

Expression of domestic violence against older people

Expressão da violência intrafamiliar contra idosos

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Abstract

Objective: To reveal forms of domestic violence experienced by older people with impaired functional capacity.

Methods: This descriptive, exploratory study, using a qualitative approach guided by the oral history method, analyzed forms of violence. The oral histories told by older adults were used to identify the relationship between violence and dependence on someone else. The content analysis proposed by Bardin was used as a technique of systematic and objective analysis to describe the contents of the messages to categorize the data.

Results: Oral histories reveal that older adults are aware of the fact that their dependence on other people exposes them to situations of violence, expressed as negligence, psychological abuse and misappropriation of assets.

Conclusion: The expression of domestic violence experienced by older adults with impaired functional capacity was revealed, which indicates a relationship between depending on other people and suffering domestic violence.

Resumo

Objetivo: Desvelar as formas de expressão da violência intrafamiliar vivenciada por idosos com comprometimento da capacidade funcional.

Métodos: Estudo descritivo, de caráter exploratório e natureza qualitativa guiada pelo método da história oral, analisou as formas de violência, identificando através da história oral dos idosos sua relação com a dependência de outrem e da análise de conteúdo proposta por Bardin, como técnica de análise sistemática e objetiva de descrição dos conteúdos das mensagens para categorização dos dados.

Resultados: A história oral desvela que os idosos se dão conta que a dependência ao outro os expõem a situações de violência, expressas pela negligência, violência psicológica e apropriação indevida de bens.

Conclusão: A expressão da violência intrafamiliar vivenciada por idosos com comprometimento da capacidade funcional foi desvelada sinalizando que há relação entre a dependência de outrem e a vivência de violência intrafamiliar.

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Introduction

Over the last decades, life expectancy has grown in Brazil, and population aging has become one of the main challenges of these modern times.⁽¹⁾ This scenario becomes even worse when, together with social inequalities, there is lack of information, age discrimination and disrespect to older people. Advanced age carries the stigma of functional and social disabilities suffered by an individual, often turning the older person into a burden to his/her family, which leads to both family and social exclusion and domestic violence.⁽²⁾

Domestic violence is defined as each and every act of violence or neglect which harms well-being, physical and psychological integrity, or freedom and the right of a family member's full development. These acts can be perpetrated inside or outside the household, by any family member who is in a relationship of power with the assaulted person, including people who play the role of parents, even without any familial bonds.⁽³⁾

Upon an international consensus involving all countries which take part of the International Network For the Prevention of Elder Abuse, the World Health Organization has defined seven types of violence: physical abuse (defined as the use of physical force); emotional or psychological abuse (defined as the infliction of verbal or nonverbal aggressive acts); neglect (defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder); self-neglect (the behavior of an elderly person that threatens his/her own health or safety); abandonment (the desertion of an elderly person by an individual who has assumed responsibility for providing care for him/her); financial or material exploitation (the illegal or improper use of an elder's funds, property, or assets), and sexual abuse (non-consensual sexual contact of any kind with an elderly person).⁽⁴⁾

Taking into consideration the complexity of violence and its consequences for the health of older people, several authors have highlighted the need for actions to face this phenomenon immediately.⁽⁵⁾

In this sense, learning the risk factors for domestic violence allows to identify older people who

experience this offense early and/or prevent these situations from happening to them in the household setting. A study which investigated the protection network for older people in the city of Rio de Janeiro, through the analysis of 763 complaints registered at the police station for older people and 135 complaints registered at a special care center for older people, emphasized the importance of implementing health surveillance measures, focused on the prevention of diseases and offenses and on health promotion, especially based on the maintenance of a peaceful family life between the older people and their relatives.⁽⁶⁾

In the light of the foregoing, the objective of this study was to reveal forms of domestic violence experienced by older people with impaired functional capacity.

Methods

The study design consists of descriptive, exploratory research, using a qualitative approach guided by the oral history method, which emphasizes the use of oral narratives turned into written records, orienting social processes by favoring investigations in the scope of cultural and individual memories. Oral histories allow for the establishment of dialogical relationships, but they are not conversations, they are scheduled meetings aiming especially at recording information.

This study was developed in March and April of 2012, in a city located in the southwestern region of the state of Bahia, Brazil.

Fifteen older people who are registered at a Family Health Unit of the city were included. Eligibility of people who would take part of the research was established with the following inclusion criteria: people aged 60 years old or older; living with relatives; presenting impaired functional capacity and having cognitive conditions to answer the questions from the data collection instrument.

Data were collected in individual interviews guided by a semi-structured script. The research question was: How is your relationship with your

relatives now that your functional capacity has been compromised? All interviews were recorded on an MP4 device and then entirely transcribed. The interviews took place on the house of the researched older people, in a room that ensured their privacy and confidentiality of information.

The data collected were organized based on the categorical thematic content analysis technique proposed by Laurence Bardin, which includes three basic phases: pre-analysis, material exploration, and inference and interpretation of results, which allowed to outline the theme “Expression of violence experienced by older people” and the following categories: negligence, psychological violence, financial exploitation and physical violence.

The development of this study complied with national and international ethical guidelines for the research involving human subjects.

Results

Characteristics of the older people who participated in the study

The older people interviewed were aged between 65 and 88 years, with prevalence of women (73.4%). As for their marital status, 60.0% of the older people did not live with their partner, being widowed, separated or divorced. Level of education varied from being illiterate to having incomplete primary education. With respect to health issues, the most commonly reported diseases were: systemic arterial hypertension (80.0%), arthritis/arthrosis/osteoporosis/rheumatoid arthritis (40.0%), diabetes *mellitus* (33.3%), low back pain (20.0%), and cardiopathy (6.6%).

All of the people who participated in the research presented impaired functional capacity for the development of instrumental activities of daily living (IADL), and depended on a relative to perform activities such as: cleaning the house, handling clothes, cooking, using household appliances, shopping, using personal or public transportation, and controlling their own medications and finances.

Expression of the violence experienced by older people

The interviewed older people with impaired functional capacity reported they experience domestic violence, as presented in the following categories:

Negligence

The older people said they are neglected by their relatives, who stopped providing for their basic care needs for physical, emotional and social development, which is verified in their speeches:

[...] when they leave the older person locked at home, with no food. There are moments I ask God to take me right away and stop this suffering. (I-3: Woman).

I don't get out, nobody takes me to the church, not even for a walk, I spend all day in this garage. There are days I want to die. I cannot stand being locked up like an animal (...) I don't even know why they allowed you to get in here, nobody enters here, I never talk to anybody. (I-7: Woman).

My life was better before, I used to do things on my own and people here did not order me around. They used to respect me, to obey me. Now I am abandoned in this room, I cannot even talk to people. (I-8: Man).

[...] it is sad when you want to do something but you cannot [...] and it is even sadder to hear other people complain when you ask for something. (I-11: Woman).

They won't take me to the doctor. I am a prisoner: I live in this house. The only thing I am entitled to do is watching television. (I-13: Woman).

Psychological violence

As for psychological violence, the older people mentioned they suffer rejection, disparaging and disrespect, as shown in the speeches below:

There are moments they (children) say things that are worse than an attack, you know? Words that insult. You get hurt. It is impossible not to take offense. (I-3: Woman)

The words she (daughter) says are more hurtful than a punch. It is the worst! When someone hurts you, you get better. Words offend. They keep on our mind all the time. (I-9: Woman)

One day my grandson called me a bastard. Just because I asked him to turn the computer off because I wanted to watch the news (I-12: Man)

[...] Now they throw insults at me, they tell me to shut up, they tell I am a burden to them, they complain even for giving me a glass of water [...] I do not do this because I want to, if I was not bedridden, I would do things myself. (I-13: Woman).

Financial exploitation

Financial exploitation was also mentioned by the older people who participated in the research. They said they are afraid of experiencing this form of violence through the misappropriation of their assets.

I am afraid of getting worse, because he treats me badly, he complains, he yells at me. The other day, he wanted to sell my house. (I-3: Woman).

I am afraid of getting worse and that he might put me in a home for older people to stay with my house. (I-10: Woman).

The way things have been recently, I am afraid my grandchildren might throw me out to stay with my house. (I-12: Man).

I never thought I would work all my life to raise my children, and when I got old they would steal all my money and even insult me (...). (I-15: Man).

Discussion

The limitations of the results of this study refer to the research design, as its empirical material and oral histories told by the older people participating in the research related to domestic violence experienced by older people with impaired functional capacity can be biased by the subjects.

The results help nurses to reflect on their provision of home care to older people with impaired functional capacity, with the aim of preventing domestic violence, by pointing out the forms of violence experienced by these people which must be overcome.

The oral histories told by the interviewees reveal that they are aware of the fact that their dependence on someone else exposes them to situations of violence, expressed herein by negligence,

psychological violence and financial exploitation, especially through misappropriation of assets. These forms of elder abuse were also revealed in a study based on scientific productions published from 2001 to 2008, which also highlighted physical and sexual abuse.⁽⁶⁾

Another study showed that negligence was the most common form of domestic violence against older people. It revealed that, of the 424 documents analyzed as for violence cases, approximately 40% of them referred this kind of abuse.⁽⁷⁾

An exploratory study carried out between 2002 and 2005 analyzed the presence, frequency and forms of elder abuse through complaints made by telephone and identified that, in terms of negligence, the number of complaints is not expressive, accounting for only 13% of the total complaints made in the year of 2002. Of these, the vast majority referred to cases of negligence suffered at institutions dedicated to providing care to older people.⁽⁸⁾

These studies reveal that elder abuse not only is perpetrated by family members, but also by health service workers, including healthcare professionals. Such professionals should pay close attention to these forms of abuse to identify cases of negligence against older people, especially in the older people's home, a space considered protective, but which has been revealed as a setting of family abuse.

Another form of domestic violence against older people highlighted in this study is related to psychological abuse. A study carried out with older people who lived in areas assisted by the Health Family Program in the city of Rio de Janeiro, Brazil, revealed that, among the people interviewed, 43% reported at least one episode of psychological abuse in the last year.⁽⁵⁾ Another study developed in Fortaleza, Ceará, Brazil, whose locus was the collection of documents of a service that receives elder abuse reports, revealed a percentage of 35.2% complaints related to psychological abuse.⁽⁹⁾

Regarding financial exploitation, our findings revealed that older people are afraid of experiencing this form of violence through misappropriation of their assets, especially their house. To express this form of violence, a quantitative study conducted with 13 older people revealed that they suffer finan-

cial exploitation. One of the interviewees said that his relatives did not visit him much and, when they did, they were interested in his pension.⁽¹⁰⁾

In these situations, besides the financial exploitation, it is also important to think of the psychological aspect, because the older person sometimes feels helpless in face of the situation, which generates an avalanche of losses, financial, psychological and even physical, which are sometimes irreversible.⁽¹¹⁾

In this context, it is important to emphasize that complaints of financial abuse are related to other forms of elder abuse, such as psychological and physical abuse, which may cause injuries and even lead to death.⁽¹⁰⁾ In agreement with these findings, a study conducted in Camaragibe, Pernambuco, Brazil, revealed that, in a sample of 315 older people, 66 reported suffering elder abuse. Psychological abuse was the most common form of violence (62.1%), followed by physical abuse (31.8%).

Older people are subjected to physical and verbal violence not only in the family, but also in institutions, where they suffer abuse, abandonment, discrimination and isolation. They suffer because their rights, which are guaranteed by the Brazilian Constitution, are poorly divulged and there are not specialized and specific public services for older people, with priority care.⁽¹²⁾

According to the Brazilian Statute for Older People, aging is a personal right and its protection is a social right, with the State and society being responsible for protecting the life and health of older people, watching over their dignity and protecting them from any cruel, frightening, violent, shameful or embarrassing treatment. The person who commits acts of negligence, discrimination, violence, cruelty or oppression, either by act or omission, to older people shall be punished according to the law.⁽¹³⁾

Therefore, elder abuse represents a serious infringement of older people's rights as citizens, showing a backlash against social evolution regarding the affirmation of human rights. As for domestic violence, this type of felony is the one which most transgresses the principles covered by

the rights that defend and protect older people, however, it is perpetrated for a number of reasons, such as: 1. Competent authorities do not apply effectively what is established in the Brazilian Statute for Older People and other laws which protect elderly people; 2. The older people are afraid of revealing the abuse they experience.

A study revealed that, among the feelings expressed by the older people, they feel fear of retaliation, especially in the family; a sense of guilt for generating a conflict; shame of the situation; and fear of being institutionalized. Living with the abusers can not only affect these people's health, but also poses a big obstacle for the victim to make a complaint.⁽¹⁴⁾

The 4th section of the Statute establishes that "No elderly individual will be object of any kind of negligence, discrimination, violence, cruelty or oppression, and any attack to his/her rights will be punished, by act or omission, according to the law". The same section states that it is everyone's duty to impede threats or the violation of the rights of the elderly.⁽¹³⁾ On this perspective, it is important to denounce evident acts and traces of violence. Society cannot wait for the confirmation of an abuse to denounce it, as this constitutes a strategy to help the elderly live with no violence.

In this sense, the responsibility of healthcare professionals towards older people's well-being is established in the section 19 of the Statute, which states it is mandatory to report suspected or confirmed cases of elder abuse to the police, to the Department of Public Prosecution to the Council for the Elderly. Section 57 establishes that if the healthcare professional does not denounce an identified act of violence, he/she will be fined, with this fine being calculated by a judge, taking into consideration the damage suffered by the older person and, if the felony occurs again, the value of the fine is doubled.⁽¹³⁾

Healthcare professions must have an active participation in the care of abuse victims, in an articulated and interdisciplinary manner, with other social sectors, in order to protect the older person and punish the abusers. Healthcare services must monitor these occurrences and create

conditions to prevent this kind of abuse, leading to the reduction of the high levels of mortality derived from this form of abuse and its consequences: fear, alienation, posttraumatic stress disorder or even depression.⁽¹⁴⁾

Nurses, in their everyday practice, are exposed to different forms of abuse. Therefore, a process of constant awareness through continuing or permanent education is necessary. This approach should be characterized as an opportunity for a dialogue which allows for a necessary personal and professional reflection, as one cannot exclude the other. In this awareness process, it is important to have specific scientific information and to include spaces of reflection about the difficulties that go beyond education practice of each area of expertise, because dealing with cases of abuse demands thoughts beyond disciplinary boundaries, in order to create better listening and intervention strategies.⁽¹⁵⁾

Conclusion

Impaired functional capacity and dependence on other people are deemed risk factors for domestic violence and, the difficulty to obtain oral reports from older people who experienced domestic violence and make them commit to a preventive care project are limiting.

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Collaborations

Reis LA and Gomes NP contributed to the project conception, research development, and writing of the article. Reis LA collaborated with the writing of the article, relevant and critical review of its intellectual content, and final approval of the version to be published. Menezes TMO and Carneiro JB contributed to the relevant and critical review of the

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