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CHARACTERIZATION OF ELDERLY PERSON VICTIM OF VIOLENCE

CARACTERIZAÇÃO DA PESSOA IDOSA VÍTIMA DE VIOLÊNCIA

PERSONA MAYOR DE CARACTERIZACIÓN VÍCTIMA DE VIOLENCIA

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ABSTRACT

Objective: to characterize elderly victims of violence. **Method:** observational, descriptive and retrospective study with a quantitative approach, which data were collected in the Reference and Combat Center Violence Against Elderly in the year 2014. The data processing and statistical analysis were performed using the SPSS® program, version 18.0. The study had the project approved by the Research Ethics Committee CAAE 20352813.6.0000.5214. **Results:** the following profile was characterized: female, mean age 76,3 years, coming from the capital, retired, illiterate, separated or divorced, with income up to 1 minimum wage, living with an average of 3,3 residents per household and a varied family economic activity. **Conclusion:** in Brazil, there are few studies that describe the epidemiological aspects of these cases, to feature each region of the country. As well, unrecognized cases of violence are a serious problem that deserves the full commitment of society in the fight against the problem. **Descriptors:** Elderly; Nursing; Violence; Aging.

RESUMO

Objetivo: caracterizar os idosos vítimas de violência. **Método:** estudo observacional, descritivo, retrospectivo, com abordagem quantitativa, cujos dados foram coletados no Centro de Referência e Enfrentamento a Violência contra a Pessoa Idosa no ano de 2014. O processamento dos dados e a análise estatística foram realizados por meio do programa SPSS®, versão 18.0. O estudo teve o projeto aprovado pelo Comitê de Ética em Pesquisa CAAE 20352813.6.0000.5214. **Resultados:** o seguinte perfil foi caracterizado: sexo feminino, média de idade de 76,3 anos, procedente da capital, aposentado, analfabeto, separado ou divorciado, com renda de até 1 salário mínimo, residindo com média de 3,3 moradores por domicílio e com uma atividade econômica familiar variada. **Conclusão:** no Brasil, ainda são escassos os estudos que descrevem os aspectos epidemiológicos desses casos de maneira que caracterize cada região do país. Como também, o não reconhecimento dos casos de violência é um grave problema e que merece o total empenho da sociedade no combate e um enfrentamento mais efetivo da problemática. **Descritores:** Idoso; Enfermagem; Violência; Envelhecimento.

RESUMEN

Objetivo: caracterizar los ancianos víctimas de violencia. **Método:** estudio observacional, descriptivo, retrospectivo, con un enfoque cuantitativo, cuyos datos fueron recolectados en el Centro de Referencia y combatir la violencia contra ancianos en el año 2014. El procesamiento de datos y análisis estadísticos se realizaron con el programa SPSS®, versión 18.0. El estudio tenía el proyecto aprobado por el Comité Ético de Investigación CAAE 20352813.6.0000.5214. **Resultados:** la siguiente perfil se caracterizó: femenino, con una edad media de 76,3 años, procedente de la capital, se retiró, analfabeta, separados o divorciados, con ingresos de hasta 1 salario mínimo, que viven con un promedio de 3,3 habitantes por hogar y una variada actividad económica de la familia. **Conclusión:** en Brasil, hay pocos estudios que describen los aspectos epidemiológicos de estos casos por lo que cuenta con todas las regiones del país. A su vez, el no reconocimiento de los casos de violencia es un problema grave que merece un compromiso de la sociedad en la lucha y afrontamiento más eficaz con el problema. **Descriptor:** Edad Avanzada; Enfermería; La Violencia; Envejecimiento.

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INTRODUCTION

Nowadays, Brazil presents a significant increase in the number of elderly, following the worldwide phenomenon of population aging. With the increase of this quota, the quality of life may be improved, and the factors that can cause physical and psychosocial disabilities, such as violence, should be reduced.

In aging perspective, the latest census conducted by the Brazilian Institute of Geography and Statistics (IBGE) show that the age composing of Brazil has been showing steady increase in the proportion of elderly people: in 1980 there were 7,2 million people aged from 60, while in 2010 this population group reached total 20,6 million. Thus, the number of elderly people has increased 2,9 times in 40 years, coming to represent 10,8% of the population in 2010.¹⁻²

The increase of the elderly throughout the world is due to the socioeconomic transformations that determined major scientific and technological innovations, associated with better living conditions. However, this achievement also generates negative aspects such as increased violence and abuse.³

The violence and abuse to the elderly refer to physical abuse, psychological, sexual, abandonment, disregards, financial abuse and self-neglecting. Therefore, it is understood that violence is an act or omission that causes harm or distress and results in the vast majority suffering, injury, pain or loss of human rights and reduction of elderly quality of life.²

The theme of violence against the elderly gained visibility from the 1990's, with the enactment and regulation of the National Policy for the Elderly and, later, with the approval of the Combat Action Plan on Violence against the Elderly. Despite these public policies that address the problem of violence against the elderly, the implementation thereof is just in the beginning. One aspect that interferes putting the actions of health in relation to violence against the elderly into practice is that most of it occur in the families.⁵

In Brazil, specific studies on violence against elderly in the home environment, as well as the possible factors associated with it are incipient, although knowledge of these issues is essential for health promotion, early diagnosis and monitoring of victims and their families. However, the rapid growth of this

age group becomes a factor of recent interest among the theme researchers.⁶

Already in Piauí, researches related to violence against the elderly are scarce, showing the need to evaluate the painful situation so that public policies against this act can become increasingly present in our society.

Before this reality, it is emphasized that this research is part of macroproject entitled "Violence against the elderly: Realities and Challenges", included in the Program of Graduate Studies in Nursing at the Federal University of Piauí (UFPI). Thus, this study aims to:

- To characterize elderly victims of violence.

MÉTHOD

Observational, descriptive and retrospective study, with a quantitative approach carried out in the Reference Center and Combat Violence against the Elderly (CEVI) in the city of Teresina/PI, Brazil.

The source population of the study corresponds to 2002 cases of aggression against the elderly registered in the CEVI, in 2012. Afterwards, it was performed the sample calculation, numbering 225 records for analysis.⁷ As inclusion criteria were considered: being elder of both genders and have recorded assaults in that year.

It is noteworthy that the data collection was carried out from January to May 2014 at the headquarters of CEVI, which evaluated the elderly's medical records. From this analysis was filled a form, drawn up by this paper authors, with the following variables: gender, age, education, marital status, place of residence, occupation, family income, how many people live in the house and family economic participation. Other topics were included, as the presence of chronic diseases, monitoring the health service and the most prevalent types of violence.

Data processing and statistical analysis were performed using the SPSS software, version 18.0. Quantitative variables were presented as mean and standard deviation, and qualitative through proportion, considering a 5% significance level.

The study met all the guidelines of the National Health Council Resolution 466/2012, it has been referred for consideration and approval of the Department of Social Welfare and CASS Citizenship and the Ethics and Research of the Federal University of Piauí (CEP/UFPI) with the opinion number 20352813.6.0000.5214.

RESULTS

Among the 225 records analyzed, 66,2% were female and 33,8% represent the male, and there was the same percentage among the age groups 70-79 years and 80-89 years old, both are 32%, with an average age of 76,3 years of elderly people who have suffered violence registered in CEVI.

About 30,7% were illiterate and 15,6% had only primary education, but 45,3% did not answer the item. Regarding marital status, 36% were separated or widowed, but it is noteworthy that the married quantitative or who had stable union is significant, accounting for 29,3%.

Regarding to the provenience, the majority is the capital, totaling 84,9%, and a small amount representing the state - 5,3%; and concerning the occupancy, 76,4% were retired, and with a family income up to 1

minimum wage, 35,1% of them. It is noteworthy that 21,8% have income from 1 to 3 minimum wages and 37,8% did not answer the question.

Around 18,2% of the elderly lived with 3 to 4 people at home, representing an average of 3,3 per household, but 63,1% did not answer the question. When asked with whom they lived, 34,7% reported living with relatives, and only 2,2% reported living alone.

When it comes to participation in family economic activity, 27,6% reported other situation - being retired, but with some financial contribution from the family, and 60% did not answer the question. It is worth enhancing that 12,4% of older people still work and contribute and partially or completely support the family.

Table 1. Socioeconomic and demographic profile of the elderly participants of the survey. Teresina-PI, 2014.

Variables	n	M (±DP)	Min. -Max.	%
Gender				
Male	76			33,8
Female	149			66,2
Age (years)				
		76,3 (9,5)	60 - 105	
60-69	63			28,0
70-79	72			32,0
80-89	72			32,0
≥90	18			8,0
Education				
Illiterate	69			30,7
Elementary School	35			15,6
High School	14			6,2
Higher Education	05			2,2
No information	102			45,3
Marital status				
Not married	06			2,7
Married/Stable Union	66			29,3
Widower	81			36,0
No information	72			32,0
Provenience				
Teresina	191			84,9
Other municipalities of Piauí	12			5,3
Other states	02			0,9
No information	20			8,9
Occupation				
Unemployed	08			3,6
Retired	172			76,4
No information	38			16,9
Family income*				
Up to 1 MW	79			35,1
Above 6 SM	01			0,4
No information	85			37,8
With whom the victim lived				
Alone	05			2,2
Spouse	16			7,1
Children	58			25,8
Other family	88			39,1
Unknown	02			0,9
No information	56			24,9
Number of people living at home **				
		3,3 (1,6)	1- 8	
1-2 people	29			12,9
3-4 people	41			18,2
5 or more people	13			5,8
No information	142			63,1
Victim had some disease before being raped **				
Chronic disease	39			17,3
Psychiatric illness	10			4,4
None	12			5,3
No information	164			73,0
Total	225			100,0

Legend: SM: Wages; SD: Standard Deviation; * Current minimum salary: R\$ 678,00. ** Registration optionally by CEVI professionals.

According to Table 2, when questioned about having any disease before being assaulted, 61 elderly answered the question, where 63,9% reported having chronic diseases, and 18% of the elderly were monitored in some health sector after suffering violence.

Table 2. Data on the health of elderly participants of the survey. Teresina-PI, 2014.

Variables	n	%
It has some disease before being raped		
Chronic disease	39	63,9
Psychiatric illness	10	16,4
None	12	19,7
Did follow up on some of the health sector after suffering violence		
Yes	03	4,9
No	11	18,0
Not specified	47	77,0
Total	61	100,0

Legend: SM: Wages; SD: standard deviation * optionally register by CEVI professionals.

Referring to the types of violence suffered by the elderly, according to Table 3, most had psychological representing 54,7% of cases, followed by the financial/economic abuse

with 38,2%. It is noteworthy that physical violence numbered 12% of cases entries in CEVI.

Table 3. Data on violence suffered by elderly participants in the research. Teresina-PI, 2014.

Variables	n	%
Violence suffered *		
Physical	27	12,0
psychological	123	54,7
Sexual	02	0,9
Abandonment	42	18,7
Financial/Economic abuse	86	38,2
Negligence	70	31,1
Self-neglecting	14	6,2
Others	01	0,4
*Multiple choice question		

Legend: SM: Wages; SD: standard deviation; * Optionally register by CEVI professionals.

DISCUSSION

In this study, the elderly victims of violence registered in CEVI, in 2012, had the following profile: female, mean age 76,3 years, illiterate, separated or divorced, coming from the capital, retired, with income up 1 minimum wage, living with an average of 3,3 residents per house and a varied family economic activity.

The profile of elderly victims of violence outlined in this study is consistent with another study that highlights the women as the main victims. According to the literature, the female is more assaulted because of the gender issue that is allied to the fact that women are more vulnerable.⁸

Studies show that 52,3% of violence against seniors victims were women, which is consistent with this research, that shows a percentage of 66,2% of cases.^{2,8}

In this research, alluding to age group, stands out the intervals from 70 to 79 years and 80 to 89 years, both are 32%, with an average of 76,3 years of the elderly, which does not differ from a study conducted in Bahia, which observed an average age of 71 years. However, other research has found discordant values, pointing out the

predominant age group from 60 to 69 years, with a percentage of 22,64%.^{2,8}

This difference, which occurs in some studies, refers to the existence of different life expectancies found in each region of the country. This study has an age group that corroborates with studies in the Northeast. It is noteworthy that the literature indicates that the main victims are older elderly, mainly because of functional and cognitive limitations that they may present, which further increases the concordant factor of this research.⁹

This study found that 30,7% of abused elderly were illiterate, and 15,6% had only primary education, which shows the low level of education as a major factor in the characterization of cases of violence against elder, according to the literature.¹⁰

In another similar study, 46,4% of elderly victims were married, 34,5% were widowed and 19% were single, divorced, data that correspond to this search, although not in the same order, but the values are harmonics, in which 36% were separated or widowed, and 29,3% were married or had a stable union. It is noteworthy that the elderly, with or without your partner, is not configured as a factor that prevents the occurrence of violence¹¹

Regarding to the origin, the majority of the capital, totaling 84,9%, and a small amount representing the state and 5,3%, contrary to studies that show the predominance of the elderly were the inside of their state. As for the fact that these seniors are from the capital, no studies that compared this relation were found.^{9,11}

This largest proportion of elderly from the capital against the ones from the interior was due to the geographical location of the CEVI, which makes the access of elderly residents in the capital easier than the ones residents in the interior, because the latter needs to move to the institution, which ultimately makes the complaints from the capital most present than the countryside cases.

In terms of occupation, in this study 76,4% were retired, with a family income of up to 1 minimum wage, equivalent to 35,1% of them. It is highlighted that 21,8% have income from 1 to 3 minimum wages and 37,8% did not answer the question. Data from this study is consistent with studies that indicate that the mostly abused elderly were retired and have low/middle-income.¹⁰⁻¹

Regarding the number of residents, this research confirms the results of other studies. There is an important relation between the family arrangement and the domestic violence because the prevalence of violence was higher among those living with a larger number of inhabitants.⁸⁻⁹

About 18,2% of the elderly live with 3 to 4 people at home, representing an average of 3,3 per house, 34,7% reported living with relatives, and only 2,2% reported living alone. In this analysis, there is a line with studies that say that the elderly who live with more people at home are more victimized.⁸⁻¹⁰

Regarding the participation in family economic activity, 27,6% reported other situation - being retired, but with some financial contribution from the family. Most people, who live with elderly depends on your income, therefore, favored the policy of social security benefits. This factor is due to the increase in unemployment and the growing number of adult sons returning their parents' home, developing a dependency, which can lead to financial or material abuse against the elderly.¹⁰⁻¹

The study shows that house environment, where the elder people, who contribute partially or are responsible for family support, are those with the worst health and lower functional capacity, as well as those homes with elder people in older age.¹²

Besides being evidenced the profile of the elderly, it does not reveal that the result expresses in a real way their condition, as omissions represent a reduction in the number of incidents recorded. Moreover, the lack of standardization in the records of the events in CEVI caused many values not to be placed, showing a large number of ignored or not answered data.

According to Table 2 of this study, 63,9% reported having chronic diseases, and this factor a key criterion for cases of violence against the elderly, where research infers that comorbidities generated by chronic diseases can even be a result of violence itself, as this may cause a permanent degree of stress, which in itself is an important factor in chronic diseases as well as mental illness in this study represent only 16,4%.¹⁰⁻¹

With regard to health, other studies show that 57,4% did not seek medical care due to the violence suffered, data consistent with this research, which shows that 18% of the elderly were monitored in some health sector after being raped.¹¹⁻²

It is observed that most of the elderly did not seek health services, causing them to reflect on the service to the victimized. Nursing should understand all the nuances of the mistreatment, taking into account mainly the host to the elderly, their needs and subjectivities.¹⁴

It is necessary to develop care strategies in health services to elderly victims of violence, already using the public health policies available, as well as implementing nursing care actions in order to improve the quality of life of the elderly victim.

It is noteworthy that are risk factors for violence against the elderly: the existence of dependence by cognitive decline, memory loss or motor difficulties to perform activities of daily life; the poverty; when is assisted by only one person; repeated absences to scheduled appointments; improbable explanations of the elderly or their relatives to certain injuries and traumas; three or more falls per year may be an indicator of the existence of violence against the elderly.¹³

Regarding the type of violence suffered by the elderly, this study shows the prevalence of psychological violence with 54,7%, followed by financial/economic abuse with 38,2%, 31,1% with negligence and physical violence is equivalent to 12%. The prevalent violence was different from studies that show that 67,7% suffer physical violence, 29,1% psychological violence, 27,2% and 7,9% neglect financial violence.^{2,13}

The low percentage of physical violence to the elderly is justified, since the state have different policies of television broadcasting combating violence against the elderly, which reduces its frequency. However, one can think of cases of underreporting or even failure case detection by the host of the CEVI.

Recognition of the notification by the elderly as an intervention tool against violence is necessary. Therefore, the reduction of underreporting, as well as the improvement of the quality of records are essential for recognition of risk situations, as well as support in the implementation of preventive actions and support the victims and the application of more effective models.¹⁴

The profile previously reported, consistent with the literature that shows that, in addition to the above characteristics, the elderly also has cultural factors of acceptance of violence: discrimination of other elderly people, have a chronic disease comorbidity, frailty in family relationships and present cognitive and physical limitations.^{2,8}

CONCLUSION

The profile shown in this study is consistent with the literature, showing that being female, mean age 76,3 years, illiterate, separated or divorced, coming from the capital, retired, with income up to 1 minimum wage, living with average 3,3 residents per house and with a family economic activity, are more likely to suffer some kind of violence.

This research contributed to a better knowledge about the topic discussed, in view of the relevance of the subject in relation to the number of victims in this age group, which tends to be rising due to the increase of this population, as well as its complexity, making it important to the operation of this theme. The study allowed us to understand the profile of the elderly, as well as the presence of chronic disease, monitoring them on the health service and the most common types of violence.

It is understood, therefore, that this study can contribute by both individual aspects and provide better assistance programs to this population. It is believed also that the research will serve as the elderly visibility tool, given the current context, and for the production of future research congeners.

It is noteworthy that the unrecognized cases of violence as a major public health problem that deserves the full commitment of society to combat it can prevent people from

seeking a solution or a more effective confrontation in resolving such problems. Besides hindering the confrontation, the trivialization of such situations may be another consequence, since many elderly victims assume it as an explanation that justifies the violence suffered.

It is necessary the nurse to be able to host the victimized elderly, and it is extremely important that health professionals know how to identify the incident, in an attempt to find solutions to the problem of abuse and other violence. The emergency services and health posts deserve special attention, because they constitute the entryway for the violence victims.

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