



Federal Fluminense University

AURORA DE AFONSO COSTA
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Original Articles



Sociodemographic profiles and violent events experienced by the elderly: a descriptive study

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ABSTRACT

Aim: to present the sociodemographic profile, and to identify the violent events of various types (physical, psychologic, sexual, abandonment, negligence, financial abuse, and self-negligence) in elderly people residing in the Metropolitan Area of Brasília, Brazil. **Method:** This is a transversal and descriptive study, in which the elderly were actively asked if they had already suffered any sort of violence. **Results:** The sample consisted of one hundred and thirty one elderly people, with an average of 70 years. 68% were women, 41% were married, 41% were mullatos, 50% were illiterate, 90% lived with other relatives, and 52% had an income of up to 3 minimum wages. With regard to the types of violence experienced, 72% reported such unpleasant experiences after they were 60 years of age, being the psychological violence being the most frequently mentioned (34%). **Conclusion:** The profile of the elderly people who suffer the most is that of a young senior, female, who lives with a relative (especially the spouse or children), with low level of education and income, and that had experienced other psychological violence outbursts after the age of 60.

Descriptors: Violence; Aged; Elder Abuse.

INTRODUCTION

There are many definitions for the violence and the mistreatment with regard the elderly. The most commonly used, in Brazil is the definition given by the World Health Organization, which describes the concept as "...the set of actions or omissions that occurred once or more times, harming the physical and emotional integrity of the elder, impeding the fulfillment of the person's social role"^(1,2), and is also included in the Brazilian Elder's Statement. Other authors have introduced the perspective that it involves a single occurrence, or a repeated one, that occurs in any sort of relationship in which an expectation of trust is in place, and the happening generates damage or anguish with regard the elderly person⁽³⁾.

The risk factors involved in abusive situations among elders are dementia, physical impairment, depression, solitude or lack of social support, consumption of alcohol or illicit drugs, experience of conflictive situations with the caregiver, and the reduction of functional and cognitive capacity. These situations tend to link to dependency during the caring moments of basic and instrumental activities in everyday life, increasing their exposure to mistreatment generated by family, or by formal or institutional caregivers^(4,5,6).

With regard to the nature of violence, it can be either physical, which is the use of physical force, aiming to hurt a person; psychological, with verbal or gesture aggression; sexual, described by a sexual act or play performed against the individual's will, or when the elder is unable to consent; abandonment, seen by the lack of care on the part of the legal representative; negligence, which is a denial of care on the part of the person responsible for the elder; financial and/or material exploitation, or the non-consent use of financial and/or material assets of the elder; and self-negligence, which can be described as

a behavior pattern that places the elder's health and safety at risk^(1,7).

The importance of identifying violent situations among elderly people is recognized, and it is known that there is still a gap regarding the observation of this phenomenon in the Metropolitan Area of Brasília (MAB) in Brazil, as the studies found barely mention any data collection in any part of the Central-West Region of Brazil. Investigations describing this highly complex scenario are needed, in which the elderly person comments on moments of violence experienced in everyday family and community life.

This present study aimed to present the sociodemographic profile of elderly people and to identify the situations of physical, psychological, sexual, abandonment, negligence, financial abuse, and self-negligence types of violence in the MAB.

METHOD

This is a transversal study, based on a target population, which has adopted an observational-descriptive approach. It is built upon a sample of convenience of elderly people living in the Metropolitan Area of the city of Brasília (MAB), interviewed between July 2012 and May 2013.

As the study scenario, this research used a primary care health unit which offers specific ward service for the provision of the general health needs of elderly people in MAB. The professionals who provided the caring procedures were physicians or nurses who specialized in care of the elderly.

The sample was composed of elderly people who met the following criteria of inclusion: from either sexes, age of 60 years or older, frequent users of the ward service chosen to be part of this research's scenario, no diagnosis of dementia, and agreeing to participate in this

study. The condition of not have suffered any previous violent outburst against the individual was not considered a criterion for exclusion, as this question was approached during the interview, and later analyzed in terms of whether or not the elderly person had experienced a mistreating situation.

The elderly people were approached and invited to participate in this research after their medical consultation. They were conducted individually by one nurse researcher to a private room or office that had been made available, and were guaranteed the right to privacy during the research. They were then actively asked about the goals of this study.

The instrument for data collection was a questionnaire composed of semi-structured questions, validated by an expert group in the area of gerontology with different backgrounds (such as nurses, social workers and physicians), chosen by the researchers as professionals who were directly involved in the care of the elderly in the Federal District of Brazil.

The questionnaire was composed of 26 questions, 16 of which related to sociodemographic conditions and other personal information, and the other 10 being about the nature of the violent experiences of the elderly, whatever the type (psychological, physical, sexual, abandonment, negligence, financial abuse, or self-negligence).

To analyse the information gathered, descriptive statistics was used in terms of the variables involved, the values taking the form of arithmetic averages, and absolute and percentage frequency. A data bank was built involving categorization and the transcription of data recorded in codes into a guide, and an electronic spreadsheet, using Microsoft Excel software.

This research project was submitted for the approval of the Committee of Ethics in Research of the Health Sciences Education and Research

Foundation (FEPECS, in Portuguese), and was approved under protocol 160/2012, in June 04, 2012.

RESULTS

The sample was composed of 131 elderly people. The age average was 70-92 years old, with an interval from 61 to 87 years old, with a higher concentration of 60 to 70 year olds – representing 51.14% of the elderly people interviewed (Table 1).

With regard to gender, the majority were women (68.7%). Their self-declared ethnicity was mulatto (41.2%), followed by white (38.8%). Their place of origin before arriving in MAB was mostly from the Northeast Region of Brazil (71%). With regard to marital status, 41.98% were married, and 33.60% were widow(er)s (Table 1).

The educational level indicated that 50.38% were illiterate, and 36.6% had not finished Middle School. The majority of the elders declared that they lived with at least one relative (90%) and had children (94.6%).

Table 1. Sociodemographic characteristics and the context of the interviewed elder people, Metropolitan Region of Brasília, Brazil, 2013 (n=131)

Gender	N	%
Female	90	68,7
Male	41	31,3
Age Groups		
60 70	67	51,14
71 80	50	38,16
81 90	14	10,7
Ethnicity		
Mulatto	54	41,22
White	51	38,8
Black	26	20
Region of Origin		
Northeast	93	71
North	3	2,3
Center-West	13	9,9
Southwest	21	16
South	1	0,8
Marital Status		

Married	55	41,98
Widow(er)	44	33,6
Single	14	10,7
Divorced	12	9,15
Living with the partner	6	4,58
Education		
Illiterate	66	50,38
Incomplete Middle School	48	36,64
Finished High School	7	5,34
Finished Middle School	6	4,58
Undergraduate	3	2,29
Undergraduate Drop-out	1	0,76
Who lives with the elder		
At least one relative	118	90
Alone	13	10
Have children		
Yes	124	94,65
No	7	5,35
Income		
Retired	66	50,38
Housewife	18	13,74
Working at the moment	16	12,21
Pension from deceased partner	15	11,45
Government support	13	9,92
Retired and pension	2	1,53
Denial/does not know/does not remember	1	0,76
Income level		
From 1 to 3 minimum wage units	66	52,67
Up to 1 minimum wage unit	18	36,64
from 4 to 10 minimum wage units	15	4,58
No income	13	3,05
Cannot specify/no specific income	2	2,29
Denial	1	0,76
Participation in social groups		
No	102	77,86
Yes	29	22,14
Present Religion		
Roman Catholic	77	58,78
Protestant	50	38,17
Spiritualist	4	3,05
Total	131	100

Their present occupation is defined as retired in 50.4% of the cases, and in the same proportion, the individuals declared their income to be between one to three minimum wage units. Participation in groups for the elderly or in leisure activities was mentioned by only 22%. Their present religion is Roman Catholic for 59% of the participants (Table 1).

Other relevant information was the presence of health issues: the majority (95.4%) mentioned at least one concern, of which the most prevailing were systemic arterial hypertension (80.15%), diabetes mellitus (29%) and osteoporosis (23%). With regard to health treatment, 92.3% confirmed they were under some type of medication treatment, with 90.8% using at least one form of medication continuously, with the support of the healthcare services located close to where they lived.

Self-declared violence cases, in a global evaluation of the sample, were present in 72.5% of the cases, suffering at least one type of aggression after they had reached the age of 60 years.

Table 2. Distribution of elders, according to the nature of the violence experienced. Metropolitan Region of Brasília, Brazil, 2013 (n=131).

	Female		Male		Total	
	N	%	N	%	N	%
Psychological Violence - Humiliation						
Yes	33	25,2	12	9,15	45	34,35
No	57	43,52	29	22,13	86	65,65
Psychological Violence - Discrimination						
Yes	29	22,13	5	3,82	34	25,95
No	61	46,56	36	27,48	97	74,05
Physical Violence						
Yes	12	9,16	3	2,29	15	11,45
No	78	59,54	38	29,01	116	88,55
Sexual Violence						
Yes	3	2,29	4	3,05	7	5,34
No	87	66,41	37	28,24	124	94,66
Abandonment						
Yes	25	19,08	9	6,87	34	25,95
No	65	49,62	32	24,43	97	74,05
Negligence						
Yes	17	12,98	5	3,82	22	16,79
No	73	55,73	36	27,48	109	83,21
Financial Abuse						
Yes	22	16,79	9	6,87	31	23,66
No	68	51,91	32	24,43	100	76,34
Self-Negligence						
Yes	15	11,45	5	3,82	20	15,27
No	75	57,25	36	27,48	111	84,73
Total	90		41		131	

Analyzing the gender, 28.42% of the elderly who had suffered mistreatment episodes were male, and 71.58% were female. This demonstrates the asymmetry of gender influence in these cases of violence (Table 2).

In terms of psychological violence, 34% of the elders interviewed were victims of moments of humiliation, swearing, threats, and shouting, both in public and at home; with regard to this type of violence, women were the ones who suffered the most. Discrimination in terms of being elderly was reported by 26%, and it was mostly mentioned by women (Table 2).

With regard to physical violence, 11.4% described, in their testimonies, that they had suffered punches, slaps, shoves, aggression related to objects being thrown in their direction, acts of hanging using objects, among others. Once more, elderly women were the most victimized in terms of this type of violence in the research sample. Sexual violence was less common (5.3%) when compared to the other types of violence. However men were the ones who reported it the most (3.05%).

Another type of abuse that was widely reported was abandonment (26%), which was observed as a feeling of solitude, or a situation in which there is a lack of support of a relative – in many cases, related to the lack of presence of their own children. Negligence was observed by 17% of the interviewees, described as the inability to maintain minimal conditions for living, affecting the areas of nutrition, safety, and health (Table 2).

Financial abuse (23%) was described in the form of stealing in and out of the home, robbery, and financial schemes aimed at the elder. Self-negligence was experienced in terms of a lack of care for oneself, as reported by 15% of the interviewees (Table 2).

DISCUSSION

With regard to the characterization of the sample, it was observed it was mainly female, aged above 70 years, with a low level of education and income. This data matches the risk factors relating to violence, as seen in Brazilian and other international studies, which considers that the profile of the elderly who suffer from violence is female, single/widow/ above 75 years of age, and with a low level of education^(1,5,6).

Some studies performed with the elderly demonstrate that there is a significant increase in the prevalence of noncommunicable chronic diseases during the process of population aging. It is estimated that 85% of elderly people in Brazil present at least one chronic disease, 10% of them being with concomitant infections, as also seen in the sample studied^(6,7,8,9).

The phenomenon of feminization of the aging process, and the interface of sociodemographic elements that can be associated with the sex, class, ethnicity, or age stereotypes was demonstrated through the information gathered, and supports some other studies. This means that elderly women should be considered to be a high risk group that may be in danger of many sorts of violence or abuse, in the future^(9,10,11).

In a study regarding episodes of violence, with a sample of more than 5,000 elderly people in South Carolina, USA, interviewed over the telephone, moments of mistreatment of a psychological nature were observed in 12.9% of the studied population, being characterized by verbal aggressions such as swearing and humiliation⁽¹²⁾. In Brazil, a survey conducted with the use of the Federal District Civil Police database, demonstrated a high level of psychological mistreatment events among the elderly who registered their complaints, in a rate of 55%⁽¹³⁾.

Negligence and self-negligence can be associated with other factors such as inadequate

support services, with inefficient protection networks, and lack of articulation among these services; lack of ability to self-care and self-protection; or even extrinsic issues such as poverty or lack of social support⁽¹⁴⁾.

Another characteristic highlighted in the studied population is the phenomenon of co-residence or, in other words, living with another member of the family. Few individuals live by themselves. This can be due to a possible situation of financial dependency of the relative, or the opposite, when the elder is the financial dependent of a family member⁽¹⁵⁾. Such circumstances are related to the financial abuse reported in the interviews of this research.

The increasing number of elderly people in Brazil who experience violent situations, both in and out the home, demonstrates the need to have professionals in gerontology – especially nursing staff – prepared to develop their abilities, among many, in terms of a more skilled listening approach and the capacity to deal with the process of aging. These professionals also need to recognize and work upon the early signs of the risk factors related to violence against the elderly during the application of nursing processes, and they also need to use all available social equipment in their area of work^(16,17,18).

CONCLUSION

The profile of elderly individuals who are victims of violence in the area studied is that of a relatively young person, female, living with a relative (especially the spouse or children), with low levels of education and income, retired, professing the Roman Catholic faith, and who has faced psychological violence outbursts after the age of 60.

However, there is a pressing need to organize family and social support networks that

enable the insertion of the elderly into a broader community, supporting the connections among generations, and the development of a culture of valorization of the experience of life of the elderly, through the incentive and the construction of situations in which the elderly are recognized and are the protagonists of their own choices.

The articulation of the care practices associated with the promotion of health, as well as the identification of suspect cases, must be part of the working process of nurses who support the elderly; this can contribute to a discussion of the opportunity to build care protocols articulated with the protection against violence network, as part of the healthcare system for the elderly.

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All authors participated in the phases of this publication in one or more of the following steps, in According to the recommendations of the International Committee of Medical Journal Editors (ICMJE, 2013): (a) substantial involvement in the planning or preparation of the manuscript or in the collection, analysis or interpretation of data; (b) preparation of the manuscript or conducting critical revision of intellectual content; (c) approval of the versión submitted of this manuscript. All authors declare for the appropriate purposes that the responsibilities related to all aspects of the manuscript submitted to OBJN are yours. They ensure that issues related to the accuracy or integrity of any part of the article were properly investigated and resolved. Therefore, they exempt the OBJN of any participation whatsoever in any imbroglios concerning the content under consideration. All authors declare that they have no conflict of interest of financial or personal nature concerning this manuscript which may influence the writing and/or interpretation of the findings. This statement has been digitally signed by all authors as recommended by the ICMJE, whose model is available in http://www.objnursing.uff.br/normas/DUDE_eng_13-06-2013.pdf

Received: 10/24/2013

Revised: 10/13/2014

Approved: 10/20/2014