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Health-related quality of life in older age and a risk of being a victim of domestic violence

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ABSTRACT

Violence against older people remains a taboo topic in Poland, and is still an under-recognized phenomenon. The aim of this study was to examine the risk of different types of domestic violence in older people in relation to their health-related quality of life as measured by chronic conditions, functional limitations, psychological well-being, depressive symptoms and feelings of social isolation. A cross-sectional study using a standardized questionnaire in a simple random sample of 518 older citizens of Krakow was carried out. A multidimensional logistic regression of data showed that such factors as poor assessment of psychological health, number of chronic conditions, suffering from emotional and social loneliness and lack of social support in everyday life significantly increased the risk of being a victim of domestic violence in older citizens of Krakow.

1. Introduction

The maltreatment of older people, when perpetrated by family members, has been perceived as a contrast to well-known theories of intergenerational solidarity (Bengtson & Roberts, 1991; Bengtson, Rosenthal, & Burton, 1996; Lee, Parish, & Willis, 1994; Lowenstein & Katz, 2005; Lowenstein, 1999; Silverstein & Bengtson, 1997; Silverstein, Parrot, & Bengtson, 1995; Silverstein, 2006) and social convoy theory (Antonucci, Akiyama, & Takahashi, 2004; Lowenstein, 2010). The natural need which is also experienced by older people to form throughout life long-lasting social bonds should provide a sense of security, safety, and comfort (McCarthy & Davies, 2003; Merz, Schuengel, & Schulze, 2007). Conceptualization of the psychological and sociological explanation of relationships between the lack of intergenerational solidarity and the role of negative social relationships helps to define the risk of different types of maltreatment in the elders. Solidarity is a moral phenomenon that cannot be observed directly, but rather by studying its effect; the same approach can be used in such specific conditions as lack of intergenerational solidarity and the potential risk of its effects, such as the maltreatment and neglect of older people (Lüscher & Pillemer, 1998).

Increasing prevalence of several chronic conditions (comorbidity), very often associated with impairment and disability, which cause functional dependency in everyday activities, and which characterize the aging process, necessitate a great demand for intergenerational solidarity as regards expected social support and caregiving.

Among the various determinants of mistreatment of older adults, two factors significantly influenced the risk of different forms of domestic violence in older age. The first was the characteristics of the informal carer well known to the older person i.e. his or her poor health conditions, psychological and psychiatric disorders, alcohol and drug dependency, lack of experience in caregiving. The second were the specific conditions of the older person – serious chronic conditions associated with impairment, poor functional status, inability to perform everyday activities, cognitive impairment, dementia or depression. Social isolation, poor social network, lack of social support, a family and social environment history of abusive behaviors also determined the risk of violence in older age. Relation between ageism and risk of maltreatment of older adults by younger generations has been also well-documented as well as a cultural and social conditions that allowed for and tolerated abusive behavior against older individuals (Biggs & Haapala, 2010; Melchiorre et al., 2013).

Previous studies defined several risk factors for elder mistreatment, and focused especially on possible predictors of abusive behavior performed by family members serving as caregivers (Wang, Lin, & Lee, 2006; Cohen, Halevi-Levin, Gagin, & Friedman, 2006). Data presented by Lachs and Pillemer (1995) confirmed that

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the risk of maltreatment may be increased by the already mentioned specific characteristics of elderly persons, such as poor health and functional impairment in advanced age, cognitive impairment, shared living arrangements, external factors causing stress, social isolation, and a family history of violence. Data also confirmed that most elderly victims of abuse were living with their families at the time the violence occurred.

A fairly extensive body of research suggests that negative interactions in older age exert an adverse effect on physical and mental health (Krause, 2006; Rook, 1984), however little is known about how changes in different dimensions of health-related quality of life (e.g., assessment of physical health, emotional state, role functioning, social relations and level of dependence on one's environment and individual beliefs and convictions) influence the risk of being a victim of violence.

Research has also shown that, in the face of real violence, victims expressed the fear that if they were to talk about their experiences, their family members would cease to support them (Beaulaurier, Seff, Newman, & Dunlop, 2007).

Violence against older people remains a taboo topic in Poland and is still not a well-recognized phenomenon. The increasing incidence of violence against older people is perceived as a consequence of a cultural and social transition processes, changes in social norms and values, and a growing social tolerance for the maltreatment of elders. The frequency of this phenomenon has also increased due to changes in family models, social and work activities of younger generation family members (especially women), and migration. Additionally, the existing poor formal caregiving-support system (e.g., managed through the healthcare and social service system), poor recognition of existing signs of maltreatment in older patients by health professionals as well as by social workers did not help in the current situation of the elders.

In the last decade, violence against older people has not only been a topic of increasing interest in Polish public opinion, but also started to be present in research activity. The disengagement of older people from the traditional intergenerational family structures requires careful explanation when attempting to examine those conditions of the aging process which lead to a higher risk of violence. Still little is known about the prevalence of different forms of violence among older people with health related quality of life influenced by such specific conditions as multiple chronic conditions, poor psychological well-being, and depressive symptoms.

The aim of this study was to examine the role of self-assessment by older people of their health-related quality of life measured by self-rated health, multiple chronic conditions associated with functional limitations as well as reporting poor psychological well-being, depressive symptoms, and feelings of loneliness in the risk of different types of domestic violence.

2. Subjects and methods

2.1. Participants

For the purposes of the present study, a simple random sample of 1070 community dwelling older citizen of Krakow (i.e. aged 65 years and over) was chosen to perform a survey based on a standardized questionnaire.

Before making appointment to interview the selected older individuals at their homes, an invitation letter was sent to all potential respondents requesting their permission to participate in the study. The letter included information about the institution performing the study (Jagiellonian University) and the main purpose of the interview.

After verification of the addressees we found that 47 individuals died or changed address in the period between the sample preparation and sending invitation letter. 272 respondents or their families refused to participate in the interview due to poor health status and functional status, dementia, Alzheimer disease, deafness, and depression. It was impossible to contact 131 individuals (nobody opened the door, lack of telephone contacts), and 102 persons were unable to participate because of social reasons (changing the place of residence, living with family out of Krakow, long-lasting hospitalization, institutionalization). Finally, 518 older people from the random sample participated in the study; the response rate was 50.2%.

2.2. Questionnaire

The survey was performed using a standardized questionnaire developed for the purpose of the study. The instrument was divided to two parts and consisted mostly of closed questions, except one question which was open-ended. The first part of the questionnaire focused on recognition of people who defined themselves as victims of different types of maltreatment and contained questions concerning experiences of different types of maltreatment (including neglect) both before and after the age of 60. Questions about the perpetrators of neglect and of other types of violence, people who are especially vulnerable to being victims of violence, and the consequences of being a victim of violence were also included. Respondents were asked about types of violence where older people themselves act as perpetrators and the reasons/motivations for older people to perpetrate violence.

The second part of the questionnaire concentrated on assessment of health-related quality of life, based on scales measuring self-assessment of health status, social support, loneliness and level of depressive symptoms. This part contained also a battery of questions on living conditions, material conditions, family structure, social network structure, number of social contacts, as well as demographic and social characteristics of the respondents.

Face to face interviews with older people were performed by two interviewers, members of the research team of the Department of Medical Sociology, Chair of Epidemiology and Preventive Medicine at the Jagiellonian University Medical College, Krakow, Poland.

2.3. Measures

For the purposes of the present paper, exposure to physical or psychological violence at the age 60 or over was measured based on following questions: "Have you been subject to physical violence (i.e. beating, pushing) committed by your family members after the age of 60?" and: "Have you been subject to psychological violence committed by your family members after age of 60?"

Both these questions had the same response categories: (a) no, (b) yes once, (c) yes a few times, and (d) yes (almost) everyday. In further analysis, answers b–d were aggregated into category "yes".

The exposure to physical or psychological violence before the age of 60 was measured by similar questions with "yes"/"no" response category.

The exposure to financial violence was assessed using the following open question: "Besides the above-mentioned types of violence, have you been subject to other types of violence after the age of 60 or before?" The answers of respondents were assessed by three independent judges, who reached 93% level of agreement in qualifying 23 persons as victims and 52 as non-victims of financial violence among 81 persons who responded this open question. In case of 6 remaining cases the judges differed in their opinions, and after discussion between them two further respondents were qualified as victims of financial violence.

The feeling of neglect was measured using the question: "Do you feel neglected by your children, grandchildren and other