



The elders as victims of chronic domestic violence, and their mental health profile in Nazarabad City, Iran, in 2017: A short report

Shahrbanoo Ghahari¹, Maryam Yeka-Fallah², Raoofeh Ghayoomi¹, Fatemeh Viesy³, Bahram Gheitarani², Mahdi Kheradmand², Shima Tamannaefar⁴

1 Department of Mental Health, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran

2 Department of Clinical Psychology, School of Psychology, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

3 Department of Psychology, School of Behavioral Sciences and Mental Health (Tehran Institute of Psychiatry), Iran University of Medical Sciences, Tehran, Iran

4 Department of Clinical Psychology, Roozbeh Psychiatric Hospital, Tehran University of Medical Sciences, Tehran, Iran

Short Communication

Abstract

BACKGROUND: Elder abuse has been extensively recognized as one of the complicated general health issues and the abused elders experience mental health problems. In this regard, this study is carried out with the aim to investigate the elderly as victims of chronic domestic violence and their mental health profile in Naziabad City, Iran.

METHODS: The current study is a cross-sectional study with the statistical population consisting of all elders living in Nazarabad. The individuals older than 60 years participated in this study were selected using the convenience sampling method and filled the Elder Abuse Questionnaire (EAQ). The subjects who were not willing to cooperate were removed from the study and the ones who were diagnosed as domestic violence victims filled out the General Health Questionnaire-28 (GHQ-28). The data were analyzed using descriptive statistics and correlation method in SPSS software.

RESULTS: In total, 243 elders with a mean age of 67 ± 7 years old participated in this study. Of them, 144 (59.3%) and 99 (40.7%) were women and men, respectively. The most common abuse reported was about neglect and inattention of children, emotional abuse, and physical abuse as 104 (41.6%), 69 (28.4%), and 16 (6.6%), respectively.

CONCLUSION: Elders as domestic violence victims had lower general health and higher anxiety and depression; hence, it is essential for the health system professionals and experts to provide violence prevention programs in Iranian families.

KEYWORDS: Elder Abuse; Mental Health; Domestic Violence; Iran

Date of submission: 07 Mar. 2019, **Date of acceptance:** 12 Sep. 2019

Citation: Ghahari S, Yeka-Fallah M, Ghayoomi R, Viesy F, Gheitarani B, Kheradmand M, et al. **The elders as victims of chronic domestic violence, and their mental health profile in Nazarabad City, Iran, in 2017: A short report.** Chron Dis J 2020; 8(1): 41-4.

Introduction

The problem of aging has been considered as a critical health issue in developed and developing countries in the last decades. Abuse of elders could reduce the quality of life

(QOL) among them.^{1,2} Elder abuse, also called elder maltreatment, include psychological, physical, and sexual abuse, neglect by caregiver, and financial exploitation.³ World Health Organization (WHO) estimates the rate of elder abuse as 4-6%.⁴ The results of a study In Iran showed a 80.60% rate of elder abuse.⁵

Recently, many studies have shown an association between the elder abuse and mental health. The elderly are vulnerable to

Corresponding Author:

Shima Tamannaefar; Department of Clinical Psychology, Roozbeh Psychiatric Hospital, Tehran University of Medical Sciences, Tehran, Iran

Email: psysh.tamana@gmail.com

emotional distress like depression and other mental problems. Violence against elders as a stressful event could exacerbate psychological distress in them. In addition, there are some risk factors that could increase the rate of violence against elders in families.⁶

Elders are often dependent on others due to the declined economic status and physical disability that can affect their mental health and they may face maltreatment at home or in care institutions.^{3,6} Moreover, it has been shown in various cross-sectional studies that psychological problems are related to the elevated risk of elder abuse.⁶ A longitudinal study indicated that the increase in the abuse score could be predicted by an increase in the anxiety and depression scores in the elderly.⁷

Since knowledge on the mental health and mental state of the elder people is of paramount importance, the current study was accomplished aiming to investigate abuse of the elders as victims of chronic domestic violence and their mental health profile.

Materials and Methods

This was a cross-sectional study with the statistical population including all elders living in Naziabad city covered by rural healthcare centers. The convenience sampling method was adopted to select the study subjects. The individuals older than 60 who were supported by the healthcare centers of Naziabad City and intended to participate in the study filled out the Elder Abuse Questionnaire (EAQ). The illiterate elder subjects filled out the questionnaire with the help of the researchers. The subjects who were not willing to cooperate were removed from the study and the ones who were diagnosed as domestic violence victims filled out the General Health Questionnaire-28 (GHQ-28). The study inclusion criteria included age of 60 years old and above, being married, and willingness to participate in the study. Similarly, the study exclusion criteria were the lack of Alzheimer's

disease and psychotic diseases, non-addiction, and unwillingness to participate in the study. The data were gathered using EAQ and GHQ-28 and analyzed in the SPSS software (version 22, IBM Corporation, Armonk, NY, USA).

EAQ consists of 46 items evaluating the severity of abuse in 6 areas based on the Likert scale. The validity of the scale using Cronbach's alpha coefficient was reported to be 0.863 and the validity of the areas was estimated to be 0.844, 0.827, 0.776, 0.578, 0.851, and 0.507, respectively. Besides, this questionnaire benefited from an acceptable level of reliability. In this regard, the reliability values were obtained as 0.84, 0.78, and 0.64 using the test-retest method on 70 elders, Cronbach's alpha method, and split-half method, respectively.⁷

GHQ-28, designed by Goldberg and Hillier in 1979, is a 28-item scale as a general measure of health and psychopathology across four areas: somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression.⁸ Goldberg and Hillier described a range of scoring methods, however a 4-point Likert scale was used in the present study just for selecting the control group. Goldberg and Williams reported validity coefficients for this scale ranging from 0.32 to 0.70 for each of the four subscales, with somatic symptoms recording the lowest validity coefficient.⁸ A test-retest reliability of 0.90 was also reported for this questionnaire, as well as an internal consistency coefficient of 85.1, and as revealed in the studies, it possesses an acceptable validity coefficient among the Iranian population.^{9,10}

Results

Totally, 243 elders with a mean age of 67 ± 7 years old participated in this study. Of them, 144 (59.3%) and 99 (40.7%) were women and men, respectively. The majority of the elders 196 (80.6%) had elementary education and 47 (19.4%) were illiterate.

Table 1. Correlation matrix of different kinds of elder abuse and mental health dimensions

Variables	Total score of elder abuse		Emotional abuse		Physical abuse		Neglect abuse	
	r	P	r	P	r	P	r	P
General health	0.42*	<0.001	0.41	<0.001	0.17*	<0.001	0.46*	<0.001
Physical symptoms	0.28*	<0.001	0.33	0.200	0.11	0.330	0.34	<0.001
Anxiety symptoms and sleep disorders	0.41*	<0.001	0.42	<0.001	0.20	<0.001	0.39*	<0.001
Social functions	0.12	<0.001	0.25	0.260	-0.31	0.710	0.19*	<0.001
Depression symptoms	0.32*	<0.001	0.42	<0.001	0.19*	<0.001	0.39*	<0.001

* P < 0.001

In addition, 107 (44.0%) and 136 (56.0) of the subjects were married and divorced, respectively. The most common abuse reported was about neglect and inattention of children, emotional abuse, and physical abuse as respectively 104 (41.6%), 69 (28.4%), and 16 (6.6%). There was not any report about financial or religious abuses.

Table 1 demonstrates the results of the correlation between kinds of abuses and mental health.

There is a significant correlation between different kinds of violence such as neglect, emotional and physical abuse of elders, and general health ($P < 0.001$, $P = 0.420$); moreover, elders as victims of violence reported high anxiety and sleep disorders ($P < 0.001$, $P = 0.140$). In addition, there was a significant correlation between depression and different kinds of elder abuse ($P = < 0.001$, $P = 0.320$) while there was not any significant correlation between different kinds of abuses with physical problems and social function.

Discussion

The results of the current study suggested that elders as victims of domestic violence experience more mental disorders and problems compared to the non-victim elders; this finding was in line with other studies that approved lower general health in the abused elders.^{3,6} Furthermore, the results of this study indicated that the abused elders experience higher level of depression in comparison to the non-abused elders. This result matched the results of other studies.^{3,6} Additionally, the

findings in the current study indicated higher anxiety in abused elders that is in line with the findings of other studies.^{5,11,12} The results of this study did not approve the relation between the elder abuse and physical problems and this finding was not in agreement with the findings of the study by Yekefallah *et al.* on the prevalence of physical problems in the abused elderly.⁵ In addition, this finding was not similar to that in the study by Nair Sreejith *et al.* on the significant relationship between elder abuse and low social function.¹²

It can be explained that old age is along with weakness and inability in different fields so that violence at this age can lead the elderly to suffering from physical and mental diseases. Study subjects were chosen from one city, so the results cannot be generalized to the whole country. Questionnaire was used as the only instrument in screening mental health; so, it is recommended for the psychiatrics to design an upper interview in further studies.

Conclusion

The present study findings showed that elders as violence victims had lower general health compared with the non-victim elders. This finding could be used by the mental health professionals to develop preventing and intervening programs for the elders in Iran.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgments

The authors would like to appreciate the

managers of health care centers and the elders who collaborated in this project. This study has not received any grant from any agencies.

References

1. World Health Organization. Global Health Observatory (GHO) data: Life expectancy [Online]. [cited 2016]; Available from: URL: https://www.who.int/gho/mortality_burden_disease/life_tables/en
2. Osman CH. Physical and psychiatry diseases of aged people in Malaysia: An evaluation in Ampang, Selangor, Malaysia. *Sch J Appl Med Sci* 2015; 3(1C): 159-66.
3. Ghahari S, Khademolreza N. Spouse abuse in Iran: Where are we today? *Iran J Psychiatry Clin Psychol* 2019; 24(4): 458-62. [In Persian].
4. Ghahari S, Yeke Fallah M, Nouri Talemi A, Zarghami M, Viesy F, Khademolreza N, et al. Psychometric Properties of Iranian Elder Abuse Questionnaire (Long Form). *Journal of Education, Society and Behavioural Science* 2019; 30(4): 1-9.
5. Yekefallah M, Imani S, Borji M, Sadighpour M, Gheitarani B, Kheradmand M, et al. Comparison of depression and general health among victims of domestic violence among the elderly and their peers in Savojbolagh-Iran. *Community Health* 2018; 5(2): 132-0. [In Persian].
6. Dong X, Simon MA, Odwazny R, Gorbien M. Depression and elder abuse and neglect among a community-dwelling Chinese elderly population. *J Elder Abuse Negl* 2008; 20(1): 25-41.
7. Ghahari S, Davoodi R, Yekehfallah M, Mazloumi Rad M. Marital conflict, cognitive emotion regulation, maladaptive schema and sexual satisfaction in spouse abused and non-abused women in Iran: A comparative study. *Asian J Psychiatr* 2018; 35: 1-2.
8. Goldberg DP, Hillier VF. A Scaled Version of the General Health Questionnaire. *Psychol Med* 1979; 9(1): 139-45.
9. Ghahari S, Imani S, Bolhari J. What are the believes, spiritual, subcultural, religious, traditional, and family structure of perpetrators of domestic violence? A question for further studies (Letter to Editor). *Social Determinants of Health* 2017; 3(2): 56-7. [In Persian].
10. Etemedi Nia M, Aliloo MM, Ansarin K. The role of stress and coping strategies in the emergence of asthma, and the moderating effects of gender in this illness. *Procedia Soc Behav Sci* 2010; 5: 910-4.
11. Dyer CB, Pavlik VN, Murphy KP, Hyman DJ. The high prevalence of depression and dementia in elder abuse or neglect. *J Am Geriatr Soc* 2000; 48(2): 205-8.
12. Nair Sreejith S, Hiremath SG, Ramesh P, Nair Sreekanth S. Depression among geriatrics: Prevalence and associated factors. *Int J Curr Res Rev* 2013; 5(8): 110-2.