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Elderly Abuse and Alcohol Consumption

Silvia Rusac

University of Zagreb, Faculty of Law, Department of Social Work, Zagreb, Croatia

ABSTRACT

Excessive alcohol consumption and the exposure of the elderly to family violence are in close connection. They represent both a general and social problem from a legal, medical and social aspect. The objectives of this study were to 1) test the frequency of alcohol consumption in older persons with respect to certain social and demographic characteristics; and 2) test the correlation between alcohol consumption and family violence towards the elderly. The sample used in this study was constructed as probabilistic with a random selection of participants in order to ensure representativeness for the City of Zagreb population over 65 years. The study included 1000 persons older than 65, among which 38% were male (N=380) and 62% female (N=620). The results showed a significantly more frequent consumption of alcohol among older men aged between 65 and 74, elderly people with life partners (unmarried), and financially independent older persons. A correlation between alcohol consumption frequency and exposure to violence was also established, as well as that older persons who consume alcohol are more likely to commit acts of violence. Further research is needed on the risk and protective factors for specific forms of family violence so as to detect the causes of violence within families as well as mechanisms that alleviate coping with violence.

Key words: *the elderly, alcohol consumption, elderly abuse, social and demographic characteristics, violence*

Introduction

Elder abuse is a multifactor and complex social phenomenon that can have an effect on different social factors – the individual, family or community. In its common use, elder abuse is an all-inclusive term representing all types of mistreatment or abusive behaviour towards older adults. It can be an act of commission (abuse) or omission (neglect), intentional or unintentional[1] and can take many forms including physical, psychological, and sexual abuse, financial exploitation, and neglect[2]. The World Health Organization (WHO) Toronto Declaration on Elder Abuse[3] defined elder abuse 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« (p. 2). This definition clearly emphasizes the abuse of power and control in a relationship that should be based on respect and trust. Elder abuse is finally put into the same context, with respect to relationship and abuse of power, just as child abuse or domestic violence against women[4].

The risks of violence against the elderly are manifold, multi-layered and mutually interactive[5]. Brown divided these risk factors into intra-individual dynamics (the psychopathology of the abuser), dependence and relationship exchange, and social isolation[6]. Stemming from an ecological model, the multidimensionality of this problem requires the identification of abuse factors at an individual, family, and social level. The available literature indicates a strong connection between interpersonal violence and alcohol consumption, which has been confirmed by unambiguous findings that alcoholism is an interactive risk factor for the appearance of family violence. Thus, for instance, caregivers of older persons can neglect them due to alcohol consumption. Also, older persons have been known to consume alcohol as a way to cope with the violence and neglect they experience[7]. Many studies have indicated that alcohol operates as a situational factor, increasing the likelihood of violence by reducing inhibitions, clouding judgment, and impairing an individual's ability to interpret cues[3,8]. The alcoholism of the abuser may make them less rational and more violent, and the alcoholism of the victims may make them easier to victimize[9].

The problem of elderly abuse has not received much attention either from researchers or policy makers in Croatia, as the problem remains hidden behind the reluctance for public disclosure of family incidents. For example, a study conducted in Zagreb demonstrated that the elderly were mainly exposed to emotional abuse (11%) and, to a lesser extent, financial (1.8%) and physical violence

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(1%), followed by sexual violence (0.1%)[10]. The results of a preliminary study on a sample of older Croatian citizens showed that older persons who had experienced violence from their life partners were more likely to consume alcohol than persons who suffered violence from another member of their family. Furthermore, this study also showed that, in instances where a woman committed the act of violence, men were more prone to alcohol consumption[11]. Aside from the fact that alcohol abuse is a risk factor for abuse against the elderly, there is still a lack of empirical evidence whether it is a cause leading to violence or merely a consequence of experiencing violence

Objectives

1. Determine the frequency of alcohol consumption in the elderly with respect to certain social and demographic characteristics;
2. Determine the correlation between alcohol consumption and family violence against the elderly.

Methods

Sample and procedure

The sample was constructed as probabilistic with a random selection of participants within a household with the intent to ensure representativeness for Zagreb's population over 65. This study also included households with only one resident. It covered 1000 participants, among which 38.0% were male (N=380) and 62.0% female (N=620). Their age ranged from 65 to 95. During 2008, a face-to-face (oral) questionnaire was performed. The surveyors had previously attended training on violence towards the elderly, recognizing and dealing with it, the specificities of conducting interviews with older persons, and methods to select participants and perform research. The participants were explained the importance of anonymity and data privacy, as well as the importance of participating in this study and its purpose. Each participant was asked for consent and informed on the possibility of receiving counselling to relieve his or her emotional burden. Only one person per household was interviewed and this was done individually, in the homes of the participants. The interviews lasted 30 minutes on average.

Instrument

The questionnaire on social and demographic characteristics was constructed for the purposes of this study and included the following variables: age, sex, education, marital status, and financial circumstances. One segment of the questionnaire included variables linked to the frequency of alcohol consumption in the relevant older person.

The questionnaire on violence towards the elderly[11] consisted of 20 items describing emotional, physical, material (financial), and sexual abuse. Each item required the participants to express the frequency of experienced violence on a scale from one to five in which: 1 was for »never«, 2 was for »1–3 times in the relevant period«, 3 was for »several times per year«, 4 was for »several times per month«, and 5 was for »every week or several times per week«. The results were formed through a linear summation of the answers to the 8 items regarding emotional abuse (possible range from 8 to 40 points), 3 items for material violence (from 3 to 15 points), 7 items for physical violence (from 7 to 35 points), and 2 items for sexual abuse (from 2 to 10 points). The internal consistency coefficient (Cronbach's alpha) for the emotional violence subscale was 0.913, indicating high item homogeneity, while for physical violence it was 0.704.Cronbach's alpha for material violence was 0.153. For sexual violence, Cronbach's alpha cannot be obtained due to the lack of variability among items.

Data Processing

The data processing included descriptive statistical methods (result distribution, mean value, minimum and maximum, standard deviation, result range, analysis of variance, Student's t-test, and correlation analysis).

Results and Discussion

The response frequencies in Table 1 indicated that 63.3% of older persons never consumed alcoholic beverages, 33.0% consumed them occasionally, and 3.7% consumed alcohol almost on a daily basis. Considering that alcoholism is socially undesirable, we should take into account that some of the participants gave socially desirable answers, especially older women. Alcohol use disorders among older people are often described as a hidden problem, which may be due to a number of factors. First, many elderly people do not disclose information about their drinking because they are ashamed. Many are isolated, with minimal social contact or networks, thereby making the problem more difficult to detect. It has also been suggested that older people may significantly under-report their drinking[12]. Second, as Krach pointed out, Western societies hold several misconceptions about alcohol use by elderly people, for example that alcoholism is not a significant problem among the elderly population, that it is easy to detect among elderly people, and that the amount an elderly person drinks in a single sitting is a good indicator of alcohol misuse[13].

In Table 2, a significant difference was established for alcohol consumption with regard to sex inasmuch that

TABLE 1
FREQUENCY OF ALCOHOL CONSUMPTION

	F	%
Never	633	63.3
Occasionally	330	33.0
Nearly every day	37	3.7
Total	1000	100.0

TABLE 2
FREQUENCY OF ALCOHOL CONSUMPTION WITH REGARD TO SEX

	Sex	N	$\bar{X}$	SD	t-test	df	p
Frequency of alcohol consumption	Men	380	1.68	.639	13.19	998	<0.01
	Women	620	1.24	.429			

men of an older age consumed alcohol significantly more frequent than older women. The obtained results are in accordance with other studies. For example, a study conducted at the Psychiatry, Alcoholism and Addiction Clinic of the »Sestre Milosrdnice« Clinical Hospital in Zagreb showed that alcoholism was present in 5% of men over the age of 60 and only 1% of women of an older age[14]. These results can be explained in two ways. One is that men simply consumed more alcohol than women, and the other is that men were more at ease to admit that they consumed alcohol, because it is generally more socially acceptable for men to drink than for women. Men were more than twice as likely as women to exceed the sensible guidelines for weekly drinking. In terms of excessive drinking, 2% of men aged 70–74 drank over 50 units per week, whereas less than 1% of women over 70 drank 35 units or more per week, older women were more likely to abstain than men in all age bands between 55 and 85 years[15]. Lower-risk drinking is drinking at a level associated with a low risk of future harm to your health.For men, lower-risk is drinking no more than 3–4 units of alcohol a day on a regular basis. For women, it's lower risk if they drink no more than 2–3 units of alcohol a day on a regular basis. Sensible or responsible drinking are sometimes used to mean lower-risk drinking. Increasing-risk drinking is drinking associated with an increased risk of future harm to your health, with the risk increasing the more you drink. For men, this riskier level of drinking is drinking more than 3–4 units of alcohol a day on a regular basis. For women, it's drinking more than 2–3 units a day on a regular basis. Higher-risk drinking is drinking at such a high level that you're at particularly high risk of harming your health. For men, higher-risk drinking is regularly drinking over 50 units a week (eight units of alcohol a day). For women, it's regularly drinking over 35 units a week (more than 6 units of alcohol a day)

Community surveys have estimated the prevalence of problem drinking among older adults to range from 1% to 15%[16–18]. Among older women, the prevalence of alcohol misuse ranged from less than 1% to 8% in these studies. As the population of 60 and older increases in age, so too could the rate of their alcoholism. However, early detection efforts by health care providers can help limit the prevalence of alcohol problems and improve overall health in older adults. Older women tend to have longer life expectancies and to live alone longer than men, and they are less likely than men of the same age group to be financially independent. These physical, social, and psychological factors are sometimes associated with drinking in older adulthood, so they are especially relevant for older women.

In Table 3, statistically significant differences were obtained for alcohol consumption frequency with regard to age, given that persons aged from 65 to 74 consumed alcohol significantly more than other age groups. We can presume that people aged from 65–74 are still of good health, vital, more socially integrated, and have a greater tolerance to alcohol than people over the age of 75. The consumption of alcohol and other psychoactive substances generally decreases at an older age[19]. Generally, the elderly exhibit two significantly different types of alcohol consumption. The first type covers persons who started alcohol abuse (excessive consumption) at an earlier age and continued doing so after reaching an older age and persons who did not have a drinking problem until they reached old age. The first type encompasses two thirds of older alcoholics. Less than a third of persons who excessively consume alcohol at an older age are persons who begin drinking due to the various stresses common for older age: death of a close person, retirement, smaller income, various health conditions, remoteness of residence, other traumatic experiences such as wars, etc. Since recently, there has been talk of a possible third type, which would include persons who were moderate drinkers while younger with occasional episodes of excessive drinking. This type can later on in life exhibit a tendency for fear, depression, and isolation accompanied by frequent periods of heavy alcohol drinking[14,20]. Alcohol consumption is a phenomenon less common in older age groups than in younger ones. Several reasons have been stressed: a decrease in individual tolerance to alcohol, the early demise of (before the age of 60)

TABLE 3
FREQUENCY OF ALCOHOL CONSUMPTION WITH REGARD TO AGE

	Age	N	$\bar{X}$	SD	Min.	Max.	F	df	p
Frequency of alcohol consumption	65–74	636	1.46	.580	1	3	11.12	2/996	<0.01
	75–84	300	1.28	.481	1	3			
	85 and over	65	1.44	.642	1	3			

TABLE 4
FREQUENCY OF ALCOHOL CONSUMPTION WITH REGARD TO LEVEL OF EDUCATION

	N	$\overline{X}$	SD	Min.	Max.	F	df	p
Did not attend school	29	1.50	.630	1	3			
Several grades of elementary school	167	1.39	.564	1	3			
Elementary school	261	1.33	.515	1	3	2.294	4/992	>0.05
Middle school	357	1.41	.573	1	3			
Higher ed. / University	182	1.48	.582	1	3			

TABLE 5
FREQUENCY OF ALCOHOL CONSUMPTION WITH REGARD TO MARITAL STATUS

	N	$\overline{X}$	SD	Min.	Max.	F	df	p
Single	61	1.33	.506	1	3			
Living with partner	32	1.65	.589	1	3			
Divorced	73	1.44	.638	1	3	10.270	4/995	<0.01
Married	381	1.52	.572	1	3			
Widow(er)	452	1.30	.522	1	3			

TABLE 6
FREQUENCY OF ALCOHOL CONSUMPTION WITH REGARD TO MATERIAL STATUS

	N	$\overline{X}$	SD	Min.	Max.	F	df	P
Financially independent	686	1.41	.563	1	3			
Financially independent and helping children	94	1.53	.578	1	3			
Financially partially dependent on children	124	1.40	.594	1	3	5.135	4/990	<0.01
Financially fully dependent on children	45	1.27	.507	1	3			
Financially dependent on someone else	47	1.12	.325	1	2			

heavy drinkers, an insufficient level of knowledge regarding normal alcohol consumption, or a combination of these three factors. Decreased alcohol consumption is also interpreted as the consequence of the harmful effect of a simultaneous intake of alcohol and drugs, which are used by one quarter of persons older than 65[20]. The physiological changes that occur through ageing can reduce an individual's tolerance to alcohol resulting in alcohol-related problems at lower levels of consumption. Furthermore, the effects of problem drinking among older people can be mistaken for symptoms associated with ageing.

The comparison of alcohol consumption frequency across various levels of education (Table 4) did not demonstrate statistically significant differences. Although significant differences were not established, the average values were slightly higher in persons without education and those who attended a higher education institution or university. Excessive alcohol consumption is more widespread among better educated and more respected persons, but this is precisely where it is most hidden; medical data record such instances less frequently because it brings shame to people[20].

Table 5 clearly shows that there were statistically significant differences in the frequency of alcohol consumption with regard to marital status. Persons who lived with a partner consumed alcohol more, followed by married elderly persons, while widows and widowers were least likely to consume alcohol. The alcohol consumption among older persons who lived with a partner could represent a behavioural pattern from a younger age that simply continued. On the other hand, alcoholism may appear in older age, caused by a certain event. The results of the study by Thaller, Buljan and Marušić showed that the loss of a spouse was a strong factor in old-age alcoholism[14]. Among older men, those who were married were least likely to drink heavily. Next came single (never-married) men. Widowed or divorced men were most likely to engage in health-damaging behaviour such as smoking or excessive drinking. In contrast, among older women those married had the highest levels of alcohol consumption. Other studies have commented on the following factors[15].

In Table 6, significant differences were found with regard to material status. Financially independent persons

consumed alcohol to a somewhat greater extent than financially dependent elderly persons. Older persons who financially depended on their children or another person were the least frequent consumers of alcohol. These findings are in accord with the previously stated explanation by Duraković et al. that more educated persons consume greater amounts of alcohol[20]. Of course, this is presuming that a higher level of education enables better material circumstances, which in turn make alcohol more accessible.

Table 7 shows that no link between the frequency of alcohol consumption and forms of violence was established. Regardless of our initial intent to test alcoholism as a factor or correlate for violence, its operationalization is inadequate primarily due to the insufficiently precise variables. International studies have confirmed a correlation between alcohol consumption and exposure to family abuse, whereas alcoholism was identified as an interactive risk factor for the appearance of family abuse, both in older age groups and in younger ones. For example, Shugarman et al. stated that there is a strong correlation between alcohol consumption among the elderly and the violence they experience at home[21]. Also, other researchers have stated that excessive alcohol consumption places a person in the position to experience, as well as perform violence and that a common outcome is neglect[22–24].

One of the objectives of this study was to direct questions at elderly persons on their exposure to violent behaviour with regard to their frequency of alcohol consumption (Table 8). Analysis of variance was used to test the statistical significance of the differences among the elderly in their exposure to forms of violent behaviour. The obtained results showed no statistically significant differences for exposure to physical violence (F=0.348; df1=2, df2=996; p>0.05), emotional abuse (F=0.116; df1=4, df2=996; p>0.05), and material violence (F=0.835; df1=4, df2=006; p>0.05) with regard to frequency of alcohol consumption. Still, this finding is contrary to those from other studies, which have concluded that elderly persons who excess in alcohol consumption suffer a greater risk of experiencing violence[21].

Alcohol consumption by victims of elder abuse has been closely associated with self-neglect[25]. For older adults, having an adult relative with a drinking problem is a risk for being a victim especially when the relative is dependent on the older adult for housing or supports the relative financially. Older people are more likely to remain in an abusive relationship when their abuser is a highly dependent adult offspring or spouse[26]. Both alcohol problems and elder abuse can be overlooked as a result of ageist beliefs that memory problems and social withdrawal are part of the normal aging process[27].

The results from Table 9 indicate that there is a statistically significant difference between elderly persons who consumed alcohol and those who did not inasmuch that the former committed acts of physical violence more frequently (t=7.87; df=362; p<0.05), as well as emotional abuse (t=7.29; df=362; p<0.05) and material violence (t=4.97; df=362; p<0.05). Therefore, it was found that the majority of elderly violent persons consumed alcohol. Considering that the examined sample covered only 9 participants who consumed alcohol and 355 who did not, these findings should be approached with caution, because the obtained statistical significance could be explained by the small number of participants, which needs to be expanded through further studies. Bradley warned that excessive alcohol consumption has a negative effect because of the fact that people under the influence say and do things they

TABLE 7
THE CORRELATION BETWEEN ALCOHOL CONSUMPTION AMONG THE ELDERLY AND EXPERIENCED FORMS OF VIOLENCE

	Emotional abuse	Physical abuse	Material abuse
Frequency of alcohol consumption	.014	.026	.001

**p<0.01

TABLE 8
COMPARISON OF VIOLENT BEHAVIOUR EXPERIENCED BY AN ELDERLY PERSON WITH REGARD TO FREQUENCY OF ALCOHOL CONSUMPTION

	Frequency of alcohol consumption	N	$\overline{X}$	SD	Min.	Max.	F	df	p
Emotional abuse	Never	629	9.20	3.45	8.00	40.00	.116	2/996	>0.05
	Occasionally	330	9.30	3.13	8.00	32.00			
	Nearly every day	37	9.30	3.19	8.00	26.00			
Physical abuse	Never	630	.03	.40	.00	8.00	.348	2/996	>0.05
	Occasionally	328	.05	.58	.00	8.00			
	Nearly every day	37	.08	.59	.00	4.00			
Material violence	Never	629	.03	.33	.00	5.00	.835	2/996	>0.05
	Occasionally	328	.02	.19	.00	2.00			
	Nearly every day	37	.08	.59	.00	4.00			

TABLE 9
COMPARISON OF VIOLENT BEHAVIOUR AMONG THE ELDERLY WITH REGARD TO THE INFLUENCE OF ALCOHOL

	Violent behaviour towards other family members while under the influence of alcohol	N	$\overline{X}$	SD	t	df	p
Emotional abuse	Yes	9	8.34	0.95	7.29	362	<0.01
	No	355	1.14	2.47			
Physical abuse	Yes	9	.58	1.50	7.87	362	<0.01
	No	355	.00	1.00			
Material violence	Yes	9	.58	1.50	4.97	362	<0.01
	No	355	.01	.25			

usually would not, whereas other authors stated that alcohol can lead to biochemical changes that result in violent behaviour[28–31]. A particularly interesting study was conducted in the US. It showed that 44% of men and 14% of women who performed an act of violence on their parents were addicted to alcohol or some other psychoactive substance, while the victims who consumed alcohol amounted to a mere 7%[7,32]. It is also possible that the effect of alcohol consumption varies with regard to the form of violence. The results of a study by Reay and Browne showed that excessive drinking by caregivers existed in 7 of 9 instances of family violence, whereas the same was recorded for only one instance of neglect[33]. Paris et al. state that heavy drinking, regardless of whether it originates from the abuser or the victim, represents a contributing factor in cases of violence towards the elderly[34]. Friedman et al found that elderly victims of physical abuse suffered more severe injuries than their non-abused counterparts[35]. They also suffered disproportionately from pre-existing medical conditions such as heart disease, dementia and Alzheimer's disease, mental illness and alcohol abuse. Furthermore, according to the study by Rennison and Rand, nearly one half of women aged 55 and over who admitted to being victims of violence from their partner estimated that, when the acts of violence occurred, the persons who committed them were under the influence of alcohol and/or other psychoactive substances[36]. Wolf asserted that, in the majority of elderly abuse cases, alcohol has a strong influence, but apart from the fact that alcohol abuse is a risk factor for elderly abuse, there is still no sufficient data regarding whether alcohol consumption is the cause for violence or simply its consequence[37]. According to some data, men who consume alcohol are three times more violent towards women than those who do not[4]. However, this does not prove that alcohol is the cause for family violence. Violent persons are simply violent, regardless of whether they are drunk or not. Therefore, if for instance a man who drinks heavily is also violent, this points to two possible conclusions: he has two different problems – the problem of alcohol abuse and the problem of violent behaviour – and he should be encouraged to solve them both. Unfortunately, it is often more socially acceptable to blame only alcohol.

Conclusion

The results of this study have found that men of an older age consumed alcohol significantly more often than elderly women, as did persons aged from 65 to 74. Also, elderly persons with a life partner were more likely to consume alcohol, as were financially independent older persons. This study has not confirmed that frequency of alcohol consumption and exposure to family abuse among the elderly are correlated, but it has established that older persons who consumed alcohol were more likely to exhibit violent behaviour. However, there were certain limitations that prevented us from reaching a conclusion regarding alcohol consumption and its role as a risk factor. Regardless of the initial intent to test alcoholism as a factor or correlate of violence, its operationalization was insufficient, both due to the insufficiently precise instrument (variables) and the uneven relationship between participants who behaved violently under the influence of alcohol and those who did not. This prevented any relevant conclusions.

The focus of a number of studies on elderly abuse risk factors has mainly confirmed their enormous variety and quantity. Much more is known about the classification of these risk factors than the mechanisms by which they lead to violence, that is, their relative individual contribution. However, recent literature points toward the need to expand the framework for understanding elderly abuse to investigating protective factors. There are simply not enough studies on protective factors, i.e. factors that minimalize impact on the health and general wellbeing of the victim.

As a problem that persists both in the community and society, violence against the elderly requires studies that will engulf the structural causes for the appearance and continuance of family abuse towards the elderly (poverty, lack of education, no social response to elderly abuse, etc.). It is extremely important to systematically introduce measures that will be directed at improving social, health, psychosocial, and legal aid with the aim to increase the quality of life among the elderly and decrease their marginalisation and victimisation. Multidisciplinary approaches are needed in order to address both the alcohol

problem and the abuse. The formal responses also need to be co-ordinated, with a range of services to meet the various needs of the person with the alcohol problem and/ or with violence in the older age.

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S. Rusac

University of Zagreb, Faculty of Law, Department of Social Work, Nazorova 51, 10000 Zagreb, Croatia
e-mail: srusac@pravo.hr

KONZUMACIJA ALKOHOLA I NASILJE NAD STARIJIM OSOBAMA

SAŽETAK

Prekomjerno konzumacija alkohola i izloženost starijih osoba nasilju u obitelji usko su povezani i predstavljaju osobni i društveni problem koji uključuju pravni, medicinski i socijalni aspekt. Stoga su ciljevi ovog istraživanja: 1) ispitati učestalost konzumacije alkohola kod starijih osoba obzirom na neka njihova socio-demografska obilježja; te 2) ispitati povezanost između konzumacije alkohola s nasiljem koje starije osobe doživljavaju u obitelji. Uzorak je konstruiran kao probabilistički uzorak sa slučajnim odabirom ispitanika unutar kućanstva s namjerom osiguravanja reprezentativnosti za odraslo stanovništvo Zagreba starije od 65 godina. U istraživanje su uključena i samačka domaćinstva. U istraživanju je sudjelovalo 1000 osoba starijih od 65 godina, od toga 38% osoba muškog spola (N=380) i 62% ženskog spola (N=620). Rezultati su pokazali da u starijoj dobi značajno češće konzumiraju alkohol muškarci, osobe u dobi od 65 do 74 godine, starije osobe u partnerskoj kao i materijalno neovisne starije osobe. Utvrđena je povezanosti učestalosti konzumiranja alkohola i izloženosti starijih osoba nasilju u obitelji kao i da starije osobe koje konzumiraju alkohol iskazuju više počinjenog nasilja. Potrebna su daljnja istraživanja činitelja rizika i zaštite za pojedine oblike nasilja u obitelji radi spoznavanja specifičnih uzroka nasilja u obitelji, ali i mehanizmima koji olakšavaju suočavanje s doživljenim nasiljem.