



Survey of Geriatricians' Experience on Mental Abuse

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Purpose

Mental abuse of the elderly is common but under reported in clinical care. This study is to investigate geriatricians' experience and obstacles of identifying and reporting mental abuse.

Method

Mailing survey using semistructured questionnaires to nation-wide geriatricians was performed in 2012. The questionnaire composed of 38 4-point scale (strongly disagree, disagree, agree and strongly agree) questions which include 4 domains including index of identifying mental abuse, geriatricians' attitudes towards mental abuse, management of mental abuse and institutional factors related to mental abuse.

Results

237(41.07%) of 577 geriatricians completed the questionnaires. Most of them are men(82.2%), family physicians(50.4%), and aged between 31-40(35.2%). CME (continuing medical education) and seminar are main source of learning management of domestic violence as shown on table1. Most geriatrician agreed or strongly agreed that they could identify mental abuse by detailed history taking and physical examination. 55.3% participants agreed or strongly agreed that they knew the report process of domestic abuse. And 46.8% knew the authority proper. 91.1% participants disagreed or strongly disagree do nothing to mental abuse. 63.4% agree the referral or report is an effective measure to stop mental abuse. 73.6%.

Table1 Where the geriatricians learnt about domestic violence and how to report to the officials

	The related official notice	Continuing Medical Education	In the process of reporting some event	Seminars	Social workers or police department	Nursing staff	Not learnt	others
Domesrtic violence n(%)	92(39.0)	169(71.6)	62(26.3)	115(48.7)	57(24.2)	21(8.9)	28(11.9)	10(4.2)
Report a case n(%)	105(44.3)	125(52.7)	62(26.2)	89(37.6)	72(30.4)	30(12.7)	34(14.3)	4(1.7)

Table2 The attitudes of dealing with mental violence between family physicians and internists

	Family physician	Internist	Mean difference (95% PI)	P-value by independent T test
Level of agreement, Mean(SD)				
Fear, anger and resistance expression as contact with the carer. is a sign of mental abuse	3.47(0.57)	3.12(0.61)	0.35 (0.17~0.54)	0.000*
Indifference or ignorance is sort of mental abuse	3.47(0.52)	3.25(0.68)	0.22 (0.04~0.40)	0.019**
Love and intimate relationship in family life can prevent mental abuse	3.57(0.53)	3.37(0.52)	0.20 (0.04~0.37)	0.015**
Detailed history taking is key to identify mental abuse	3.36(0.53)	3.17(0.49)	0.19 (0.04~0.35)	0.017**
Admonishing and blaming stop mental violence more than reporting	2.25(0.69)	2.47(0.70)	-0.22 (-0.01~0.43)	0.044**

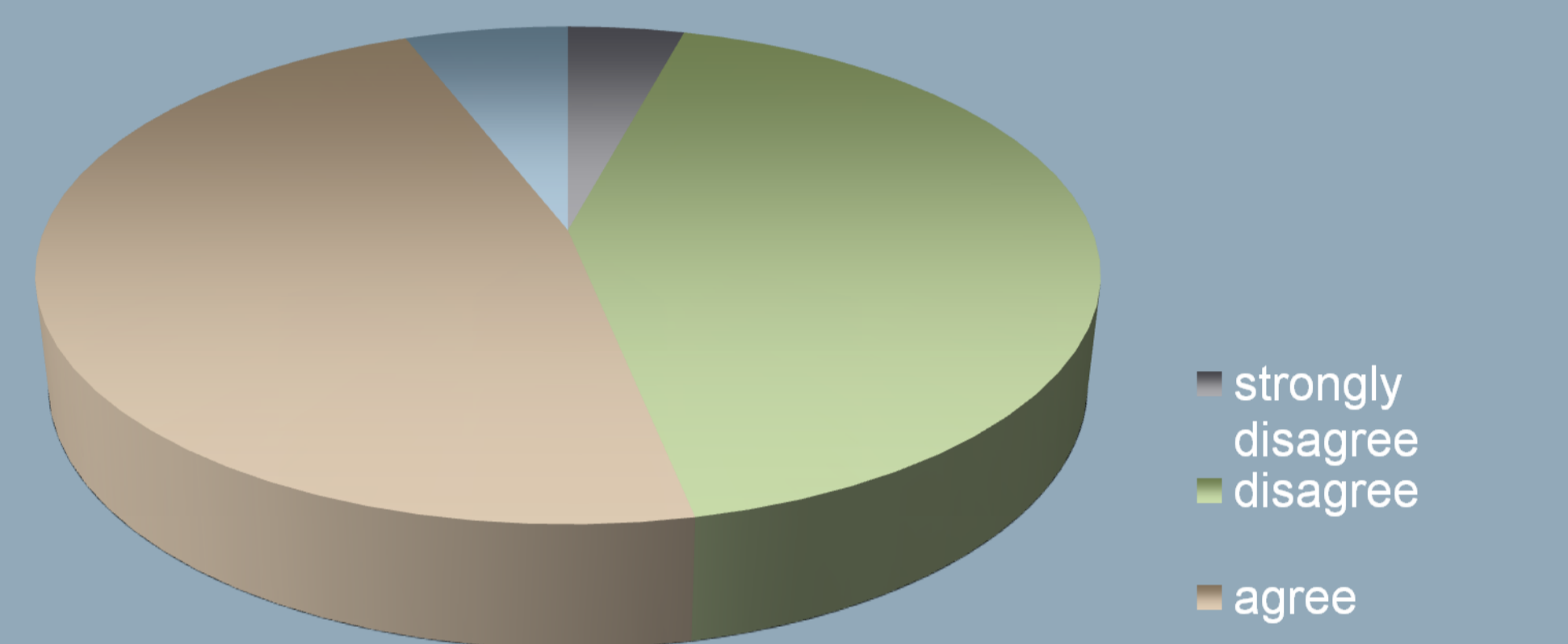
Note: * P<0.001 ** P<0.05

The most common obstacle for referral or report is the concern of misjudgement (85.7%) and resulting in worsening doctor-patient relationships (58.5%). Regarding the knowledge, altitude and practice of indentifying mental abuse, there are no differences between genders, and among age groups. Some altitudes toward mental abuse are different between family physicians and internists, listed on table 2.

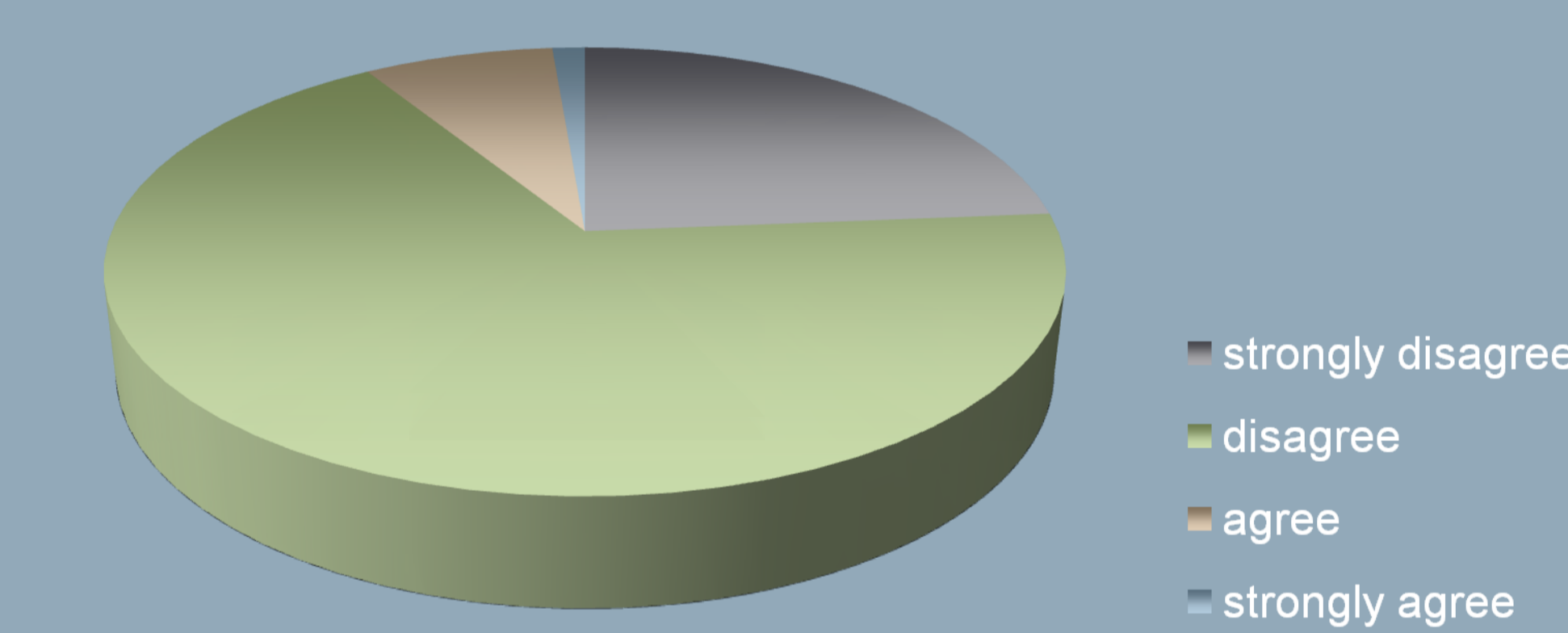
Conclusion

Geriatricians showed their confidence in identifying mental abuse in daily practice. CME is the most common way for geriatrician to learn about the issue. Concerns over misjudgement and poorer relationship are main obstacles to reporting mental abused case.

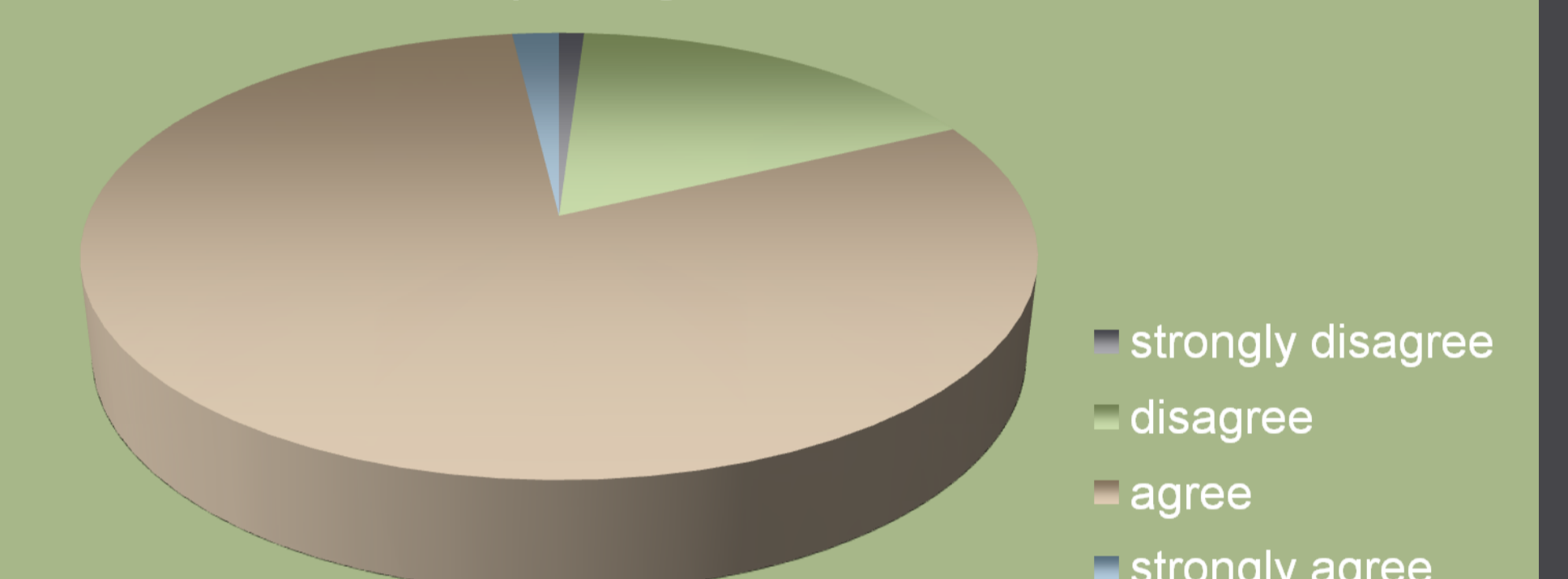
I know the reporting process of domestic violence



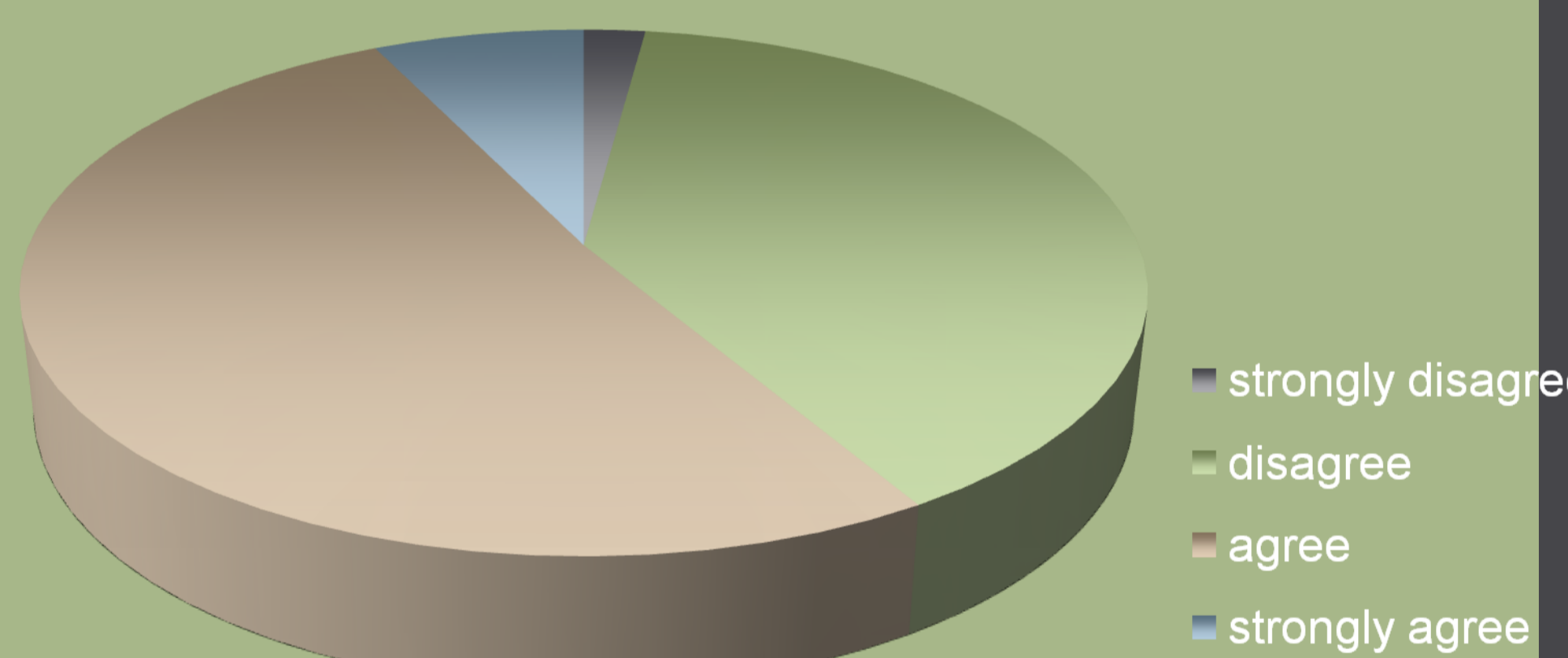
Doing nothing is the safest policy for mental abuse victims



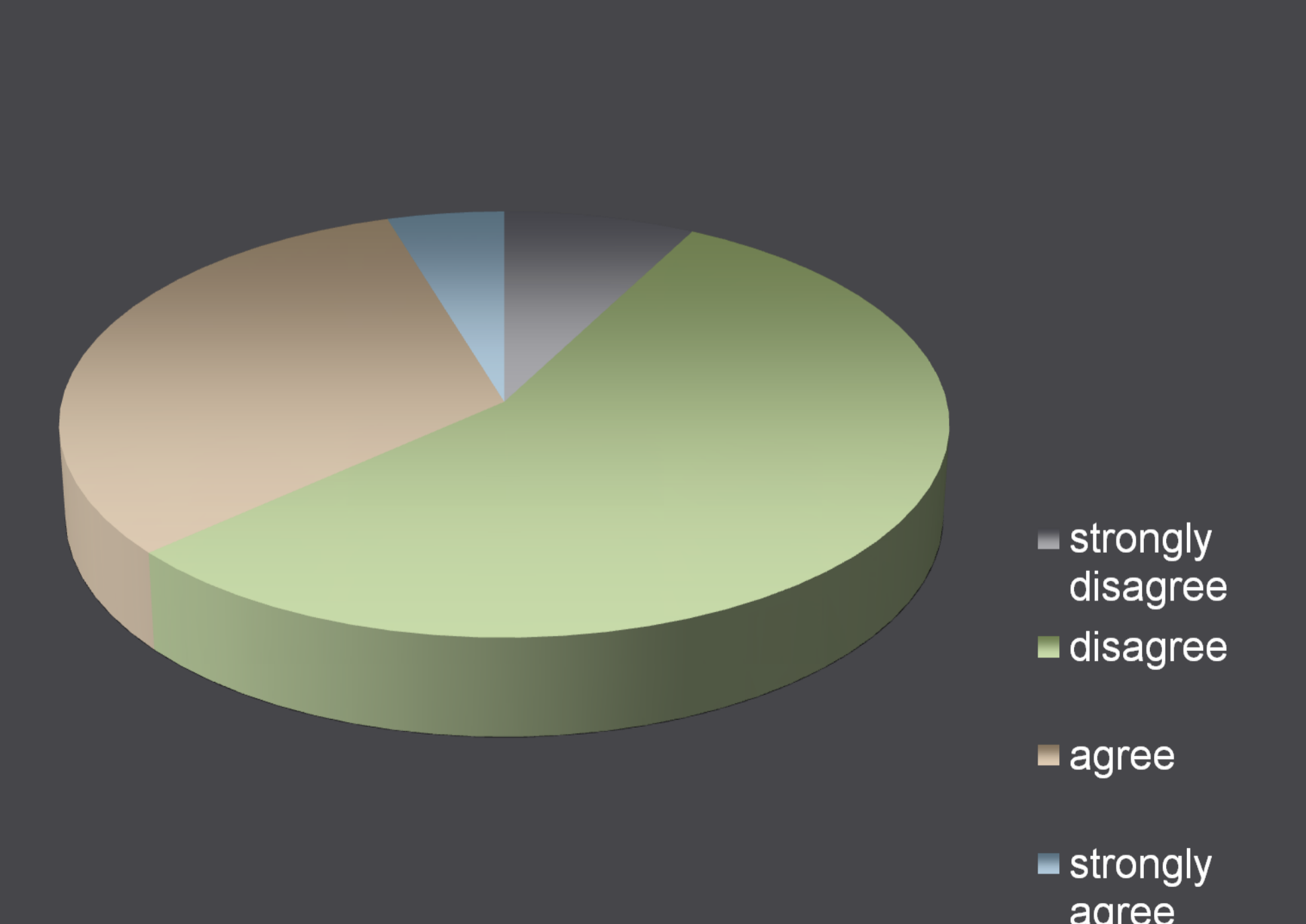
Worrying misjudgement is one of the major obstacles to reporting mental violence



Reporting mental violence do harms to doctor-patient relationship



Admonishing and blaming stop mental violence more than reporting



Limited benefits is one of the obstacles to reporting mental violence

