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## ORIGINAL ARTICLE

### DOMESTIC VIOLENCE AGAINST ELDERLY: PERCEPTION AND CONDUCT OF COMMUNITY HEALTH AGENTS

#### VIOÊNCIA DOMÉSTICA CONTRA IDOSOS: PERCEPÇÃO E CONDUTA DE AGENTES COMUNITÁRIOS DE SAÚDE

#### VIOLENCIA DOMÉSTICA CONTRA ANCIANOS: PERCEPCIÓN Y CONDUCTA DE AGENTES COMUNITARIOS DE SALUD

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#### ABSTRACT

**Objective:** to analyze the perception and conduct of Community Health Agents in the face of suspected or confirmed cases of violence against the elderly. **Method:** descriptive exploratory qualitative study. Twenty-two interviews were conducted with community health agents from a municipality in the extreme south of Rio Grande do Sul between February and April 2016. The interviews were compiled by the method of discursive textual analysis. **Results:** participants identified both confirmed and suspected cases of violence. The main signs of violence against the elderly were also observed. The main conduct of the study was to take the cases to discussion with the other members of the health team. **Conclusion:** it is important to invest in the training of Community Health Agents, for better care and referral of elderly victims of violence. **Descriptors:** Aged; Community Health Workers; Elder Abuse; Domestic Violence; Family Health Strategy; Nursing.

#### RESUMO

**Objetivo:** analisar a percepção e a conduta de Agentes Comunitários de Saúde, frente a casos suspeitos ou confirmados de violência contra a pessoa idosa. **Método:** estudo qualitativo exploratório descritivo. Foram realizadas 22 entrevistas com Agentes Comunitários de Saúde de um município do extremo sul do Rio Grande do Sul, entre fevereiro e abril de 2016. As entrevistas foram compiladas pelo método de análise textual discursivo. **Resultados:** os participantes identificaram tanto os casos confirmados de violência, quanto os suspeitos. Foram observados também os principais sinais de violência contra a pessoa idosa. A principal conduta do estudo foi levar os casos para discussão com os demais membros da equipe de saúde. **Conclusão:** torna-se importante investir na capacitação dos Agentes Comunitários de Saúde, para um melhor atendimento e encaminhamento de idosos vítimas de violência. **Descritores:** Idoso; Agentes Comunitários de Saúde; Maus-Tratos ao Idoso; Violência Doméstica; Estratégia Saúde da Família; Enfermagem.

#### RESUMEN

**Objetivo:** analizar la percepción y la conducta de los Agentes Comunitarios de Salud frente a casos sospechosos o confirmados de violencia contra la persona de edad. **Método:** estudio cualitativo exploratorio descriptivo. Se realizaron 22 entrevistas con agentes comunitarios de salud de un municipio del extremo sur de Rio Grande do Sul, de febrero a abril de 2016, las cuales fueron analizadas por el método de análisis textual discursivo. **Resultados:** los participantes identificaron tanto los casos confirmados de violencia, como los sospechosos; se percibieron los principales signos de violencia contra la persona anciana y tuvieron como principal conducta llevar los casos para discusión con los demás miembros del equipo de salud. **Conclusión:** es importante invertir en la capacitación de los agentes comunitarios de salud para una mejor atención y encaminhamento de las personas mayores víctimas de violencia. **Descritores:** Anciano; Agentes Comunitarios de Salud; Maltrato al Anciano; Violencia Doméstica; Estrategia de Salud Familiar; Enfermería.

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## INTRODUCTION

The fertility rate in Brazil is below the replacement rate of the population. This causes a reversal in their age pyramid, becoming a country of the elderly.<sup>1</sup> Motivated by the contingent increase of the elderly, studies on family violence have gradually sought to understand situations of violence against the elderly.

Violence against the elderly is one of the greatest obstacles to equal rights.<sup>2</sup> Article 19 of the Statute of the Elderly describes this phenomenon as any action or omission practiced in a public and private place that causes death, damage or physical or psychological suffering to the elderly.<sup>3</sup>

An international systematic review study, which analyzed risk factors for violence against elderly people living in the community, pointed to the multifactorial etiology of violence as a result. These issues involve both the presence of deficiencies or psychiatric problems presented by the elderly, as well as the caregiver's overload, conflicting relationships or family disharmony.<sup>4</sup>

Violence against the elderly is different in men and women in relation to the type, frequency and location of violence.<sup>5</sup> A study in three Latin American countries, which analyzed the prevalence rates of domestic violence in the elderly, showed that women are more affected than men.<sup>6</sup>

In the vast majority, violence against the elderly occurs in the family context. A study conducted in Aracaju-Brazil analyzed 189 surveys in the Department of Attention to Vulnerable Groups of the Civil Police, based on sociodemographic data of elderly people affected by violence. The results showed a predominance of cases for female participants, with 65.2%, in males, with 34.8%.

The same study concluded that the most affected age group was between 60-69 years, with 50.9% of the cases, and the least affected was 90 years or older, with 0.9%. It was also observed a high rate of retired elderly, with 73.2%, when related to the other occupations. With regard to marital status, there was a predominance of violence to elderly widowers, in 36.6% of cases.<sup>7</sup>

Regarding the profile of the aggressor, it is noted that 74.1% are males, 50.0% are older than or equal to 40 years, and 61.6% are self-reported of brown color. It was observed that the majority of the cases of violence were practiced by relatives, in 71.4% of the cases, being the children responsible for more than

half of the violent acts, in 54.5% of the occurrences.<sup>7</sup>

A study on the temporal evolution of external causes of death in the elderly in Brazil identified violence against the elderly as the second external factor of death in the age group between 60 and 69 years. Homicides and assaults are the most frequent causes of incidence, especially in males.<sup>8</sup>

The difficulty in detecting violence against the elderly causes this phenomenon to remain hidden in society. Faced with this, it is necessary to prepare health professionals to face this problem in their work environment. Article 19 of the Statute of the Elderly states that suspected or confirmed cases of violence against the elderly should be subject to compulsory notification.<sup>3</sup>

In conjunction with other bodies, explicit, understand and reflect on violence is an important role to be developed by primary health care. This area must be organized in order to carry out both identification and resolution actions in the face of this problem.<sup>9</sup>

The Community Health Agent plays a key role in this environment. He is seen as a community facilitator, being close to the community and the problems that surround it. His work is a continuum of health services. The objective of this professional is to contribute to the quality of life of people and the community, always valuing cultural issues and combining popular knowledge with technical knowledge.<sup>10</sup>

All work of the Community Health Agents occurs in an integrated way with the team. Their tasks are discussed and analyzed together, given the situations identified. In this sense, nurses are responsible for planning, managing and evaluating the actions carried out by the Community Health Agents. In addition, it should facilitate the relationship between the other professionals of the Family Health Unit and the Community Health Agents. In this way it contributes to the organization, reception, bond, care and orientation, according to the priorities defined, according to the need of health, vulnerability, risk, among others.<sup>10</sup>

This study aims to contribute to the construction of knowledge about the conduct to be adopted, the main signs identified in cases of violence against the elderly, and thus to strengthen health actions. In view of the above, we have as a research question in this study: What is the conduct of community health agents, in the face of suspected or confirmed cases of violence against the elderly?

OBJECTIVE

• To analyze the perception and conduct of Community Health Agents, regarding suspected or confirmed cases of violence against the elderly.

METHOD

Qualitative study, exploratory descriptive. The research was carried out in a municipality located in the extreme south of Rio Grande do Sul, Brazil, in areas covered by the Family Health Strategy. The region counts with 34 teams, being 20 in the urban zone, four in the seaside and ten in the rural. Due to the difficulty of moving to the rural area of the municipality, the urban and coastal areas were chosen for this study.

In order to represent the urban and coastal areas, a community health agent from each of these areas participated in the study, with a total of 22 participants. Inclusion criteria were: to be a Community Health Agent and to be linked to a Family Health Strategy team in the urban or coastal zone. Dismissed professionals were excluded because of vacations, leave or lack of work during the period of data collection. Two Community Health Agents were excluded, who refused to participate in the research.

Data collection was carried out from February to April 2016 through an interview, which used a semi-structured script, prepared for this study. The survey questioned the professional's time in the unit if he had already attended a case of domestic violence against the elderly person and what signs would make him suspect or identify that it was a case of violence against the elderly. The study also questioned the conduct and registration to be performed after exposing two fictitious cases of violence against the elderly. Finally, it was questioned what types of violence against the elderly person he / she knew about and if the professional had already participated in some course or training on the topic of violence.

In order to carry out the data collection, a lottery was carried out with the community agents of the unit and the lottery was invited to participate in the study. The objectives of the research were explained and the interview was scheduled. For the Community Health Agent that did not agree to participate, another was drawn and so systematically. The interview was conducted at the Family Health Unit, in which the Community Health Agent works. Free and Informed Consent Form was provided to participants.

The data was analyzed through the discursive textual analysis technique, which is organized in four foci. The first three compose a cycle, in which are constituted as main elements: disassembly of texts, also called unitarization; establishing relationships or categorization; capturing the emerging new. Finally, the last focus, a self-organized process, where, after the fragmentation and disorganization proposed in the first phase, a reconstruction occurs with the emergence of new understandings.<sup>11</sup>

The anonymity of the participants, identified in the interviews by the letter of agent and a sequential number, according to the order of the interviews, was ensured. The study respected the ethical precepts of research with human beings, according to the Brazilian legislation, and was approved by the Ethics Committee in Local Research, obtaining a favorable opinion nº 185/2015. CAAE: 50575815.5.0000.5324.

RESULTS

Twenty-two community health workers participated in the study. The work time of the Community Health Agents in the Family Health Unit was on average 8.7 years. All Community Health Agents were female. When asked if they had answered a case of Domestic Violence Against the Elderly, 13 responded that yes and nine did not. The Community Health Agents reported that violence always occurred within the family, with the children identified as the main aggressors.

Of the 13 Community Health Agents who answered affirmatively, six referred to other types besides physical violence.

*When you talk violence is any type? Violence of total abandonment, abandonment with family members at home (A3). It was not so much physical violence. It was the worst, which is the psychological one (A4). Only the violence of abandonment, physical not, but of abandonment, neglect, that is the case (A5).*

In addition to identifying confirmed cases of violence, Community Health Agents reported that they also identified suspected cases.

*In fact, violence itself, not suspicion. More than once (A1).*

Only a Community Health Agent identified physical aggression as the only type of violence, not considering other types of violence.

*Violence, not really. We attend to some cases of negligence, which is quite different. Not violence, no (A2).*



Most interviewees reported that they had not participated in any training on the topic of domestic violence against the elderly.

From the discursive textual analysis, three main categories were identified: Perception of Community Health Agents in relation to the various types of violence against the elderly, Facilities and difficulties encountered by Community Health Agents, to identify violence against the elderly, and Conduct of Community Health Agents in the face of suspected / confirmed cases of violence against the elderly.

#### **Perception of community health workers in relation to various types of violence against the elderly**

Within this category, Community Health Agents identified the different types of violence, mainly through the signs and symptoms attributed to each type. Community Health Agents observed physical violence in signs such as marks on the skin and lesions.

*What would make me suspicious? Brands? (A16) Some sign, some bruise without justification. (A18)*

The Community Health Agents have identified abandonment and neglect in the lack of hygiene care, both personal and in the environment in which the elderly are inserted. Another factor is the carelessness with the food and the medical treatment that he should perform. In addition, the elderly are always alone:

*Firstly, what we observe is the abandonment even of being thrown there, ill dressed, dirty to say. Lack of proper hygiene. (A19) Medication, whether it is working or not. (A17) Ill-treatment of food, personal hygiene and environment where the elderly spend the whole day. (A14)*

Drug abuse can be observed in the following statements from the Community Health Agents, when they describe that the elderly person does not take the medications and that there is no family member who assists them in the treatment:

*Do not take the medications, or the family does not bring or does not seek medical attention. (A5) The girls have other cases of making a box, putting the moon, sun for them to take the medication, because there is no person to take care of, nothing, nothing ... (A3)*

Community Health Agents have identified psychological violence due to emotional changes, such as the fact that the elderly person is very tearful, depressed or afraid to speak in front of caregivers:

*The person being afraid to say something in front of the familiar or present, would not say a depression, but very tearful. (A2)*

The financial and economic violence is perceived through the reports of the elderly people themselves. Also, when the Community Health Agents perceive that people in the family were destining the money, of the benefit of the elderly for purposes other than that of meeting their needs.

*There is money missing from the benefit, but we have discovered that the benefit in reality, like most cases, is not even 30%, they take everything else from them, borrowing. (A4)*

The identification of sexual abuse occurred through the verbal account of the elderly person. Then the case was confirmed by physical examination, performed by the doctor of the FHU.

*And that other case was sexual abuse, the son (...). She slept in a captivity, she locked everything up, because he invaded, had mental problems, but also had the whole issue of aggression and he raped her daily, the mother of almost 80 years. (A3)*

#### **Facilities and difficulties encountered by community health agents to identify violence against the elderly**

For Community Health Agents, living in the area facilitates the identification or suspected cases of violence, as they thus establish a relationship of trust with families. This facilitates access to residences. In addition, the attentive look at changes in behavior, physical signs, emotional changes and knowing how to listen to the elderly are very relevant factors in the detection of cases of violence.

*That's why it's important for us to live in the area that we work for, I think, because I would identify. (A20) At first I listen, there is much lack of listening, I listen to the report and try to pay attention, stay connected. (A3)*

It is also noticed that the Community Health Agents have some difficulties in the identification of these cases, due to the difficulty of access to the elderly, imposed by the family that resides with him. This can be seen in the following speech:

*The person is afraid to say something in front of the family member. (A2)*

Another obstacle cited would be, according to some Community Health Agents, the tendency of the elderly to exaggerate. Thus, it is important to have redoubled attention so that the real is different from the imaginary.

*Not always the story, unfortunately, helps us a lot because even the tendency is they exaggerate a little. (A3)*

The Community Health Agents expressed their suffering by observing the violence against the elderly, reported through the sadness of the professional during the home visit. This suffering can facilitate the

detection of cases of violence when, from it, the Community Health Agent is motivated to act and resolve the case. On the other hand, suffering may represent a barrier for the Community Health Agent to act in the case, when he avoids getting involved in the situation.

*For me it was a pain, at the time I went out with the old man. (A4) He was blind, had a lot of trouble ... it was very sad. (A10)*

#### **Conduct of community health agents in cases of suspected / confirmed cases of violence against the elderly**

According to the Community Health Agents, their responsibility is from the moment they suspect or confirm cases of violence. They observe the occurrences for the signs and symptoms, record their impressions and refer their team, so that the necessary measures are taken.

*I would try to fathom as many things as I could to bring them to the team. (A17) I bring it to the team and we decide together what to do, get in touch with who has to enter. (A12)*

As a registry, 14 Community Health Agents reported that the only document they filled was the file of the UHS Outpatient Information System (SiaSUS), when they detected suspected and / or confirmed cases of violence against the elderly during the home visit. On this sheet, they recorded all their impressions regarding the identified signs and symptoms. Five respondents reported not knowing that any document should be filled in these cases, justifying that this was a function of the nurse. Only three interviewees cited the compulsory notification form, as a document to be filled out.

*Everyone registers, everything is registered in SiaSUS. (A9) Actually, it is not me who does it ... the nurse makes a notification of violence. (A12) The doctor and the nurse are registered. (A11)*

## **DISCUSSION**

This research confirmed what previous studies have shown as a result: the child or a family member is the main aggressor in cases of violence against the elderly.<sup>12</sup> This fact may be related to the imposition provided for in the Statute of the Elderly, in which the relative is responsible care of their elderly relatives<sup>3</sup>. This can cause an overload and stress to the caregiver. Coupled with the caregiver's prior issues with the elderly, this imposition may favor violence.<sup>12</sup>

From the reports of the Community Health Agents, it is observed that the perception of the majority of professionals about violence is similar to the concept of the Handbook on

Combating Violence against the Elderly. According to the publication, ill-treatment is a single or repetitive act, which causes or does not cause harm and occurs in any relationship in which there is trust.<sup>2</sup>

In this study, most community health agents identified suspected or confirmed cases of various types of violence: physical, neglect, neglect, medication, psychological, sexual, financial and economic violence. This confirms the information found in the literature.<sup>13-4</sup> However, some Community Health Agents still believe that there is only violence when there is some physical harm. This is detrimental since the elderly person may be experiencing some type of violence, other than physical violence, and not having adequate support.

Community Health Agents have identified physical violence by signs, such as skin tags and injuries. Aggressions such as these were also found in other studies.<sup>13-14</sup> A study of 729 elderly people in Minas Gerais showed a prevalence in cases of psychological and physical violence, totaling 20.9% of the elderly interviewed. The study also pointed out that all those who suffered physical violence (5.9%) were also victims of psychological violence.<sup>13</sup> In another study carried out with 242 cases, extracted from the Aggravation and Notification Information System, in Recife / PE, the prevalence of physical violence reached 44.9%, while the psychological rate was 13.3%.<sup>14</sup>

This study, Community Health Agents identified psychological violence by emotional changes, the elderly person getting very tearful and depressed or afraid to speak in front of caregivers. In a study of 510 elderly people, victims of intra-family violence in Portugal, psychological violence was characterized by feelings of fear, sadness, shame and uncertainty. Other symptoms were depressive signs, isolation, cohabitation, and conflicting relationships with the aggressor.<sup>15</sup>

The Handbook for Confronting Violence against the Elderly brings as a sign of abandonment the absence of those responsible for providing relief to an elderly person in need of protection. The publication points out as a sign of negligence the omission of care by its caregivers.<sup>2</sup> In the present study, the Community Health Agents identified the associated neglect and neglect, through the lack of hygiene care, both personal and in the environment in that the elderly are inserted. Other signs are carelessness with food and drug treatment, and the fact that the elderly are always alone. Neglect / abandonment was identified in

29.6% of the cases, in a study carried out in Recife / PE.<sup>14</sup>

In this study, Community Health Agents identified cases of drug-related violence related to non-use of medications and the lack of help to perform the treatments. The signs of drug abuse most commonly found in the literature are the administration of improperly prescribed medications (increasing, decreasing or excluding medications) by those responsible.<sup>16</sup>

Financial and economic violence were perceived through reports from the elderly themselves. The Community Health Agents observed the same type of violence, when family members destine the money of the benefit of the elderly for purposes other than to meet their needs. The Handbook for Confronting Violence against the Elderly considers signs of financial and economic violence as the improper or illegal exploitation or the non-consensual use of its financial and property resources. These occurrences were evidenced by the agents in the present study.<sup>2</sup>

Sexual violence is generally the only type of aggression without correlation with the children as the main aggressor in relation to the elderly.<sup>14</sup> However, the Community Health Agents identified a case of sexual violence in which the perpetrator was the child of the victim. In a study carried out in Recife / PE, the prevalence of sexual violence identified in the analyzed cases was 4.2%.<sup>14</sup>

Most types of violence (psychological, neglect, neglect, medication, financial) are common in elderly people with compromised functionality, who depend on some care or help for everyday activities. Being dependent, the elderly person does not feel comfortable denouncing the occurrence of violence.<sup>17</sup>

The Community Health Agents mentioned that they can identify cases of violence due to their relationship with the community, which is essential for this type of identification. When this happens, professionals can carry out actions to follow up and confront cases of violence in the community, through home visits, discussion of cases with the team. The groups can also outline strategies such as support and listening to families involved in the context of violence.<sup>18</sup> The permanent contact with the elderly allows the Community Health Agent to establish multi-professional actions and interventions that allow him to deal with violence in this context, through the knowledge of the reality of families.<sup>19</sup>

In the present study, Community Health Agents reported suffering when identifying

cases of violence. In this sense, this suffering can occur because this professional has a well established interpersonal relationship with the user.

Most Community Health Agents reported that, in the face of a suspected or confirmed case of violence, they would take them to the family health team to discuss the course of action to be taken. It is up to the Community Health Agent to record their impressions and pass the case on to the team so that, in this way, attitudes are taken together.<sup>19</sup>

The research that described the profile of violence against the elderly in the city of Recife / PE found that, although the number of notifications in the National System of Notification Diseases is small (3.37% of the total number of cases), it comes increasing in recent years.<sup>14</sup> There is evidence of underreporting of violence against the elderly. To corroborate what this study reports, the Community Health Agents know little about the performance of the compulsory notification, which highlights the importance of approaching this issue with professionals.

Although not a recent phenomenon, domestic violence against the elderly requires awareness of the problems and greater attention of health professionals. The increase in the population of this population refers health professionals, and society as a whole, to the need to create strategies of care for the elderly, focusing on the quality of life and their social integration.

In this context, the nurse, as a member of the health team and, in many cases, as supervisor or coordinator of the Basic Family Health Unit, must work together with these professionals. He must empower them and give them tools to deal with violence against the elderly. It is necessary that the nurse has permanent contact with the Community Health Agents, discussing and problematizing this theme. Thus, it can introduce new knowledge and provoke new reflections, not forgetting to value the popular knowledge of this professional. This will optimize the work process as well as promote greater empowerment of Community Health Agents to deal with the situation.

One of the limitations of this study was the difficulty of access and displacement to some rural teams due to distance. This prevented the full coverage of interviews, in the Family Health Strategy teams of the municipality. Another limitation was the impossibility of conducting an interview with all the Community Health Agents of the municipality. The short time available for collection restricts the generalization of results.



## CONCLUSION

In view of the results obtained, it was possible to identify that the Community Health Agents perceive the different types of violence against the elderly, mainly through their signs and symptoms. It was also observed that all cases identified by them, suspected or confirmed, are referred to the team of the health unit of the family in which they work. From this, it is noticed that the work of the Community Health Agent has fundamental importance in the identification, prevention, treatment and notification of this problem. However, there is still a shortage in training these professionals. This makes their performance out of date and raises the number of underreporting of violence cases.

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