



Elder abuse in the rural context in times of COVID-19: old and new emergencies

Violência contra a pessoa idosa no contexto rural em tempos de COVID-19: velhas e novas emergências

Violencia contra los adultos mayores en el contexto rural en tiempos de COVID-19: viejas y nuevas emergencias

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ABSTRACT

Objective: to expand the debate on factors present in the daily life of rural older adults in Brazil, which contribute to the increase in elder abuse (EA) in the pandemic. **Method:** a theoretical-reflective study, which presents the Brazilian National Comprehensive Health Policy for Rural and Forest Populations and the Vulnerability Theory as frameworks, proposed by Ayres, that seek to understand the exposure of individuals to aggravating health outcomes. The development was based on national and international literature, and was organized by the guiding axis "vulnerabilities, formal and informal networks of protection against EA: reflections in times of the COVID-19 pandemic in a context of rurality". **Results:** the social distancing necessary for mitigating the COVID-19 pandemic may be negatively impacting rural older adults facing EA. It is believed that the set of strategies of formal and informal networks has not adequately met older adults' needs in rural areas. **Final considerations and implications for practice:** it is of fundamental importance that, amidst the coronavirus pandemic, strategies are implemented for maintenance and expansion of the formal and informal network social equipment of protection against EA, taking into account rural people's needs.

Keywords: Elderly Abuse; Covid-19; Pandemic; Violence; Countryside.

RESUMO

Objetivo: ampliar o debate sobre os fatores presentes no cotidiano da população idosa rural do Brasil, que contribuem para o aumento da violência contra a pessoa idosa (VCPI) na pandemia. **Método:** estudo teórico-reflexivo, que apresenta como referenciais a Política Nacional de Saúde Integral das Populações do Campo e da Floresta e a Teoria da Vulnerabilidade, proposta por Ayres, que buscam compreender a exposição dos indivíduos a desfechos agravantes à saúde. O desenvolvimento se pautou na literatura nacional e internacional, e foi organizado pelo eixo condutor "as vulnerabilidades, redes formais e informais de proteção contra VCPI: reflexões em tempos de pandemia de COVID-19 em contexto de ruralidades". **Resultados:** o distanciamento social necessário para a mitigação da pandemia de COVID-19 pode estar impactando negativamente os idosos da zona rural a enfrentarem a VCPI. Acredita-se que o conjunto de estratégias das redes formais e informais não tem atingido adequadamente as necessidades dos idosos da área rural. **Considerações finais e implicações para a prática:** é de fundamental importância que, em meio à pandemia do coronavírus, haja implantação de estratégias para a manutenção e ampliação dos equipamentos sociais da rede formal e informal de proteção contra VCPI, levando em consideração as necessidades da área rural.

Palavras-chave: Abuso de Idosos; Covid-19; Pandemia; Violência; Zona Rural.

RESUMEN

Objetivo: ampliar el debate sobre los factores presentes en el cotidiano de la población anciana rural en Brasil, que contribuyen al aumento de la violencia contra los ancianos (VCA) en la pandemia. **Método:** estudio teórico-reflexivo que presenta como referencias la Política Nacional de Salud Integral de las Poblaciones Rurales y Forestales y la Teoría de la Vulnerabilidad, propuesta por Ayres, que buscan comprender la exposición de los individuos a resultados agravantes de salud. El desarrollo se basó en la literatura nacional e internacional, y fue organizado por el eje rector "las vulnerabilidades, redes formales e informales de protección a las VCA: reflexiones en tiempos de la pandemia del COVID-19 en el contexto de las ruralidades". **Resultados:** el distanciamiento social necesario para mitigar la pandemia de COVID-19 puede estar impactando negativamente a las personas mayores rurales que enfrentan la VCA. Se cree que el conjunto de estrategias de las redes formales e informales no han atendido adecuadamente las necesidades de los adultos mayores en las zonas rurales. **Consideraciones finales e implicaciones para la práctica:** es de fundamental importancia que, en medio de la pandemia del coronavirus, se implementen estrategias para el mantenimiento y ampliación de los equipamientos sociales en la red formal e informal de protección contra la VCA, teniendo en cuenta las necesidades de la zona rural.

Palabras clave: Abuso de Ancianos; Covid-19; Pandemia; Violencia; Zona Rural.

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Submitted on 01/10/2022.

Accepted on 07/03/2022.

DOI: <https://doi.org/10.1590/2177-9465-EAN-2021-0481en>

INTRODUCTION

The COVID-19 pandemic at the end of 2021 recorded more than 261,435,768 confirmed cases worldwide, including 5,207,634 deaths.¹ The epicenter of the epidemic, from mid-February 2020, alternated from China to Iran, then to Western Europe (Italy and Spain in particular). Soon after, the epicenter was America, and Brazil recorded only 22,080,906 confirmed cases and 614,278 deaths.¹ It is understood that, to mitigate this scenario, there are numerous challenges regarding the measures to be adopted, especially in a country of continental dimensions, such as Brazil, marked by heterogeneity and its historical structuring inequalities. Certainly, vaccination was and is the main strategy, however, given the delay in meshing vaccination in Brazil, measures based on individual prevention actions, such as the use of masks, regular hand washing and application of alcohol in gel, in addition to measures of social distancing.²

Social distancing, fundamental to reduce the new coronavirus (SARS-CoV-2) transmission, has impacted and generated serious damage in the world economy, in addition to drastic changes in the daily life in society.³ It also enhanced the phenomenon of family violence in its different expressions, mainly against women, children and adolescents in different countries and social strata.²

Rapidly, older adults added to these population subgroups in situations of violence aggravated by social distancing. In Brazil, elder abuse (EA), during the months of higher rates of social isolation in 2020 (triennium from March to May), went from 3,000 to 17,000, which corresponds to a growth of 567% in the period.⁴

Even with the exponential rise in the number of cases of complaints of EA during the pandemic, it was found that the academic production on the subject is still inexpressive in Brazil and in the world. Among the publications identified, there is a total silence about older adults residing in rural spaces. In addition to the theme on EA, although aging is an object of studies with a wide production in specialized literature, studies aimed at understanding this phenomenon in rural areas, especially in Brazil, are still scarce.⁵ Such theoretical silencing can produce gendered conceptions of aging in rural areas, because the urban context is always the scenario of research and “where one speaks” about “being older adults.”⁶

The targeting of attention to abuse of older adults in a gendered way, addressing it exclusively as an urban phenomenon in this context of pandemic, would be the act of denial of subjectivities and peculiarities emerging from the historical, social, cultural and daily life context of rural older adults.

Gendering also go against the ecological model proposed by the World Health Organization (WHO) to understand the genesis of violence, especially interpersonal factors in EA.⁷ According to the model, the analysis of violence should consider macrostructural, community, relational and individual factors, which interact and feedback, promoting more facilitating or hindering contexts.

Certain of the impossibility of not exhausting the theme, but concerned by the negative perspective that it can have in the absence of specific actions, strategies and policies, it is intended,

with this text, to broaden the debate on the theme regarding the specific factors present in the daily life of older rural adults in Brazil that can contribute to increase EA in times of pandemic.

METHODOLOGY

This is a theoretical-reflexive study, based on EA and on the increased incidence of cases during the COVID-19 pandemic, which seeks to reflect on the silencing of these diseases in rural areas. This theoretical construction approaches the qualitative approach, considering the interpretation and analysis of the theoretical elements obtained through the bibliographic survey carried out. The preparation of this article followed the literature review assumptions, and the methodological path included, first, the bibliographic survey, through which an exploratory and systematic research of documents in electronic format present in the Virtual Health Library (VHL) was carried out in the following databases: Scientific Electronic Library Online (SciELO), Latin American and Caribbean Literature on Health Sciences (LILACS) and International Literature in Health Sciences (MEDLINE). It is noteworthy that from this research, three articles were found that addressed the theme and that, among the identified publications, there is a total silencing about older adults living in rural areas.

Considering little scientific production on the research theme, it was defined to articulate the components present in the search result in the databases, having the Brazilian National Comprehensive Health Policy for Rural and Forest Populations (*Política Nacional de Saúde Integral das Populações do Campo e da Floresta*) as a structuring component of reflections and theoretical framework, which guarantees the access for the rural population to health services and social support, and the Vulnerability Theory, proposed by Ayres. According to the author, the concept of vulnerability is expressed in three analytical dimensions, individual, social and programmatic, which seek to understand how individuals or groups of individuals are exposure to aggravating health outcomes in their relationship with the collective.⁸

Individual vulnerability is related to an individual's knowledge of a particular problem or injury and the possible ways to cope with it. Some factors may imply the exposure and susceptibility of individuals to the disease, such as personal factors, such as level of knowledge, education, access to information, subjective factors such as values and beliefs, as well as behavioral and affective biological factors.⁸

With regard to social vulnerability, it is related to access to information and a person's ability to understand and incorporate this information into practice, conditions that do not depend solely on individuals, but also on aspects such as health, education, culture and employment, which are linked to access to social resources.⁸

Programmatic vulnerability is characterized by the identification and analysis of a scenario of government programs, including policies, programs, services and actions for health protection and promotion, i.e., it refers to the way health policies, programs and services influence the problem in question.⁸

The analytical development of this theoretical reflection was based on dialogue with national and international literature from March 2020 to November 2021. This study was organized by reflective impressions on the theme, being compared and interpreted with the scientific literature, having as a guiding axis “vulnerabilities, formal and informal networks of protection against EA: reflections in times of the COVID-19 pandemic in a context of rurality”.

DEVELOPMENT

Vulnerabilities, formal and informal networks of protection against elder abuse: reflections in times of the COVID-19 pandemic in a context of rurality

Although Brazil has a broad legal framework for guaranteeing the rights of older adults, the rural population, by its own historical, social, cultural and geographical characteristics, no longer enjoyed the fullness of such legal milestones. If such measures are fundamental to protect older adults and effectively contribute to reducing cases of EA, in the context of pandemic, it is believed that the social isolation of rural older adults may have been fundamental to the worsening phenomenon of violence in this population.

To present reflections that support the previous statement, we will present three fundamental questions. The first:

Has social, economic and access inequality to health equipment and services of rural populations, in times of pandemic, potentiated vulnerabilities to rural EA?

Investigations produced outside the pandemic context showed that rural populations and, consequently, aging, in this context, are demarcated by a set of economic, social, cultural, political and environmental aspects, which connote greater social inequality and vulnerabilities in health in relation to urban areas.^{9,10} Therefore, it is believed that the sanitary and economic crisis experienced by the country has potentiated vulnerabilities to EA in rural areas.

Rural older adults are among the most vulnerable in the process of exclusion of health systems,¹¹ due to geographical distancing to access to urban areas, the inexpressive presence of Health Units in Rural Neighborhoods and the low number of visits from the health team.¹¹ What was a challenge before the pandemic, today, with COVID-19, is almost an impossibility, as they find even more restrictions to travel to the city. Public health services are increasingly crowded, and visits by the Family Health Strategy team, which were already scarce in rural areas, in many municipalities, are suspended. Moreover, there has been great advance in telehealth technologies,¹² which, on the one hand, is of great value in pandemic times, but that, many times, it is not possible access to rural inhabitants.

Given this situation, it is believed that this scenario has prevented older rural adults from accessing this formal network

of support to combat violence, which may be limiting the identification and notification of cases, factors that prevent the triggering of actions by the protection network for older adults aimed at interrupting the situation.²

In this same reflexive logic, the second problematizing question emerged:

In the impossibility of face-to-face access to the equipment of the formal social protection and violence reporting networks, what other possibilities do rural older adults have in times of a pandemic?

It was identified that one of the strategies for coping with EA, in times of pandemic, would be the use of mobile technologies as a strategy structured by the formal protection and reporting network.² However, it is known that in Brazil, in 2018,¹³ only 49.2% of rural households used the internet, against 83.8% of urban areas, which also have a higher percentage of having a cell phone for personal use (82.9%), when compared to the rural population (57.3%).

In this regard, it is crucial to think of a technology mobility strategy created as a way to contribute to the formal EA reporting networks, within a perspective that considers the Brazilian territorial plurality, focusing on the limitations that develop in rural environments, such as the difficulties of access and possession of mobile telephony, in addition to limitations of the internet signal.

In addition to the fact that older adults is less used to computer and other equipment technologies that facilitate remote contacts.² In rural areas, this condition can be enhanced by higher illiteracy rates among older adults, when compared to the urban space,¹⁴ bringing more difficulties for rural older adults regarding the use of digital technologies as a strategy for reporting and notifying cases of violence.

Yet, one last question is raised for reflection:

In the absence of formal networks, are rural older adults using informal protection networks to report and confront violence in times of pandemic?

Undoubtedly, distancing measures, fundamental for mitigating the pandemic, at the community level, promoted a reduction in social support and its support network for older adults. It is emphasized that the social support and the support network that emerges from it, for older adults in rural contexts, were already somewhat deficient. The rural exodus, which contributed to the departure of young people from the countryside and, mainly, of women, generated an impoverishment and aging of the Brazilian rural territory.

In rural areas, social integration and leisure are impaired by the very characteristics of daily life, because, on the one hand, neighborhood relations are accentuated as survival and relational strategies, on the other hand, there are totally isolated older adults, far from health services and equipment and society.¹¹

In rural territories, the main forms of social integration and leisure are related to sports activities (mainly football), visits to neighbors (when available), the act of shopping at sales and/or bodegas and going to events (masses, cults, etc.) for the manifestation of religious belief.

With social distancing established as a measure of protection against the circulation of the new coronavirus, social and leisure integration activities were reduced or ceased. Thus, it is believed that the informal protection network against EA in rural areas has been potentially weakened, leaving these older adults even more vulnerable and susceptible to such aggravation, without the chance of informal support to encourage the interruption of the cycle of violence, through reporting and being away from the aggressor.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

This text reflects a negative perspective regarding EA coping in rural areas in times of pandemic. Considering the social distancing necessary for mitigating the COVID-19 pandemic, this theme may be negatively impacting situations of violence. It is believed that the set of strategies (gendered) being proposed to cope with the phenomenon has not adequately affected the needs of this population in relation to the problem of violence.

It is understood that vulnerabilities to EA, in its different individual, social and programmatic components, were exacerbated in times of pandemic and that the reduced or non-existent formal and informal social support of the protection network, with social isolation, made this group more susceptible to cases of violence and impossibility of reporting, notifying or interrupting cases.

It is believed that the reorganization of Primary Health Care for older adults in rural areas is believed to be pressing, strengthening care in these areas, centrally, with the intensification of routine consultations and visits by community health workers. This strategy would enable older adults in rural areas to have the guarantee and continuity of access to formal protection networks to cope with violence.

At the community level, it is of fundamental importance to implement strategies for maintenance and expansion of social equipment of the formal and informal protection network. In evidence of the numerous difficulties that rural older adults have in accessing Health Units, Councils or Older Adult Police Stations, it is considered extremely important to direct programmatic efforts to create and/or strengthen informal solidarity networks at this time of pandemic. This should be articulated with the formal network of social protection, so that they can assist in the identification and reporting of cases, even if suspected.

It is also considered that, in a country with continental dimensions, such as Brazil, the rural context is not a singular space, since there is a plurality of contexts related to rural. Therefore, the different forms of existing in the rural setting cannot be gendered.

This reflection brought only a few problematizations, intending to raise others. It is expected that these are questions to be

answered by future research, or that they are concerns present in the framework of public policies directed to older adults, inclusive and ethically adjusted for rural populations.

This text faces some limitations, such as the limited access to quantitative data regarding EA in a rural context, as well as the limitation of entering the rural context and activating the support teams that work in these areas.

AUTHORS' CONTRIBUTIONS

Reflection study design. Aline Balandis Costa. Vanessa Denardi Antoniassi Baldissera. Maria Aparecida Salci. Daiane Akinara Toledo Ribeiro. Lígia Carreira

Information survey. Aline Balandis Costa. Vanessa Denardi Antoniassi Baldissera.

Theoretical-reflective analysis. Aline Balandis Costa. Vanessa Denardi Antoniassi Baldissera. Maria Aparecida Salci. Daiane Akinara Toledo Ribeiro. Lígia Carreira

Interpretation. Aline Balandis Costa. Vanessa Denardi Antoniassi Baldissera. Maria Aparecida Salci. Daiane Akinara Toledo Ribeiro. Lígia Carreira

Article writing and critical review. Aline Balandis Costa. Luiz Fabiano Zanatta. Vanessa Denardi Antoniassi Baldissera. Maria Aparecida Salci. Daiane Akinara Toledo Ribeiro. Lígia Carreira.

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Responsibility for all aspects of the content and integrity of published article. Aline Balandis Costa. Luiz Fabiano Zanatta. Vanessa Denardi Antoniassi Baldissera. Maria Aparecida Salci. Daiane Akinara Toledo Ribeiro. Lígia Carreira.

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REFERENCES

1. World Health Organization – WHO. Coronavirus (COVID-10) dashboard [Internet]. Geneva: World Health Organization; 2021 [citado 2021 nov 30]. Disponível em: <https://covid19.who.int/>
2. Moraes CL, Marques ES, Ribeiro AP, Souza ER. Violência contra idosos durante a pandemia de Covid-19 no Brasil: contribuições para seu enfrentamento. *Cien Saude Colet*. 2020;25(Supl. 2):4177-84. <http://dx.doi.org/10.1590/1413-812320202510.2.27662020>. PMID:33027354.
3. Pana-Cryan R, Ray T, Bushnell T, Quay B. Economic security during the COVID-19 pandemic: a healthy work design and well-being perspective [Internet]. Atlanta: Centers for Disease Control and Prevention; 2020 [citado 2021 abr 15]. Disponível em: <https://blogs.cdc.gov/niosh-science-blog/2020/06/22/economic-security-covid-19/>
4. Mazzi C. Denúncias de violência contra idosos quintuplicaram durante a pandemia, apontam dados do Disque 100. *O Globo* [Internet], 15 jun 2020 [citado 2021 out 20]. Disponível em: <https://oglobo.globo.com/sociedade/denuncias-de-violencia-contra-idosos>

5. Campos GL, Fernandes FAS, Tomaz KC, Araújo MCS, Gomes VC, Sousa AD et al. A diferença na qualidade de vida entre idosos da zona urbana e rural: uma revisão integrativa da literatura. *Rev Eletrônica Acervo Saúde*. 2020;59(59):e4129. <http://dx.doi.org/10.25248/reas.e4139.2020>.
6. Lakhani HV, Pillai SS, Zehra M, Sharma I, Sodhi K. Systematic review of clinical insights into novel coronavirus (Covid-19) pandemic: persisting challenges in U.S. rural population. *Int J Environ Res Public Health*. 2020;17(12):4279. <http://dx.doi.org/10.3390/ijerph17124279>. PMID:32549334.
7. Chan M, Clark H, Fedotov Y. Global status report on violence prevention [Internet]. Geneva: World Health Organization; 2014 [citado 2022 jun 27]. Disponível em: <https://www.undp.org/sites/g/files/zskgke326/files/publications/UNDP-GVA-violence-2014.pdf>
8. Dimenstein M, Cirilo No M. Abordagens conceituais da vulnerabilidade no âmbito da saúde e assistência social. *Pesqui Prát Psicossociais* [Internet]. 2020; [citado 2022 jun 27];15:1-17. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-89082020000100002
9. Zanatta LF, Ruiz-Cantero MT, Chilet-Rosel E, Álvarez-Dardet C, Brêtas JRDS. Gender norms among “Landless” youth: evidence for the social practice of nursing. *Rev Esc Enferm USP*. 2017;51:e03279. <http://dx.doi.org/10.1590/S1980-220X2016041603279>. PMID:29562045.
10. Castro EG. Juventude rural, do campo, das águas e das florestas: a primeira geração jovem dos movimentos sociais no Brasil e sua incidência nas políticas públicas de juventude. *Rev Cienc Soc* [Internet]. 2017; [citado 2022 jun 27];45:193-212. Disponível em: <https://periodicos.ufpb.br/ojs/index.php/politicaetrabalho/article/view/30734/17809>
11. Tonezer C, Trzcinski C, Dal Magro MLP. As vulnerabilidades da velhice rural: um estudo de casos múltiplos no Rio Grande do Sul. *Desenvolv Questão*. 2017;15(40):7-38. <http://dx.doi.org/10.21527/2237-6453.2017.40.7-38>.
12. Paloski GR, Barlem JGT, Brum AN, Barlem ELD, Rocha LP, Castanheira JS. Contribuição do telessaúde para o enfrentamento da COVID-19. *Esc Anna Nery*. 2020;24(spe):1-6. <http://dx.doi.org/10.1590/2177-9465-ean-2020-0287>.
13. Instituto Brasileiro de Geografia e Estatística – IBGE. Uso de internet, televisão e celular no Brasil: tecnologia da informação e comunicação no Brasil [Internet]. 2021 [citado 2021 out 20]. Disponível em: <https://educa.ibge.gov.br/jovens/materias-especiais/20787-uso-de-internet-televisao-e-celular-no-brasil.html>
14. Pereira CN, Castro CN. Educação: contraste entre o meio urbano e o meio rural no Brasil. *Bol Reg Urbano Ambient* [Internet]. 2019; [citado 2021 nov 20];(21). Disponível em: https://www.ipea.gov.br/portal/index.php?option=com_content&view=article&id=35262&Itemid=7