DOMESTIC VIOLENCE AGAINST THE ELDERLY: REFLECTIONS ON ASSISTANCE AND NURSING CARE

VIOLENCIA DOMÉSTICA CONTRA IDOSOS: REFLEXOS NA ASSISTÊNCIA E CUIDADOS DE ENFERMAGEM

VIOLENCIA INTRAFAMILIAR HACIA PERSONAS MAYORES: REFLEJOS SOBRE LA ATENCIÓN Y CUIDADOS DE ENFERMERÍA

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ABSTRACT

Objectives: to contribute to the thematic discussion about ill-treatment of the elderly and its contextualization in the contemporary nursing agenda. Methodology: this was a reflexive study conducted from the analysis of scientific articles and data from the Brazilian Institute of Geography and Statistics, National Health Policy for the Elderly, laws, ordinances, and official documents from the Ministry of Health. Results: the legal foundations about the increase in violence against the elderly in Brazil are presented with its implications for assistance and nursing care. Conclusion: the escalation of violence against the elderly in our country is reflected in the compromised health, well-being, and safety of this growing segment of the population and requires specific interventions of nurses in the realm of institutions, health units, community associations, and the adaptation of professional training programs to meet this demand. Descriptors: ill-treatment to the elderly; Domestic Violence; Nursing Care; Geriatric Nursing.

RESUMO


RESUMEN

Objetivo: contribuir a la discusión respecto al tema de los malos tratos hacia las personas mayores y su contextualización en el programa de enfermería contemporánea. Metodología: estudio reflexivo, realizado desde los análisis de artículos científicos, con datos del Instituto de Geografía e Estatística, Política Nacional de Salud del Idoso, leyes, portadas y documentos oficiales del Ministerio de Salud. Resultados: son presentados los fundamentos legales sobre el aumento de la violencia contra las personas mayores en Brasil, y sus implicaciones para la atención y cuidados de de enfermería. Conclusión: el aumento de la violencia contra las personas mayores en nuestro país, por lo que representa en términos de compromiso con la salud, bienestar y seguridad de este segmento de la población en acentuado crecimiento, requiere de los enfermeros intervenciones específicas en las esferas institucionales, unidades de salud, asociaciones comunitarias, así como adecuar los programas de formación profesional para la atención a esa demanda contemporánea. Descriptores: malos tratos a personas mayores; violencia intrafamiliar; cuidados de enfermería; enfermería geriátrica.

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INTRODUCTION

Changes in the Brazilian family composition bring substantive barriers in terms of the values of each component in this important cell of our social organism and system - the family, traditionally considered a sacred backdrop of respectful exchange of experiences in the everyday life, which can turn into spaces for large clashes and conflicts, in which the most fragile - people above 60 years old - are always in disadvantage. It is in this context that issues relevant to contemporary nursing are brought up, considering that this is an area of knowledge geared towards the promotion of life and health of every inserted member of society such as: How to interact and care for members of families that disintegrate in the face of escalating domestic violence practiced against elders?

It is impossible to disregard that the aging process is a reality without return and worrisome to the world's countries, in particular developing countries where an increase in the number of years lived by people has occurred without improvement in their quality of life. This perspective suggests taking action within the framework of nursing for planning actions focused on promoting health and improving the quality of life of those people, meeting the growing demand for assistance and care for the elderly, in this case, victims of abuse in their own homes.

- The role of the Nurse and the Family Health Strategy

The competence of nurses who work in the Family Health Strategy (FHS) is assumed for the planning of care and nursing care to all members of these families, including diagnosing, planning, and implementing intersectorial strategies aimed at the gradual elimination of elements that trigger conflicts, working along with other members of the health team at the heart of the impulses that move possible aggressors. The complexity inherent to this phenomenon requires the performance of several professionals with knowledge and specific legal support to deal with its multiple aspects. A multi-disciplinary team involved in conjunction towards efforts to rescue the fraternal bonds that are essential to a healthy and harmonious coexistence among the social actors composing these disintegrated family units.

Independent of the sphere in which to act, however, as an active participant of the health team, the nurse must promote immediate care interventions to meet the basic human deficits and needs affected in the universe of the victimized elder. Moreover, the nurse should plan for assistance and provide domiciliary care in line with the Family Health Strategy, using teams that act in greater proximity with familiar members in their communities.

In this respect, it is vital to establish and preserve an interconnected system of nursing professionals that is attentive to ensure the provision of assistance and care for the elderly victims of abuse including the use of records of evaluation and follow-up of cases, drawn up by nurses from the FHS. Professionals are directly involved and responsible for the assistance and care in basic health care provided to families living within the geographical area corresponding to the Basic Health Units in which they work.

It is known that FHS team members have the ethical and legal responsibility to identify and report suspected abuse to the competent authorities, which would facilitate investigation and action of elderly protective services where the victim is inserted. However, it is important to note that there are few records of this nature in the SUS information system, perhaps due to lack of perception by the professional, who when providing services, directs their actions to damages and not to causes because the elderly do not express the suffered violence when usually approached by FHS.

In the context of primary care, it is expected that the nursing care provided to vulnerable older people replace the fragmented and demanding model by an anticipatory perspective, namely proactive care, in which the elderly, their families, and nurses seek jointly solutions to the problems to improve the quality of life, physical health, and mental, emotional and social support to these seniors. The adoption of strategies based on an anticipatory proactive care perspective, while elements of complaints of abuse against seniors are processed, enables nurses to effectively invest in strengthening fraternal ties between family members in conflict, acting with professionalism, respect, and wisdom in the redemption of bonds, responsibilities, and competencies of each of its members in the reconstruction of well-being and lost family harmony.

Therefore, the performance of the Basic Health Unit allows nurses to verify the high incidence of elderly people seeking this service, due to the vulnerability that surrounds them, and causes them to be identified as people with numerous problems...
who require adequate assistance.\textsuperscript{1} In this regard, we reiterate the data that stands out in the quantitative evaluation of thousands of care services provided to the elderly with complaints of ill-treatment, in the period between January and December of 2010 \textsuperscript{7}, in the Três Rios Municipal Secretary for the Elderly and Disabled, located in the central-southern region of the State of Rio de Janeiro. This evaluation could intercede with the State Public Prosecution service to draw attention and clarify to perpetrators the legal aspects involved in the occurrence; the intercession can also happen during home visits by the team when the nurse has the opportunity to draw up strategies for more adequate care and assistance, particular to each case.

\begin{itemize}
  \item The experience in public management of Planet Life
  
  The successful set of services focused on inclusion, health, rehabilitation, and recovery of citizenship of the elderly served by the trans-disciplinary team from Planet Life demonstrates that occurrences of ill-treatment to the elderly may be conducted in an integrated manner aiming at the minimization or resolution of conflicts between the elderly, their family members, or domestic caregivers.

  The municipal public management unit located in the Central-Southern region of Rio de Janeiro registered 2,363 referrals, only in 2010, of systematic reports of occurrences of complaints of abuse against the elderly; these reports aimed at Public Ministry agents to take precautions, including summoning the parties for fact finding and prosecuting relatives, neighbors, and other persons exercising mistreatment towards their fellows who are vulnerable to the abuses of authority.\textsuperscript{7}

  This successful system is characterized by its innovating character to include the nurse as a key element in the evaluation process for the preparation of the respective nursing diagnoses and interventions, acting jointly and concurrently with other team members in solving the problems of domestic violence perpetrated against the elderly.

  \item Violence against the elderly and the perspective of our country
  
  Violence and ill-treatment towards seniors were seen as a strictly familiar matter in the past and remained hidden until the mid-20th century. Today, it represents a major challenge to society as a whole, and particularly to the healthcare industry. It causes, in addition to deaths, physical and emotional traumas, which results in increased demand for services and specific health programs. In 2000, Brazil had 34,132 hospitalizations generated by violence, of which 4\% represented violence against people 60 years old and up.\textsuperscript{8} At this rate, the creation of public policies to confront its causes becomes essential; these policies could provide services to families involved in the conflict, the means for professionals to meet demands, and the elderly with priority in the agenda of situational diagnoses in the field of health for seniors.\textsuperscript{9}

  Violence against the elderly is a phenomenon of recent notification in the world and in Brazil. The victimization of this social group, however, is a cultural problem with secular roots and its manifestations are easily recognized since the earliest epidemiological statistics.\textsuperscript{10} The increasing numbers of elderly creates a climate of advertising and politicization of information about ill-treatment in which they are victims, making this issue a priority in the agenda of social issues. In Brazil, the question began to gain visibility in the 90s after concerns over the quality of life of older people entering the Public Health agenda.\textsuperscript{11}

  In addition, domestic violence is characterized by the action or omission that harms the well-being, physical and psychological integrity, or the freedom and right to full development of a member in the family core.\textsuperscript{4}

  Violence against the elderly can take many forms and occur in different situations\textsuperscript{12}, for different reasons, and go under-diagnosed and sub-notified. The causes for difficult diagnoses are: the victim’s feelings of guilt and shame, fear of retaliation or reprisal from the perpetrator, or fear of being placed in a nursing home. Most cases of violence against the elderly result from self-negligence or is perpetrated by a family member, which can explain why the victims tend to minimize the seriousness of the aggression and become loyal to their attacker, often refusing to adopt legal measures against family members or discuss this subject with third parties. They prefer to live with the abuse than to give up a personal relationship in their lives.\textsuperscript{13}

  In this respect, it is worth reiterating the importance of the role played by health professionals in the search of conciliatory strategies for finding harmony in the intra-family conflict, in particular nurses in the FHS teams and those who work at units geared to the provision of services compliant to the National Health Policy guidelines for the Elderly. These teams are in the front line and are the ones who interact more precociously
Domestic violence against the elderly…

with cases of violence against the elderly. They act with prudence and wisdom, especially with the understanding that the family harmonious coexistence is a fundamental factor for the well-being, health and quality of life of people who are aging.

In the legal plan, it is imperative to emphasize that, in 2003, the National Congress approved, and President of the Republic sanctioned the Statute for the Elderly formulated with intense participation of entities in the defense of the elderly’s interests. The Statute for the Elderly broadens the response by the State and society to the needs of the elderly population, but it does not anticipate the means to finance the proposed actions. Chapter IV of the Statute says specifically about the role of SUS in guaranteeing health care to the elderly in an integral form and at all levels. Thus, although the Brazilian legislation on the care for the elderly population is quite advanced, the practice is still unsatisfactory. The application of the Statute for the Elderly and its use as an instrument to achieve the rights for the elderly turned the readjustment of the National Health Policy for the elderly person vital through the expansion of the Family Health Strategy that reveals the presence of the elderly and fragile families with great social vulnerability and the still incipient insertion of the State Networks for Health Care for the Elderly.

The primary purpose of the National Health Policy for the Elderly Person is to recover, maintain, and promote the autonomy and independence of elderly individuals, targeting collective and individual health measures to that end and in line with the principles and guidelines of the Unified Health System. Every Brazilian citizen, 60 years old and older, is a target for this policy.

In the recent decades, the absolute number of persons 60 years old and older increased nine times. Not only the Brazilian population is aging, but the proportion of the "older population", i.e., at 80 years or older, is also increasing and changing the age composition within the group itself. This means that the elderly population is also aging. In 2000, this segment represented 12.6% of the total elderly Brazilian population. This leads to heterogeneity in the elderly Brazilian segment, with a group with people in full physical and mental capacity, and others in situations of greater vulnerability.

Brazil is considered a country with an aged population because the 2010 census data depicted that the number of elderly in this population is represented at 11%; a country’s population is considered aged when the proportion of elderly reaches 7%, with the tendency to increase. Another relevant fact is longevity, which has also been progressively rising, as observed through the growth of higher age groups; between 1990 and 2000, the total elderly population grew 36.5%, and that of elderly people over 75 years old, 49.3%.

The worrisome estimates for the next 20 years reinforce the presented facts; the elderly will exceed 30 million individuals, coming to represent 13% of all Brazilians and in 2050, the population of elderly may add 18% of the total population, which will correspond to approximately 47 million individuals. These data reflect substantial increase in the elderly population in Brazil and impose the confrontation of major challenges for nursing care in terms of forecasting and provisioning assistance and care for these people.

As in most countries, the Brazilian health system is not structured to meet the increasing demands of increasing elderly populations. It is a fact that the elderly consume more health services, their rates of hospitalization are much higher, and the average time of bed occupancy is much longer when compared to any other age group. The lack of domiciliary services and/or outpatient clinics leads to the first attendance occurring at an advanced stage of illness, in the hospital, and leading to increased costs and decreased chances of favorable prognoses. In other words, more resources are consumed than needed otherwise, and costs are elevated without necessarily achieving the expected results in terms of health recovery and improvement in quality of life.

Data from the 2010 census revealed that aging is also a matter of genre. Given that, 55% of the elderly population is female and the proportion of this female contingent is more expressive in older segments. This female predominance occurs in urban areas. In rural areas, men predominate, which can result in isolation and abandonment of these people. These are sufficient grounds for the extension of the FHS action in rural areas, making care and nursing care accessible for the elderly living in there.

The Federal Constitution of Brazil states that it is the children’s obligation to give assistance to their parents. However, these rights stay on paper. Studies conducted by the Brazilian Institute of Criminal Sciences, based on occurrences registered by the Elderly Protection Police of São Paulo in 2000,
showed that 39.6% of aggressors were the victims’ children, 20.30% were neighbors, and 9.3% were other family members. The occurrences with higher frequencies were threats, followed by assault, and slander and defamation. 11

Considering the increasing number of elderly in Brazil and the occurrence of various issues related to their impaired quality of life and health, actions are necessary to enable greater access to health services and nursing care in outpatient clinics, community, and at home. Thus, the nursing care to the elderly should praise the promotion of quality of life, considering the natural losses in the process of aging, and the possibilities of prevention, maintenance, and rehabilitation of their health status. 21

**FINAL REMARKS**

As hard as it may seem, one should not issue judgment over moral, cultural, and ethical values in situations of care within nursing activities that involve mistreatment to seniors, though, unwittingly, judgment can manifest in the form of thoughts that sometimes can be expressed in acts and words. After all, nurses are humans and when caring for people in this circumstance they act as if they were taking care of their fathers, mothers, and grandparents among others loved relatives and significant persons. 22

Therefore, we must seek balance to deal with the emotional charge by acting with prudence, wisdom, maturity, and impartiality because it is essential to control human impulses when providing care in these cases. The nursing care for elderly victims of abuse requires enough self-control to remain impartial and meet the needs of the person in the first place. The other dimensions of the occurrence must be faced with the same professional attitude, however, each in its own time.

The planning assistance and nursing care for the elderly who suffer ill-treatment at home must be prepared in such a way to involve an effective network of nurses and teams that operate in the most diverse spheres, prioritizing their range of actions in the communities, in particular, with emphasis on the competence of the Family Health Strategy (FHS) to prevent disruption in interventions with family members and ensure systematic evaluation and monitoring of the perpetrator’s attitudes.

As shields of this inhuman emotional charge, we receive elderly people with the most diverse stories to justify the injuries resulting from ill-treatment practiced by children, grandchildren, daughters-in-law, sons-in-law, and caregivers among others; these patients are often frightened that the occurrence could win legal dimensions and become fearful of even worse reprisals upon their return to living with the attackers.

The experience and meaning that each nurse assigns to their practice represent their individuality with the expression of ethical and moral values that constitute their professional practice. This practice leads to their development by exercising nursing with competence, having self-awareness and awareness of others, overcoming the drawbacks that limit the practice of care to better cope with decisions and choices, surrounding themselves with ethical safety and legality, and accepting the new demands of being a nurse with distinction in the various fields of contemporary practice.

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