Profile of aggressors of older adults receiving care at a geriatrics and gerontology reference center in the Distrito Federal (Federal District), Brazil

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Abstract

Objective: To profile aggressors of older adults who receive care at a reference center in geriatrics and gerontology in the Distrito Federal (Federal District), Brazil, from 2008 to 2018. *Method:* A retrospective, documentary, descriptive study with a quantitative approach was performed, based on information obtained from the minutes book of the unit, which contained a record of mediation meetings of cases of conflict and violence against older adults, carried out by social workers, nurses and other members of the multidisciplinary team. The data collection instrument covered the sociodemographic characteristics of the aggressor, the sociodemographic and health profile of the older adults and the type of violence suffered. *Result:* 111 cases were analyzed. The children of the older adults were the main aggressors (72%), with a prevalence of men (62%) and the from 51 to 60 year age group (37%). The older adults who suffered violence were predominantly women (72%), almost half of whom were aged 81 to 90 years, followed by those aged 71 to 80 years (39%). A total of 16% of the older adults lived with their children or close family members. The main types of violence evidenced were negligence (56%) and psychological violence (29%), with physical violence representing 8% of cases. *Conclusion:* The study of the profile of the aggressor and the older adult who suffered violence reinforced the need to focus actions within family arrangements. Investigations that address those who practice violence can contribute to the promotion of public health policies and contribute to geriatric and gerontological clinical practices that combat violence against older adults.

Keywords: Elder Abuse. Domestic Violence. Aggressor of the elderly.

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The authors declare there are no conflicts of interest in relation to the present study.

No funding was received in relation to the present study.

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Received: May 23, 2019
Approved: November 08, 2019

http://dx.doi.org/10.1590/1981-22562019022.190095

INTRODUCTION

Following the achieving of longer life spans in both developed and developing countries, new challenges have emerged concomitant to this scenario. Such a reality stems from the changes caused by aging, which result in the progressive decline of independence and may produce certain physical and/or cognitive limitations that lead older individuals to experience social vulnerabilities[1].

Violence against older adults has become a serious public health problem that has become increasingly visible in research over the last two decades, especially in the agendas of national and international organizations[2]. According to the World Health Organization[3], the violation of the rights of older adults is defined as: "a single or repeated act, or lack of appropriate action, which impairs the physical and emotional integrity of older adults, impeding the performance of their social role".

Violence against older adults is also associated with high mortality rates, physical illness, malnutrition, psychosomatic diseases and suicide attempts, impacting the quality of life of such adults and leading to reduced functionality[1,4]. Minayo[2] classifies violence against this population as physical, psychological, sexual or financial, or taking the form of abandonment, neglect and self-neglect.

The family is the main source of care for the older adults, and so its inadequacy is closely related to situations of violence and conflicting interactions. In Brazil, 28% of households contain at least one older adult, while 90% of such adults live with close family members[2,4].

Intra-family violence is usually underreported and originates mainly from socioeconomic problems, difficulties related to the onset of diseases and a lack of knowledge about old age and care. Conflict can begin with difficult situations associated with a lack of preparedness to deal with the reality encountered[4].

Non-legal conflict mediation is an effective strategy that utilizes clear communication and active listening to seek family reorganization, foster understanding and recognition among family members/caregivers, and establish agreements and prevent new conflicts. The conduct of the mediator must be performed impartially and based on specific knowledge. Thus, professional training is one of the requirements of the health team[5].

Knowledge of the characteristics of the aggressors provides insight for the implementation of interventions. Scientific studies about the figure of the aggressor are incipient, however. The present study therefore aimed to outline the profile of such aggressors, as well as the types of violence suffered by older adults receiving care at a reference center in geriatric and gerontological care in the Federal District (Distrito Federal), Brazil.

METHOD

A retrospective, documentary-descriptive study with a quantitative approach was carried out, based on information gathered from a minutes book, which contains reports of family meetings for the mediation of conflict and cases of violence against older adults receiving care at a reference centre in geriatric and gerontological care in the Federal District, Brazil. This reference center has a multidisciplinary and interdisciplinary team specialized in caring for older adults, and is the only such reference center for this population group in the city.

Family meetings took place once a week, conducted by at least two staff health professionals, a social worker and a nurse. The minutes of the meetings were usually taken by the social worker.

All the minutes of the meetings from 2008 to 2018 were analyzed by three trained researchers. The inclusion criteria used were cases involving individuals who received care at the reference unit, who were 60 years or older, and which were recorded in the minutes of the conflict mediation meetings. Five cases were excluded as they did not involve violence and/or were related to the care of individuals under 60 years of age, giving a total of 111 cases in the sample.

Regarding the characterization of the aggressor, variables such as age, gender, type of relationship or degree of relationship with the older adults and history of alcohol and/or illicit drug abuse were analyzed. For the older victims of violence, data on age, gender,

living arrangement, monthly income, comorbidities and types of violence suffered were analyzed.

The determination of the type of violence followed the concepts and characterizations defined by Minayo[2], categorized in this work as: physical, psychological, sexual, financial, abandonment, neglect and self-neglect.

For data analysis, statistical software was used and descriptive statistical analysis of the data related to the characterization of the sample was performed.

This study was approved by the Ethics Committee of the Fundação de Ensino e Pesquisa em Ciências da Saúde (the Health Sciences Teaching and Research Foundation) (FEPECS) under Protocol No. 1.798.579, October 29, 2016.

RESULTS

A total of 111 cases registered in the minutes book were analyzed. Over the ten year period of the study, there was a reduction in the number of occurrences of violence identified in the unit, as follows: 2008 - 21 cases, 2009 - 12 cases, 2010 - 8 cases, 2011 - 15 cases, 2012 - 14 cases, 2013 - 11 cases, 2014 - 13 cases. It should be noted that between 2015 and 2018 there were periods when there was a lack of qualified professionals (social workers) to conduct the meetings, and thus, between 2015 and 2016 there were only five cases recorded each year, in 2017 only four cases and in 2018, three cases.

The children of the older adults were the main aggressors identified, representing 72% of the total, and within this group, the male gender was the most prevalent (39%). Informal caregivers of the older adults made up 14.5% of the aggressors (Figure 1). In terms of gender, 62% of the aggressors were male and 38% female.

Regarding the age of the aggressor, there was a predominance of those aged 51 to 60 years (37%), while 30% of the sample were aged between 41 to 50 years, and 5% of the aggressors were 60 years or older (Figure 2). The frequent reported use of illicit drugs and/or alcohol corresponded to 5%.

Regarding the ages of the older adults who were victims of violence, 45% were between 81 and 90 years old, followed by those between 71 and 80 years old (39%). A total of 11% were between 60 and 70 years old and 5% were nonagenarians or older. In the evaluation of living arrangements, half of the older adults lived in their own home and 16% lived with close family members.

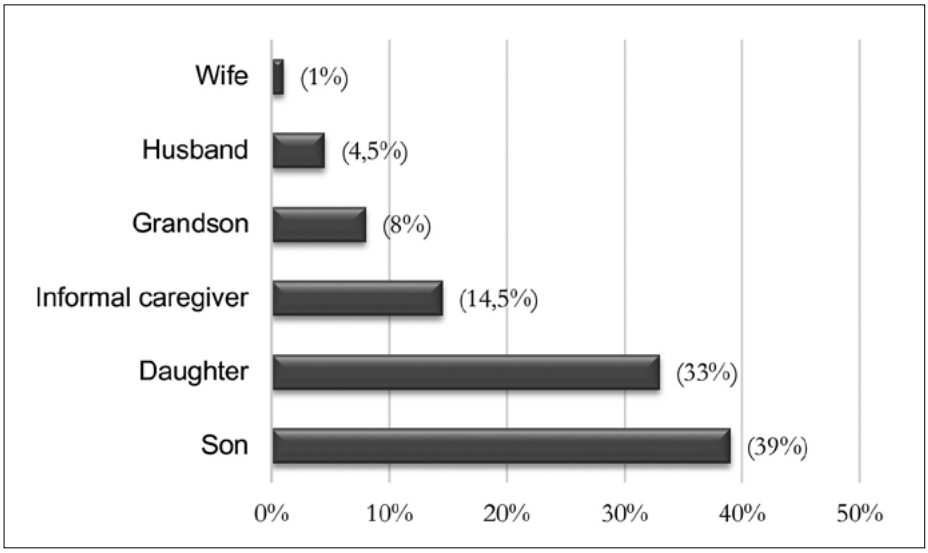

Figure 1. Identification of aggressors of older adults people treated at a geriatrics and gerontology reference center in the Federal District (N=111). Brasília, 2019.

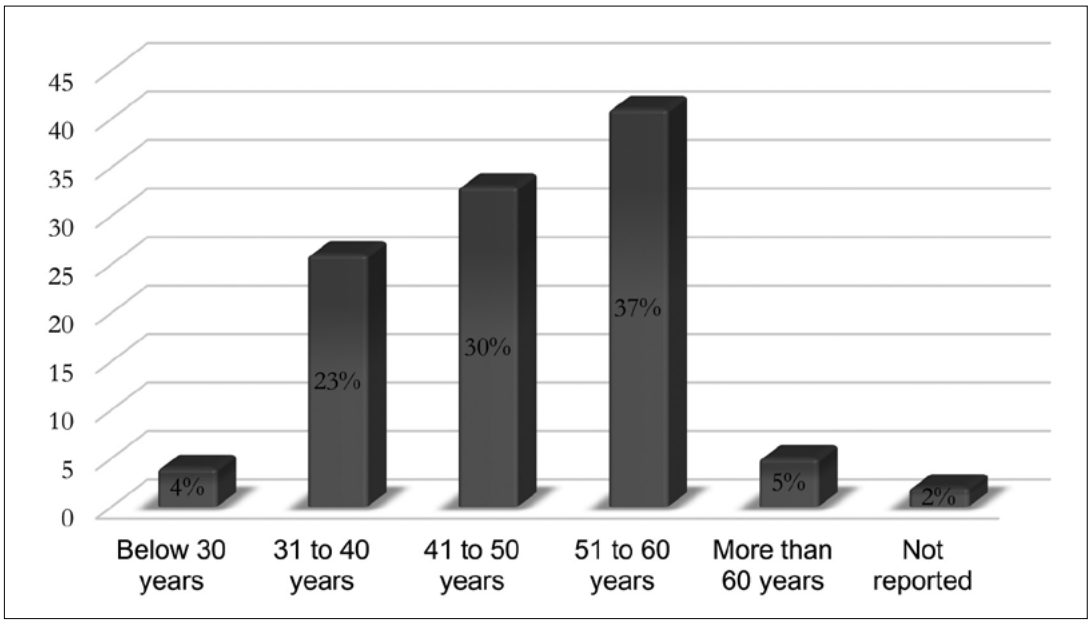

Figure 2. Age groups of aggressors of older adults treated at a geriatrics and gerontology reference center in the Federal District (N=111). Brasília, 2019.

Of the older adults evaluated, 72% were women and 28% were men. The predominant monthly income was equal to the minimum wage (46%), while 25% received twice the minimum wage or more and 31% of the individuals studied did not report the level of their income. Regarding comorbidities, 54% of the older adults had dementia while of these, 32% of individuals involved with the provision of care were unaware of the symptoms of the disease. In addition, 31% of the older adults had systemic arterial hypertension (SAH) and 13% had diabetes mellitus-associated diseases (DM).

Regarding the type of violence suffered, Figure 3 shows the most prevalent was neglect (56%), followed by psychological violence, which made up 29% of the sample. The occurrence of neglect combined with abandonment was present in 21% of the analyzed cases, due to the significance of this result, this variable was established. Physical Violence occurred in 8% of reports. There were no reports of sexual violence and self-neglect in this study.

In the present study the terms neglect and abandonment (combined) were used for cases where the older adults were neglected by their children at one time and totally abandoned at another time during their lives, i.e., they suffered both types of violence, or for cases where the older adults were neglected by one of their children and abandoned by others.

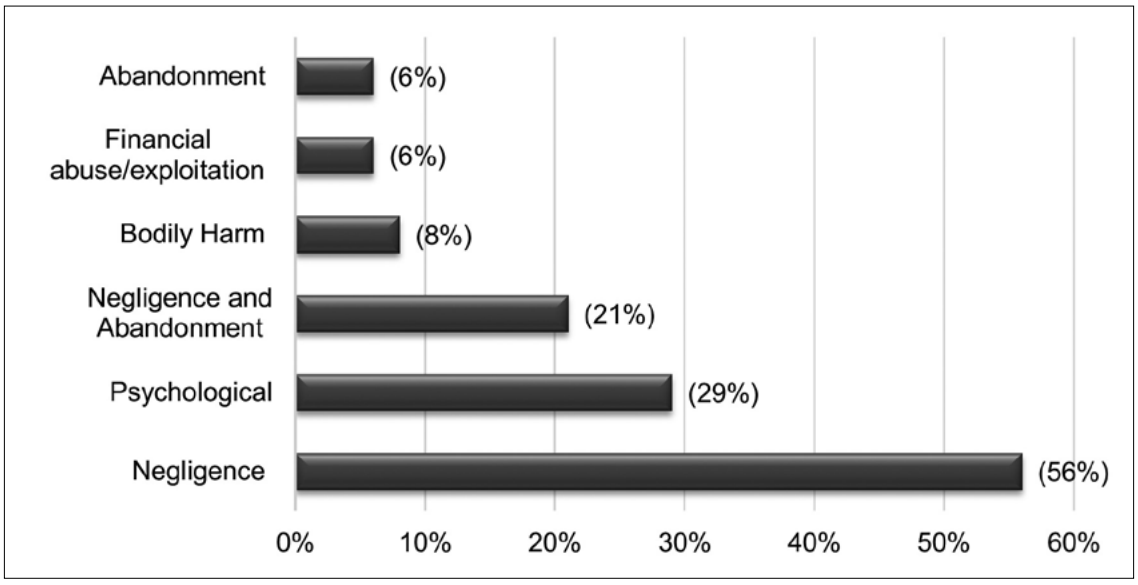

Figure 3. Types of violence against older adults observed at a geriatrics and gerontology reference center in the Federal District (N=111). Brasília, 2019.

DISCUSSION

The profile of the aggressors in the present study revealed that a large proportion, representing 72% of the sample, was composed of the children of the older adults, corroborating another Brazilian study, in which more than half of the aggressors of older adults were their own children[6]. Gender specificity was also observed as an important finding, as more than half of the aggressors were male and 39% were between 51 and 60 years old. Regarding the type of violence practiced, there was a greater prevalence of neglect and psychological violence.

Changes in family dynamics, resulting from the new cultural and social aspects found in society, are realities that result from population aging and raise questions, through researchers, of our understanding of their influences on family relationships of violence[7,8].

Research on current family arrangements provides information that can focus actions and foster policies directed towards the social reality, as it is within families that decisions are made about the provision of income, caring for dependents and establishing support networks[9].

Regarding gender issues, male aggressors were predominant (62%), which corroborates other recent investigations[10,11]. On the other hand, older women were the most frequent victims (72%) in this study. This reality may be related to the feminization of old age, in which women have a higher life expectancy. Consequently, there is an increase in the prevalence of chronic diseases and higher functional dependence than in men[12].

Gender violence is an ancient phenomenon, produced from social, cultural, political and historical constructions, which can be inserted into the daily life of women from childhood, adulthood and old age[13]. In Brazil, despite advances in public policies and punitive laws, exorbitant levels of such violence remain[13,14].

The fact of living in the same household, according to Minayo[2], is a factor that favors the occurrence of violence between the aggressor and the older adult. In this survey, 16% of the older adults lived with children or close family members. Financial dependence, whether from the older adults to the caregiver, or the other way around, is a frequent condition that leads to living in the same home and intrafamily violence[4,10].

In this investigation, 46% of the older adults earned minimum salary, which indicates probable financial dependence on family members. In contrast, a study by Silva and Dias[4] that sought to understand the motivations that drove aggressors to violence from the perspective of the perpetrators themselves, identified the financial dependence of the aggressor on the older adults as one of the main causes.

Alcohol abuse is also a frequent cause of violence, increasing the risk of occurrence by up to three times[15]. In this present study, the frequent use of illicit drugs and/or alcohol by the aggressor was present in 5% of cases, highlighting the importance of strengthening the support network and efficient strategies to tackle addiction.

Another risk factor for violence is the existence of dementia in the older adults[16], quadrupling the rate of incidence when compared to non-suffering older adults[15]. In this study, more than half of the sample (54%) had some type of dementia and 32% of the caregivers were unaware of the symptoms. Behavioral changes resulting from dementia are common and often involve violent acts by patients. The provision of support and information from health professionals about the characteristics of the dementia process and how to deal with certain situations are therefore essential in such situations[17].

A five year study conducted in the city of São Paulo found a predominance of victims of violence aged 60-65 years (46.30%), while in another survey 72% of the sample was between 60 and 70 years[10,18]. In the present study, meanwhile, there was a predominance of the older age group, with almost half of the sample aged between 81 to 90 years old. This is probably due to the fact that the study was based on a secondary reference center for the older adults, which in turn receives a large number of long-lived individuals, with more specific pathologies, which are often in advanced stages.

The increased demand for care therefore requires greater dedication and the adaptation of the intra-home support network. Failure to reorganize this may result in the violation of the rights of the older adults, thus characterizing violence by negligence[2,10].

Neglect was the main type of violence reported in this study (56%) and is classified as passive when there is a lack of care related to the safety of the home environment, skin lesions and dehydration. In contrast, active negligence is described as the intentional deprivation of the basic needs of older adults, such as hygiene, food and health care[1].

Situations in which the older adult is deprived of coming and going, removed from their home or institutionalized against their will is characterized as violence by abandonment[2]. It was observed that in 21% of the registered cases there was abandonment associated with violence due to negligence.

Psychological violence was identified in 29% of cases and is defined as attitudes of contempt, contempt, prejudice and discrimination against older adults[1,2]. A study of almost 350 older adults identified psychological violence as the most prevalent, representing 43% of cases, while physical violence was at a similar level to the present study, with 9%[19].

The occurrence of psychological violence is often confused with the exhaustion and burden of the interpersonal relationships between the older adult and the caregiver. In general, abuse is committed discretely, may occur daily and be interpreted by those involved as a common pattern of the relationship.[15].

Underreporting is still an issue in such studies, with an estimated five missing cases for every one notified, with the main reasons including fear of institutionalization among the older adults, the belief that impatience and aggression are justifiable due to the great need for care and especially due to respect for the family ties between the perpetrator and the victim[10,20].

In this context, studies have indicated that public policies created as mechanisms to protect this population segment, such as the National Older Adult Policy and the Older Adult Statute, remain ineffective, with a lack of efficiency and continuity, while mechanisms of denunciation remain incipient and there is a lack of awareness about aging among the public, resulting in the gradual increase in underreporting of cases of violence[9].

The loss in sample data from the last four years of the survey was a limitation of the study, caused

by the frequent unavailability of social workers in the unit to conduct the meetings.

CONCLUSION

When identifying the profile of the aggressor, it was observed that in most cases there was a family bond between the victim and the perpetrator, even those who did not live in the same home as the older adults. Most aggressors were the children of the older adults, were predominantly male and were over 50 years old.

The profile of the older victims of violence in this study was that of a long-lived woman with an income of up to the minimum wage, with dementia and/or other comorbidities, whose family caregiver was unaware of the pathologies in this phase of old age.

Regarding the type of violence suffered by the older adults, there was a higher prevalence of neglect, followed by psychological violence and the combination of neglect and abandonment. Physical violence and/or financial abuse occurred in less than 15% of the registered cases.

It is important to train health professionals to detect and notify cases of violence, and to actively seek out older victims of abuse, aimed at stopping such violent practices, including in their more subtle forms, when they are interpreted as an acceptable relationship pattern. In primary or specialized health care, establishing a bond and commitment to the older population receiving care can support prevention and early intervention in cases of violence against older adults.

Edited by: Tamires Carneiro de Oliveira Mendes

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