Contents lists available at ScienceDirect





Archives of Gerontology and Geriatrics

journal homepage: www.elsevier.com/locate/archger

Self-reported verbal abuse in 1300+ older women within a private, tertiary women's health clinic



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ARTICLE INFO

Article history: Received 17 March 2015 Received in revised form 31 March 2016 Accepted 2 May 2016 Available online 12 May 2016

Keywords: Intimate partner violence Verbal abuse Women Older

ABSTRACT

Objective: Several studies describe "elder abuse" among residents of nursing homes, but this issue is less well studied among independently functioning, community-based women. The current study was undertaken to report rates of self-reported intimate partner violence – with a focus on verbal abuse – among older women within a private tertiary women's health clinic.

Methods: This study focused on women who completed a questionnaire on domestic abuse.

Results: A total of 1389 women with a median age of 55 years (range: 50, 90) are the focus of this report. Most 1102 (79%) were married. Within this group, 100 (7%) women reported verbal abuse within the last year. Rates of physical and sexual abuse were much lower with 9 women (1%) and 2 (<1%), respectively. In univariate analyses, being divorced, being an alcoholic, and having suffered prior abuse were associated with reported verbal abuse. In multivariate analyses, self-reported alcoholism and physical abuse were independently associated with reported verbal abuse.

Conclusion: This study found a notable rate of patient-reported verbal abuse in older women within a private, tertiary women's health clinic.

Implications: This observation should prompt healthcare providers to ask about intimate partner violence – and specifically verbal abuse – regardless of healthcare setting.

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1. Introduction

Although several studies describe "elder abuse" among residents of nursing homes and among dependent older individuals, intimate partner violence among independently functioning, older, community-based women is less well studied. Nonetheless, such violence exists. In one of the few studies on this subject, Fisher and others found that among 995 older, communitydwelling women, almost half reported some form of abuse after entering their sixth decade. In contrast to what is seen in younger women, intimate partner violence in older women is not typically associated with alcohol or drug abuse (Fisher, Zink, & Regan, 2016). It often takes the form of emotional or verbal abuse instead of physical abuse (May-Ling, Loxton, & McLaughlin, 2015; Taylor,

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http://dx.doi.org/10.1016/j.archger.2016.05.002 0167-4943/© 2016 Elsevier Ireland Ltd. All rights reserved. Killick, O'Brien, Begley, & Carter-Anand, 2014; Elder Abuse and Its Prevention, 2014). Abuse is a major health problem with nearly 20% of women having been threatened during their lifetime and with approximately 20% having been a victim of a domestic violent act (Rees et al., 2011; Breiding, Black, & Ryan, 2008). Although such violent threats and actions are associated with a variety of other medical problems – such as mental health issues, substance abuse, physical trauma – the fact remains that maintaining awareness of patient safety and ensuring it within a domestic environment merit the attention of healthcare providers in their own right (Wong & Mellor, 2014). In view of the fact that demographics in the United States are shifting to reflect a growing population of older individuals, it behooves us to examine intimate partner violence in older women (King et al., 2013).

The goal of the current study was to report on self-reported intimate partner violence – with a specific focus on verbal abuse – among older women. We specifically sought these rates within a women's health clinic based within a private, tertiary referral

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medical center. This setting contrasts with emergency departments, urgent care centers, and obstetrics clinics, where, to date, the majority of research on intimate partner violence has occurred (Bazargan-Hejazi et al., 2014; Agrawal et al., 2014). The current report is particularly relevant because it focuses on a clinic where post-menopausal or peri-menopausal symptoms are addressed, thus providing access to an older patient population and enabling us to examine this topic in a setting where it has been understudied. The current study was intended to be exploratory and highly descriptive in nature with the goal of reporting rates of intimate partner violence, and particularly domestic abuse, in older women.

2. Methods

2.1. Overview and description of database

The Mayo Clinic Institutional Review Board approved this study, which relied on a clinical database from the Women's Health Clinic at the Mayo Clinic in Rochester, Minnesota. This database was constructed and maintained for clinical purposes and acquired demographics on all patients who came to the clinic for the first time. Such data were acquired primarily for clinic auditing and planning purposes for the Women's Health Clinic, a subspecialty clinic that serves only women and focuses on a variety of issues,

Table 1

Demographics.^a

including menopausal, hormonal, and sexual health concerns. This clinic and the institution as a whole includes counseling services on site, and healthcare providers were able to offer and provide such counseling in the event a patient were to have reported abuse.

We focused on data from 2005 through 2010. Clinic staff sought to enroll patients consecutively, but patients could decline to be included; decline rates were not tracked. In view of the sensitive nature of intimate partner violence, the current study analyzed a de-identified data set that made it impossible to ascertain the identity of any specific patient and impossible to acquire and review the medical record of a specific patient.

2.2. Intimate abuse questions

This database included patient-reported responses to the following four questions on intimate partner violence: (1) Within the last year, have you been hit, slapped, kicked, or otherwise physically hurt by someone? (2) Within the last year, has anyone ever forced you to have sexual activities? (3) Do you feel you are verbally or emotionally abused by someone? (4) Have you had counseling for these issues? These questions have been endorsed by various national organizations and used commonly in clinical practice (http://www.cdc.gov/ncipc/pub-res/images/ipvandsv-screening.pdfhttp://www.cdc.gov/ncipc/pub-res/images/

ipvandsvscreening.pdf; last accessed November 11, 2014.). Patients

	All patients (n = 1389)	Patients with verbal abuse $(n = 100)$
Age, median, in years (range)	55 (50, 90)	55 (50, 72)
Ethnicity		
White	1237 (89)	90 (90)
Hispanic	16 (1)	1 (1)
Asian	10 (1)	0
Other	20 (1)	0
Marital status		
Married	1102 (79)	68 (68)
Divorced	91 (7)	15 (15)
Single	49 (4)	4 (4)
Other	79 (6)	7 (7)
Time with partner in years (range)	30 (<1, 65)	30 (<1, 49)
Number of children (range)	2 (0,9)	2 (0, 5)
Employment status		
Employed	759 (55)	51 (51)
Retired	348 (25)	29 (29)
Unemployed	149 (11)	7 (7)
Other	46 (3)	6 (6)
"Have you ever been an alcoholic?"		
No	1031 (74)	76 (76)
Yes	18 (1)	7 (7)
"Do you use recreational drugs?"		
No	1071 (77)	88 (88)
Yes	5 (<1)	0
"Within the last year, have you been hit, slapped, kicl	ked,	
or otherwise physically hurt by someone?"		
No	1213 (87)	92 (92)
Yes	9 (1)	7 (7)
"Within the last year, has anyone forced you to have		
No	1205 (87)	96 (96)
Yes	2 (<1)	3 (3)
"Have you had counseling for these issues [includes a including verbal]?"	Il abuse,	
No	1016 (73)	27 (27)
Yes	108 (8)	69 (69)

^a Percentages do not add to 100% because of missing data.

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