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TRACKING OF ABUSE AND MISTREATMENTS OF ELDERLY SUBJECTS IN LONG-STAY CARE INSTITUTIONS

RASTREAMENTO DE ABUSO E MAUS-TRATOS EM IDOSOS DE INSTITUIÇÕES DE LONGA PERMANÊNCIA

RASTREAMENTO DE ABUSO E MALOS TRATOS EN ANCIANOS EN INSTITUCIONES DE LARGA PERMANENCIA

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ABSTRACT

Objective: to track abuses and mistreatments against elderly subjects in long-stay care institutions and correlate the results in the elderly and caregivers. **Method:** it is an observational and cross-sectional study, conducted in Maceió/AL/Brazilian Northeast. The sample was comprised of 94 individuals, 81 elderly subjects and 13 caregivers. The data collection was performed by means of the Instrument for Tracking Abuse and Maltreatments in Elderly Subjects (known as IRAMI) and the Caregiver Abuse Screen (CASE). The Data were analyzed through the software SPSS 15.0. This study had its research project approved by the Research Ethics Committee, under Protocol nº 013032-2010-04. **Results:** among the signs of abuse and mistreatments against the elderly subjects, there was significance among neglected clothes, falls and regular use of medications. The findings referring to caregivers in one of the institutions have shown that there was one caregiver (7,7%) with four positive responses to the questionnaire, which is a fact that indicates violent behavior towards the elderly population. **Conclusion:** the found signs of mistreatments warn of the increased care to the institutionalized elderly subject. **Descriptors:** Mistreatments against Elderly Subjects; Elderly People; Caregivers.

RESUMO

Objetivo: rastrear abusos e maus-tratos em idosos de instituições de longa permanência e correlacionar os resultados nos idosos e cuidadores. **Método:** estudo observacional, transversal, realizado em Maceió/AL/Nordeste do Brasil. A amostra foi composta por 94 indivíduos, 81 idosos e 13 cuidadores. A coleta de dados foi realizada com o Instrumento de Rastreamento de Abuso e Maus-Tratos em Idosos (IRAMI) e o *Caregiver Abuse Screen* (CASE). Os dados foram analisados no software SPSS 15.0. Este estudo teve o projeto de pesquisa aprovado pelo Comitê de Ética e Pesquisa, sob Protocolo nº 013032-2010-04. **Resultados:** entre os sinais de abuso e maus-tratos contra os idosos, houve significância entre vestimentas descuidadas, quedas e uso regular de medicamentos. Os achados referentes aos cuidadores em uma das instituições mostraram que havia um cuidador (7,7%) com quatro respostas positivas ao questionário, fato que indica comportamento violento para com o idoso. **Conclusão:** os sinais de maus-tratos encontrados alertam para maior atenção para o idoso institucionalizado. **Descritores:** Maus-Tratos em Idosos; Idoso; Cuidadores.

RESUMEN

Objetivo: rastrear abusos y malos tratos en ancianos de instituciones de larga permanencia y correlacionar los resultados en los ancianos y cuidadores. **Método:** estudio observacional, transversal, realizado en Maceió/AL/Nordeste del Brasil. La muestra fue compuesta por 94 individuos, 81 ancianos y 13 cuidadores. La colecta de datos fue realizada con el Instrumento de Rastreado de Abuso y *Malos Tratos en Ancianos* (IRAMI) y el *Caregiver Abuse Screen* (CASE), analizados en el software SPSS 15.0. Este estudio tuvo el proyecto de investigación aprobado por el Comité de Ética e Investigación, sobre protocolo nº 013032-2010-04. **Resultados:** entre las señales de abuso y malos tratos con los ancianos, hubo significancia entre vestimentas descuidadas, caídas y uso regular de medicamentos. Los hallados referentes a los cuidadores en una de las instituciones mostraron que había un cuidador (7,7%) con cuatro respuestas positivas al cuestionario, hecho que indica comportamiento violento para con el anciano. **Conclusión:** las señales de malos tratos encontrados alertan para mayor atención para el anciano institucionalizado. **Descriptor:** Malos Tratos en Ancianos; Ancianos; Cuidadores.

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INTRODUCTION

Population aging has become one of the greatest challenges for the public health, since it requires the effective implementation of the strategy of health education as a possibility of maintaining the functional capacity of the elderly subject. Due to the increase in life expectancy of the world population, many countries coexist with several generations of elderly, who have varied needs, thereby requiring different health care policies. In Brazil, the number of elderly people (≥ 60 years old) rose from three million in 1960 to seven million in 1975 and 14 million in 2002 (an increase of 500% in forty years), and is estimated that might reach 32 million in 2020.^{1,2}

Since aging is a fact, societies turn their attention to political, economic, cultural, social and health-related political questions caused by this phenomenon. Due to the normal changes triggered in the body by the aging process, there are many difficulties faced by the elderly subjects; most of which comes from the inherent fragility and vulnerability of their physiological status, which makes them potential victims of the growing social violence. In general, the increasing violence against the elderly population has become a widely discussed topic in the scientific community, but the action for holding it is still fragile.³

Violence might be committed inside or outside the home by a family member, or still by people who are assuming of the parental role, even without ties of consanguinity, but exercising a power relationship before the other part. Mistreatments in old age might be defined as single or repeated actions, or even lack of an appropriate action - carelessness -, which causes harm, suffering or anguish and that takes place within a relationship of trust. Thus, the nature of violent actions might be: physical, psychological, material, sexual, malpractice and confinement.³

The epidemiology highlights the indicators with which the health system measures the magnitude of violent actions in everyday life, in institutions and in the state itself. For this purpose, it makes use of the concept of *external causes*, which has the need to be differentiated from violence. *External causes* constitute a category established by the World Health Organization (WHO) to refer to those resulting from aggressions and accidents, traumas and injuries.⁴

Contemporary societies said they have already embedded in their social, legal, moral

and even health public structures, ways to prevent, identify and deal with the abuse and mistreatments of identified groups of people, such as children and women. In the specific case of the elderly population, mistreatments seem to be, among us, an excessively ignored phenomenon, both from the viewpoint of its investigation and from the tracking for detecting and taking measures such as prevention and intervention methods.⁵

Violence against the elderly population might assume many forms and take place in different situations; therefore, for different reasons, it is underdiagnosed and underreported. Among the causes for the difficult diagnosis, we could cite: the victim's feelings of guilt and shame, fear of retaliation or reprisal by the offender. Most cases of violence against the elderly subjects is due to self-neglect or is perpetrated by a family member, which might explain why the victims tend to minimize the seriousness of the aggression and show themselves loyal to their aggressor, often refusing to take legal measures against family members or discussing on this topic with third parties.⁶

Studies highlight that most cases of abuse is committed by family members and caregivers of these elderly subjects, being that they are resulting from negligence and lack of practice to care for such a situation. Accordingly, it becomes necessary having a more improved survey in relation to the quality of care towards these seniors, with a view to identifying the most common signs of abuse and carelessness and differentiating where there is predominance of the determining factor, either for not knowing or for reasons of neglect on the part of such caregivers.⁷

OBJECTIVE

- To track abuses and mistreatments against elderly subjects in long-stay care institutions and correlate the results in the elderly and caregivers.

METHOD

This study is the product of the dissertation of the Postgraduate Program in Health Sciences at the Federal University of Alagoas/UFAL << *Tracking of abuse and mistreatments in elderly subjects resident in long-stay care institutions*>>.

It is an observational and cross-sectional study, conducted in the municipality of Maceió, Alagoas State/Brazilian Northeast, with the elderly subjects and caregivers

linked to two long-stay care institutions, aged greater than or equal to 60 years, male or female, with no cognitive impairment or any difficulty that could interfere with the application of instruments for data collection. We have excluded the elderly subjects who had high cognitive impairment or some psychiatric illness.

We have selected two long-stay care institutions for elderly subjects: A and B. The choice was due to they are the holders of the largest number of elderly residents in the municipality. After authorization by the heads of each institution, the data collection was started by researchers, through research tools applied in the form of interview and physical examination. The interviewers did not intervene in the responses, always respecting the guidelines for the application of each form.

We have applied a form of socioeconomic and demographic data and conducted the assessment of abuse and mistreatments by the Instrument for Tracking Abuse and Maltreatments in Elderly Subjects (known as IRAMI). Concerning the caregivers, we used the instrument Caregiver Abuse Screen (CASE), in its transcultural adaptation to Brazil.

The database was stored in the Windows Excel® 2003, being that their analysis was held by means of the statistical package SPSS® (Statistical Package for Social

Sciences), version 15.0. To correlate the proportion of "yes" responses by question and by institution, we used the Fisher's Exact Test, by adopting a significance level of 5% ($p < 0,05$). For the variables of bed preparation, oral and body hygiene, we used the Chi-square Test.

This study had its research project approved by the Research Ethics Committee (REC) at the Federal University of Alagoas/UFAL, under Protocol number 013032-2010-04. All participants have consented to participate in the study by signing the Free and Informed Consent Form (FICF), which is based on the Resolutions nº 196/96 and nº 251/97 of the Brazilian National Health Council -Ministry of Health (CNS/MS).

RESULTS

By assessing the results of the socioeconomic and demographic characteristics of the elderly subjects, it was unveiled a female predominance. The found average age was 77,3, with a standard deviation of $\pm 9,3$, where the minimum age was 60 years and maximum was 96 years (Table 1).

Table 1. Distribution of frequencies of elderly subjects according to socioeconomic and demographic characteristics, Maceió/AL - 2012

Variable	Category	n	%	n	%
Gender	Male	16	39,0%	16	40,0%
	Female	25	61,0%	24	60,0%
Marital Status	Single	25	61,0%	30	75,0%
	Married	05	12,2%	03	07,5%
	Widowed	06	14,6%	05	12,5%
	Divorced	05	12,2%	02	05,0%
Length of Stay	Up to 1 year	10	24,4%	12	30,0%
	From 1 to 10 years	29	70,7%	26	65,0%
	Over 10 years	02	04,9%	02	05,0%

Table 2 presents the results related to the health status of the elderly subjects regarding the morbidities.

In the table 3, which is related to frequencies of social characteristics, there were statistically significant differences for the variables: systemic arterial hypertension, coronary artery diseases and family visits ($p < 0,05$).

Of the 40 patients from the Institution B, 29 showed arterial hypertension, while in A,

with 41 patients, 17 showed hypertension. Regarding the presence of coronary artery diseases, in B there were eight cases; concerning the Institution A, no case has been found. The patients from the Institution B have denoted 26 cases of family visits and, referring to the Institution A, 16 cases were registered. The remaining variables did not show statistically significant differences.

Table 2. Distribution of frequencies of elderly subjects according to characteristics of morbidity, Maceió, 2012

Variable	Category	A		B		P value
		n	%	n	%	
SAH	No	24	58,5%	11	27,5%	0,007*
	Yes	17	41,5%	29	72,5%	
Diabetes	No	32	78,0%	29	72,5%	0,614
	Yes	09	22,0%	11	27,5%	
Stroke	No	34	82,9%	30	75,0%	0,424
	Yes	07	17,1%	10	25,0%	
Dementia Syndrome	No	31	75,6%	27	67,5%	0,467
	Yes	10	24,4%	13	32,5%	
Parkinson	No	41	100,0%	38	95,0%	0,241
	Yes	00	00,0%	02	05,0%	
Coronary Diseases	No	41	100,0%	32	80,0%	0,002*
	Yes	00	00,0%	08	20,0%	
Heart Failure	No	41	100,0%	39	97,5%	0,494
	Yes	00	00,0%	01	02,5%	
Lung Diseases	No	40	97,6%	39	97,5%	1,000
	Yes	01	02,4%	01	02,5%	
Others	No	36	87,8%	39	97,5%	0,201
	Yes	05	12,2%	01	02,5%	

*p<0,05 - statistically significant.

Table 3. Distribution of frequencies of elderly subjects according to social characteristics, Maceió, 2012

Variable	Category	A		B		P value
		n	%	n	%	
Family Visits	No	25	61,0%	14	35,0%	0,026*
	Yes	16	39,0%	26	65,0%	
Friends Visits	No	22	53,7%	13	32,5%	0,073
	Yes	19	46,3%	27	67,5%	
Isolation	No	29	70,7%	25	62,5%	0,485
	Yes	12	29,3%	15	37,5%	
Relationships with the Staff	No	10	24,4%	04	10,0%	0,140
	Yes	31	75,6%	36	90,0%	

*p<0,05 - statistically significant.

In Tables 4 and 5, there are the results related to the mistreatments detected by instrument for tracking of abuse and mistreatments against elderly subjects. There was a significant difference between the proportions in the surveyed institutions in relation to the following variables: neglected clothes, falls and regular use of medications (p<0,05). The LSCI Institution A showed 11

cases, with neglected clothes, while in the LSCI B only two cases were verified.

Regarding the occurrence of frequent falls, the Institution A has presented three cases, while 15 cases were reported in B. Of the 41 patients from the Institution A, 14 were taking medications for regular use; this number rose to 29 in B.

Table 4. Distribution of frequencies of elderly subjects according to characteristics of mistreatments, in line with the IRAMI, Maceió/AL, 2012

Variable	Category	A		B		P value
		n	%	n	%	
Neglected Clothes	No	30	73,2%	38	95,0%	0,007*
	Yes	11	26,8%	02	05,0%	
Bed Preparation	Good condition	39	95,1%	36	90,0%	0,432
	Bad condition	02	04,9%	04	10,0%	
Oral Hygiene	Good	18	43,9%	20	50,0%	0,851
	Poor	21	51,2%	18	45,0%	
	Very poor	02	04,9%	02	05,0%	
Body Hygiene	Good	28	68,3%	25	62,5%	0,474
	Poor	12	29,3%	15	37,5%	
	Very poor	01	02,4%	00	00,0%	
Dehydration	No	41	100,0%	39	97,5%	0,494
	Yes	00	00,0%	01	02,5%	
Ecchymosis	No	38	92,7%	35	87,5%	0,482
	Yes	03	07,3%	05	12,5%	
Bruising	No	40	97,6%	38	95,0%	0,616
	Yes	01	02,4%	02	05,0%	
Dressings	No	39	95,1%	34	85,0%	0,155
	Yes	02	04,9%	06	15,0%	
Bedsore/Ulcer	No	39	95,1%	35	87,5%	0,264
	Yes	02	04,9%	05	12,5%	

* p<0,05 - statistically significant

Table 5. Distribution of frequencies of elderly subjects according to characteristics of mistreatments in line with the IRAMI, Maceió/AL, 2012

Variable	Category	A		B		P value
		n	%	n	%	
Weight Loss	No	31	75,6%	35	87,5%	0,253
	Yes	10	24,4%	05	12,5%	
Dark circles	No	32	78,0%	34	85,0%	0,569
	Yes	09	22,0%	06	15,0%	
Falls	No	38	92,7%	25	62,5%	0,001*
	Yes	03	07,3%	15	37,5%	
History of fractures	No	35	85,4%	27	67,5%	0,070
	Yes	06	14,6%	13	32,5%	
Lifetime of fractures	No	40	97,6%	38	95,0%	0,616
	Yes	01	02,4%	02	05,0%	
Hopelessness	No	26	63,4%	27	67,5%	0,816
	Yes	15	36,6%	13	32,5%	
Contractures	No	36	87,8%	32	80,0%	0,379
	Yes	05	12,2%	08	20,0%	
Cuts	No	39	95,1%	36	90,0%	0,432
	Yes	02	04,9%	04	10,0%	
Aggressiveness	No	36	87,8%	38	95,0%	0,432
	Yes	05	12,2%	02	05,0%	
Medication for regular use	No	27	65,9%	11	27,5%	0,001*
	Yes	14	34,1%	29	72,5%	

*p<0,05 - statistically significant.

We have observed a predominance of females among the caregivers, 09 of 13 (69,2%), all formal caregivers, with an average age of 35 years, ranging between 25 and 42.

The distribution of caregivers according to the sum of the points of the Caregiver Abuse Screen (CASE), per institution, related with the assessment of behaviors referring to acts of abuse and mistreatments, showed results with no significant statistics between the surveyed institutions for none of the questions.

DISCUSSION

The results of this study seek to observe the situation of the relationship of the elderly's life with the care in two long-stay care institutions for elderly subjects, and, furthermore, compare these institutions with each other, by checking the characteristics of each one, their realities and characteristics of care to be offered, as well as the caregivers.

The findings referring to the surveyed elderly reflected the reality encountered in Brazil, specifically in the Alagoas State. They showed a predominantly female population, composed mostly of widows and unmarried individuals, with average age of 77,3 years, low economic power, which are results ratified by previous researches.^{8,9}

In 2009, the ratio of man-woman was 94,8 to 100. This characteristic indicates, not only in general, but especially in the elderly population, there is a female predominance. This female predominance takes place by the women's lower exposure to risk factors, as well as the cultural factor in relation to diseases.¹⁰⁻¹

Regarding the morbidities, there was a predominance of systemic arterial hypertension, followed by dementia syndrome, being that the Alzheimer's was the most prevalent. In addition, diabetes mellitus was ranked the third order of frequency of presented morbidity rate. Coronary artery diseases also proved to be prevalent - affections related to multifactorial processes at this age.¹²⁻³

In studies on abuse and mistreatments against elderly subjects, it was found similar results with regard to the onset of certain types of abuse and mistreatments. The types of abuses that were most prevalent were: physical, financial, psychological and mistreatments, besides abandon and neglect, as well as in this study, in which there was a predominance of mistreatments. Physical, financial and psychological abuses were not evidenced, as similar studies.¹³⁻⁵

Among 100 elderly subjects studied in a survey, it was found that 87 were victims of mistreatments and 13 were victims of other forms of violence, which is similar to this study, where it is possible to realize that the majority of the elderly subjects suffered some kind of abuse and/ or malpractice. Studies claim that there is a higher incidence of physical aggression committed against elderly subjects, which differs from our study, in which the carelessness was the most prevalent type of mistreatment, i.e., neglect and inattention in the act of caring.¹⁵⁻⁶

National studies point to the prevalence of domestic violence. One research conducted in 2007 showed that, of 18 million Brazilian elderly subjects, 12% have already suffered some type of malpractice, of which 54% were caused by their children, which could not be inferred, given that the visit in one of the

institutions was frequently performed, but not in the other one.¹⁷

International data underpin the national surveys, by describing that, in U.S.A., the domestic environment hosts up to 90% of the notified cases of mistreatments and neglect, which might, in the future, deserves the conduction of researches in the household level with the purpose of explaining the prevalence of domestic violence against other categories and allow us to better understand the profiles of most commonly identified aggressors and victims in notifications.¹⁸

The mistreatments or physical damages were the most received denounces in 2002 and the second one in the period from 2003 to 2005. It was found a prevalence of physical mistreatments committed against the female elderly people in a proportion three times higher than those committed against older males in 2002, but this difference has been decreased over the years; this research has not explained the why, but only showed a female predominance that is possibly caused by the feminization of the old age.^{7,15}

Studies claim that the physical aggression was not too much evidenced, but also report that the index of neglect was low compared with a similar study that highlights that cases of neglect and self-neglect were less frequently observed, while this research has shown a high rate of such mistreatments.^{15,19}

The data referring to caregivers have reflected the reality also encountered in similar studies. They showed a predominantly female and “young” population, results that resemble those found by means of our study. The reality of the elderly is largely consisted of fragile long-lived subjects, who live in a situation of dependency and social isolation. These elderly are often cared by a single caregiver, in most cases female, and, due to the comprehensive dedication to the care of the elderly, end up entering into a status of stress and physical and emotional exhaustion.⁷

In this study, we have found a reality of 13 caregivers for 81 elderly people, a ratio of 6,2 elderly subjects to each caregiver. Therefore, there is an aggravating situation in this ratio, where work conditions, such as the lack of an ideal physical environment, scarce used resources and inadequate training, might have influenced with our results.

This type of research has been previously carried out by other authors, although they have not created a proper instrument, neither used the Caregiver Abuse Screen. Accordingly, this study has developed an instrument that

might be used in further researches in order to get its validation.

Few studies using the Caregiver Abuse Screen (CASE) were performed, which made it difficult to discuss on this variable. According to a study conducted with 157 caregivers in the city of Fortaleza, Ceará State, Brazil, 29,9% of the interviewed caregivers reached the required score to be considered the existence of potential abuse and mistreatments, while in our study, only one (7,7 %) showed such a score, which was not enough for presenting any conclusion or evidence.²³

Despite the presented percentage, the findings referring to caregivers showed that there was a worrying result in one of the surveyed institutions, because it has unveiled one caregiver (7,7%) with four positive responses to the questionnaire, which is a fact that indicates violent behavior towards the elderly subjects, even with the ascertainment of a high ratio among caregiver/elderly/caregiver.

CONCLUSION

The two institutions showed significant differences in care, which does not allow to present deductions towards the LSCIs. Therefore, further studies should be performed, thus providing interventions and solutions, consequently, suitability for the care of needs of the elderly population.

The surveyed caregivers were all formal, with low rate of identification of abuses, but there was still evidence with regard to the potential existence of abuse and mistreatments against the elderly population from the Institution A.

The findings have revealed that there was abuse and mistreatments against the elderly population in both long-stay care institutions for elderly subjects: A and B. There was a predominance of carelessness as the most frequent type of mistreatment.

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