



## **Prevalence of Elder Abuse and Neglect in Seniors with Psychiatric Morbidity - Example from Central Moravia, Czech Republic**

*Jan Luzny<sup>1,2</sup>, Lubica Jurickova<sup>2</sup>*

*1. Mental Hospital Kromeriz, Kromeriz, Czech Republic*

*2. Dept. of Social Medicine, Faculty of Medicine and Dentistry, Palacký University Olomouc, Czech Republic*

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### **Abstract**

**Background:** Elder abuse and neglect (EAN) comprises emotional, financial, physical, and sexual abuse, neglect by other individuals, and self-neglect. Elder abuse and neglect in seniors with psychiatric morbidity was not monitored in the Czech Republic at all, despite the literature shows mental morbidity as one of the important risk factor for developing elder abuse and neglect.

**Methods:** We designed comparative cross sectional study comprising 305 seniors hospitalized in Mental Hospital Kromeriz in June 2011 – group of 202 seniors hospitalized due to mental disorder in psychogeriatric ward and group of 103 seniors hospitalized due to somatic disorder in internal ward. Content analysis of medical records was done in both groups of seniors, with regards to symptoms of elder abuse. Then, we discussed the topic of elder abuse with 30 nurses of psychogeriatric ward in focus group interview.

**Results:** Between two compared groups of seniors we detected statistically higher prevalence of elder abuse in seniors with psychiatric morbidity (48 cases, 23.8% prevalence of EAN), compared to somatically ill seniors (3 cases, 2.9%). As for nursing staff, 5 from 30 nurses (16.7%) have never heard about symptoms of elder abuse and neglect, 10 from 30 nurses (33.3%) had just a partial knowledge about elder abuse and neglect and its symptoms, the rest of nurses (15 from 30 nurses, 50.0%) had good knowledge about elder abuse and neglect and its symptoms.

**Conclusion:** Elder abuse and neglect seems to be a relevant problem in senior population with mental disorders. Development of educational programs for nursing and medical staff about Elder abuse and neglect (symptoms of EAN, early detection of EAN, knowledge how to report cases of EAN) could improve the situation and help mentally ill seniors to better quality of life.

**Keywords:** Demography of ageing, Ageism, Elder abuse and neglect, Psychiatric morbidity, Somatic morbidity

### **Introduction**

Actual demographic trends lead to ageing of population in well-developed countries. In the same time, seniors are at higher risk of discrimination or social exclusion (1). Potential negative attitude to seniors is a new sociological phenomenon, which should be paid an attention. Negative attitudes to senior population can vary in a broad range – from ageism to elder mistreatment and elder abuse is not a long way. Both are associated with higher morbidity and mortality of seniors (2)

or worsen quality of life (1, 3). Stress, in the context of care giving relationships, is a risk factor associated with increased prevalence of elder abuse in familial and institutional settings. As increasing numbers of older adults are moved from family care giving to nursing home care settings, it becomes important to identify the pattern of elder abuse risk factors in nursing home facilities (4). Elder abuse and neglect (EAN) comprises emotional, financial, physical, and sexual abuse, neglect

by other individuals, and self-neglect (5, 6). Definition of elder abuse is wide, specific indicators of elder abuse vary from study to study (7). The global reports on elder mistreatment reflect both the diversity of the work of the authors and the situations in the countries described. Different countries have different way to share their stories, policies, and initiatives, which stimulate discussions and debates of various aspects and cultural nuances of elder mistreatment (8).

The demographic trends in the Czech Republic copy the trends in well-developed countries (ageing of the population). ADEL study was done in the Czech Republic in 2009 and this study showed the recent data about ageing of the Czech population (9) – Table 1.

In Czech Republic, elder abuse is relatively new construct that appears form 90th years of former century. Before that, Czech medicine has omitted elder abuse as a problem to be solved on a general level. Just cases of rude (usually physical) violence on seniors were monitored and were interpreted according the Czech law. Other kinds of elder abuse were behind an interest. Research on elder

abuse is a rarity in Czech Republic up to now – there are just some regional studies on elder mistreatment, ageism, and discrimination of seniors (10-13). Elder abuse and mistreatment in residential settings in Ostrava was studied by Buzgova et al. (14). Possible associated problems were studied by several Czech researchers - such as suicidality (15) or task of affective disorders (16).

However, no research on elder abuse in seniors with psychiatric morbidity was done in the Czech Republic; hence, this paper is a little contribution to filling this gap.

The aim of the study was to estimate prevalence of elder abuse and neglect in-group of senior hospitalized due to mental disorder in psychogeriatric ward and to compare it with prevalence of elder abuse and neglect in-group of senior hospitalized due to somatic condition in internal ward. Further aim of study was to detect potential problems in handling with elder abuse and neglect in-group of nursing staff in psychogeriatric ward.

**Table 1:** Ageing of Czech population: Data from ADEL study in the Czech Republic (2009)

Year	1945	1955	1965	1975	1985	1995	2005
Czech population	8.1	9.3	9.6	10.0	10.3	10.4	10.5
People older than 65	0.8	1.1	1.1	1.1	1.2	1.3	1.5
People older than 80	0.05	0.08	0.10	0.12	0.15	0.28	0.33

(In millions)

## Material and Methods

### *Design of the study*

We designed a comparative cross sectional study comprising 305 seniors – group 1 - 202 seniors (87 men, 115 women, average age 76.3 +/- 6.2 years) were hospitalized during June 2011 due to any mental disorder in inpatient psychogeriatric ward in Mental hospital in Kromeriz, Czech Republic and we compared this group of patients to group of 103 seniors – group 2 (men 46, women 57, average age 75.8 +/- 5.6 years) hospitalized during June 2011 due to any somatic disorder in internal ward in Mental hospital in

Kromeriz (group 2). Mental Hospital in Kromeriz is the main psychiatric hospital for mentally ill people living in central Moravia in the Czech Republic (4 million of inhabitants). Medical records were studied in both groups of patients, with a special view to any symptoms of EAN (data about self-neglect, financial abuse, neglect by others, emotional abuse, physical abuse or sexual abuse). In next step, we asked in focus group interview 30 nurses taking care of seniors hospitalized because of a mental disease in inpatient psychogeriatric ward. Nurses were asked to discuss all the field of elder abuse and neglect, as they perceive it, with regard to detection symptoms of EAN as they can be observed by

nursing staff. Content analysis of transcribed focus group interview was done.

**Including criteria**

All subjects were older than 65 years (internal criterion of Mental hospital Kromeriz to be admitted in inpatient psychogeriatric ward).

**Excluding criteria**

Not anyone who did not agree with participation in study was involved. Seniors in terminal state of disease (dementia, cancer) were excluded from ethical reasons.

**Ethical issues**

All subjects were informed about aim and

purpose of the study and all subjects agreed with participation (informed consent). All human rights as well as ethical conceptions in research were respected.

**Statistical analysis of the data**

Excel program and statistical program Statistical 5.0 were used for statistical analysis.

**Results**

Descriptive statistics of both of studied groups and estimation of prevalence of elder abuse and neglect in both groups are showed in Table 2 and 3.

**Table 2:** Prevalence of Elder abuse and neglect in group of mentally ill seniors

	Self-neglect	Financial abuse	Neglect by others	Emotional abuse	Physical abuse	Sexual abuse
Patients	20	12	11	4	1	0
Relatively (%)	41.7	25.0	22.9	8.3	2.1	0.0

EAN total – detected in 48 cases (23.8%) in mentally ill seniors

**Table 3:** Prevalence of Elder abuse and neglect in group of somatically ill seniors

	Self-neglect	Financial abuse	Neglect by others	Emotional abuse	Physical abuse	Sexual abuse
Patients	1	1	1	0	0	0
Relatively (%)	33.3	33.3	33.3	0.0	0.0	0.0

EAN total – detected in 3 cases (2.9%) in somatically ill seniors

There is an estimation of 23.8% prevalence of elder abuse and neglect in group of mentally ill seniors (group 1) and an estimation of 2.9% prevalence of elder abuse and neglect in group of somatically ill seniors (group 2).

As for the group of mentally ill seniors, the most often type of Elder abuse and neglect was self-neglect, followed by financial abuse and neglect by others.

As for group of somatically ill seniors, the most often types of Elder abuse and neglect were equally self-neglect, financial abuse and neglect by

others.

Statistical analysis has shown a statistically significant difference in estimation of prevalence of elder abuse and neglect between group of mentally ill seniors and somatically ill seniors. Significantly higher prevalence of elder abuse and neglect was detected in-group of mentally ill seniors (  $P=0.0001$ ).

Focus group interview in group of nursing staff working in psychogeriatric ward has revealed low level of awareness to elder abuse and neglect and low level of knowledge of elder abuse and neglect

among nursing staff: 5 from 30 nurses (16.7%) have never heard about symptoms of elder abuse and neglect, 10 from 30 nurses (33.3%) had just a partial knowledge about elder abuse and neglect and its symptoms, the rest of nurses (15 from 30 nurses, 50.0%) had good knowledge about elder abuse and neglect and its symptoms. and we detected possible difficulties in detection of elder abuse and neglect in nursing staff (Table 4).

**Table 4:** Nursing staff and knowledge of Elder abuse and neglect symptoms

Knowledge about EAN	Never heard about EAN	Partial knowledge	Good knowledge
Nursing staff	5	10	15
Relatively (%)	16.7	33.3	50.0

## Discussion

High estimated prevalence of cases elder abuse and neglect (EAN) was detected in group of seniors hospitalized in inpatient psychogeriatric ward in Mental hospital Kromeriz (23.8%). Comparison to the other authors is difficult because no research has been done in population of hospitalized for psychiatric morbidity in long-term care psychiatric hospital. Only data coming from general senior population are achieved (17, 18). In Czech Republic, EAN was studied only in population of seniors living in residential settings (19). International comparison of prevalence of Elder abuse and neglect is difficult because of different methodology in different studies (2, 6, 20). For instance, in the United Kingdom, first National prevalence study of Elder abuse and mistreatment was done in 2006. According to this study, 2.6% of respondents reported mistreatment by family members, close friends, or care workers. The predominant type of reported mistreatment was neglect (1.1%) followed by financial abuse (0.6%), with 0.4% of respondents reporting psychological abuse, 0.4% physical abuse, and 0.2% sexual abuse. Women were significantly more likely to have experienced mistreatment than

men were, but there were gender differences according to type of abuse and perpetrator characteristics. Divergent patterns were found for neglect, financial, and interpersonal abuse (21). Similar data come from different parts of the world (22-26) and these worldwide data show in general these findings: the most frequent type of abuse in seniors is psychological abuse; the least frequent is sexual abuse (17). It is very difficult to estimate prevalence of elder abuse in a population (16) Prevalence of elder abuse and neglect is mostly just approximately estimated, evidence based data are missing because of methodological barriers of descriptive studies (18). In the general population studies, 6% of older people reported significant abuse in the last month and 5.6% of couples reported physical violence in their relationship in the last year (18).

Population of seniors with disabilities is in higher risk for developing the elder abuse and neglect – these persons with lifelong disabilities are newcomers to later life. Many are relatively high functioning, engaged, and happy members of their communities. Some are, and have been, victims of abuse, neglect, and exploitation (27-29). In world literature, just a very small attention was paid to prevalence of elder abuse and neglect among mentally ill seniors (1).

Elder abuse and neglect in seniors poses the question: Is elder abuse and neglect a social problem, showing that it is? Elder abuse, though, is still the most hidden form of mistreatment and a key to governmental responses to an ageing population. It is an important facet as a family violence problem, an intergenerational concern, as well as a health, justice and human rights issue. Because the phenomenon of elder abuse and neglect is so complex and multi-dimensional, it has to be addressed by multi-professional and inter-disciplinary approaches. Raising awareness is a fundamental prevention strategy and an important step in causing changes in attitudes and behaviors (30, 31).

Methodology is a weak point of research of elder abuse is usually – evidence based methodological tools are usually missing and many of studies are just descriptive estimations reflecting possible

reality. Validity of data, strength of evidence is one of the most serious methodological limits in research of elder abuse. Prevalence of elder abuse is also influenced by awareness, level of knowledge and willingness of health care professionals who come across senior patients (27, 28).

According to results of study monitoring EAN among Czech mentally ill seniors it seems these seniors are more vulnerable to EAN and frailer to mistreatment or abuse. Self-neglect was the most common type of EAN, followed by financial abuse and neglect by other individuals. In Czech Republic no research of perception of EAN among nursing staff has been done up to now (10-14), from this point of view, this study is pioneer. In this study, low level of awareness to EAN and low level of knowledge of EAN was detected in studied group of nursing staff, together with willingness to further education in the field of EAN. Low level of competences of nursing staff to announce cases of EAN to relevant authorities seems to be serious problem. International comparison is difficult because of different methodology in such studies (5, 7, 18).

Our study was based on data coming from medical records. There may be different quality of medical records from physician to physician, as well as different observational level and awareness to symptoms of Elder abuse and neglect. This may influence the prevalence of elder abuse and neglect detected in this study. Further research in this field is required as well as prospective cohort studies with larger sample of subjects.

In conclusion, further research of EAN in mentally ill seniors in the Czech Republic is highly recommended. Elder abuse and neglect seems to be a relevant problem in senior population with mental disorders. Development of educational programs in field of early detection Elder abuse and neglect and solutions for practice for nursing staff is absolutely needed.

## Ethical considerations

Ethical issues (including plagiarism, informed consent, misconduct, data fabrication and/or

falsification, double publication and/or submission, redundancy, etc) have been completely observed by the authors.

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