

Physical Violence Against Older Adults: A 7-Year Retrospective Evaluation from a University Hospital's Department of Forensic Medicine

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Abstract

Aim: The present study aims to examine the physical violence inflicted on older adults by strangers and the physical abuse committed by individuals they know; the characteristics of these victims and aggressors; and the physical consequences of violence on victims. The study also compares physical abuse and physical violence inflicted by strangers.

Methodology: A total of 156 reports prepared for adults aged 65 years and over who were victims of intentional injury between 2014 and 2020 were retrospectively analysed.

Results: Of the cases, 69.9% were male, 66% were subjected to physical violence by individuals they knew or with whom they had a trusting relationship and 34% were subjected to physical violence by strangers. Only 7.7% of older adults reported the violence to judicial authorities themselves. Victims of physical abuse were found to experience revictimization statistically significantly higher than those exposed to stranger violence. Victims of stranger violence were also exposed to statistically significantly more severe injuries than victims of physical abuse.

Conclusion: The majority of elder victims were subjected to physical violence by individuals they know or with whom they have a trusting relationship. However, one-third of cases were subjected to violence by strangers according to this study, representing a rate that cannot be ignored. Abuse and violence against older adults remains largely unreported considering their inability to contact judicial authorities or hospitals, or pursue their rights due to physical, economic or mental dependence. Therefore, legal and social measures should be taken to protect older adults.

Keywords:

Aged • Older Abuse • Forensic Medicine • Physical Abuse • Violence • Revictimization

Yaşlı Bireylere Yönelik Fiziksel Şiddet: Bir Üniversite Hastanesi Adli Tıp Anabilim Dalından 7 yıllık Retrospektif Bir Değerlendirme

Özet

Amaç: Bu çalışmada yaşlılara hem yabancıların uyguladığı fiziksel şiddeti hem de tanıdıkları bireylerin uyguladığı fiziksel istismarı, mağdur ve saldırgan özellikleri ile şiddetin mağdurda yol açtığı fiziksel sonuçlar açısından incelemek ve fiziksel istismar ile yabancı fiziksel şiddetini karşılaştırmak amaçlandı.

Yöntem: 2014 –2020 yılları arasında fiziksel şiddet mağduru bireylere düzenlenen Adli Tıp Kurul raporlarından kasten yaralama mağduru 65 yaş ve üzeri yaşlılara düzenlenen 156 rapor retrospektif incelendi.

Bulgular: Olguların %69,9'u erkekti. Olguların %66'sının tanıdığı veya güven ilişkisi içinde olduğu bireylerin fiziksel şiddetine uğradığı, %34'ünün ise daha önceden tanımadığı bireylerin fiziksel şiddetine uğradığı belirlendi. Şiddeti adli makamlara mağdurların yalnızca %7,7'si kendileri şikayet etmişti. Fiziksel istismar mağdurlarının tekrarlayan mağduriyet yaşama durumları yabancı şiddetine maruz kalanlara göre istatistiksel olarak anlamlı düzeyde daha yüksek bulundu. Yabancı şiddeti mağdurları, fiziksel istismar mağdurlarına göre istatistiksel olarak anlamlı düzeyde daha ağır yaralanmalara maruz kalmıştı.

Sonuç: Fiziksel şiddet mağduru yaşlılar çoğunlukla tanıdıkları ve güven ilişkisi içinde oldukları bireyler tarafından şiddete uğruyorlar. Ancak çalışmamızın bulgularına göre olguların üçte biri yabancılar tarafından şiddete uğramıştır ve bu göz ardı edilmemesi gereken bir oranı temsil etmektedir. Yaşlıların fiziksel, ekonomik ve ruhsal bağımlılıkları nedeniyle adli makamlara veya hastanelere başvuruda bulunamadıkları ve haklarını arayamadıkları dikkate alındığında yaşlılara yönelik istismar ve şiddet büyük oranda gizli kalmaktadır. Bu nedenle yaşlıları korumaya yönelik yasal ve sosyal önlemler alınmalıdır.

Anahtar Kelimeler:

Yaşlı • Yaşlı İstismarı • Adli Tıp • Fiziksel İstismar • Şiddet • Tekrarlayan Mağduriyet

Background

Old age is a period in which people often experience difficulties performing daily life activities both physically and mentally according to physiological and biological changes; therefore, they become dependent on others (Tereci et al., 2016). Physical and cognitive limitations caused by aging and intergenerational conflicts that those involved may experience can make older adults vulnerable to social problems, especially violence (Castro, Rissardo, & Carreira, 2018). A United Nations global aging report stated that the old population in the world reached over 962 million in 2017, more than double that in 1980, and this number is expected to double again to 2.1 billion in 2050 (United Nations World Population Ageing Report, 2017). The rapid increase in the older people population has also caused an increase in medico-legal problems related to older adults. One of these problems is violence against older adults.

Physical violence is defined as traumatic bodily injury after the deliberate use of physical force resulting in pain or impairment (Kılıç Öztürk et al., 2017). Elder abuse, which is a universal problem, 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”. Elder abuse can be analysed per five categories: physical, sexual, psychological or economic abuse, and neglect (World Health Organisation. The Toronto declaration on the global prevention of elder abuse, 2002). Anyone in a position of control or authority can commit these abuses, such as spouses, children, neighbours, and even health workers (Akdemir, Görgülü, & Çınar, 2008). Becoming physically and mentally dependent on others is the most important risk factor for abuse (X. Dong & Simon, 2013; Ghodousi, Maghsoodloo, & Hoseini, 2011; Karbeyaz & Çelikel, 2017). The

most common form of abuse against older adults is neglect, while the most prominent form is physical abuse. Elder physical abuse can be defined as actions such as pushing, pulling, slapping, hitting or attacking with an object that aim to cause physical pain or injury to an older adult (Clarysse et al., 2018). In a meta-analysis of 34 population-based and 17 non-population-based studies, the prevalence of elder abuse was between 10% and 34.3% (Ho et al., 2017). According to the World Health Organization (WHO), this prevalence is between 1% and 10% in developed countries (X. Q. Dong, 2015). In a survey study that determined the prevalence of violence against older adults in Portugal, exposure to any abuse was 15% when individuals the older adults did not know were included among aggressors, and 12.3% when these individuals were excluded. The prevalence of physical abuse alone was reported as 2.3% (Gil et al., 2015). In a population-based study conducted in the United States, the one-year prevalence of elder abuse emerged at 4.6% and that of physical abuse at 1.8% (Burnes et al., 2015). While extensive field studies about the prevalence of elder abuse in Turkey are limited, in the studies that do exist, exposure to any abuse was reported between 14.2% and 28.9%, and exposure to physical abuse between 1.5% and 9.5% (Gürsoy & Kara, 2020; Lök, 2015; Pak, 2020).

Aims

Violence committed by strangers against older adults is not considered elder abuse per its definition. Therefore, in this article, the use of physical force by strangers against older adults is called stranger physical violence and the use of physical force by people the elders know or with whom they have a trusting relationship physical abuse. Typically, studies on violence against older adults utilize surveys focused on elder abuse, generating different results that try to

determine the prevalence of elder abuse in society. Although physical abuse is the most prominent form of elder abuse, its reported rates may only be just the tip of the iceberg, because older individuals, who might be dependent on their abusers, are not expected to disclose an abusive behaviour carried out by trusted ones or report it to judicial authorities. Studies examining violence against older adults generally consider only physical abuse as well. As such, this study aimed to investigate both stranger physical violence and physical abuse in terms of victim and aggressor characteristics and the physical consequences of the violence, and to compare physical abuse with stranger physical violence. In the literature review, there is no other forensic study that analyses and compares these aspects of both physical abuse and stranger physical violence. Sharing the older adults violence experiences of forensic medicine experts working on the effects of violence on people may guide interventions that can be developed in predicting and preventing violence. For this purpose, all forensic medicine committee reports prepared for older adults who were directed to the Department of Forensic Medicine by judicial authorities to determine the severity of their injuries resulting from physical violence were retrospectively analysed.

Methodology

This study included reports prepared for 156 older adults aged 65 years and over who were victims of intentional injury from the Department of Forensic Medicine between 1 January 2014 and 31 December 2020.

The following variables were collected from the reports:

1. Socio-demographic characteristics of victims: age, age group (65–74, 75–84, 85 and above), gender, residence (urban, rural), marital status.

2. Criminological characteristics: crime scene; aggressor gender and number; injuring tool (bare hand/foot, blunt object, sharp object, firearm); how the violence was reported to judicial authorities (victim or physician reports); closeness of the aggressor to the victim, categorized as spouses, sons/daughters, sons/daughters-in-law, grandchildren, other relatives (cousins, siblings, nephews, nieces, co-in-laws, etc.), people the elder knows such as friends, neighbours and other individuals with whom they have a trusting relationship (bosses, employees, caregivers, chaplains, police officers, security guards, medical personnel) and individuals they do not know (strangers); revictimization, defined as multiple physical abuse/violence victimization instances in the elders' medical history and/or a statement in the anamnesis that the victim had been subjected to physical abuse/violence before.

3. Clinical characteristics: injured body part and injury severity. The injuries were classified as severe or slight according to articles released by the Turkish Criminal Law after assessing the older adults' forensic reports. According to this information, severe injuries are those that pose a danger to life, create permanent debility/disability of a body part, sense or function, or leave a steady scar on the face, while slight injuries are those that do not fit the first category and could be treated with simple medical intervention.

Victims of physical abuse (VPA), and victims of stranger violence (VSV) groups were compared in terms of their sociodemographic, clinical and criminological characteristics using statistical methods.

The SPSS 22 for Windows package program was used for the data analysis. Descriptive characteristics and continuous variables were given as mean \pm standard deviation, and discrete variables as numbers and percentages. Pearson's chi-square test and

Fisher's exact test were used for group comparisons. Values of $p \leq 0.05$ were considered statistically significant.

This study was approved by the Ethics Committee of the Süleyman Demirel University Faculty of Medicine Clinical Research.

Results

In total, 69.9% of the cases were male and 30.1% female. The age distribution was between 65 and 90 years for an average age of 71.64 ± 6.10 . It was determined that 66% of all cases were subjected to physical violence by individuals they knew or with whom they had a trusting relationship, and 34% were subjected to stranger physical violence. The demographic, criminological and clinical characteristics of all cases are given in Table 1.

| | | Mean \pm SD | n (= 156) | % |
|-----------------|---------------------------------|------------------|-----------|------|
| Age | Total | 71.64 \pm 6.10 | | |
| | Male | 71.53 \pm 5.98 | | |
| | Female | 71.89 \pm 6.43 | | |
| Gender | Male | | 109 | 69.9 |
| | Female | | 47 | 30.1 |
| Marital status | Married | | 96 | 61.5 |
| | Unmarried | | 60 | 38.5 |
| Age group | 65–74 | | 107 | 68.6 |
| | 75–84 | | 42 | 26.9 |
| | 85 and above | | 7 | 4.5 |
| Residence | Urban | | 84 | 53.8 |
| | Rural | | 72 | 46.2 |
| Aggressor | Acquaintance/trusted individual | | 103 | 66.0 |
| | Stranger | | 53 | 34.0 |
| Revictimization | Yes | | 49 | 31.4 |

| | | | | |
|--------------------------------|------------------------|--|-----|------|
| | No | | 107 | 68.6 |
| Crime scene | Home | | 65 | 41.7 |
| | Outdoors | | 77 | 49.4 |
| | Other indoor place | | 14 | 9.0 |
| Aggressor gender | Male | | 133 | 85.3 |
| | Female | | 23 | 14.7 |
| Aggressor number | 1 person | | 113 | 72.4 |
| | More than 1 person | | 43 | 27.6 |
| Report to judicial authorities | Medical staff reported | | 144 | 92.3 |
| | Victim reported | | 12 | 7.7 |
| Injuring tool | Bare hand/foot | | 85 | 54.5 |
| | Blunt object | | 47 | 30.1 |
| | Sharp object | | 21 | 13.5 |
| | Firearm | | 3 | 1.9 |
| Injured body part | Head/neck | | 87 | 55.8 |
| | Thorax | | 20 | 12.8 |
| | Abdomen | | 3 | 1.9 |
| | Extremities | | 42 | 26.9 |
| | Vertebra | | 4 | 2.6 |
| Injury severity | Slight | | 111 | 71.2 |
| | Severe | | 45 | 28.8 |

Figure 1 outlines the victims' relationships with their aggressors. Accordingly, VPA were physically abused mostly by acquaintances

such as friends and neighbours, followed by their own children.

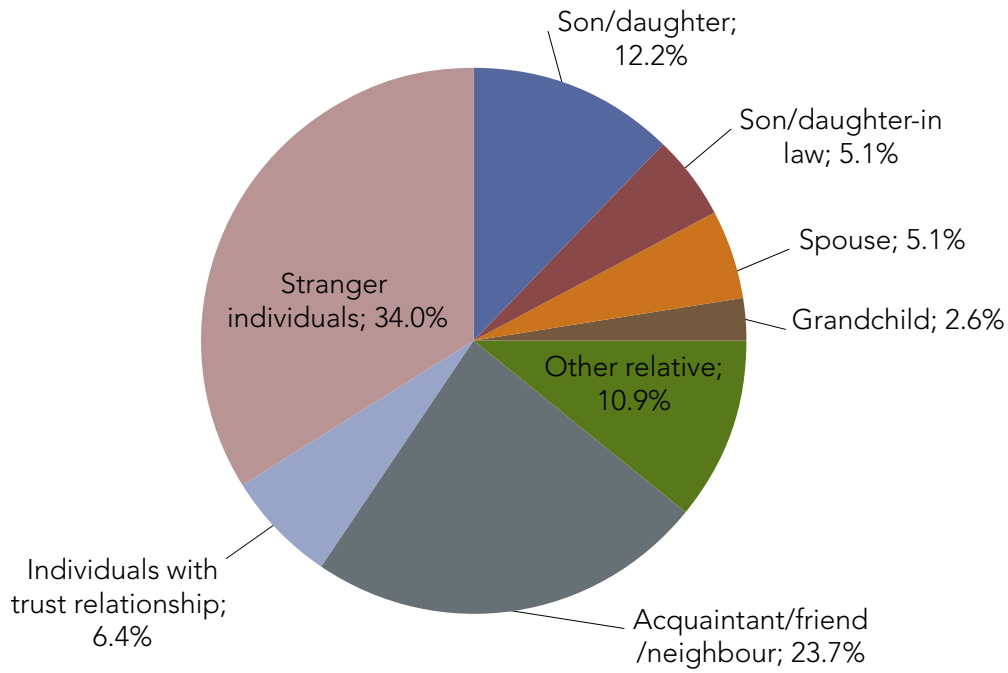


Figure 1. Relationships between elder abuse victims and aggressors.

The comparison of the VPA and VSV groups' demographic, criminological and clinical characteristics is given in Table 2. It was determined that the frequency of women subjected to physical violence by strangers was statistically significantly lower than men ($p = 0.003$), compared to the frequency of being subjected to violence by individuals they know. When revictimizations were examined, the VPA group faced it statistically significantly more frequently ($p = 0.000$), with only 1 person from the VSV group experiencing revictimization. When the aggressors' characteristics were examined, the number of male aggressors was

significantly higher in both groups, but there was 1 female aggressor in the VSV group and 22 female aggressors in the VPA group ($p = 0.001$). The reports of violence to the judicial authorities came mostly from physicians during the victims' hospital admissions for treatment in both groups, and there was no statistically significant difference with the older adults' direct report rates. There was no statistically significant difference between the groups in terms of injured body parts. However, regarding injury severity, VSV were exposed to more severe injuries at a statistically significant level ($p = 0.033$).

Table 2.

Comparison of demographic, clinical and criminological characteristics according to the victims' relationships with their aggressor(s)

| | | VPA group | | VSV group | | p-value |
|--------|--------|-----------|------|-----------|------|---------|
| | | n | %a | n | %a | |
| Gender | Male | 64 | 62.1 | 45 | 84.9 | 0.003 |
| | Female | 39 | 37.9 | 8 | 15.1 | |

| | | | | | | |
|--------------------------------|------------------------|----|------|----|------|-------|
| Marital status | Married | 63 | 61.2 | 33 | 62.3 | 0.894 |
| | Unmarried | 40 | 38.8 | 20 | 37.7 | |
| Age group | 65–74 | 66 | 64.1 | 41 | 77.4 | 0.214 |
| | 75–84 | 31 | 30.1 | 11 | 20.8 | |
| | 85 and above | 6 | 5.8 | 1 | 1.9 | |
| Residence | Urban | 59 | 57.3 | 25 | 47.2 | 0.230 |
| | Rural | 44 | 42.7 | 28 | 52.8 | |
| Crime scene | Home | 62 | 60.2 | 3 | 5.7 | 0.000 |
| | Outdoors | 31 | 30.1 | 46 | 86.8 | |
| | Other indoor place | 10 | 9.7 | 4 | 7.5 | |
| Revictimization | Yes | 48 | 46.6 | 1 | 1.9 | 0.000 |
| | No | 55 | 53.4 | 52 | 98.1 | |
| Aggressor gender | Male | 81 | 78.6 | 52 | 98.1 | 0.001 |
| | Female | 22 | 21.4 | 1 | 1.9 | |
| Aggressor number | 1 person | 85 | 82.5 | 28 | 52.8 | 0.000 |
| | More than 1 person | 18 | 17.5 | 25 | 47.2 | |
| Report to judicial authorities | Medical staff reported | 93 | 90.3 | 51 | 96.2 | 0.188 |
| | Victim reported | 10 | 9.7 | 2 | 3.8 | |
| Injuring tool | Bare hand/foot | 57 | 55.3 | 28 | 52.8 | 0.092 |
| | Blunt object | 35 | 34 | 12 | 22.6 | |
| | Sharp object | 10 | 9.7 | 11 | 20.8 | |
| | Firearm | 1 | 1 | 2 | 3.8 | |

| | | | | | | |
|-------------------|-------------|----|------|----|------|-------|
| Injured body part | Head/neck | 59 | 57.3 | 28 | 52.8 | 0.948 |
| | Thorax | 27 | 26.2 | 15 | 28.3 | |
| | Abdomen | 12 | 11.7 | 8 | 15.1 | |
| | Extremities | 2 | 1.9 | 1 | 1.9 | |
| | Vertebra | 3 | 2.9 | 1 | 1.9 | |
| | | | | | | |
| Injury severity | Slight | 79 | 76.7 | 32 | 60.4 | 0.033 |
| | Severe | 24 | 23.3 | 21 | 39.6 | |

*Percentage of column

VPA = Victims of physical abuse

VSV = Victims of stranger violence

Discussion

Studies on violence against older adults and the relatives who most commonly commit violent acts have stated that aggressors are mostly family members and acquaintances (de Sousa et al., 2016; Gil et al., 2015; Kılıç Öztürk et al., 2017; Rodrigues et al., 2019). In a survey conducted in the Turkish province of Çanakkale, the aggressors were mostly the older adults' spouses (43.3%) (Gürsoy & Kara, 2020). Meanwhile, in a study conducted by the forensic unit in the province of Eskişehir, the aggressors were primarily sons (45.1%) (Karbeyaz & Çelikel). As for patients admitted to the emergency department in the province of Şanlıurfa, the aggressors were mostly the older adults' other family members (61.1%) (Kılıç Öztürk et al., 2017). A study conducted in Portugal reported that in all types of abuse, the aggressors were typically other relatives such as cousins, siblings and nephews (Gil et al., 2015). Among the elder patients admitted to emergency departments in the United States, at 25% the aggressors most reported in abuse cases were spouses (Rosen et al., 2016). In this study, 66% of the older victims of physical violence were subjected to physical violence by their acquaintances,

family members, relatives or individuals with whom they have a trusting relationship, and 23.7% were subjected to physical violence mostly by individuals they know, such as neighbours and friends. This may be because older adults refrain from going to hospital when they are subjected to violence by first-degree relatives, so that the incident will not transfer to judicial authorities.

When aggressor gender was examined, 85.3% of the total aggressors, 98.1% of the stranger aggressors and 78.6% of the aggressors related to the victims were male. Many studies have also stated that aggressors are mostly male (de Sousa et al., 2016; Karbeyaz & Çelikel, 2017; Rodrigues et al., 2019). Additionally, when VPA and VSV were compared in the present study, the number of female acquaintance aggressors was statistically significantly higher than female stranger aggressors. Considering that the male gender is more associated with violence and illegal behaviours, the proportional dominance of males in violent crimes against older adults can be expected. However, regarding elder abuse, the probability of the aggressor being a woman is too high to be underestimated. The high

rate of female physical abusers might be due to the fact that older adult caregivers are generally women.

In this study, the mean age of the victims was 71.64 ± 6.10 years and 68.4% of them were in the 65–74 age group. Additionally, 69.9% of all cases, 62.1% of VPA and 84.9% of VSV were male. Some studies on the gender distribution of elder abuse victims reported that men are exposed to more violence, while others indicated that women are exposed to more violence (Altıntop & Tatli, 2019; de Sousa et al., 2016; Karbeyaz & Çelikel, 2017; Kılıç Öztürk et al., 2017; Rodrigues et al., 2019; Rosen et al., 2016). In a systematic review of 49 studies, being female and aged 75 years or above were reported as risk factors, but in other studies, being male and aged under 75 years were considered risk factors, so the reliability of these characteristics as risk factors remains low (Johannesen & LoGiudice, 2013). Still, this difference in victimization according to gender shows that aggressors abuse elders regardless of gender. In addition, this study demonstrated that the frequency of women being VSV compared to men was statistically significantly lower than the frequency of being VPA ($p = 0.003$). This situation can be explained by the fact that men are more exposed to stranger violence, even at an older age, because they are more involved in society than women, exhibit riskier behaviours and become more involved in judicial events.

In this study, 46.6% of the VPA group had a prior history of physical abuse, and only 1 person from the VSV group was exposed to physical violence before, indicating a statistically significant difference between the groups' revictimization rates. Similar to this study, research conducted in the United States found that 52.3% of older VPA faced revictimization and the vast majority of them were subjected to violence by their relatives

without a weapon (Friedman et al., 2017). Another study conducted in Turkey stated that 55.1% of older VPA faced revictimization (Kılıç Öztürk et al., 2017). In a survey conducted with 500 participants aged 65 years and above in the province of Isparta, half of the older adults thought that family members should not be punished for their abusive behaviour, and 36.8% thought that abuse in the family should not be made public (Kalaycı et al., 2016). In a survey of 1,230 participants aged 65 years and above in the province of Çanakkale, only 5.4% of the individuals exposed to physical abuse received support from an institution (Gürsoy & Kara, 2020). Additionally, only 7.7% of the elder victims sent to the Forensic Medicine Department by judicial authorities visited a prosecutor or police station themselves. In 93.3% of cases, physicians reported the violence after the victim's hospital examination. In line with the literature, this study's findings also show that the elders avoided reporting physical abuse due to their physical, mental and economic dependence. Fear of the aggressor or not wanting the aggressor to be punished, and believing that physical abuse in the family should remain in the family cause revictimization by preventing them from getting the necessary legal and social support.

Studies show that elder abuse occurs mostly at home (Friedman et al., 2017; Kılıç Öztürk et al., 2017). In this study, 60.2% of physical abuse and 5.7% of stranger violence occurred where the older individuals lived. It was expected for stranger violence compared to physical abuse occurring at home to be statistically lower. While the safest place should be their own home, it is noteworthy that high rates of physical abuse against older adults occur in their home. This could be due to the reliance of abusers on the privacy of the home, the low probability of acts of violence occurring in the home being reported to judicial authorities and the high

probability of keeping it secret.

A study conducted on a forensic medicine unit in Brazil reported that 56.7% of physical abuse victims were injured without a weapon, 42.9% had maxillofacial trauma and 90.1% had only soft tissue injuries; a similar study conducted in a Turkish forensic unit reported that 68.4% of injuries could be treated with basic medical intervention (de Sousa et al., 2016; Karbeyaz & Çelikel, 2017). In this study, when the victims' injury characteristics were examined, 55.3% of the VPA and 52.8% of the VSV were injured by the abusers' bare hands without a weapon, and there was no statistically significant difference between them in terms of weapon use. For injured body parts, both VPA and VSV most frequently had head and neck injuries, followed by extremity injuries, and there was no statistically significant difference between the two groups. However, after examining injury severity, 76.7% of the VPA had slight injuries in the form of ecchymosis, abrasion and soft tissue trauma, and the VSV were exposed to more serious injuries (39.6%) at a statistically significant level. The slight injuries of victims subjected to physical violence by their relatives can be attributed to the abusers' intentions to intimidate the elders physically and psychologically, rather than to cause true physical damage, or the high probability of needing to notify judicial authorities about serious injuries.

We can name the inaccessibility of data on the treatments received by the cases and the lack of psychiatric effects due to the violence they were exposed among the limitations of the present study since this is a retrospective study.

Conclusion

Elder victims of physical violence are often subjected to violence by individuals they know and with whom they have a trusting

relationship. Nevertheless, according to this study's findings, one-third of the cases involved subjection to violence by strangers, representing a rate which should not be ignored. Moreover, considering that older adults often cannot report abuse to judicial authorities or hospitals because of factors such as holding legal proceedings against family members and experiencing revictimization due to physical, economic and mental dependencies, abuse and violence against them largely remains unreported. Legal and social measures should be taken to protect older adults while considering these factors. Among these measures, the most basic is the establishment of state-regulated institutions that provide protection and shelter services to abused older adults, so they can be taken from their abusive relatives. According to this study, when abusers are individuals whom the victims have never met, it often results in more serious injuries. In addition, the revictimization rate in older adults subjected to violence by their relatives was found to be remarkably high. The study further observed that the role of health personnel in the emergency department, which is the first place victims often report abuse, is very important in revealing violence. For this reason, health personnel should be educated to be vigilant about identifying abuse upon the hospital admissions of older adults and children, who form another vulnerable social group.

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