

Three Victims of Maltreatment: Child, Woman, Elder Clinical & Methodological Issues

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Abstract

Following the research work about the maltreatment/abuse it is increasingly recognized that child, woman and elder maltreatment produce serious and often long-term effects that are costly for both individual and the healthcare system. In this article, the issues that have been discussed include the most significant clinical topic that conceptualizing the potential determinant of health, and methodological issues that stimulate researchers for investigating this problem from global point of view, and according to the bio psychosocial approach. This review highlights the major gaps in research and policy issues for the abuse and discussed implications for researchers, health professionals.

Keywords: *Child; Women; Elder maltreatment/Abuse; Clinical issues; Methodological issues*

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Although there are differing ideologies, belief systems, cultures, histories and power structures at the basis of violent conflict, ultimately people are the creators, benefactors and victims of this violence. Much of the substance of conflict falls under the domain of social psychology, and previous research has made great progress in understanding the processes that underlie intergroup relations. Several high-status researchers have argued for the necessity of social psychological research to augment and inform other theories of violent conflict, because it is related to social interaction (Power, 2011). On the other hand, inter individual conflict that underling maltreatment represents a universal problem and the global understanding of this conflict stimulates clinical multi-consequences on the individuals.

Abuse, misuse, battering, neglect (now commonly subsumed under the term maltreatment or mistreatment) is relatively new term even injuries and fatalities to one person are as old as recorded history. Abuse, misuse especially excessive use, as in substance use, it is injurious or harmful treatment as in child abuse. Abused children is termed to children who have been physically or psychologically harmed, typically by their parents. Normal corrections in one culture may call for arrest in another. Psychological abuse can be as harmful to children as physical abuse, but as difficult to prove. Elder abuse is the neglect and harming of dependent older persons, often by relatives including their own children. Victim is a target of violence. Perpetrators a person who inflicts violence or abuse (Saltzman, Fanslow, McMahon, & Shelley, 1999).

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Battered-child syndrome is the pattern of child abuse by parents or parent surrogates who intentionally and repeatedly injure their children, often to extend that hospitalization is required. In addition, to physical trauma, children may show signs of intellectual retardation and abnormal behaviors, such as excessive hostility or aggression and massiveness. Battered children are purported to become battering parents.

Battered -wife syndrome is a syndrome affecting battered women who are physically abused by their spouses. Such women reluctantly accept abuse for a wide number of reasons, such as cultural acceptance, unwillingness to break up a family, financial considerations, fear of violent consequences for leaving, feelings of unworthiness and feeling guilty of causing the violence. Battered women are the female who are physically abused, usually by lovers or spouses (Corsini, 2002). Battered-Elder syndrome is a pattern of elder abuse by their relatives including their children, intentionally and repeatedly injures their aging person, often to extend hospitalization is required.

Child maltreatment

Child maltreatment: ideally, parents love and protect children. Families are the source of intimacy and selfhood, and even through parents have more power than their children have, parents presumably use their power in the child's best interests. Family experience is, for most people, largely favorable and rewarding. For some, it is not, but few view their family experience with emotional neutrality. Thus, stories about violence within the family have a great potential to elicit an emotional response from their audience.

Child maltreatment horror stories use journalistic, mass media conventions to elicit, and emotional/affective response from the reader: disembodiment of interaction and decontextualization. According to the disembodiment of interaction, mass media reports of child abuse never report the interactional consequences leading to abuse. The "facts" of story are presented as if they "speak for themselves" and reporters do not attempt to give the participant's perspective. According to the decontextualization, new reports rip child maltreatment situations out of their social context. The reasons for this is that child abuse usually occurs within the privacy of the home and is rarely witnessed by outsiders. On the other hand, news-workers place great reliance on institutionalized new sources as their primary source of information (Best, 1989, Boonzaier, 2004).

The problem of child abuse and human rights violations is one of the most critical matters on the international human rights agenda. For the last two decades, clinicians have described many of the outcomes of child abuse. Physical consequences range from minor injuries to severe trauma and death. Psychological consequences may range from chronic low self-esteem to severe dissociative diseases. The cognitive effects of abuse usually range from learning disorders to severe organic brain syndromes. Behaviorally, they may vary from poor peer relations to extraordinarily violent behaviors. It is easy to think that child abuse and neglect is only a problem associated with families at risk (Tsranchev, Timonov, Hadzhieva, Dineva, Spasov & Dobrev, 2018).

While all children are potentially vulnerable to abuse by those adults who care for them because they are dependent on them for physical and emotional protection and care, research has highlighted certain trends:

- Under 1 year olds are more likely to be registered for physical abuse and neglect than those in older age groups, reflecting the concerns created by their particular vulnerability. The pattern is reversed for sexual abuse, with 10 to 15 year olds the age group most likely to be registered under this category.
- Girls and boys are equally likely to be registered for child abuse. Boys are more likely to come to official attention as a result of physical abuse, neglect and emotional abuse than girls and girls are considerably more likely to be represented in official child sexual abuse registrations than boys.
- Although contentious, there is some evidence to suggest that particular children are singled out for abuse, for example, children who are not wanted, who are considered the wrong sex by their parents or who are perceived to be more difficult. All the evidence points to the fact that disabled children are more vulnerable to abuse than their non-disabled counterparts (Mouesca, 2016, NICE, 2017).

Research has shown that children and young people with disabilities are at risk of abuse because:

1. They are often more dependent on adults and may be less able to resist abuse, they may be cared for by a number of adults or in a variety of settings where there may also be the potential for abuse by peers.
2. They may depend on adults for intimate care and may have little control in their lives.
3. They may be unable to recognize abusive behavior because of lack of education and information and because they have reduced exposure to 'normal' child/adult interactions.
4. They may have little opportunity for involvement with adults or other children outside their home or care settings, and consequently may have reduced opportunities to disclose abuse.
5. They may have communication difficulties and be unable to convey their experiences to others or adults may be unable to communicate with them.
6. They may have low self-esteem and may not be confident about the outcome of telling someone about the abuse.
7. Their parents may experience considerable stress in coming to terms with the disability and in coping with the ongoing care of the child.
8. There is still considerable societal and professional reluctance to accept that disabled children are being abused. (NICE, 2017).
9. Finally, the separation of services to children and families and to people (including children) with a disability may mean there is inadequate knowledge and experience of child protection issues within services for disabled children and inadequate knowledge of disability within child protection services. Young children, who experience the highest rates of maltreatment, present especially complex assessments because they are so dependent upon their caregiving environments (Zeanah, C., 2018).

Evidence has also pointed to a correlation between birth problems and later abuse and neglect. It is suggested that where there are problems at birth, such as prematurity, which result in early separation of the mother and child, there is a potential for poor mother-child relationships, rejection and abuse (Corby 2000). WHO is committed to ending violence against women by:

- Building the evidence base by supporting countries' efforts to document and measure the extent, nature and consequences of violence against women.
- Developing technical guidance on evidence-based strategies and interventions to prevent intimate partner and sexual violence and to strengthen the health sector's clinical and policy response.
- Disseminating information and supporting national capacity and efforts to advance women's rights, and prevent and respond to violence against women.
- Strengthening research and research capacity to assess interventions to address intimate partner violence and sexual violence against women.
- Strengthening partnerships and collaboration among stakeholders to end violence against women (WHO, 2013).

Mental health intervention with child victims and their families can help ameliorate current problems and reduce the risk of the development of future ones. However, this beneficial effect can occur only if effective interventions are developed, tested, and most important, actually used with child victims of abuse and their families. Therefore, practitioners in the field need ready access to information describing interventions that are likely to help their clients, and they need training in the proper use of these treatments, (OVC, 2003).

Elder maltreatment

Elder abuse (also called "elder mistreatment", "senior abuse", "abuse in later life", "abuse of older adults", "abuse of older women", and "abuse of older men") is "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. This definition has been adopted by the World Health Organization (WHO) from a definition put forward by Action on Elder Abuse in the UK. Laws protecting the elderly from abuse are similar to and related to, laws protecting dependent adults from abuse (Cook-Daniels 2003).

Elder abuse can have several physical and emotional effects on an older adult. Many victims suffer physical injuries. Some are minor, like cuts, scratches, bruises, and welts. Others are more serious and can cause lasting disabilities. These include head injuries, broken bones, constant physical pain, and soreness. Physical injuries can also lead to premature death and make existing health problems worse. Elder abuse can have emotional effects as well. Victims are often fearful and anxious. They may have problems with trust and be wary around others (Anetzberger, 2004).

Abuse may be a pattern of behavior or just a single incident. It might involve physical harm, social isolation or neglect. Sometimes, the absence of care can hurt just as much as physical abuse. Some kinds of abuse are criminal offences. Other kinds of abuse, like repeated small insults, may not be crimes, but they can hurt anyway. They can also lead to criminal forms of abuse, (Ploeg, Jenny., *et al.* 2009).

As a social and political issue, though, it was the United States Congress that first Seized on the problem, followed later by researchers and practitioners. In general, elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Legislatures in all 50 states have passed some form of elder abuse prevention laws. (Anetzberger, 2004).Laws and definitions of terms vary considerably from one state to another, but broadly defined, abuse may be:

- Physical Abuse: inflicting physical pain or injury on a senior, e.g. slapping, bruising, or restraining by physical or chemical means.
- Sexual Abuse - non-consensual sexual contact of any kind.
- Neglect: the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.
- Exploitation: the illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else’s benefit.
- Emotional Abuse: inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.
- Abandonment: desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.
- Self-neglect : characterized as the failure of a person to perform essential, self-care tasks and that such failure threatens his/her own health or safety. (Lindbloom, Brandt, Hough, Meadows 2007).

Elder abuse is an important public health problem. A 2017 study based on the best available evidence from 52 studies in 28 countries from diverse regions, including 12 low- and middle-income countries, estimated that, over the past year, 15.7% of people aged 60 years and older were subjected to some form of abuse.

However, systematic reviews and meta-analyses of recent studies on elder abuse in both institutional and community settings based on self-report by older adults suggests that the rates of abuse are much higher in institutions than in community settings (Table 1).

Type of abuse	Elder abuse in community settings (1)	Elder abuse in institutional settings (2)	
	Reported by older adults	Reported by older adults and their proxies	Reported by staff
Overall Prevalence	15.7%	Not enough data	64.2% or 2 in 3 staff
Psychological abuse:	11.6%	33.4%	32.5%
Physical abuse:	2.6%	14.1%	9.3%
Financial abuse:	6.8%	13.8%	Not enough data
Neglect:	4.2%	11.6%	12.0%
Sexual abuse:	0.9%	1.9%	0.7%

WHO: 2018

Table 1: Systematic reviews and meta-analyses.

Risk factors that may increase the potential of elder abuse include:

1. Poor physical and mental health and mental disorders and substance abuse.
2. Social isolation of caregivers and older persons.
3. A share living situation is a risk factor for elder maltreatment
4. Socio-cultural factor such ageist stereotype where older adults are depicted as fail and dependent, lack of funds , migration of young couples, systems of inheritance and land right affecting the disturbance of power (Yon Mikton, Gassoumis, Wilber, 2017).

Abusive acts in institutions may include physically restraining patients, depriving them of dignity (for instance, by leaving them in soiled clothes) and choice over daily affairs; intentionally providing insufficient care (such as allowing them to develop pressure sores); over- and under-medicating and withholding medication from patients; and emotional neglect and abuse.

Woman maltreatment

Violence against women is a widespread social problem affecting millions of women. For more than three decades, researchers have explored the experiences of women in abusive relationships. Victims' accounts have been the focus, often deflecting attention away from men who are most frequently the perpetrators. Consequently, woman abuse has come to be regarded as a 'woman's problem' – blaming women and rendering them responsible for change. The literature on perpetrators and victims of violence seems to be developing independently of each other and commonly provide one-sided accounts (Boonzaier, 2004).

The term woman abuse describes any kind of abuse a woman is subjected to because she is a woman. This kind of abuse may also be called "gender-based violence" or "gender-based abuse/maltreatment". This abuse can happen in a woman's intimate relationship (dating, common-law, marriage), in which case it may be called "domestic violence" or "intimate partner maltreatment". The United Nations General Assembly (1993) defines woman abuse as, "any act of gender-based violence that results in or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty whether occurring or in private".

An attack is not always physical. It may include excessive criticism, humiliation, name-calling, degradation, forced isolation from family and friends, economic control, or destruction of property. The topics of women maltreatment include physical, sexual, emotional/psychological, social, harassment or stalking, economic and spiritual maltreatment. Sexual violence, including sexual harassment and sexual assault/abuse is gender-based violence. The perpetrator of sexual violence could be the woman's partner/spouse, someone she is dating, and someone she knows at school, work or in the community or a stranger, (Luke's Place, 2019).

A woman may be subjected to abuse by her partner during an intimate relationship, while she and her partner are breaking up or after they have separated. Many, but not all, forms of woman abuse are against the law in Canada. It is a serious problem that occurs throughout society and has negative effects on the health and well-being of women, children, families and the community.

Woman maltreatment is intentional. The perpetrator uses abuse to gain and maintain power and control over the woman. He may do this by using physical or sexual force or by threatening to use that force. The abuser wants to control the woman's behavior by making her afraid. The abuse is not because the abuser has "lost control." Most men who abuse women are not violent or abusive to other people. Alcohol use, stress and mental health issues do not cause a man to be an abuser. Woman abuse creates fear, can make the woman feel humiliated and gives the abuser power and control over the woman. It can occur in both heterosexual and same-sex relationships (Giesbrecht, and Sevcik, 2000). Although women who have varying levels of mental health are more likely to experience violence, for many women mental health concerns develop in response to the violence and feelings that arise from those experiences (CWF, 2011).

Methodological issues

The following topics represent the most significant methodological issues and strategies in clinical research:

- It is very significant for analysis to know the following major methodological flaws which limit their generalizability, scientific validity, and utility for building theory and for clinical practice:
- Bias of selection favoring poor children
- Sample size inadequate to form claimed associations.
- Lack of a comparison group 4. Inadequate matching of cases and members of the comparison group on socioeconomic status and other variables, leading to consequent confounding by poverty or other spurious .
- Imprecise definitions of child abuse or neglect.
- Conceptual framework restricted to psychodynamic dimensions.
- Problem with sample.
- Correlation is not cause: problem establishing cause-and effect relationship.
- Divisional ambiguity.
- Problem with sample.
- The woman abuse literature has not adequately explored the Interconnections between marital infidelity and woman abuse. However, an issue requires further exploration. The woman abuse literature has not adequately explored the Interconnections between marital infidelity and woman abuse. However, an issue requires further exploration. However, an issue that remains a problem for researchers in this area is how to acknowledge men's feelings of power lessens or emasculation without excusing their violent behavior.
- We have to acknowledge the complexity of the issues surrounding woman abuse. By being aware of potential links between social determinants of health and the victimization of women by their intimate partners, we can be better positioned to propose and support research and social policy initiatives that could contribute to reducing the incidence of domestic violence (Gill and Therault, 2005).
- The consequences of child abuse and neglect are really serious and they may affect over the victims themselves, the families in which they live and the society at all. That is why; there is a real need for a successful management based on the prevention of child abuse and the protection of children. It is needed to say that not all cases of child abuse and neglect are reported, and standards for reasonable suspicion of abuse and neglect are not clear-cut. Therefore, official reports do not capture all cases in which child abuse and neglect is suspected or even is detected and acted upon. A future retrospective research and creating universal guidelines and algorithm for acting in cases of child abuse could help in reducing and preventing the problem with child maltreatment, (Tsranchev, Timonov, Hadzhieva, Dineva, Spasov & Dobrev, 2018).
- Treatment of psychopathology associated with maltreatment, which is often multimodal, requires addressing a variety of external factors that may perpetuate or exacerbate symptoms and impaired functioning. We suggest that the more clinicians understand the different cultures of the legal and child protective services systems will help them advocate more effectively for maltreated children's best interests so that the complexity of their problems is matched by the comprehensiveness of our efforts to minimize their suffering, enhance their development, and promote their competence (Zeanah,, 2018).
- The problem of elder abuse cannot be properly solved if the essential needs of older people – for food, shelter, security and access to health care – are not met. The nations of the world must create an environment in which ageing is accepted as a natural part of the life cycle, where anti-ageing attitudes are discouraged, where older people are given the right to live in dignity – free of abuse and exploitation – and are given opportunities to participate fully in educational, cultural, spiritual and economic activities (Gorman, & Petersen 1999).
- It is fair to say that mental health practitioners now have a large body of clinical and empirical knowledge to draw upon when developing treatment plans for abused children and their families. At this point, the literature is robust enough to conclude that some treatments appear to work well with these clients; others appear promising, while others are of questionable value. Child abuse cases often are enormously complicated and frequently require considerable clinical innovation, judgment, and flexibility (OVC, 2003).

In sum, maltreatment is complex phenomena determined by multi-factors and bio-psycho-social consequences that stimulate researcher and clinical practitioners to use global-integrated approach for good handling (prevention and treatments). Power (2011) proposed a foundation for a dialogical model of conflict resolution, by extending previous work by Tileaga (2007) to resituate dehumanization, de-legitimatization and depersonalization as socially constructed phenomena among intergroup. The model examines the ways in which groups can engage with each other across social interaction.

Three fundamental problems arise before psychologists who study the disorganization of human behavior during affect: the study of symptomatology, the mechanics and the dynamics of affect. We should focus on the inter individual and psychosocial (cognitive, affective, behavioral) components of the maltreatment of elder, woman, and child, for continuing to produce meaningful research, that leading to accuracy of exploring, predicting and control this complex- conflictive behaviors. This perspective allow us to understand the symptomatology, mechanics and dynamics of abusive behavior.

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