

Relationships and Community Risk Factors for Elder Abuse and Neglect: Findings from the First National Prevalence Study on Elder Maltreatment

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Abstract

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OBJECTIVES: The objective of the study was to measure the 12-months prevalence of elder abuse and neglect in private household and to examine the relationship and community level risk factors for elder abuse and neglect.

METHOD: Total of 960 respondents aged 65 years and above in private households, from all eight statistical regions participated in the study. Nationally stratified quota sampling procedure was applied, through four stages. Information was collected in face-to face interview on socio-demographic, healthy life style, physical and mental health, and abuse and neglect types characteristics of elder population. Data were examined using descriptive statistics, binary logistic regression, and odd ratios (OR). Statistical significance was set up at $p < 0.05$.

RESULTS: The respondents reported prevalence of psychological abuse 25.7%, followed by financial abuse 12 %, neglect 6.6%, physical abuse 5.7%, physical injury 3.1%, and sexual abuse 1.3% (reported only in female respondents) in the previous 12-months. Living with close relatives, dissatisfaction with the household income, less equipped households, lacking property of house/flat are associated risk factors for elder maltreatment on relationship level. Living in the northeast, southeast, and Polog region are associated risk for elder maltreatment.

CONCLUSION: Study findings emphasized the previous data obtained with regards to the community and relationships risk factors for elder maltreatment.

Introduction

Maltreatment of older people, termed 'elder abuse', was first described in British scientific journals in 1975 [1]. In 1996, the Forty-Ninth World Health Assembly (WHA) adopted *WHA Resolution 49.25* [2], declared violence a major and growing public health problem across the world. Later, in the 1980s in some countries, scientific research and government action emerged. *World health report on violence and health* in 2002 [3] and *WHA Resolution 56.24* [4], put violence on the international agenda as a leading worldwide public health problem. The major political influence was followed by increasing body of research on elder abuse and neglect [5], focusing on risk factors associated with elder maltreatment.

The Political Declaration and Madrid International Plan of Action on Ageing (MIPAA) in 2002 pointed out that one of the most common forms of elderly abuse is neglect or failure to fulfil a caregiving responsibility [6]. Elder maltreatment has received another political attention with the Toronto Declaration on the global Prevention of Elder Abuse [7]. The Ministerial Conference in 2007, León adopted the Ministerial Declaration "A Society for All Ages: Challenges and Opportunities" [8] in order to emphasize inclusion of elderly in all aspects of the society.

Life expectancy in developed countries is increasing, as a result of improved medical technology and improved quality of life in general. The world's

elderly population – people 60 years of age and older – is 650 million. By 2050, this older population is forecast to reach 2 billion [9, 10].

In the country a systematic scientific approach to elder maltreatment has been lacking until recently. Gaining its independence, the country has gone through a period of transition which has had a major impact on the health and social care system and contributed to the loss of social networks. Increased unemployment, reaching almost 31% in 2010, has affected the structure of the working population [11]. Older people with pensions are very often the only source of income in the family, making the younger generation dependent on them. At the same time, older persons being sometimes physically and psychologically dependent on other family members are susceptible to abuse and neglect. *National report on violence and health* has highlighted elder abuse as a public health concern [12]. However, the only data on elder maltreatment are based on reports of maltreatment to agencies working in the area of domestic violence [13].

In this study the terms 'elderly' or 'older people' are used and refer to people aged 65 years and above [9, 14]. According to the definition for elderly people given by WHO, the critical age for classification as old is 65 years [3, 15]. This definition is not universal, however. Most developed countries accept the chronological age of 65 years and over as a definition of elderly, but in some parts of the developing world, for example, this is not the case [15].

Different researchers, policy-makers and others use diverse definitions of elder maltreatment, arising from different perspectives and research questions. The conceptual framework definition used in this study is the one adopted by WHO and INPEA where elder abuse is defined as a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person [3, 16]. According to WHO, elder abuse can take the various forms of physical, psychological, emotional, sexual and financial abuse. It can also result from intentional or unintentional neglect [9, 17].

The WHO public health approach in the ecological model of violence gives a framework for understanding violence in general, including abuse or neglect of older people. The ecological model of violence has its roots in Bronfenbrenner's ecological paradigm which was first introduced in 1970 [18, 19]. The ecological framework employs a multidimensional view of interpersonal violence at older persons. It examines violence as an outcome of the interaction between different levels of individual, relational, community and societal factors.

This paper has focused on: 1) risk factors on the relationship level: household size, household

composition (cohabiting with partner, children, grandchildren. etc), and household income; 2) risk factor on the community level was the Region where elderly people live.

The data used in this article is an integral part of the data collected for more comprehensive project "A Community survey in Macedonia of the prevalence of elderly abuse". The study has been conducted during the period from December 2011 to February 2012. Implementation of the study was enabled with technical and financial support by the World Health Organization in collaboration with the Institute of Sociological, Political and Juridical Research in Skopje.

Method

The study is a community based household survey at national level, involved administering a face-to-face questionnaire. Total of 960 respondents aged 65 years and above in private households, from all eight statistical regions participated in the study, which represents 0.4% of the total number of people 65 years of age and above. Sampling was carried out by quota stratified sampling. The first step was selection of potential participants by strata, based on criteria of gender, ethnicity, residence (city/village), and municipality (percentage of respondents from each municipality correspond to its contribution to the total population). The quota of respondents in each strata depended on population distribution [20].

Measures

The questionnaire used in the Macedonian survey mostly follow the methodology of the: ABUEL survey -Abuse of Elderly in Europe, a multinational prevalence survey, conducted in Germany, Greece, Italy, Lithuania, Portugal, Spain, Sweden [21], and AVOW- Prevalence study of abuse and violence against older women, a multicultural survey conducted in Austria, Belgium, Finland, Lithuania and Portugal [22]. The questionnaire enclosed questions on: socio-demographic data; healthy life styles data (smoking, alcohol use, diet); physical and mental health, and exposure to abuse/neglect (psychological abuse, physical abuse, physical injury; financial abuse; sexual abuse and neglect). Statistical significance was set up at $p < 0.05$. The final version of the questionnaire was available both in Macedonian and Albanian language. A qualitative analysis of the Final Questionnaire Form has been undertaken by a Focus group of experts and the Scientific Committee of the study. The ethics committee (professors from the Law and Medical Faculty of the University "St. Kiril and Metodij") granted ethical approval to the study. The inclusion criterion for involvement to participation in the study was absence of mental impairment (such as dementia). Potential respondents were screened

using questions from the Mini-Mental State Examination (MMSE) [23].

Data analysis

Data input and data analysis were conducted in the SPSS (Statistical Package for Social Sciences, Version 19.0), used to analyze the data gathered in the survey. The following statistical methods have been used: Factor analysis, Chi-square analysis, statistically significant difference between the percentage and binary logistic regression. Statistical significance was set at $p < 0.05$ for all analyses.

Table 1: Characteristics of the sample (N = 960).

Gender	Total%
Male	44.7
Female	55.3
Age	Total %
65–69	32.0
70–74	28.9
75–79	22.1
80–84	12.7
Over 85	4.3
Ethnicity	Total %
Macedonian	76.4
Albanian	16.0
Roma	1.9
Serb	1.1
Vlach	0.5
Turkish	2.1
Bosnian	1.0
Other	1.0
Level of education	Total %
No education	10.4
Did not complete primary school	25.8
Primary school education	26.8
Secondary education	25.2
University/other higher education	11.2
Specialist, MA, PhD	0.6
Marital status	Total %
Single (never married)	3.6
Married/civil partnership	56.7
Divorced	2.0
Widowed	37.7
Occupational status	Total %
Fully retired	87.5
Full-time employed	0.6
Part-time employed	0.4
Unemployed	11.5
Personal income in euro	Total %
Up to 80	7.4
81–146	40.8
147–226	27.5
227–307	10.8
308–388	3.4
389–467	1.3
<468	0.9
No income	7.9
Region	Total%
Pelagonija	13.5
Vardar	8.0
North-eastern	7.4
South-western	9.8
Skopje	30.2
South-eastern	9.1
Polog	10.8
Eastern	11.2

Binary logistic regression was conducted in order to compare the probability “have been abused/neglected” dependent on the level or category of the risk factors on relationship and community level. The binary logistic regression for the selected variables shows several significant results.

Results

Regarding socio-demographic characteristics of the sample, men (44.7%) and women (55.3%) are almost identical to the planned percentages as per population age distribution. The vast majority of the respondents are in the age group 65–69 years (32.1%), while the least group was aged over 85 years (4.3%). Regarding distribution of the respondents by ethnicity, Macedonians are 76.4%, followed by Albanians (16.0%) and other groups as per country population distribution (see Table 1). The country has eight statistical regions and the respondents are distributed with regards to the regions as per country population distribution. The highest percentage of respondents had only completed primary school (26.8%), and the lowest percentage of respondents held higher degrees (0.6%) as presented in Table 1. The highest percentages of the respondents are in the groups of married/cohabitation (56.7%) and widow (37.7%). Older people living alone represent up to 15.8% of the sample, while the highest percentage of respondents are living in households with more than four family members is 39.3%. The percentage of respondents living with a partner 56.7% is little bit higher than that for participants without a partner 43.3% (Table 1). The highest percentage of participants had an average number of facilities (63.7%). The highest percentage of participants answered that total household income partially satisfied their needs (49.6%).

Overall prevalence rates of elder abuse and neglect of 32.0% (N= 307) have been reported by respondents in the study (see Table 2). Regarding various types of abuse and neglect, psychological abuse was the most frequent (25.7%), followed by financial abuse (12.0%), physical abuse (5.7%), physical injury (3.1%) and sexual abuse only in women (1.3%).

Table 2: Overall prevalence rates of abused/neglected of older persons.

Prevalence of abused/neglected	Total %	Male %	Female%
Not abused/neglected	68	32.1	35.9
Abused/neglected	32	12.6	19.4
Total	100	44.7	55.3

Relationship level risk factors

Risk factors at the level of relationship that have been explored were: cohabiting with partner, children, grandchildren, satisfaction with household income, and owning house/flat as presented in Table 3.

Few risk factors were recognized as relevant risk factors for elderly abuse on relationships level. Cohabitant status (those living with closer relatives) had a higher likelihood of being abused/neglected compared to those living with a partner, a partner and child, with a child only and wider family, or living alone. Total household income satisfaction was found

a relevant risk factor. Respondents who were entirely dissatisfied had a higher likelihood of being abused rather than those who were “completely satisfied” or “partially satisfied”.

Table 3. Likelihood of elder abuse/neglect on relationship level risk factors.

Relationship level	Abused/neglected versus not abused/not neglected	
	Odds ratio	
Cohabitant status	Alone	Ns
	Partner	Ns
	Partner/child	Ns
	Child	Ns
	Close relative	1.773**
Satisfaction with household income	Wider	Ns
	Completely satisfied	Ns
	Partially satisfied	Ns
Household facilities	Completely dissatisfied	1.331*
	Fully equipped	Ns
	Partly equipped	Ns
Ownership	Less equipped	3.066**
	Property (house/flat)	2.978**

Binary Logistic Regression coefficient *p<0.05 **p<0.01.

Household equipment was also indicated as a risk factor for elder maltreatment. Respondents who reported that their households are less equipped (equipped means having: own room, heating, cooling, lightening, toilet and shower) had a higher likelihood of being abused. In binary logistic regression analysis living with close relatives (OR = 1.77), dissatisfaction with the household income (OR = 1.3), less equipped households (OR = 3.07), lacking property of house/flat (OR = 2.98), are associated risk factors for elder maltreatment on relationship level (see Table 3).

Living with partner has been identified as a risk factor for all types of abuse except for neglect. In the binary logistic regression living with partner was associated with psychological abuse (OR = 1.02), with physical abuse (OR = 3.01), with physical injuries (OR = 4.45), with financial abuse (OR = 1.58), and sexual abuse for women only (OR = 7.35) as presented in Table 4.

Table 4: Living with/without partner as a risk factor for elder abuse.

Partnership	Odds ratio					
	Psychological abuse	Physical abuse	Physical injuries	Financial abuse	Sexual abuse	Neglect
With/without partner	1.025*	3.407**	4.481**	1.589*	7.347**	Ns

Binary Logistic Regression coefficient *p<0.05 **p<0.01.

Respondents who do not have an own house or flat had a higher likelihood of being abused/neglected than those owning a house or flat (see Table 5). In the binary logistic regression not owning house/flat has been associated with: physical injuries (OR = 3.29), sexual abuse in women only (OR = 8.95) and neglect (OR = 2.70).

Community level risk factors

Only one risk factor at the third level, community, was explored – the region where the older people live. Region is considered to be a relevant risk factor in the study. Higher levels of abuse and neglect were observed in the north-east, south-east, and the

Table 5: Ownership of house/flat a risk factor for elder abuse.

Ownership	Odds ratio			
	Abuse	Physical injuries	Sexual abuse	Neglect
Property	2.978**	3.287**	8.948**	2.706**

Binary Logistic Regression coefficient *p<0.05 **p<0.01.

Polog Regions of the country. The lowest level of abuse and neglect was reported in the Region of Skopje. In binary logistic regression living in the northeast (OR = 1.77), southeast (OR = 2.25), and Polog region (OR = 1.69) are associated with risk for elder maltreatment (Table 6).

Table 6: Likelihood of alder abuse/neglect and society level risk factor.

Community/society level	Abused/neglected versus not abused/not neglected	
	Odds ratio	
Region	Pelagonija	Ns
	Vardar	Ns
	Northeast	1.765*
	Southwest	Ns
	Skopje	Ns
	Southeast	2.251**
	Polog	1.681*
	East	Ns

Binary Logistic Regression coefficient *p<0.05 and **p<0.01.

Discussion

Although large body of the research have examined the risk factors for elderly abuse in the past year, most of the information is based on studies from the United States and the United Kingdom (and recently in other countries in the European Union). Among the risk factors identified are quality of the relationship between the caregiver and the recipient of care, cognitive dysfunctions or impairment in the abused, particularly in the oldest ones, and social isolation of older people [9, 17, 24].

Data from a study in New Zealand have examined risk and protective factors. Among the risk factors noted were isolation, household living arrangements, and ongoing partner abuse [25]. Correspondingly our study living with a partner as identified risk factors for elder maltreatment compared to those who live without a partner (except in the case of neglect).

A study from Ireland [26] found that household income is relevant risk factor for older people being abused. Similarly as in the Macedonian study respondents who say that the total family income cannot completely satisfy their needs increase 1.4 times more the likelihood of older persons to experience abuse.

Important factor increasing the risk of abuse is shared long-term living arrangements between the perpetrator and victim. When caregiver and care receiver live in the same household, there are not many possibilities to keep a distance from each other [27, 28, 29]. Correspondingly in our study, statistical significance (binary logistic regression p < 0.05) of reported abuse was found between respondents who

live with another person. Older people living with a partner were at greater likelihood of being abused compared with those living without a partner, for every type of abuse. Those living with a partner were three times more likely to be physically abused, four times more likely to be physically injured, one time more likely to be psychologically abused, and seven times more likely to be sexually abused (for women only).

The most common risk factors highlighted in exploration of the phenomenon of elderly abuse identified in other , but as well in our study , were living arrangements, mental health status, and social support [27, 28, 29]. Interacting on an almost daily basis, sharing living accommodation with a perpetrator and living in rented accommodation as opposed to home ownership may increase the opportunity for violent encounters [9, 25]. Various studies show that living alone reduces the risk of maltreatment, whereas living with a family member is a risk factor for elderly abuse and neglect [9]. Our study showed that those living with closer relatives increase for 1.8 times more the likelihood of being abused/neglected compared to those living with a partner, partner and child, with a child only and wider family, or live alone.

In the Macedonian study those who are dissatisfied with household income; their homes lack equipment to the satisfactory level (toilet, own room, lightening, cooling, heating, etc.) and do not own a house or flat had greater estimated probability for being maltreated than those who are satisfied with household income or had an adequately equipped own house or flat.

Region has been identified as relevant risk factor at community level. Respondents who live in north-east region are 1.8 times more likely exposed to abuse. Living in the south-east region are 2.3 times more increasing the likelihood of maltreatment and living in the Polog region had a 1.7 higher estimated probability of being maltreated compared to those living in other regions. Identified regions are those with high poverty rate [20] and support the fact that economics and societal factors are likely to play a role in creating a climate in which elderly maltreatment is prevalent [9, 30].

The study limitations are related manly related to not covering the most vulnerable groups (older people suffering from a severe dementia and elderly who live in care homes or are hospitalized or imprisoned). The study did not involve societal factors which might be relevant for elderly maltreatment (negative attitudes and stereotypes towards older people or cultural norms supportive of violence).

As the main findings show that elderly maltreatment is an outcome of the interaction between various factors, and we should take into consideration all risk factors in an overall country picture in order to tackle elder maltreatment prevention. Identifying different risk factor can be leading for the creative and

constructive efforts in the process of prevention and management of the problems and issues relating to the elderly. Our country can follow other countries examples that have in place evidence based practices for prevention, detection, and intervention for abuse of older adults [3, 9]. Strengthening elder abuse and neglect prevention should be facilitated with enlargement of the role of health, social and other sectors in primary prevention, promotion of evidence-based practices (incorporating prevention in home visiting programmes, and implementation of family support programmes); capacity-building (education and training for professionals in government and NGOs for prevention of elder abuse and neglect at all levels, with particular focus on primary prevention); and public awareness campaigns to change cultural norms [3, 9]. The study findings should promote national policy dialogue for development of national policies and programmes targeting elderly population.

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