is worse situation of the people living in the country who are more frequently subject to almost all types of violence as compared with the city-dwellers.
3. Violence against older people is a manifestation (very often ignored) of pathologies of family life.
4. Due to their specific work environment (i.e. victim's family), the role of the family doctor and visiting and family nurse in investigating violence is crucial. Using interview and examination as well as reporting the incidents of the pathology to the relevant authorities (the police, social assistance centres, the so-called MOPS, and family assistance centres, the so-called MOPR) may break the pathology chain.

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