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## **Abstract of the doctoral dissertation**

### **The phenomenon of acts of elder abuse**

#### **Introduction**

Elder abuse and neglect is now recognized internationally as a growing problem of the 21<sup>st</sup> century that requires urgent intervention and action. Increasingly, it is a serious social problem that is likely to increase with the aging of the population. The phenomenon of violence is a serious public health problem worldwide, but large-scale epidemiological research is still rare. It is an example of a violation of human rights and freedom that leads to a serious loss of human dignity, independence and respect, and a violation of ethical principles and rights. The exact description of violence will allow for the implementation of targeted interventions and for education and training among health care and social care staff, and will also increase the awareness of the society.

#### **Objective of the work**

The aim of this study is to determine the prevalence, identification of the most common risk factors, characteristics of the types and perpetrators of elder abuse among the Polish population.

#### **Material and methods**

The study was cross-sectional and concerned older adults patients hospitalized from April 2017 to June 2021 in the Department of Geriatrics or Neurology of the University Hospital no. 1 of Dr Antoni Jurasz in Bydgoszcz. At the beginning of the project, the study group consisted of 200 elderly people. Ultimately, 347 people aged 60 and over were enrolled in the study. The most numerous study group were people up to 70 years of age and the female gender. The following tools were used in the study: self-survey questionnaire, Vulnerability to Abuse Screening Scale (VASS), Geriatric Depression Rating Scale (GDS) and Basic Daily Life Scale (ADL). The study was approved by the Bioethics Committee of Collegium Medicum of Ludwik Rydygier in Bydgoszcz, the Nicolaus Copernicus University in Toruń with the numbers KB 259/2017 and KB 437/2020. The statistical tests



used in the work are: chi-square test, logistic regression model, U Mann-Whitney test, Spearman rank correlation, weighted Cohen's kappa and intra-class correlation coefficient both inter-rater and intra-rater, Bland-Altman analysis and the Cronbach's alpha coefficient. Statistical results with the  $p < 0.05$  value were considered significant and the performed analyses were assessed in the 95% confidence interval (CI).

## Results

The conducted research showed that out of 200 respondents, 77 people (38.5%) experienced acts of violence in the last 12 months. Most of the respondents (68.8%) experienced various forms of violence simultaneously. Among those who experienced violence, 75.3% have experienced psychological violence, 68.8% economic violence, 48.1% physical violence, and 22.1% have experienced sexual violence. Rate of physical (OR 2.48; 95%CI 1.13-5.44;  $p=0.02$ ), psychological (OR 1.94; 95%CI 1.02-3.67;  $p=0.04$ ), sexual (OR 4.05; 95%CI 1.13-14.5;  $p=0.03$ ) and economic (OR 1.98; 95%CI 1.02-3.83;  $p=0.04$ ) violence were statistically significantly higher in women than in men. People over 70 years of age experienced 2.97 times more physical violence (95%CI 1.11-7.95) than people from the youngest age category of 60-65 years of age ( $p=0.03$ ). Also, the oldest seniors more often than the "youngest" persons reported using economic violence against them (OR 3.83; 95%CI 1.51-9.72;  $p<0.01$ ). The level of education significantly influenced only the occurrence of physical violence ( $p=0.02$ ). The largest percentage of people affected by violence concerned respondents with the lowest monthly income, i.e. PLN <1000 and PLN 1000-2000. The analysis also shows that people living in the city are significantly more likely to experience various forms of violence. It has been shown that partners, spouses or sons are the most common perpetrators of elder abuse. Physical violence was most often committed by spouses (48.6%), followed by partners (45.9%) and sons (45.9%). In turn, sons were the most common perpetrators of economic and psychological violence (34.0% and 25.9%, respectively), followed by partners (30.2% and 19.0%) and spouses (28.3% and 12.1%). Sexual violence was mainly committed by partners (35.3%). On the other hand, in the general comparison of all types of violence, it was sons who turned out to be the most frequent perpetrators (39.0%), followed by spouses (27.3%) and partners (24.7%). The most common reported specific forms of psychological abuse, in order of frequency, were:



arrogant and vulgar taunts (77.6 %), insulting and criticizing (74.1 %), mocking (51.7 %), closing and isolating (46.6 %), blackmail and threats (27.6 %). The most frequently reported forms of physical violence were: jerking (64.8%), hitting (44.4%), kicking (40.7%), and pushing (35.2%). Our research during the COVID-19 pandemic showed that nearly 45% of the elderly were victims of violence, an increase of over 6 percentage points compared to the results obtained by us before the pandemic. The logistic regression model showed many variables that are important risk factors for violence in the COVID-19 pandemic, including low socioeconomic status (OR 3.60, 95%CI 1.93-6.72), chronic diseases (OR 2.06, 95%CI 1.28-3.31), weakened family ties and relations (OR 3.26, 95%CI 1.96-5.43), moderate and severe depression (OR 18.29, 95%CI 10.24-32.69; OR 18.49, 95%CI 3.91-87.30, respectively). The study also showed that moderate disability (3-4 points on the ADL scale) 5.52 times more often and severe functional impairment ( $\leq 2$  points on the ADL scale) 21.07 times more often predisposed to acts of violence. People who suffered from COVID-19 were 1.59 times more likely to be victims of violence (95%CI 1.03-2.46). The project also assessed the psychometric properties, reliability and repeatability of the VASS tool used to assess the risk of violence. The Cronbach's alpha coefficient for the VASS scale (12 items) was 0.89, which proves a very good internal consistency. The mean and median of the total VASS score in the first assessment was  $3.15 \pm 3.40$  and 2, respectively, and in the second assessment was  $3.21 \pm 3.33$  and 2. There was no statistically significant difference between the first and the second assessments ( $p = 0.65$ ). There was a statistically significant, very strong correlation between the test and retest results ( $r = 0.98$ ;  $p < 0.0001$ ). All analysed items are characterized by an excellent intra-class correlation coefficient ( $ICC > 0.9$ ) and a weighted Cohen kappa ( $\kappa > 0.9$ ). In the Bland-Altman analysis, a high rate of repeatability (CR 0.72; 95% CI 0.66-0.79) and narrow limits of agreement (upper: 0.6469, 95%CI 0.5657–0.7281 and lower: -0.7785, 95%CI -0.8597 to -0.6973) were observed. We observed a very strong, significant correlation of VASS with the occurrence in the elderly ( $R = 0.70$ ;  $p < 0.0001$ ).

## Conclusions

1. Domestic violence was experienced by 38.5% of hospitalized older adults.
2. Psychological, economic and physical violence are the most common and widespread types of elder abuse.



3. Socio-demographic factors determining the occurrence of violence in the studied population are: female gender, age>70, marital status (single, divorced, widowers/widows), low socio-economic status and the city as the main place of residence.
4. Clinical factors determining the occurrence of violence in the studied population are: chronic diseases (mainly arterial hypertension, myocardial infarction, stroke, epilepsy), cognitive disorders, depressive disorders, and functional status.
5. There was a significant increase in the percentage of violence against the elderly during the COVID-19 pandemic – from 38.5% to 45%.
6. The most common perpetrators of the violence used in the study population were: spouses, children (mainly sons), partners.
7. Validation of the VASS questionnaire in Polish conditions has shown that it is a reliable, accurate tool with appropriate psychometric properties, which allows it to be included in the routine assessment of elderly people in order to detect early signs of violence and prevent it.

**Keywords:** elder abuse, psychological violence, physical violence, risk factors, victim of violence, perpetrator of violence

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