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RESEARCH

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## MARKS OF VIOLENCE AMONG ELDERLY PEOPLE

Marcas da violência entre pessoas idosas

Marcas de violencia entre las personas mayores

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### ABSTRACT

**Objective:** The study's main goal has been to identify the signs of mistreatment experienced by elderly people.**Methods:** It is a descriptive-exploratory study with a qualitative approach, which was carried out in *Cajazeiras* city, *Paraíba* State, Brazil. Data collection took place by investigating two groups, as follows: elderly people who participated in experience sharing groups and elderly people living in long-stay institutions. **Results:** Based on the elderly's speeches, the following category named "Evidences of violence against the elderly" supported its respective subcategories: "Domestic violence", "Neighborhood conflicts" and "Urban violence".**Final considerations:** It was noticed that elderly people are vulnerable to violence, and the characteristics related to this fact may vary according to the place in which these individuals are inserted.**Descriptors:** Elderly; Violence; Elder Abuse; Homes for the Aged.

### RESUMO

**Objetivo:** Identificar os sinais de maus tratos vividos por esse grupo etário. **Métodos:** Trata-se de um estudo exploratório e descritivo, com abordagem qualitativa, realizado no município de *Cajazeiras*, *Paraíba*, Brasil. A coleta de dados compreendeu dois grupos a serem investigados: idosos que participavam de grupos de convivência e pessoas idosas residentes em Instituições de Longa Permanência.**Resultados:** Por meio da análise das falas dos idosos, emergiu a categoria "Vestígios de violência contra a pessoa idosa" e suas respectivas subcategorias: "Violência intrafamiliar", "Conflitos de vizinhança" e "Violência Urbana". **Considerações finais:** percebe-se que os idosos

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são vulneráveis à violência, em que as características relacionadas a esta variam de acordo com o local no qual esses indivíduos estão inseridos.

**Descritores:** Idoso; Violência; Maus-Tratos ao Idoso; Instituição de Longa Permanência para Idosos.

## RESUMÉN

**Objetivo:** identificar las señales de maltrato vivido por ese grupo de edad. **Métodos:** se trata de un estudio exploratorio y descriptivo, con abordaje cualitativo, realizado en el municipio de Cajazeiras, Paraíba, Brasil. La recolección de datos comprendió dos grupos a ser investigados: ancianos que participaban de grupos de convivencia y personas mayores residentes en Instituciones de Larga Permanencia. **Resultados:** A través del análisis de las palabras de los ancianos, emergió la categoría “Vestígenes de violencia contra la persona anciana” y sus respectivas subcategorías: “Violencia intrafamiliar”, “Conflictos de vecindad” y “Violencia Urbana”. **Consideraciones finales:** se percibe que los ancianos son vulnerables a la violencia, en que las características relacionadas a ésta varían de acuerdo con el lugar en el cual esos individuos están insertados.

**Descriptor:** Anciano; Violencia; Maltrato al Anciano; Hogares para Ancianos.

## INTRODUCTION

Population aging is a topic that has been widely discussed over the years, to the detriment of the significant changes that this process imposes on society, especially for underdeveloped and developing countries.<sup>1</sup> A study performed in Europe addresses that in 25 years there will be 34 million elderly people worldwide and it is estimated that approximately 71% will be living in poor countries.<sup>2</sup>

Elderly people face numerous difficulties daily, which are mainly due to health problems related to aging, highlighting the physiological weaknesses and vulnerabilities and violence.<sup>3</sup> The discussion of violence as a topic of importance for public health started in the second half of the 20th century, being associated with the abuses suffered by children, adolescents, and women.<sup>4</sup> In the elderly population, this debate is still quite recent, but it represents an important concern in the global political agendas.<sup>4,5</sup>

In Brazil, despite the growing production on violence in the country, specific studies on violence against the elderly are still incipient, referring to physical, psychological, sexual and financial abuse, abandonment, neglect and self-neglect.<sup>4</sup> Data obtained from the Department of Human Rights point out that there are five reports of violations against the physical, mental and social integrity of the elderly every hour, in approximately 70% of cases, the aggression caused by someone directly related to the elderly, especially their children and grandchildren.<sup>6</sup>

Hence, it is clear that, although there is an improvement in the health and quality of life indicators of the elderly, the rates of violence against this population are still alarming, especially concerning domestic violence, which is enhanced

by socioeconomic conditions and precarious health.<sup>7</sup> Mistreatment suffered by the elderly is characterized as a violation of rights, being one of the main causes of injuries, disabilities, illnesses and social isolation in this population, making it extremely relevant to public health.<sup>4</sup>

Bearing in mind the aforementioned, this research aims to identify the signs of mistreatment experienced by elderly people.

## METHODS

It is a descriptive-exploratory study with a qualitative approach, which was performed with 25 elderly people who lived far from family life, being organized into two groups, as follows: the first was composed of 15 individuals who lived alone and who participated in the activities of the NN Group; and the other was formed by 10 elderly people who lived in three Long-Stay Institutions for the Elderly (LSIE), all located in *Cajazeiras* city, *Paraíba* State, Brazil. These two groups were chosen because they are considered the most vulnerable to abuse, as well as for awakening the reason for their removal from family life.

The inclusion criteria were defined: being 60 years old or older; participate in the Living Group and live alone or live in one of the three LSIE in the municipality; have the ability to understand and communicate verbally. And as exclusion criteria, the following were established: individuals who have frequent family representation, in other words, they receive visits two or more times a month; individuals with impaired cognitive ability or who have emotional disorders, given that this would make it difficult to approach aspects that involve their intimate life.

Data collection took place through weekly visits that were performed to the research places to carry out the interviews. A recorder was used to record and store the speeches, which addressed the characterization of institutionalization and aspects related to distant housing from family members/households; the description of life aspects, in the family perspective; and data on the general condition of the elderly people.

The analysis of the speeches was done according to the Content Analysis Technique proposed by Bardin,<sup>8</sup> with the categorization of the themes that have arisen, which were divided into categories and subcategories. To preserve the elderly's identity, the letter “E” was used as an identifier followed by the ordinal number referring to the interview order.

All ethical precepts established by the Resolution No. 466/2012 from the National Health Council were obeyed, and this study was approved by the Research Ethics Committee of the NN Group under the legal opinion No. 1.253.933.

## RESULTS

### Participants' characterization

Herein, twenty-five elderly people have participated, of which 18 were women and 7 men, within the age group from 63 years to 81 years old, self-declared white, widow, holding incomplete elementary education and income between one to two minimum wages.

### Elderly's discourse

#### Category - Evidences of violence against the elderly

Based on the elderly's speeches, the following category named "Evidences of violence against the elderly" supported its respective subcategories: "Domestic violence", "Neighborhood conflicts" and "Urban violence".

#### Domestic violence

The main type of violence experienced by institutionalized elderly people was domestic violence, in which the aggressors were, for the most part, people close to daily life, such as children and grandchildren. Furthermore, some individuals cited mistreatment as the main reason for moving to the LSIE, as expressed in the following statements:

*I was mistreated by my son, he told me several times that he was going to kill me (...). I went to live at his house and one night [he] threatened me, he said he wanted to kill me. He threatened me a lot, so I left and came to live in the shelter [LSIE]. I never forgot that, because I'm sure he just didn't kill me because I left my furniture at his house. After all, he had nothing, everything that was mine stayed there. (E4)*

*I have suffered a lot in my life, my family has never been good, they have always mistreated me, I have even taken a few shoves (...). The best thing in the world was coming here [LSIE]. (E18)*

#### Neighborhood conflicts

Considering the elderly people who live alone, conflicts in the neighborhood prevailed, with the frequent presence of threats and insults, which only did not result in physical aggression by the intervention of third parties:

*Before I came to live in this house, a woman who lived close to me wanted to hit me, she kept threatening me, cursing at me. I was not afraid, I said that if she hit me I would hit her back (...). (E11)*

*I suffered violence just once, the neighbor's grandson wanted to hit me because I complained he kicked the ball on my wall. He kept threatening me, but my son wouldn't let him,*

*he came over to argue. Today it doesn't happen anymore, thank God. (E15)*

#### Urban violence

The elderly people who live alone also addressed the presence of urban violence, in which one individual reported having been shot by a firearm that resulted in long hospitalization and surgery. Moreover, other elderly people mentioned never having suffered violence, but because they live in dangerous places, they are afraid of being the target of aggression, which prevents them from leaving the house at night:

*I was attacked previously, I took two shots in the chest (...). I fell on the floor and they took me to the hospital to take the bullet out (...). (E1)*

*I was never attacked, but here at home I close the doors at seven o'clock at night to avoid it, I am terrified (...). If there is a knock on the door, I don't open, here it is very dangerous (...). (E16)*

## DISCUSSION

The World Health Organization has defined that mistreatment against elderly people can be classified as physical, verbal, psychological or emotional, sexual, economic or financial violence, neglect, and self-neglect.<sup>9</sup>

Mistreatment against the elderly is considered a serious violation of the rights of the citizen, is one of the reasons for the regression of social evolution, according to human rights statements. Domestic violence is contrary to the rights that protect and protect the elderly, provided for in the international and Brazilian legal system.<sup>10</sup>

Intrafamily or domestic violence is that practiced in the family environment, by relatives, responsible person or caregivers of the elderly person; while social violence is identified by the actions of discrimination and prejudice on the part of society, private or public institutions.<sup>11</sup>

Given the statements, there were verified signs of domestic violence, better known as intrafamily violence. In statement,<sup>4</sup> for instance, the elderly's emotion is noticeable, during the report, for not believing that his son could try something against him and for not understanding the reasons that led him to act in such a manner. Taken by fear, he asked to be taken to a shelter, which became his new home, losing all contact with his spouse and family. This gentleman was not afraid to tell his story, unlike other elderly people who did not want to comment on the subject out of fear, shame, or simply not wanting to remember the past.

In a study carried out in Recife city, it portrays the prevalence and factors that are associated with domestic violence against the elderly, stating that the data found in their study exceed the numbers observed in studies

conducted in the United States of America, Canada, and the Netherlands, in other words, being quite worrying data for a Brazilian population that is prone to aging.<sup>12</sup>

This factor may be associated with the conditions in which the elderly are inserted, since, in developed countries, the aging person generates greater stability, greater comfort, and autonomy of their care, as the living conditions present in these places are much greater than in developing countries. Even with all the social changes that the family has been going through, the elderly in this country have a much higher quality of life, are respected, and in most cases choose to live alone. In developing countries, on the other hand, the elderly do not learn as much financial, physical or social stability, being affected by the environment they live in and often do not have the conditions to support themselves, having the family as support, being adept at the traditional family model.

Family abuse against elderly people can be considered the most worrisome, since the family is the firmest bond of trust, love, affection, affection, and security that they present. When this happens, the elderly person is totally helpless, with no prospect of protection and help, generating silence and, often, the feeling of guilt “for making trouble”, for not being able to develop their daily activities alone.<sup>11</sup>

This framework generates frustrated expectations and feelings in the elderly, as family members do not have pro-social skills to deal with the difficulties of care that aging imposes, or even have, but because of their routines, they believe that these people do not they can be more part of family life, creating consequences such as neglect of care, abandonment, and violence.<sup>13</sup>

Therefore, the data found in the literature corroborate the findings of this study, demonstrating that it is necessary to turn our scrutiny to domestic violence against the elderly, giving them the social support necessary to seek the best quality of life in their aging process, as well as, it is necessary to observe the family needs before the care of these people, as well as their psychosocial capacity, to prevent violence in the family early.<sup>11</sup>

In other statements, social or neighborhood violence was identified. It is important to emphasize the speech 15, as the interviewee had psychological problems. She reports that she has been prejudiced by society since she was young. When looking for her home, it was possible to detect how she was known to the community and what treatment she was given. She suffered from social isolation because, despite being a good-natured person, she was judged due to her issue.

Society is one of the responsible for the stigmas and prejudices generated by the aging process, creating practices that inferior and devalue the elderly, forgetting their importance and social contributions, in other words, the elderly occupy a marginalized place, where many consider the loss of their social value. Nevertheless, society is responsible for the care attributed to old age, it must maintain favorable conditions so that the elderly can grow

old with the best possible quality of life and not cause the development of another type of abuse.<sup>14</sup>

Socio-political violence occurs when there is inequality between the more general social relations, which involve groups and people considered delinquents, and the economic and political structures, in the relations of exclusion/exploitation. This causes innumerable problems of conviviality, acceptance, and empathy, especially when referring to an elderly person, who is socially known as “unable” to relate or do daily activities in the same way as a young person. When this inability that old age brings is linked to some type of psychological disorder, there is a greater prejudice, which is a determining factor for social isolation both from the community for not accepting that situation, and the elderly person who feels withdrawn, ashamed, saddened for presenting such a problem, so, he ends up opting for social withdrawal.<sup>11,15</sup>

In Brazil, violence against the elderly is practiced through manifestations with structural, institutional and family dimensions, with one or more dimensions being responsible for this act, being represented differently between groups and people from the same society, which can generate different behaviors of the same.<sup>10</sup>

The institutionalization of the elderly can also be considered a type of aggression against their freedom and socialization.<sup>15</sup> As is known, from the moment he starts to live in LSIE, the elderly limits his socialization frontiers; your new home becomes the only place to live with other people, affecting your psychological and social well-being. Unfortunately, the policies of some LSIE do not allow the elderly to leave without monitoring or even to leave that place, depriving them of social interaction, limiting them to carrying out daily activities in that environment, not allowing them to maintain relations with customary activities from your past outside the institution.

Aiming to improve the well-being of institutionalized elderly people, during data collection there were identified the lack of activities to promote a better quality of life, since everything is very limited. There are no tour routines; visits to places in the city that they consider important, which would be a way to rescue this socialization.

Therefore, the abandonment of elderly people is related to their history and individual characteristics, in other words, it can be represented through the loss of affection on the part of the partner; children, family, and friends; it may also be related to situations of fragility, in which the elderly, with some type of functional disability, is slowly isolated from the family circuit, increasing the feeling of dependence.<sup>11,15,16</sup>

Abandonment violence is also exposed in the entire context of the interview, although it is not explicit, it mainly affects the elderly who say they do not receive visits from their families, which brings them suffering, anguish and sadness due to the loss of family bonds.

Some elderly people say that they have not been deceived or suffered any type of aggression. Even though



they are exposed to a risk factor, which is living away from their family, they claim to have never experienced such a situation. However, during the interview, it was noted that some failed to express the truth in their responses, especially those whose evidence of abuse is quite clear. Such expressions found in the speeches, generated north to better discuss the category, as it is evident that they have already been threatened in some places of their social, family, and community.

Difficulty in the investigation is related to the fear that the elderly have in talking about the subject, of denouncing their own family, which in most cases is the main aggressor. This is evidenced by the statements where there is no sign of abuse in the places mentioned, explained, and identified for the elderly. Nonetheless, it is known that, in recent years, this population has been an easy target for unscrupulous people who usually go to hospitals, banks, communities, health centers, among others. So, there is a divergence in the responses, compared to the previous ones, in which, the elderly confirmed to have suffered violence in some of these places, like the home and community itself.<sup>5</sup>

A study performed in the United Kingdom, addresses that victims are often vulnerable, whether they are on the streets, health facilities, social establishments, in their own residence and do not report abuse, because they are frightened, embarrassed or elderly people unable to report because they have degenerative diseases. They might show fear of the aggressor, fear of how they will be treated in these places, fear that their rights will not be fulfilled, as well as, they will find certain situations normal, being used to facing them in their daily lives.<sup>17,18</sup>

## FINAL CONSIDERATIONS

This research intended to find any violence evidence that the sample population may have had suffered, as it is known that the elderly who live far from the family, alone or in LSIE, are vulnerable to abuse. Despite all the visits for adaptation and knowledge with the interviewer, trust in the relationship of both, still, it was not enough for the elderly interviewed to expose their confidences. Perhaps this is due to fear or anguish in remembering what happened, among other factors already mentioned in this discourse, which might have led them to omit these statements.

According to what was discussed in these categories, the need for studies addressing this topic are notorious. Public policies regarding the well-being of the elderly are often not fully implemented, which requires a reorganization of the cultural order in the country, mainly because old age is still seen as a set of losses and weaknesses. Furthermore, it is essential to offer conditions for the family to take care of their elderly people through courses aimed at caregivers, seeking to guide them about the necessary interventions and offer adequate support in the face of the difficulties that arise in the aging process.

Considering this framework, it is essential to have the commitment of health teams providing care to aging people, especially among professionals working in the Family Health Strategy, aiming to investigate and track the conditions in which the elderly live, identifying early mistreatment.

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