A Descriptive Study of Sex Differences in Psychosocial Factors and Elder Mistreatment in a Chinese Community Population

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SUMMARY

Background: Elder mistreatment (EM) is a global health issue, and prior studies have indicated that EM is common in urban Chinese populations. The objective of this study was to examine sex differences in sociodemographic and psychosocial factors associated with EM in a community-dwelling population.

Methods: A cross-sectional descriptive study of 141 women and 270 men aged ≥60 years was performed in a community-dwelling Chinese population. The variables collected included EM, sociodemographic characteristics, and psychosocial measures of depression, loneliness and social support.

Results: Overall, 59 (41.8%) women and 86 (31.9%) men had experienced EM. For women, there were no major differences in the sociodemographic characteristics between those with and without EM. For men, those with EM were more likely to be younger, have a lower education level and income, and have more children. Comparisons of women and men with and without EM indicated that both women and men with EM had higher levels of depression and loneliness and lower levels of social support. Among women and men with EM, women had lower levels of education, and were less likely to be married, less likely to live in the city, more likely to stay at home, more likely to feel helpless, and more likely to need companionship and someone to listen to.

Conclusion: The sociodemographic characteristics associated with EM differed between men and women. Lower levels of psychosocial measures were associated with EM in both men and women. Among those with EM, there are significant sex differences across these sociodemographic and psychosocial factors. [International Journal of Gerontology 2008; 2(4): 206–214]

Key Words: China, elder abuse, population, psychosocial factors, sex

Introduction

Elder mistreatment (EM) is an important global public health issue. The World Health Organization has declared that EM is a violation of the human rights to be safe and free from violence[1]. Evidence in the United States indicates that 2 million elders suffer from mistreatment annually, and that there are sex differences in EM[2]. Recent data from the US Adult Protective Services Agencies suggest a trend toward increased reporting of EM[3]. More importantly, prior studies indicate that EM predicts adverse health outcomes[4,5], yet we still have only rudimentary knowledge about this pervasive global issue. The US National Research Council concluded that rigorous research is needed in all aspects of EM, especially among different sex and racial/ethnic groups[6]. Unfortunately, our current understanding of EM is limited, especially among Chinese populations.

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China is the most populous country in the world. Over recent years, China has experienced rapid economic growth and increased life expectancy[7]. Population estimates suggest that by the year 2050, one-quarter of the world's elderly population will be Chinese[8]. Social changes brought about by industrialization and urbanization have posed great challenges to traditional values and Chinese families, and multigenerational Chinese households are facing immense psychological and social burdens[9]. Furthermore, the rapidly widening socioeconomic gaps in China have brought remarkable psychological stress to Chinese families, especially the aging population. These challenges fundamentally threaten the fragile social support system for older men and women. Psychological and social support factors appear to have special relevance to the aging population, because previous reports have suggested that lower levels of these factors are associated with significant morbidity and mortality[10–12]. A greater psychological burden and lack of social support may reflect vulnerability and dependency, which in turn may strongly contribute to the increased risk for EM.

A prior Chinese study[13] suggested that women are more likely to report EM than men. In China, there are significantly more older women than older men, and life expectancy is higher for women[14]. In addition, evidence suggests that older women are more likely to have a lower socioeconomic status, to be much more likely to be financially dependent on others, and to need higher levels of social support[14,15]. Furthermore, compared with their male counterparts, older women have lower levels of physical and cognitive function and self-reported health[15]. However, most prior research has not paid sufficient attention to sex differences and EM, and there is incomplete knowledge about sex differences in the sociodemographic and psychosocial factors associated with EM. This gap in our knowledge has prevented comprehensive understanding of EM and hampered the development of sex-targeted prevention and intervention strategies to combat the global public health issues of EM.

The objectives of this study were: (1) to describe and compare differences in the sociodemographic and psychosocial characteristics associated with EM separately for men and women; and (2) to describe and compare the differences in these characteristics between mistreated men and women in a community-dwelling Chinese population.

Subjects and Methods

Setting

This study was carried out in 2005 at a major medical center in Nanjing, China. The details of this study were described previously[13]. Briefly, the study population consisted of patients aged ≥60 years who presented themselves to the medical center. The subjects were identified in four different medical clinics. When they registered with the clinic nurses, they were asked if they would like to participate in the study. Research assistants who spoke Mandarin as well as the local Nanjing dialect then approached the patients and explained the purpose of the study in detail. Subsequently, the subjects were asked whether they would provide consent to participate in the study. A total of 141 male and 270 female subjects agreed to participate. This study did not invite patients who lacked the ability to give informed consent or those with cognitive impairment (according to family members and/or clinic nurses). The survey was self-administered and did not involve anyone accompanying the elderly patients. Research assistants were available to answer any questions.

The study subjects were asked to complete a survey that had been translated from English into simplified Chinese, and the accuracy of the translation was repeatedly assessed to ensure that the original meanings of the questions were captured. The translation was confirmed by hospital officials who were translators and by the first author of this report, who is bilingual and bicultural in Chinese and English.

EM assessment

The EM screening questions used in this study were taken from the original Vulnerability to Abuse Screening Scale (VASS)[16,17]. We chose the questions based on the available evidence for brief screening questions suitable in outpatient settings without the need to involve the caregivers. Questions were asked about ever being: (1) afraid of anyone; (2) hurt or harmed by anyone; (3) called names; (4) forced to do things; (5) neglected or confined; (6) and/or exploited of personal or financial belongings without permission. These questions demonstrated high face validity for mistreatment, and moderate to good construct validity[16]. The VASS instrument measured domains of dependence, dejection, vulnerability and coercion, and yielded a Cronbach α of 0.31–0.74, indicating moderate to good internal