



## Short report

## Physical abuse against elderly persons in institutional settings



Sofia Lalanda Frazão<sup>a, b, c, d, \*, 1</sup>, Ana Margarida Correia<sup>a, 1</sup>, Pedro Norton<sup>e</sup>,  
Teresa Magalhães<sup>a, b, c, d</sup>

<sup>a</sup> Department of Legal Medicine and Forensic Sciences, Faculty of Medicine of Porto University, Portugal

<sup>b</sup> North Branch of the National Institute of Legal Medicine and Forensic Sciences, Porto, Portugal

<sup>c</sup> Abel Salazar Biomedical Science Institute, Porto, Portugal

<sup>d</sup> Forensic Science Center – CENCIFOR, Coimbra, Portugal

<sup>e</sup> Institute of Public Health, Faculty of Medicine of Porto University, Portugal

## ARTICLE INFO

## Article history:

Received 12 June 2015

Received in revised form

16 August 2015

Accepted 3 September 2015

Available online 11 September 2015

## Keywords:

Forensic medicine

Abuse

Elder

Caregiver

Institutional setting

Nursing home

## ABSTRACT

**Introduction:** People over 65 years old are expected to be an increasing group exposed to abuse. Despite the well-studied intra-familial abuse, institutional abuse still lacks a proper understanding about its determinants and characteristics.

**Aim:** The general objective of this study is to provide a better knowledge about physical abuse against elderly people in institutional settings, in order to contribute to a timely detection, correct forensic diagnosis and prevention of these cases.

**Methods:** A retrospective study was conducted through the analysis of forensic medical exams performed in the North Forensic Medical Services of Portugal, between 2004 and 2013, to elderly persons allegedly victims of physical abuse in an institutional setting by a caregiver (n = 59).

**Results:** All the alleged cases occurred in nursing homes and in most of them (93.2%) the charges were against the institution and not focussing on a particular individual. The alleged victims were mainly female (79.7%), 75 years or older (75.9%), presenting a severe disability (55.9%) and 47.2% being unable to communicate. No injuries or post-traumatic pain were found in 55.9% of the cases to support the charge of physical abuse. Only in 6.8% of the cases were the forensic medical findings suggestive of physical abuse and, although this was not the object of the examination, 69.1% were considered suggestive or highly suggestive of neglect. A statistically significant association was found between the alleged victim's degree of disability and the occurrence of neglect ( $p = 0.003$ ).

**Conclusion:** The sample's size seems to be underestimated, probably due to lack of detection and/or reporting. The condition of these persons, mainly related with their inability to perceive abusive behaviours and/or to disclose them (mostly by physical and/or mental disability), as well as their reluctance to press charges due to fear of reprisal, affects significantly the detection and diagnosis of physical abuse, particularly in whom injuries are not obvious. In anticipation to the rapid ageing of the population, it is urgent to analyse and understand this emerging issue so that social policies and regulation may be developed, in an effort to protect the elderly, as well as to make improvements in the professionals' skills.

© 2015 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

## 1. Introduction

According to the World Health Organization (WHO), elder maltreatment is defined as “a single or repeated act or lack of appropriate action, occurring within any relationship in which

there is an expectation of trust, that causes harm or distress to older people”.<sup>1</sup> Elder maltreatment comprises neglect, financial exploitation, mental abuse, psychological/emotional abuse and physical abuse.<sup>2</sup> Physical abuse consists of “wilful infliction of physical pain or injury, including hitting, striking, pinching, slapping, shaking, pushing, grabbing, handling in a rough manner, or injuring someone in another way”.<sup>3</sup> Physical coercion and sexual abuse are also included as a subset of physical abuse.<sup>2</sup>

With the progressive increase in life expectancy, people over 65 years are estimated to represent 25% of the European population by

\* Corresponding author. Faculty of Medicine of Porto University, Alameda Prof. Hernâni Monteiro, 4200-319 Porto, Portugal. Tel.: +351 938464859.

E-mail address: [lalanda77@hotmail.com](mailto:lalanda77@hotmail.com) (S.L. Frazão).

<sup>1</sup> These authors contributed equally to this work.

2050, against the 14% in 2010.<sup>1</sup> The same trend may be observed in Portugal, where, in 2011, the elderly represented 19% of the population,<sup>4</sup> with 3.9% of these being in institutional care.<sup>1</sup> Also, the Portuguese National Institute of Statistics foresees that there will be 307 elders for each 100 young people under 18 in 2060, as opposed to the ratio of 131:100 seen in 2012.<sup>5</sup>

Following this is the arising of the “oldest old”, people older than 85 years old, more susceptible to chronic and disabling diseases, cognitive impairment and even more dependent with greater needs of long-term care.<sup>2,6,7</sup> As a result, the families of these elders require institutional care more often, which can lead to an overload of the professional caregivers, increasing their risk of burnout and, subsequently, placing the elders at higher risk of abuse.<sup>2,6,8–10</sup>

In the WHO European Region, it is estimated that physical abuse against people aged 60 years and older affects at least 4 million every year, a prevalence of 2.7%<sup>1</sup> which is expected to increase, as this population continues to grow, accentuating the stress on family and professional caregivers.<sup>2</sup> On top of that, the ongoing economic crisis inflates the strain on the caregivers, also facilitating the occurrence of abuse.<sup>2,9</sup>

Abuse affects psychological, mental and physical well-being, contributing to decrease quality of life, increase morbidity (including functional and cognitive impairment), mortality and health costs.<sup>2,10,11</sup> These consequences create a vicious cycle of more dependency and deterioration of health, more need for long-term care, more caregivers' burnout, hence more violence towards the elderly.<sup>1</sup>

Despite the well-studied familial abuse, institutional abuse still lacks proper analysis of its risk factors, with low detection and reporting rates.<sup>2,6,7,11,12</sup> Therefore, and in anticipation to the expected increased prevalence following the rapid ageing of the population, it is urgent to analyse and understand this emerging issue so that social policies and regulation may be developed, in an effort to protect the elderly, as well as to make improvements in professionals' training.<sup>13</sup>

The general objective of this study is to provide a better knowledge about physical abuse against elderly persons in institutional settings, in order to contribute to a timely detection, correct forensic diagnosis and prevention of these cases. Specific aims are: (a) to determine the number of cases reported to the North Forensic Medical Services of Portugal in a ten years period; (b) to characterise the alleged victims and abusers; (c) to characterise the alleged abuse, regarding its mechanism, resultant injuries and consequences.

## 2. Methods

A retrospective study was conducted using forensic medical reports (FMR) selected accordingly to the following inclusion criteria ( $n = 59$ ): (a) alleged victim of physical abuse in an institutional setting by a caregiver; (b) 65 years or older; (c) submitted to a forensic medical evaluation (FME); (d) at the North Services of the National Institute of Legal Medicine and Forensic Sciences of Portugal; (e) between 2004 and 2013.

From each FMR, data was collected on: (a) the alleged victims' and abusers' socio-demographic characteristics; (b) the alleged abuse's (previous and current) characteristics; and (c) the FME findings.

Age was categorised into two values ( $[65; 75$  years  $]$  and  $\geq 75$  years) according to previous evidence (from WHO Europe) stating this cut point as a risk factor for elder abuse<sup>1</sup>; concerning the same variable, 74 years old corresponded to the 25th percentile of the sample. Degree of disability was coded into two categories: mild/

moderate and severe, the latter defined by a third person dependency with loss of autonomy for daily living activities.

Results were statistically analysed using SPSS (Statistical Package for Social Science – SPSS INC, Chicago, Illinois, USA) version 22.0, for Windows. Continuous variables were described using mean, median and standard deviation and represented in the form of histogram. Contingency tables were used to describe the categorical variables and Chi-Square test was performed to compare those variables, applying Fisher's correction when necessary. The significance level adopted was  $p < 0.05$ .

## 3. Results

A total of 1479 FME was found due to suspicion of elder abuse: 4% ( $n = 59$ ) occurred in an institutional setting while the remaining were related to intra-familial abuse.

### 3.1. Alleged victims' and abusers' socio-demographic characterisation

Most alleged victims were female ( $n = 47, 79.7\%$ ), 75 years or older ( $n = 41, 75.9\%$ ), with a mean age of 79.7 (Min = 66, Max = 107), all retired and mostly without a partner (51.5% widowed or divorced and 39.4% single). The majority presented some degree of disability: mild/moderate ( $n = 22, 37.3\%$ ) or severe ( $n = 33, 55.9\%$ ). Twenty-six victims (47.2%) were unable to communicate and 1 (1.8%) experienced difficulties in doing so, just being able to answer simple questions. Multiple disabilities were the most frequent (54.5%), followed by motor disability (21.8%), as shown on Table 1; within the first, an association of mental and motor disabilities was mainly found ( $n = 25, 83.3\%$ ). There was no information on the alleged victims' degree of education neither on previous familial history of abuse. As the distribution of the duration of stay in the nursing home was asymmetrical, the median was used to measure this variable and equalled to 17 months (Min = 3 days, Max = 147 months). Most of the alleged victims were in the nursing home for a year or less ( $n = 17, 45.9\%$ ).

Only in 4 FMR an alleged abuser was identified. In the remaining cases ( $n = 55, 93.2\%$ ) the complaints were against the nursing home and not focussing on a particular individual (corresponding to 10 nursing homes). From the identified alleged abusers, 2 were male employees in the nursing home and the other 2, both females, were the owners of the nursing home (1 with previous charges of offense to the physical integrity and maltreatment). No information on abusers' age, education, substance consumption, psychiatric disorders or previous familial history of abuse was available.

### 3.2. Alleged abuse characterisation

In most FMR ( $n = 55, 93.2\%$ ) previous episodes of alleged abuse (either occurring in the same nursing home or perpetrated by the same alleged abuser) were not described. Only 2 alleged victims denied the existence of such episodes, whereas 2 other living in the same nursing home mentioned previous abuse, both by the same institutional caregiver – a female employee currently not working in that institution. In 1 of these, psychological abuse (threat of physical aggression and death threat) and physical abuse (with a belt), associated with hygiene neglect were described. The other alleged victim referred psychological abuse (threat of physical aggression and death threat) associated with physical abuse (grasping), having pressed charges to the police. The frequency and duration of abuse, as well as its consequences, were unknown in both cases.

Regarding the current alleged physical abuse, all the cases occurred in nursing homes, with none reported in day centres or

Download English Version:

<https://daneshyari.com/en/article/101687>

Download Persian Version:

<https://daneshyari.com/article/101687>

[Daneshyari.com](https://daneshyari.com)