



Short report

Domestic violence against elderly with disability



Sofia Lalanda Frazão ^{a, b, c, d, *, f}, Marília Santos Silva ^{a, f}, Pedro Norton ^e,
Teresa Magalhães ^{a, b, c, d}

^a Department of Forensic and Legal Medicine, Faculty of Medicine of the University of Porto, Portugal

^b North Branch of the National Institute of Legal Medicine and Forensic Sciences of Portugal, Porto, Portugal

^c Abel Salazar Biomedical Science Institute, Porto, Portugal

^d Forensic Science Center – CENCIFOR, Portugal

^e Institute of Public Health, Faculty of Medicine of the University of Porto, Portugal

ARTICLE INFO

Article history:

Received 12 May 2014

Received in revised form

14 August 2014

Accepted 3 September 2014

Available online 1 October 2014

Keywords:

Domestic violence

Abuse

Elder

Disability

ABSTRACT

Abuse against elders with disabilities is a growing problem as the world population ages. Though they require mandatory reporting, these cases are most frequently not detected or not reported by health professionals for a variety of reasons, including the difficulty of making an accurate diagnosis. By performing a retrospective analysis of alleged domestic violence cases against elders with moderate or severe disability, presented to medical forensic examination at the North Branch of the National Institute of Legal Medicine and Forensic Sciences of Portugal, in Porto, between 2005 and 2013 ($n = 70$), we aimed to improve our knowledge of some demographic and forensic characteristics of these cases as well as improve their detection and prevention. The most frequently reported type of abuse was physical (86%), allegedly perpetrated by male abusers (63%) living with their victims (90%), who were most commonly their children (47%) or partners (49%; when victims are married). The victims were most frequently female (63%) who had motor disabilities (49%) and presented a history of previous episodes of abuse in 74% of cases; however, only 28% were previously reported. The physical consequences were most frequently minor injuries (95%) with permanent consequences (scars) in only 6.8% of the cases. The injuries were multiple in the majority of the cases (64%), and the preferred locations were the head and neck (75%). Elderly females with motor disabilities appear to have a greatest risk of domestic violence, which translates, most frequently, into multiple injuries that are mainly in the head and neck.

© 2014 Elsevier Ltd and Faculty of Forensic and Legal Medicine. All rights reserved.

1. Introduction

The most consensual definition, adopted by the World Health Organization, describes elder abuse as a single or repeated act or lack of appropriate action within any relationship in which there is an expectation of trust or dependence that causes harm or distress to older people, contributing to decreased quality of life, increased morbidity, reduced survival and increased risk of death.^{1,2}

The use of different definitions, as well as the sampling and survey methods, applied to different populations makes it difficult to compare studies, describe elder abuse and estimate its prevalence.^{2–5} The values range from 3.2% to 27.5% in general population studies from different countries.⁵

Some experts believe that the incidence and prevalence of elder abuse is increasing, but it is not known whether this growth is due to improved recognition and reporting or to an actual escalation in the number of cases. What is clear is that elder abuse cases will become more frequent as the world population ages. In Portugal, from 2001 to 2011, the population under the age of 15 decreased from 16% to 15% of the total population with a simultaneous increase in the population over the age of 65 from 16% to 19%,⁶ marking a shift in the age pyramid that had already been predicted and that is expected to worsen in the context of the higher longevity and decreased birth rate.

Although most elders are autonomous and independent, older populations have a higher prevalence of health disorders and increased consequences of accidents. According to the elder-abuse literature, mental illness,^{7–11} poor physical health^{12–14} or poor health in general¹⁵ are the risk factors for abuse. Elders with physical and/or mental disability are at an even higher risk as they have inherent limitations in daily living activities^{12,16,17} that make them completely or partially dependent,⁵ and, in many cases,

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

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

^f These authors contributed equally to this work.

isolated from society. Lower physical resistance to violence, lower capacity to escape from it and/or higher difficulty understanding and reporting the abuse^{2,13,18} are also possible explanations for the increased risk of abuse in the elderly with disabilities. Abuse against these elders is, therefore, an expected event in the aging population wherein 50% of people 65 years of age or older in Portugal report that they have substantial difficulty performing at least one of six activities of daily living (seeing, hearing, walking, memory/concentration, bathing/dressing, and understanding/making themselves understood).⁶

Elder abuse is most frequently perpetrated by family members,² which may consist of domestic violence cases. This could be partly explained by the higher levels of stress, burnout and financial problems affecting the caregivers^{1,3,4} that can even lead to deadly consequences.¹⁹

Notwithstanding the fact that elders with health problems frequently visit their physicians, who are in a privileged position to detect and report cases of elder abuse, only 2% of suspected cases are reported by physicians according to one study.²⁰ In Portugal, domestic violence constitutes a “public crime”, allowing the Public Prosecutor Office to institute criminal proceedings even though the victim does not express will or does not want them to press charges; in these cases, public employees have the legal obligation to report every suspected case that they come to acknowledge during their professional activity. Moreover, according to the 53rd article of the Ethics' Code of the Portuguese Medical Association, all physicians have the obligation to report these cases to the authorities. However, in addition to the difficulty of distinguishing the symptoms and signs of abuse from age-related or other disorders while making the differential diagnosis, physicians fail to report for a variety of other reasons that might include the following, among others^{2,3,21}: (a) unawareness of the obligation to report; (b) unawareness of the available victim support in the community, considering that the victim may be more endangered if the abuse is reported; (c) time limitations that make them choose solving the patient's other problems; (d) preference to keep the patient–physician relationship when the patient does not want to report the abuse; and (e) fear of implication in a legal process. Among cases involving a moderate or severe disability, these patients are frailer and at an increased risk, and there may be greater difficulty in making the correct diagnosis and, consequently, the report. Due to their characteristics, these cases deserve special attention for its detection.

The aim of this study is to promote improved knowledge about some demographic and forensic characteristics of domestic violence perpetrated against elderly people who present with physical and/or mental disabilities that make them dependent and/or without autonomy to improve the detection and prevention of these cases.

2. Material and methods

A retrospective analysis of clinical forensic medical reports was performed. The cases' inclusion criteria were the following: (a) alleged victims of abuse by a family member (with or without cohabitation); (b) 65 years of age or older; (c) presenting, prior to the suspected episode of abuse, a moderate or severe physical and/or mental disability, corresponding to a rate disability higher than 60% (determined according to the Portuguese National Table of Disabilities – annex 1 of the *Decree-Law 352/2007, of 23rd of October*) or to a disability that conditioned dependency or loss of autonomy for daily living activities; (d) having been submitted to a forensic medical examination; (e) at the North Branch of the National Institute of Legal Medicine and Forensic Sciences of Portugal, in Porto; and (f) between 2005 and 2013.

A total of 1278 forensic medical reports related to alleged intrafamilial elder abuse were analysed, 70 of which were selected according to the above criteria.

Data extracted from reports included the characterisation of: (a) the alleged victim's and abuser's socio-demographics; (b) the relationship between the alleged victim and abuser; (c) the type of disability presented by the victim; (d) previous episodes of violence perpetrated by the same alleged abuser; and (e) the episode of abuse that motivated the report and consequent forensic medical examination, namely its type, the resultant injuries, the need for medical treatment and the existence of permanent physical consequences.

For all types of abuse, psychological abuse generally exists simultaneously with the other types; therefore, this type of abuse was only described when it occurred in isolation.

Victims were divided into 2 groups depending on their degree of disability: (a) moderate (when they had autonomy with some dependency, excluding third person dependence) and (b) severe (when they were dependent on a third person). Victims' disabilities were categorised in 5 groups, corresponding to: (a) mental; (b) motor; (c) sensorial; (d) other disabilities; and (e) multiple disabilities (when more than one type was present).

Analysis was performed with SPSS (Statistical Package for Social Science - SPSS INC, Chicago, Illinois, USA) version 21.0, for Windows and was restricted to individuals with complete data on all variables required for a particular analysis.

We conducted univariate analysis to examine the unadjusted relations between all variables of interest. To assess differences between groups, we used chi-square tests for categorical variables and Fisher's test when necessary. Statistical significance was indicated by *p* values of less than 0.05.

3. Results

Elder people with moderate or severe disability represent 5.5% of all cases of alleged elder abuse presented for forensic medical examination at the North Branch of the National Institute of Legal Medicine and Forensic Sciences of Portugal, in Porto.

3.1. Victims' and abusers' socio-demographic characteristics

Victims' and abusers' socio-demographic characteristics are presented in [Table 1](#). Victims were mostly female ($n = 44$, 62.9%), married (52.9%) and retired (94.3%) and the majority presented with moderate disability (55.7%). The mean age was 76.94 years old (SD = 7.689; median = 76; Min. = 65; Max. = 95), and male and female victims had approximately the same mean age (mean = 75, SD = 8 vs. mean = 78, SD = 8). The proportion of severe disability was higher in female victims (56.8% vs. 23.1%; $p = 0.006$) and in victims older than 74 years of age (57.5% vs. 26.7%; $p = 0.010$).

The abusers were male in 62.9% ($n = 44$). There was no significant relationship between the abuser's and victim's sex ($p = 0.087$). Their mean age was 52.53 years old (SD = 16.626; median = 50; Min. = 20; Max. = 88). In the 28 cases with available information, none of the abusers had a professional activity. Information about substance abuse was included in 24 reports (75% referred to substance abuse) and alcohol was the most frequent substance ($n = 13$). Information about psychiatric disorders was included in 11 reports, and 72.7% of victims referred to their abusers as having some sort of this type of pathology.

[Table 2](#) presents the relationship between the alleged victims and abusers in the total sample and in married victims ($n = 37$). When considering the totality of the cases, the majority were allegedly perpetrated by the victim's children (47.1% vs. 28.6% for partners), and within married victims, partners were responsible

Download English Version:

<https://daneshyari.com/en/article/101844>

Download Persian Version:

<https://daneshyari.com/article/101844>

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