

ELDER ABUSE IN FORENSIC PRACTICE

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Abstract

Elder abuse is a single or repeated act or lack of appropriate care that results in harm and suffering to a person. These acts constitute a violation of human rights and can be divided into several types: physical, sexual, mental and/or emotional abuse, financial and/or material abuse, abandonment and neglect (WHO, 2021). Physical abuse is the most common and recognizable type of elder abuse. The most common signs and symptoms of physical abuse are various traumatic injuries (bruises, abrasions, lacerations, cuts and stabbing injuries, etc.), which can be of varying duration (National Center of Elder Abuse). The purpose of the present study is to analyze, with the help of statistical maps, the social and household factors and the morphological characteristics of the disabilities, established in patients over the age of 65 who passed through the outpatient department of the Department of Forensic Medicine at the St. George UMHAT - Plovdiv. The retrospective study included 182 patients over the age of 65 who went through the outpatient office of the Department of Forensic Medicine in the city of Plovdiv over a 2-year period (2016-2017). The results of the statistical analysis largely correlate with those in foreign studies on the subject.

Key words: *elder abuse, traumatic injuries, forensic*

Elder abuse is a single or repeated act or lack of appropriate care that results in harm and suffering to a person. These acts constitute a violation of human rights and can be divided into several types: physical, sexual, mental and/or emotional abuse, financial and/or material abuse, abandonment and neglect (WHO, 2021). Bulgaria is one of the countries in the European Union with the most aging population, which makes the problem of violence in the age group over 65 relevant. However, elder abuse often remains an underestimated and hidden problem.

Physical abuse is the most common and recognizable type of elder abuse. The most common signs and symptoms of physical abuse are various traumatic injuries (bruises, abrasions, lacerations, cuts and stabbing injuries, etc.), which can be of varying duration (National Center of Elder Abuse).

The age, gender of the victim can be noted as risk factors, with female gender being considered a risk factor in all types of violence, as well as mental and cognitive disorders, antisocial lifestyle and others (Clarysse, K. 2018; Johannesen M. 2013). In contrast to the victims of violence, who are most often women, a number of studies indicate that the perpetrators are mostly men, and the victim is usually attacked by only one perpetrator, and the place of the act is most often her own home. (Kleinschmidt KC. 1997; Abath, MB. 2010). Regarding the relationship between the elderly victim and her abuser, most often he is an acquaintance, and even in cases where it is not reported in the preliminary information who the abuser is, it is believed that in most cases he is either part of the family or an acquaintance of him. The claims of previous studies are confirmed that when it comes to violence against the elderly within the family, the aggressors are most often the children of the victim, followed by their spouse, and paradoxically, these are the people who most often take care of their elder relatives. Previous moments of violence in the family, as well as disruption of relationships between its members, are prerequisites for subsequent episodes of violence (Abath, MB. 2010).

It is difficult to determine a specific number and percentage of people who are victims of violence, as there are no clearly established and structured criteria for elder abuse. Also, a large number of them are not inclined to inform the law enforcement authorities or the attending physician about the violence committed against them. According to a survey covering 28 countries, the overall

percentage of people over the age of 60 who were victims of violence was 15.7%, with 2.6% being victims of physical violence (Yongjie Yon et al. 2019). The authors of a 2020 study confirmed age as a risk factor, with the surveyed people over 70 years of age three times more likely to be victims of violence compared to younger study patients (Karolina Filipiska et al. 2020).

In a study by Abath MB et al. included 1027 cases of violence against the elderly. In almost all cases, the violence was committed by applying mechanical force, except for 9 cases where the injuries were caused by the action of high temperatures (burns). In the cases involving mechanical force, 89.5% involved injury from hard blunt objects, most often involving blows with the hand, fist or foot, or the use of random household objects. Less than 2% of cases involve injuries with sharp, cutting objects, and the same percentage of cases where there is a combination of tools and methods of injury (Abath, MB. 2010). The most common superficial injuries to the skin of victims of violence are bruises and lacerations, and those that are most suspicious are those located in certain anatomical areas of the body that are rarely affected in accidental falls (Runge JW.1993). Haemorrhage as a traumatic injury is more common among older adults who are victims of violence than accidental trauma or falls in the same age group (78% and 54%, respectively) (Palmer, Matthew. 2013).

In the forensic medical expert and the attending physician, a case of violence is suspected when the traumatic injuries are located in the maxillofacial region, on the neck, damage to the teeth, without such on the upper and/or lower extremities (Tony Rosen, 2020), also in cases of bleeding with different statute of limitations. According to the aforementioned study, the presence of traumatic injuries on the left side of the face - in the area of the zygomatic bone, lower jaw, ears and neck - is more characteristic, and this fact is based on a greater percentage of right-handed people in the population. A study by Murphy et al. indicates that in 43.98% of the investigated victims of violence, the hemorrhages caused were localized on the upper limbs, mainly in the area of the armpit and the inner surface of the hands, which are rarely affected by an accidental fall (Murphy Kieran, 2013).

Aim: The purpose of the present study is to analyze, with the help of statistical maps, the social and household factors and the morphological characteristics of the disabilities, established in patients over the age of 65 who passed through the outpatient department of the Department of Forensic Medicine at the St. George UMHAT - Plovdiv. The obtained data should be compared with the results known so far in foreign and Bulgarian studies.

Materials and methods: The study includes elderly people over 65 years of age, victims of physical violence, who were the subject of research in the Department of Forensic Medicine at St. George UMBAL - Plovdiv for the period 2016-2017. The information was collected on the basis of pre-prepared statistical maps and processed with descriptive analysis using the statistical processing program SPSS IBM v.19.

Results and discussion: The retrospective study included 182 patients over the age of 65 who went through the outpatient office of the Department of Forensic Medicine in the city of Plovdiv over a 2-year period (2016-2017). The results of the statistical analysis largely correlate with those in foreign studies on the subject. Female gender is confirmed as a risk factor for violence, with the percentage share of women being almost 53% and of men – 47%. In contrast to the cited studies, in the studied population the age group 65-70 years is the most represented, followed by victims between the ages of 70 and 75 years - 48% and 26%, respectively (Table 1).

Age group	Number of cases	Percent correlation
65-70	88	48.4%
70-75	47	25.8%
75-80	25	13.7%
80-85	17	9.3%
85+	5	2.7%
Total	182	100.0%

Table 1. Distribution of cases by age groups

In 79% of cases, the established perpetrator is a man, and most often he is a person known to the victim. The percentage of violence found within the family is also high - a total of 27% of cases, of which in 20% the violence was perpetrated by descending relatives (son or daughter) (Fig. 1). In only 10% of cases, the violence was committed by a person unknown to the victim.

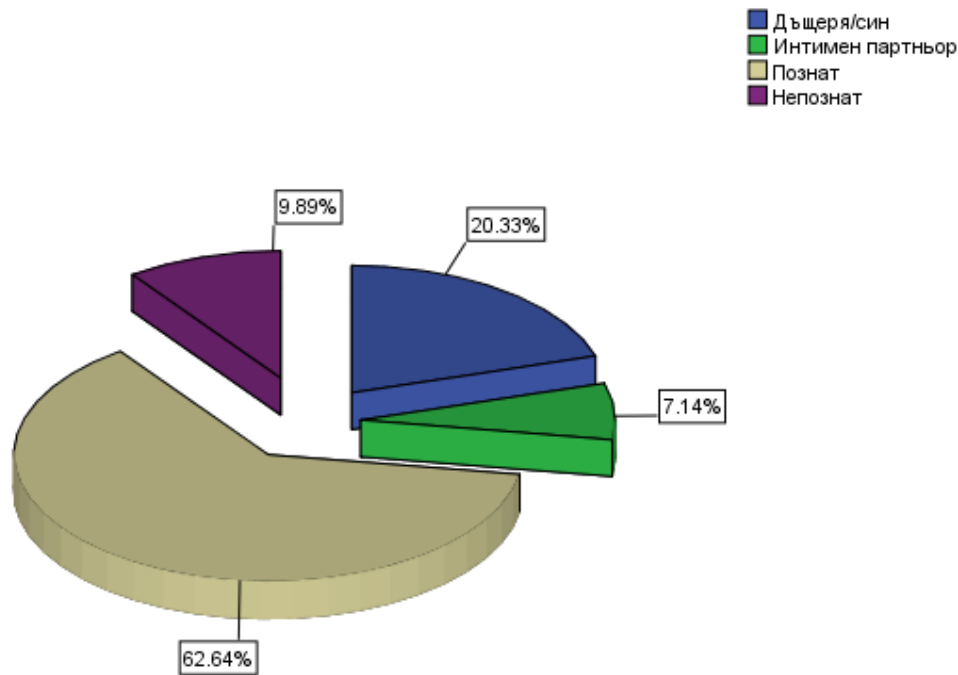


Fig. 1. Distribution by perpetrator profile.

As the most common in everyday life, in the first place according to the characteristics of the means by which the traumatic injuries were inflicted, are hard blunt objects, as they were found in 96% of cases. The most frequently detected superficial traumatic injuries in the studied population are hemorrhages - in 54% of cases.

The data on the anatomical location of the traumatic injuries are also confirmed, with the highest number found in the head and upper limbs - 28% and 21%, respectively (Fig. 2). In 3.1% or 3 of the cases, there are no traumatic injuries on the victim's body.

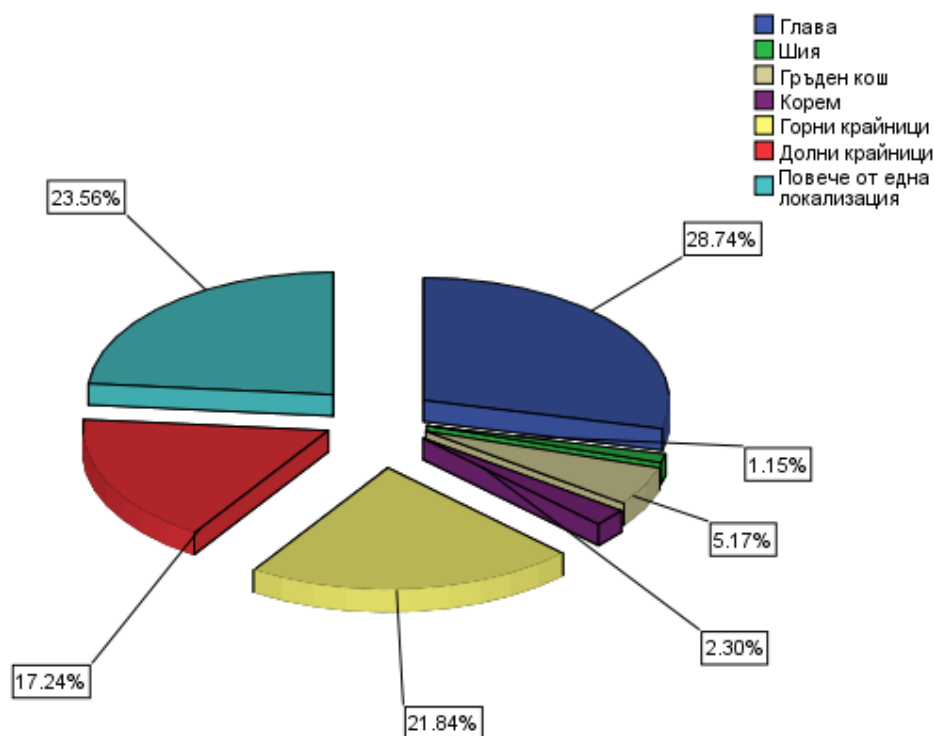


Fig. 2. Localization of established traumatic injuries

The results obtained in the present study also confirm the statement of a number of authors about the location of traumatic injuries in the head area, namely that they are more often found in the left half of the head. The results show that in 17% of the cases the traumatic injuries are in the left side of the face, while in 13% they are located on the right.

Conclusion

The study of the cases for a 2-year period confirms the data of a number of foreign authors regarding the risk factors in violence against the elderly, the most frequent traumatic injuries and their localization, as well as the means used to inflict them.

Abuse of adults is and will continue to be an important and alarming public and health problem. Low birth rates, together with an increase in average life expectancy, are increasingly disrupting the balance between individual age groups and leading to a greater share of people in the over-65 age group.

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