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Accidental and violent injuries: Less frequent among the older population, but more serious

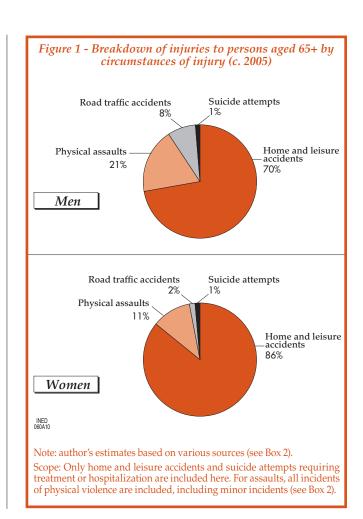
Xavier Thierry*

The fear of being attacked is common among older adults, but to what extent are they actually the victims of physical violence? How frequent are violent injuries compared with home and leisure accidents? Xavier Thierry reviews the data on violence against older adults and compares them with statistics for the younger population.

In France today, heart disease and cancer are the most $oldsymbol{1}$ frequent pathologies affecting older adults. Their health can also be suddenly compromised by an unexpected accident. While not lethal in the majority of cases, such accidents can cause bodily injury. Injuries are more difficult to count than deaths (Box 1), but have been monitored more effectively over the last ten years thanks to studies based, in many cases, on hospital statistics (Box 2). It is possible to distinguish between accidents (road traffic, home and leisure) and intentional violence (suicide attempts and physical assaults by a third party). Based on the most recent information sources, we will examine the frequency of these four types of bodily injury among older adults. Does a comparison between the older and younger populations confirm that older adults are more frequent victims of assault, as is sometimes claimed? And is their health, already fragile, more adversely affected?

Among older adults, eight accidental ◆ or violent injuries in ten are home and leisure accidents

Home and leisure accidents include injuries occurring in the home, in its immediate environment (garden,



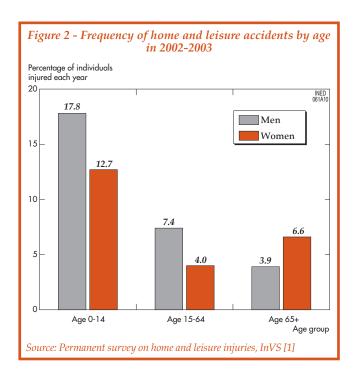
^{*} Institut national d'études démographiques

courtyard, garage), outside the home (in a shop, on a pavement), in school (for children), while practising a sport or during holiday and leisure activities. Among persons aged 65 and over they are the most frequent type of accident (Figure 1), and far outnumber physical assaults, road traffic accidents and suicide attempts. Older women have more home and leisure accidents than men (Figures 1 and 2), perhaps because they more often live alone and, at the same age, are in poorer health than men. By contrast, they are less frequently victims of road traffic accidents and physical assaults.

Domestic falls, the leading cause of injury among older adults

Each year, around 6% of persons aged 65 and over injure themselves accidentally inside or outside the home. The proportion among younger people is higher, as accident frequency tends to decrease with age (Figure 2). Home and leisure accidents are very common among children, for example, (15% of children each year), while road traffic accidents – all modes of transport – primarily concern young adults below age 25 (around 1.5% of this age group each year). Among older adults, the proportions are 5.6% and below 0.5%, respectively, although the circumstances and consequences of these two types of accident are particular in their case.

For the over-65s, three-quarters of all home and leisure accidents are falls in or near the home and, in 15% of cases, in the street [1]. They are less closely linked to the type of activity than for younger persons, who are often injured when practising a sport or when travelling for work-related reasons, and are often a consequence of the individual ageing process (failing vision or hearing,



Box 1

More deaths from external causes among older adults in France than elsewhere in Europe

In France, old-age mortality is slightly lower than the European average when all causes of death are considered. But for death from external causes (injury, poisoning, suicide), it is higher. Almost 5% of deaths beyond age 65 were due to external causes in 2005 (versus two-thirds of deaths at ages 15-29), compared with an average of 2.9% in EU-15. For older adults, the death rate from external causes in France is almost 50% higher than the average rate recorded in the other countries. This gap is due mainly to high mortality from home and leisure accidents and suicides. For the former, only Finland has a higher death rate, and for the latter, only Austria and a minority of Eastern European countries, where the overall death rate from external causes is higher than in EU-15. Deaths due to road traffic accidents are the only category where France is below the European average for the over-65s. Everywhere, more men die from external causes than women.

Source: Eurostat, standardized death rates kindly transmitted by F. Bélanger (InVS).

Box 2

The main statistical sources

The estimates given here are the author's calculations based on data from the following sources:

- 1. Home and leisure accidents: surveys of selected hospital accident and emergency units by the Institut national de veille sanitaire (National Institute for Public Health Surveillance, InVS) [1].
- 2. Road traffic accidents: Observatoire national de la sécurité routière (National Interministerial Observatory for Road Safety) and research by the Institut national de recherche sur les transports et leur sécurité (French National Institute for Transport and Safety Research, INRETS), notably by the Umrestte joint research unit [2].
- 3. **Suicide attempts**: updated estimates of the Direction de la recherche, des études et de l'évaluation et des statistiques du Ministère de la Santé (Directorate for Research, Studies, Evaluation and Statistics of the Ministry of Health, DREES) [3].
- 4. **Physical assaults**: "living environment and security" victimization surveys conducted by the Institut national de la statistique et des études économiques (National Institute for Statistics and Economic Studies, INSEE) [4].

Police records of reported assaults provide another source of information, but the actual number of incidents is much higher: only one victim in three reports an assault to the police. Moreover, the publications of the Observatoire national de la délinquance (National Observatory on Crime) do not specify the victims' ages. For these reasons, we decided not to use these data sources, even though they cover the most serious physical assaults, but rather to rely on the INSEE victimization surveys whose scope is broader (but which cover a limited sample of respondents, thereby lowering the quality of estimates by age group). Likewise, home and leisure accidents are often minor and we applied a correction coefficient in Figure 1 so that only serious injuries are taken into account. Last, to enhance the accuracy of data on road traffic accidents, which are not systematically recorded by the police, the proportions shown in Figure 1 are also based on statistical estimates by INRETS.

poor health), of external factors (inappropriate dwelling, isolation) and sometimes of risk behaviour (sedentary lifestyle, under-nutrition, consumption of medications or alcohol).

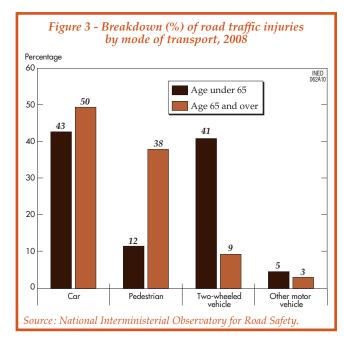
Although less frequent, these accidents are more serious for older adults. For a shock of a similar intensity, an older – and hence more fragile – person is likely to be more seriously injured or to die than a young person whose body is more robust. In two cases out of three, older victims of home and leisure accidents require medical follow-up or spend several days in hospital, while accidental injuries to young children are minor in two-thirds of cases. Almost 5% of older adults hospitalized after a home or leisure accident die as a consequence, while this is rarely the case for young people.

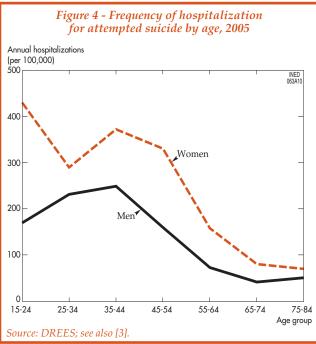
Among older adults, half of all injuries due to road traffic accidents occur when they are in a car as driver (33%) or passenger (16%), and slightly above one-third when they are on foot (38%). By comparison, pedestrians account for only 12% of traffic accident victims before age 65 (Figure 3). Older drivers involved in road accidents are more seriously injured. Beyond age 75, 8% of victims are seriously or very seriously injured (versus 3% for the 25-34 age group) and 13% do not survive the accident (respectively 5%) (1).

As very elderly persons tend to limit their movements, accidents occur more frequently in the home than outside – especially when they live in a retirement home. If they happen in the street, the elderly victim is generally a pedestrian, since old drivers, aware of their difficulties, often give up driving or no longer need to travel by car (residence with a son or daughter, or in a retirement home). If they do use a car, they tend to drive slowly, travel shorter distances, avoid difficult driving conditions (night-time, bad weather, rush-hour) and drink less before driving [2]. Beyond age 80, half of all traffic accident victims are pedestrians, and the majority appear to be women, as is the case for home and leisure accidents after age 65 (Figure 2).

Intentional violence: a frequent phenomenon in the elder population?

What about injuries due not to accidents but to intentional acts (suicide, or attempted suicide) or to assault by a third party? Mental health surveys provide a means to measure the prevalence of depressive disorders and, in particular, the risk of suicide. The proportion of persons presenting a high suicide risk decreases with age: 1% of persons aged 60-74 versus 2.8% of persons aged 18-29 report a suicide attempt during the previous month or, having

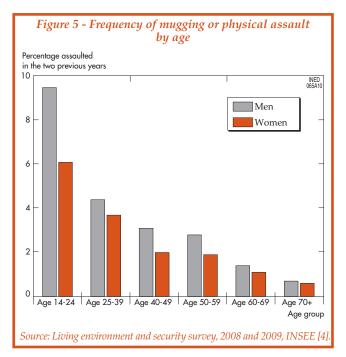




already attempted suicide at some time in their life, report having thought about suicide in the previous month. A breakdown of the number of suicide attempts confirms that they are less frequent among older adults than among young people (Figure 4). Fewer than one older adult in a thousand was hospitalized in 2005 for this reason, a proportion three times smaller than for under-45s [3]. The risk of assault is much higher than the risk of attempted suicide among older people (1%, see below).

These two types of violence are not comparable, however. First, the INSEE surveys on insecurity are based on self-reporting, with no checks to ensure the validity of respondents' statements, which testify as much to fear of violence as to violence actually experienced. Second, with regard to suicide, older adults more often "succeed"

⁽¹⁾ In French statistics, a person is considered to have died as a result of a road traffic accident if they die immediately or within 30 days of the accident.



than young people. Their attempts are thus less frequent, but more lethal. At all ages, women contemplate suicide more frequently than men, but when they actually attempt suicide, they less often die as a consequence.

Regarding physical assault, surveys on living conditions regularly measure respondents' sense of insecurity. Rightly or wrongly, fear of assault or burglary is stronger among older women than older men. Beyond age 60, 14% of women report being frightened occasionally or even frequently in their own home (7% of men), though the difference with respect to younger women is small (12% before age 30 and 10% at ages 30-60) [4].

The reporting of fear at a given moment and the actual experience of assault are two quite different things, however. Fearing for one's personal safety or security does not necessarily signify being the victim or witness of a physical assault, in the same way as suicidal thoughts are not the same as the act of suicide.

Victimization surveys in which respondents report the physical assaults they have experienced over the last two years provide a more factual approach to physical violence. Beyond age 60, the rate is close to 1%, the lowest level recorded for any age group (3.2% on average between ages 14 and 75) (Figure 5). However, these surveys include minor assaults and, above all, they do not cover acts of ill-treatment against older adults in retirement and nursing homes.

Future trends

As the elderly population increases, the number of domestic accidents is likely to rise. At the same time, the improved health of older adults and efforts to reduce their isolation should help to limit this trend. However, the greater autonomy of older persons is likely to raise

the number of accidents outside the home. More women now work and drive a car, and they will swell the ranks of the mobile elderly population (2). And the ageing of the baby-boomers – among whom a stronger propensity for suicide has been observed – is likely to raise the frequency of suicides at older ages [7]. The problem of violence against older adults remains difficult to quantify since, in addition to statistics on random one-off assaults, more data are needed on the violence stemming from long-term relations between dependent older adults and their carers, be they professionals or family members.

(2) According to the "Transport et déplacements" mobility survey in 2008, 72% of women aged 65-69 have a driving licence (93% of men), and the proportion falls to 44% beyond age 75 (respectively 88%). Almost one household in three where the reference person is aged over 75 does not have a motor vehicle.

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ABSTRACT

Each year, around 6% of persons aged 65 and over are injured in a home or leisure accident, compared with 15% of children. For the over-65s, three-quarters of all home and leisure accidents are falls in or near the home and, in 15% of cases, in the street. By comparison, accidents among young people occur more frequently when practising a sport or when travelling for work-related reasons. Although such accidental injuries are less frequent among older people, they are more serious.

For older adults, the risks of assault or attempted suicide are much smaller than the risk of a home or leisure accident: only 1% of persons in this age group report having been assaulted in the last two years, and fewer than one in a thousand are hospitalized each year for attempted suicide.