

ORIGINAL RESEARCH ARTICLE

**Psychological Abuse and Its Correlates among Elderly Peoples of Saudhiyar Village, Dang, Nepal**

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**ABSTRACT**

This cross sectional study was carried out to find out the prevalence of psychological abuse and associated factors among the elderly people of Saudhiyar Village Development Committee (VDC), Dang, Nepal. The sample comprised 264 elderly people, who can respond to our inquiry, and partially dependent on a caregiver using validated Elder Psychological Abuse Scale (EPAS), Short Portable Mental State Questionnaire (SPMSQ), and the Katz's Index. Simple random sampling was used for the selection of sample. The findings demonstrated that the EPAS score range was 0–18 (mean 6.928 ±4.572). Eighty seven respondents (33%) had scores of ten or greater. The most frequently reported indicators in the EPAS were economic “dependence on others”, “poor sleep for unknown reasons”, “emotionally confused, dispirited and anxious” and “unable to make own decisions”. The analytical results also showed that the SPMSQ and Katz scores were strongly related to the EPAS score ( $p < 0.05$ ); indicating psychological abuse appeared higher among elderly people with lower cognitive and physical functioning. Psychological abuse was seen more in female than in male ( $p < 0.05$ ) similar in increasing age ( $p < 0.05$ ). The findings of this study are crucial in developing programs accordingly which help to increase awareness to the people about these issues and on the basis of recommendation it helps for further investigation in large scale. After then reduction in the psychological abuse among elderly could be possible which will ultimately reduce mental and behavioral health problem.

**Keywords:** Elder psychological abuse; Cognitive functioning; Physical functioning, correlates.

**INTRODUCTION**

Ageing is a natural phenomenon and an inevitable process. It is closely related with the dynamic process of demographic and socio-economic transformation. There are various factors that make a person old. Decrease in physical strength, increase in mental tension, decrease in immunity power and getting sick to a large extent are the major features that make a person aged. Elderly people also experience many physical changes. With the increase in age, people lose their creativity level, problem solving ability and learning skills as well as short-term memory<sup>[1]</sup>.

Old age is a prelude to death. Disease can be cured but not old age. The problems of the old age can be categorized under four headings: economic, social, mental and physical. On older ages, income is suddenly reduced, expenditure

increases and results the problem of economy. Thus state should provide social security in the form of welfare services. In old age, the person loses status from the society. He might have lost his spouse, other near and dear ones and good friends. Mental changes are an inevitable accompaniment of old age. A certain degree of cerebral atrophy is universal in the elderly and is associated with loss of memory and slowing of reflexes<sup>[2]</sup>. With growth in elderly population it will definitively have wider effect on several dimensions of the society. The elder abuse like other form of violence has remained a private matter but with growth in elderly population the problem is expected to rise. World Report on violence and health 2002 has already stated that

the rate of abuse is 4-6 percent among older people if all types of abuse are included <sup>[3]</sup>.

*Verbal, mental, and psychological abuse* are all aimed at undermining the elder's self-esteem, sense of dignity, judgment, and general well-being. They are probably born of pre-existing long-term difficulties in the relationship between elder and caregiver. Abnormal emotional ties between parent and adult child, or the adult child's personal problems, can lead to psychological abuse. Instances of the abuse occurring in the view of others are unusual, and the elderly victim may not be dependent on the caregiver. Therefore, to outside appearances, the relationship seems normal and the abuse is especially difficult to recognize. Isolation may make these abusers altogether invisible to anyone outside the household. What problems were previously unresolved but tolerable in the relationship while both parties were separate become aggravated when they are together, and may escalate and emerge in the form of psychological abuse <sup>[4]</sup>.

The National Center on Elder Abuse defines emotional or psychological abuse as the infliction of anguish, pain, or distress through verbal or non-verbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his or her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation are examples of emotional/psychological abuse (NCEA, n.d.). Such treatment would typically occur in private and be difficult for third parties to detect <sup>[5]</sup>.

Since the concept of psychological abuse is difficult to define there has been a concentration on verbal aggression as a major manifestation. However, it is important to realize that psychological abuse does not have to be verbally expressed and older people can be as distressed by non-communication, being ignored and made to feel discounted. The effects of psychological abuse include depression, helplessness, loss of sleep, tearfulness, loss of appetite and fear <sup>[6]</sup>.

Toronto declaration held in Canada identified elder abuse as a global problem affecting both developing and developed countries <sup>[7]</sup>. In national context study has shown that the family members do not show much concern for elders and family takes them merely as a burden. The older people are displaced as heads of households and they are deprived of their autonomy in the name of

affection. This very behavior of the family members can result in isolation, depression and demoralization which are the forms of abuse <sup>[8]</sup>.

Elder abuse is now recognized as a global social and public health problem threatening older people. Elder abuse in domestic settings – is a serious problem, affecting hundreds of thousands of elderly people across the country. The problem is largely hidden under the blanket of family secrecy. Abuse of senior citizens is a growing concern of all societies. Information on elder abuse in Nepal from its national perspective is limited. Among all types of abuse, Psychological abuse is seen to be more hidden and problematic which can leads to different mental and behavioral problems like depression, anxiety, anorexia, suicidal attempt etc to elderly and they can die earlier than expected.

## MATERIALS AND METHODS

The study design was cross sectional descriptive and analytical study. The face-to face Interview of study instruments and other developed questionnaire and direct observation were used for this study. Ethical clearance obtained from Chitwan Medical College - Institutional Review Committee (CMC-IRC) on 24<sup>th</sup> August, 2012.

### Sampling

The data was collected by lottery method of simple random sampling. Data for this study was collected from Saudhiyar VDC of dang district. The duration for data collection was 28th August to 29th September (31days).

The sample comprised 264 elderly people, who can responds to our inquiry, and partially dependent on a caregiver. The respondents are elderly people aged 60 years or older as well as their care givers who are primarily responsible to look after the elderly people at all the time.

A total of 264 subjects completed the study. The EPAS was administered to each participant together with the SPMSQ and the Katz index and the collection of demographic information, neglect and health related factors. Data entry and analysis was performed using the SPSS 17.0 statistical software package. Mean, standard deviation, frequency, percentage and Pearson chi-square test were used for data analysis.

### Instruments

The EPAS is a 32-itemscale based on a yes/no response format, which is user-friendly for older adults. The EPAS was relatively easy to administer, and took just 10 min. The total psychological abuse scores of the subjects were calculated as the sum of all items answered in the

affirmative, with a higher score indicating greater psychological abuse. A cut-off point of 10 or above suggests a greater likelihood of psychological abuse. The expert content validity index (CVI) for the EPAS was 0.92. Furthermore, the test-retest reliability of the EPAS was established, with the percentage agreement between two interviewers ranging from a high of 100% for seven indicators to a low of 79% for one indicator. Most indicators had significant Kappa values, exceeding 0.60. Investigator used this tool because no tools for measuring psychological abuse are available in Nepal. The Nepali version of EPAS was validated by consult with psychologist of Chitwan medical college, by doing pretesting in the Kailashnagar VDC of Chitwan District and by expert opinion. EPAS is the revised version of Psychological Elder Abuse Scale (PEAS) (Wang *et al.*, 2005) <sup>[16]</sup> which was used by J Jy Wang in her study.

A Short Portable Mental State Questionnaire (SPMSQ) (Pfeiffer, 1975) with high validity and test-retest reliability was used. This was a 10-item questionnaire designed to measure several intellectual domains, including general information, orientation, short and long-term memory, and problem solving. The total score of the SPMSQ ranged from 0 to 10. A total score of eight and above represented intact cognitive functioning; 6–7 denoted mild cognitive impairment; 3–5 indicated moderate cognitive impairment; and 0–2 represented severe cognitive impairment. The Nepali version of SPMSQ was validated by consult with psychologist of Chitwan medical college, by doing pretesting in the Kailashnagar VDC of Chitwan District and by expert opinion.

The Katz Index of Independence in Activities of Daily Living commonly referred to as the Katz ADL, is the most appropriate instrument to assess functional status as a measurement of the client's ability to perform ADLs independently. The Index ranks adequacy of performance in the 6 functions of *bathing, dressing, toileting, transferring, continence, and feeding*. Clients are scored yes/no for independence in each of the 6 functions. A score of 6 indicates full function, 4 indicate moderate impairment, and 2 or less indicates severe functional impairment. In the 35 years since the instrument has been developed, it has been modified and simplified and different approaches to scoring have been used. However, it has consistently demonstrated its utility in evaluating functional status in the elderly

population. Although no formal reliability and validity reports could be found in the literature, the tool is used extensively as a flag signaling functional capabilities of older adults in clinical and home environments. The Nepali version of Katz Index was validated by doing pretesting in the Kailashnagar VDC of Chitwan District and by expert opinion.

## RESULTS AND DISCUSSION

The sample comprised 155 males (58.7) and 109 females (41.3%), with ages ranging from 60 to 92 years (mean  $69.67 \pm 6.9$ ). Among the respondents, 81.1% were illiterate, and only 13 had higher education (SLC or above). 50.8% were widow/widower and 49.2% were married among the respondents. 47% were from nuclear family, 41.7% from joint family and 11.4% were from extended family. Most of the respondents were Hindu (94.3%); 5.7% were Christian. 32.2% were Tharu, 27.3% were Brahmin and 25.8% were Chettri among the respondents. The average number of chronic diseases per subject was  $1.58 \pm 0.5$  (range 0–4). Most of the respondents (61.7%) have family income of 10-20 thousand and 23.5% have less than 10 thousands. Most of the respondents were living with son/daughter-in-law (93.9%); 2 were living with daughter-in-law and 14 were living with their husband or wife. (Table 1) lists the demographic characteristics of the subjects.

The EPAS score range for the 264 subjects was 0–18 (mean  $6.928 \pm 4.572$ ). Moreover, the distribution of the overall scores was positively skewed. Eighty seven respondents (33%) had scores of ten or greater. Regarding the 32 indicators, 71.6% of the respondents reported “Economic dependence on others”, 65.9% reported having “Poor sleep for unknown reasons”, 64.4% reported as “Emotionally confused, dispirited and anxious”, 60.6% reported as “Unable to make own decisions”, 55.7% were reported having “Excessive dependence on caregiver”, 53.4% reported as having “nightmares”. Additionally, between 26 and 47% of the respondents reported “Unexplained irritability”, “Dissatisfied with current conditions”, “Low self-esteem”, “Facial expression of dissatisfaction towards caregiver, “Left alone involuntarily”. The above eleven indicators were most frequently reported by the study subjects (Table 2).

The analytical results showed that the SPMSQ and Katz scores were strongly related to the EPAS score ( $p < 0.05$ ); (Table 3 & 4) indicating

psychological abuse appeared higher among elderly people with lower cognitive and physical functioning. Pearson chi-square test also indicated psychological abuse is seen more likely in female than in male ( $p < 0.05$ ) and with increasing age ( $p < 0.05$ ). Similarly more psychological abuse is seen with low income status of family and low self income ( $p < 0.05$ ). Illiterate are more psychologically abused than having education ( $p < 0.05$ ).

The study conducted among the community dwelling elderly of 60 years and above in saudhiyar VDC of Dang District. The study aimed to find out the prevalence of psychological abuse and associated factors among the elderly people and to find out relationship with psychological abuse and socio-demographic characteristics of the elderly people.

Study in other parts of the world former Soviet Bloc, reported that loss experienced by older people can have severe consequences for their mental health and wellbeing [9]. Though the study area is different this study also proved the fact as in the respondents who had lost their loved ones more stress and fear of being neglected was found. Mental and emotional disorders, alcoholism, drug addiction, financial difficulty, lack of external social supports for the victim have been identified as the risk factors for elder abuse [10,11].

Research conducted in New Zealand reported psychological abuse maximum (59%), followed by material/financial (42%) and physical abuse (12%) [12]. The community based study done in India revealed that 37.79% of psychological abuse

among elderly [13]. Elderly women faced more abuse than men. In National Elder Abuse Incidence Study (1998), elderly females reported 76.3 percent emotional/psychological abuse, 71.4 percent physical abuse and 63.0 percent financial/material exploitation [14].

It was found that physical abuse was the most common form of elder abuse reported in print media (43%) followed by the neglect (33.3%). Media reporting of behavioral and emotional mistreatments were absent. The study revealed high number of cases from districts with better access roads and high population density. Cases of elder abuse show increasing trend from western to eastern Nepal, picking up at districts with urban centers and major cities such as Kaski, Kathmandu and Morang [15].

According to the study of Jing Jy Wang in Taiwan (2006), the PEAS score range for the 195 subjects was 0–24 (mean  $6.32 \pm 4.6$ ). Moreover, the distribution of the overall scores was positively skewed. Forty-four subjects (22.6%) had scores of 10 or above. Regarding the 32 indicators, 62.6% of the subjects reported “wishes to see relatives unfulfilled”, 61% reported having “Economic dependence on others”, 44.1% reported having “Poor sleep for unknown reasons”, and 40.5% reported being “Left alone involuntarily”. Additionally, between 25 and 31% of the subjects reported “Excessive dependence on caregiver”, “Low self-esteem”, “privacy not respected”, and “Feeling emotionally confused, dispirited and anxious”. The above eight indicators were most frequently reported by the study subjects [16].

**Table 1: Demographic characteristics of the subjects (n = 264)**

Variables	Frequency	Percentage
1. Gender		
Male	155	58.7
Female	109	41.3
2. Age (year)		
60–69	138	52.3
70–79	107	40.5
>=85	19	7.2
3. Education Status		
Illiterate	214	81.1
Primary	27	10.2
Secondary	10	3.8
Higher education	13	4.9
4. Marital status		
Married	130	49.2
Widow/widower	134	50.8
5. Living arrangement		
Son/daughter in law	248	93.9
Daughter/son in law	2	0.8
Wife/husband	14	5.3
6. Types of family		
Nuclear	124	47
Joint	110	41.7
Extended	30	11.3
7. Family income (thousand)		
<10	62	23.5
10-20	163	61.7
20-30	33	12.5

30-40	5	1.9
40-50	1	0.4
8. Number of chronic disease		
0	113	42.8
1-2	150	56.8
≥3	1	0.4

**Table 2: Frequency and percentage of abuse for each of the items on the EPAS (n = 264)**

Indicators	Frequency	Percentage
Left alone involuntarily	69	26.1
Personal belongings used without permission	62	23.5
Angry at caregiver	30	11.4
Dependent on others economically	189	71.6
Expectation to see relatives unfulfilled	28	10.6
Poor sleep for unknown reasons	174	65.9
Unable to make own decisions	160	60.6
No response to alert of health problems	29	11
Irrelevant answers to questions or unresponsive	3	1.1
Facial expression of dissatisfaction towards caregiver	76	28.8
Unexplained problems with verbal expression or language	46	17.4
Privacy not respected	5	1.9
Verbal description of abuse situation	2	0.8
Nightmares	141	53.4
Emotionally confused, dispirited and anxious	170	64.4
Isolation and withdrawal from social activities	13	4.9
Unnecessary suspicions and ideation of being harmed	10	3.8
Feelings of shame, powerlessness and loss of dignity	22	8.3
Destroyed own belongings	10	3.8
Fear of specific persons or events	16	6.8
Unexplained irritability	125	47.3
Low self-esteem	78	29.5
Eating difficulties	2	0.8
Unreasonably inflexible viewpoint	8	3
Unexplained ideation of harm and murder of others	3	1.1
Take pleasure in blaming others	8	3
Taking improper medication for unknown reasons	2	0.8
Excessive dependence on caregiver	147	55.7
Dissatisfied with current conditions	84	31.8
Unreasonable demands	30	11.4
Timidity and fearfulness	44	16.7
Sudden loss of trust in an acquaintance	43	16.3

**Table 3: Association Psychological abuse and cognitive functioning**

Psychological abuse	Cognitive functioning			Total
	Normal	Mild	Moderate	
No	93	52	21	177
Yes	21	115	14	87
Total	114	115	35	264

**Table 4: Association between Psychological abuse and Activities of Daily Living (ADL)**

Psychological abuse	Activities of Daily Living			Total
	Full function	Moderate impairment	Severe functional impairment	
No	172	5	0	177
Yes	66	18	3	87
Total	238	23	3	264

**CONCLUSION**

Psychological abuse is seen to be more hidden and problematic which can leads to different mental and behavioral problems like depression, anxiety, anorexia, suicidal attempt etc to elderly and they can die earlier than expected. The prevalence of psychological abuse and its associated factors were assessed and found out relationship with psychological abuse and socio-demographic characteristics among the elderly people in Saudhiyar VDC of Dang district. Till date no such research has been documented in Nepal.

Moreover, the distribution of the overall EPAS scores was positively skewed. Regarding the 32 indicators, majority of respondents were economic dependence on others, poor sleep for unknown

reasons, emotionally confused dispirited and anxious and unable to make own decisions.

Psychological abuse indicating psychological abuse appeared higher among elderly people with lower cognitive and physical functioning. Psychological abuse was seen more in female than in male similar in increasing age.

This study will help to develop programs accordingly which help to increase awareness to the people about these issues and on the basis of recommendation it helps for further investigation in large scale. After then reduction in the psychological abuse among elderly could be possible which will ultimately reduce mental and behavioral health problem. It will also help to provide recreation media of their interest. The

findings of this study may not be generalizable to larger populations because the study data was gathered in Saudhiyar VDC of dang district.

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