



ASSOCIATION BETWEEN SOCIODEMOGRAPHIC CHARACTERISTICS AND TYPES OF VIOLENCE AGAINST ELDERLY

^{*1}Ana Paula da Silva Prado, ²Talita Santos Oliveira Sampaio, ³Monique July Silva Ferreira, ⁴Luciana Araújo dos Reis, ²Kleyton Trindade Santos, ⁵Virgílio Santana Junior, ⁶GefterThiago Batista Corrêa and ²Lucas Silveira Sampaio

¹Undergraduate in Physiotherapy by the Independent Northeast College-FAINOR.

²Master's degree in Health Sciences by the Statal University of Bahia Southeast-UESB.

³Bachelors degree in Physiotherapy by the Independent Northeast College-FAINOR.

⁴Doctorate degree in Health Sciences by the Federal University of Rio Grande do Norte.

⁵Specialization in Manual and Postural Therapy by - CESUMAR-PR.

⁶Doctorate in Molecular Medicine by the Federal University of Minas Gerais- UFMG

ARTICLE INFO

Article History:

Received 05th October, 2017

Received in revised form

26th November, 2017

Accepted 20th December, 2017

Published online 31st January, 2018

Key Words:

Elderly. Health of the elderly.
Violence.

ABSTRACT

Objective: Analyze the association between sociodemographic characteristics of the elderly and types of violence.

Methods: We conducted an analytical-descriptive study with a cross-sectional design. The data were obtained from the National System of Notifications of Diseases made available by the Epidemiological Surveillance of the Municipality of Vitória da Conquista, Bahia, Brazil, and refer to the period from 2012 to 2015.

Results: we found 55 cases of elderly people who suffered violence. Most of the victims were female (90.9%), married (38.2%). Analyzing the association of the sociodemographic factors of the elderly with the types of violence, we observed that the gender variable is associated with negligence ($p=0.044$). The variables schooling and marital status were associated with sexual violence ($p=0.043$ and $p=0.003$ respectively). It is also worth noting that the local of occurrence variable was associated with psychological abuse ($p=0.000$) and negligence ($p=0.022$).

Conclusion: Through the identification of which characteristics of the victims are associated with abuse, it was possible to trace the profile of the elderly most associated with each type of violence. The results of this study will contribute to the strengthening of public policies to combat violence.

Copyright©2018, Ana Paula da Silva Prado et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Ana Paula da Silva Prado, Talita Santos Oliveira Sampaio, Monique July Silva Ferreira, Luciana Araújo dos Reis, 2Kleyton Trindade Santos, 5Virgílio Santana Junior, GefterThiago Batista Corrêa and Lucas Silveira Sampaio. 2018. "Association between sociodemographic characteristics and types of violence against elderly", *International Journal of Development Research*, 08, (01), 18626-18630.

INTRODUCTION

The increase of the number of elderly worldwide has occurred at an expressive way in the last decades, nevertheless this social progress has been followed by problems as among others, the violence (Garbin *et al*2016). The costs related to the treatment of violence, accident victims assisted by the Brazilian Unified Health System (SUS) exceed billions of

***Corresponding author: Ana Paula da Silva Prado**

Undergraduate in Physiotherapy by the Independent Northeast College-FAINOR.

reais, and these costs become even bigger when considering economic losses due to absence at work, reduction of the capacity to produce, in addition violence promotes a series of immeasurable psychosocial impacts (Andrade *et al*2012). In this scenario, it is inserted the violence against elderly, that despite recent insertion as theme of social discussion, is a phenomenon found since remote times. Furthermore, problems like violence are more noticed with the increase of population aging, and it may be manifested in physical, psychological, sexual, negligence or financial exploitation characters (Sales *et al*2014). The dependence condition of the elderly correlates directly to the mistreatment occurrence. Once that the

dependence requires bigger necessity of care to perform the elementary activities, promoting the exposure to aggressions committed by caregivers (Faustino *et al*2014a). It represents a major public health problem, since it causes negative impacts on the victim's health, increasing the risk of injuries and chronic diseases, in addition to contributing to the elevation of morbimortality rates (Sales *et al*2014). The financial violence for example, leads to the elderly autonomy loss, having an intimate relation to the practice of other forms of violence. The physical abuses can cause injuries or traumas, resulting in hospital admissions or even leads the individual to death. On the other hand, psychological assaults can generate as consequences: sadness, isolation, loneliness, mental suffering and frequently depression; the abandonment/ negligence leads to the anticipation of its immobility, allowing the appearance of diseases and even death (Patriota and Ramos, 2015; Reis *et al*2014). Besides representing a serious social problem, with repercussions on the elderly health, the violence is characterized as a serious violation of human rights. And to be able to prevent and combat this phenomenon, it is of great importance to identify and characterize the risk factors involved in each case, enabling the reduction or even settle its consequences through, among other actions, policies to combat and deal with violence should be developed in this perspective (Gil *et al*2015). This way, faced with a phenomenon of great complexity, it is essential to analyze which characteristics of the victims are associated with violence, thus making it possible to portray the profile of the victims and, consequently, to facilitate the elaboration and promotion of measures to prevent this. In this context, this study sought to analyze the association between sociodemographic characteristics of the elderly and types of violence.

MATERIAL AND METHODS

It is an analytical-descriptive quantitative study with a cross-sectional design, which used secondary data from the project entitled "Violence against the elderly: profile of the violences according to the record in the reference instances". The main research was conducted in the city of Vitória da Conquista, situated in the southwestern region of Bahia, occupying a territorial area of 3204,257 Km², with an estimated population of 346,069 habitants. (Brazilian Institute of Geography and Statistics- Ibge, 2011). The data derives from the National System of Notifiable Diseases-SINAN / Violence and Accident Surveillance System - VIVA (Brasil, 2011) available by the Epidemiological Surveillance of the Municipality of Vitória da Conquista-Ba. Considering that all the notifications of violence against the elderly occurred in the period from January 1st,2012 to December 31st,2015. The cases studied were victims aged 60 or older, and there was above one attendance for the elderly that had suffered violence, only the data referring to the first service were collected, totaling 55 elderly victims of violence. The variables considered in this study were: sociodemographic data of the victims: sex, race, education level, marital status; data of violence: types of violence, place of occurrence. Firstly, for data collection contact was established with the municipal health secretary in the epidemiological surveillance sector, where it was requested documentary permission for collection. Afterwards, the project was submitted and approved by the research ethics committee of the Independent Northeast College-FAINOR (CAAE: 55458016.7.0000.5578 and opinion n° 1.670.005). It was made a new contact with the institutions and data collection was performed in May 2016 by a properly trained team that

addressed the basic aspects of the procedure, considering ethical and confidential aspects of the consultation in the databases and bulletins. It is also important to note that this process did not affect the work routine, carefully fulfilling the schedule established with the prevention center. Data analysis was performed through descriptive statistics with absolute frequencies, mean and standard deviation distributions. The association between the variables was checked by the chi-square test. The level of significance was 5% ($\alpha = 0.05$). The data were tabulated in the Excel 2013 program and the statistical analysis of the data was performed by The Statistical Package for Social Sciences for Windows version 21.0 (Statistical Package for the Social Sciences - SPSS) program.

RESULTS

It was found that the mean age was 67.43 (± 8.62) years, with the identification of a predominance of individuals from the younger age groups, namely between 60 and 69 years (49.8%). It was found a higher frequency of female (90.9%), married or in stable union (38.2%), brown race (36.4%) and incomplete elementary school (47.0%), according to data presented in Table 1.

Table 1. Descriptive analysis of the qualitative variables of the elderly who suffered violence. Vitória da conquista/BA, 2016

Variables	% Answers	N	%
Sex	100		
Female		50	90,9
Male		5	9,1
Race	85,5		
White		17	30,9
Black		9	16,4
Brown("Parda")		20	36,4
Education level *	69,1		
Illiterate		1	1,8
Incomplete ES		26	47,3
Complete ES		1	1,8
Incomplete HS		3	5,5
Complete HS		5	9,1
Incomplete HE		1	1,8
Complete HE		1	1,8
Marital Status	89,1		
Single		9	16,4
Married/ Consensual Union		21	38,2
Widow		9	16,4
Divorced		9	16,4
Does not apply		1	1,8

Source: SVS/Health Surveillance Secretariat. Vitória da Conquista/BA, 2016

*ES: Elementaryschool; HS: High school; HE: Higher education;

Regarding the forms of elderly abuse, psychological violence was the most frequent (83.6%). Regarding other types of violence, the physical nature represented 49.1% of the incidence, followed by financial (41.8%) and sexual abuse (20%), as can be seen in Table 2.

Table 2. Distribution of the elderly according to the type of violence suffered. Vitória da Conquista/BA, 2016

Variables	% Answers	N	%
	100		
Physical		27	49,1
Psychological		46	83,6
Sexual		11	20,0
Financial		23	41,8
Negligence		1	1,8
Others		3	5,5

Source: SVS/Health Surveillance Secretariat. Vitória da Conquista/BA, 2016

Regarding the place of occurrence of the study it was noted that the residences are the place where more cases of violence against elderly occur.

Table 3. Distribution of violence regarding place of occurrence. Vitoria da Conquista/BA, 2016

Variables	% answers	N	%
Place of occurrence	100	55	
Residency		53	96,36
Public road		2	3,64

Source: SVS/Health Surveillance Secretariat. Vitória da Conquista/BA, 2016

Analyzing the association of the socio-demographic factors of the elderly to the types of violence, it was observed that the gender variable is associated with negligence violence. The variables education level and marital status were associated with aggressions of a sexual nature. It is also highlighted that the local variable of occurrence was significantly associated with psychological and negligence violence (Table 4).

Table 4. Association between sociodemographic characteristics and types of violence. Vitoria da Conquista / BA, 2016

Variable	Chi-square (p-value)
Sex x Negligence Violence	0,044
Education level x Sexual Violence	0,043
Marital status x Sexual Violence	0,003
Place of occurrence x Psychological Violence	0,000
Place of occurrence x Negligence Violence	0,022

Source: Research data.

DISCUSSION

The present study identified that the psychological and physical assaults are prevalent forms of violence, and in the analysis of associations it was observed that the sociodemographic variables were linked to various types of violence, making it possible to identify, for example, that being female is associated with negligence, low education level and being married is associated with sexual violence. Additionally, the place of occurrence, in this study, with a higher frequency of residence, is associated with psychological violence and negligence. These results support the risk factors for violence highlighted in the study of Pinto *et al.* (2013). Regarding the distribution of the female sex and its association with negligence, it is worth mentioning that the phenomenon of feminization of the victims is possibly connected to the culture of submission imposed on this population, manifested in the power relations in the intra and extra familiar space. The culture of violence against women, since an early age, may possibly be one of the reasons for the occurrence of the aggravation in the aging phase (Santana *et al.* 2016). The aging process alone has a direct repercussion on the physiological capacities of individuals, and in the women's case, they are the ones with the most chronic diseases, often incapacitating, making them doubly fragile, which contributes to higher functional disability and leads to a higher need of care, aside from the fact that women are more vulnerable than men (Abath *et al.*, 2012). It is highlighted that, according to Meira *et al.* (2004), the greater the number of diseases, the more likely the elderly become to mistreatment, which may contribute to older women becoming a high-risk group to suffer some form of violence or abuse. This picture of the victim, usually female, is consistent with national and international studies that also report the high rate of gender-based violence against

women. Garbin *et al.* (2016) and Irigaray *et al.* (2016), for instance, bring a percentage of 93% and 68.6% respectively of female victims. Similar findings were also found in other researches, which pointed to older women as the most vulnerable victims to violence (Faustino *et al.* 2014a; Mascarenhas, 2010). Regarding the marital status, it was verified that most of the victims were married and this is associated with sexual violence, which may be explained by women's disadvantage in relation to men with respect to fragility, since the husbands constitute mainly the main aggressors (GIL *et al.* 2015). It is also highlighted the cultural aspects, which place women in a position of higher submission, as already mentioned in this study. These results are similar to those found in studies of Crippa *et al.* (2016) with 38.0% and Pinheiro *et al.* (2011) with 32.9%, where the victims were in majority married or were in stable union. As for the education level, it was observed that a higher frequency of victims had incomplete elementary education, evidencing a low educational level, and that this sociodemographic variable is linked to sexual violence. It should be noted that this low level of education is similar to other studies, such as Mascarenhas *et al.* (2012) in which it was observed that 87.9% reported having completed only a maximum of 8 years of study, in the study of Duque *et al.* (2012) there was a percentage with 26.15% of illiterates. For Pinto *et al.* (2013), the lack of education does not only represent the risk factor for violence, but also its consequences, which result, for example, in the difficulty of reading, limiting the elderly to access information on how to defend themselves or whom to turn to solve their problems, such as the social services. Andrade (2013) points out that low educational level may increase the need for caregivers to perform elementary activities, highlighting, in this context, that according to Ramos (2011), caregivers are the main aggressors and in most cases have a close relationship to the victim, which makes them more likely to suffer negligence or psychological and sexual abuse. was found in the present study that the local variable of occurrence is associated with psychological violence and negligence. This may be related to the fact that the elderly live with a family member (Faustino *et al.*, 2014b). According to Oliveira *et al.* (2013), the family ought to represent the basis of support for the elderly, however, changes in the social and economic scenario have contributed to the family environment no longer characterize itself as a place of health and well-being, contrary to it, this has been configured as a conducive environment to the occurrence of violence.

Intrafamily violence represents a serious public health problem and makes it difficult to diagnose the real scenario faced by the elderly population, considering several factors involved, such as the affective involvement of the victim with the aggressor, the feeling of shame and / or embarrassment, or fear of retaliation (Silva *et al.*, 2006). Psychological aggressions cover all acts of verbal aggression, threats, humiliation, blackmailing, depreciation, social isolation among other acts that cause suffering to the elderly person. Such expressions of violence may leave no apparent marks, but they imprison the victims to live in a situation of intense suffering, increasing the risk of health problems (Brazil, 2013). According to Nogueira *et al.* (2011) the higher the need of care for the execution of elementary activities of daily living, the greater the risk of the elderly suffering violence, especially when the caregiver does not have adequate preparation to this end and associated with it is in a situation of stress. Paiva and Tavares (2015) emphasize that psychological aggression is generally implicit in other

forms of violence. According to Silva and Dias (2013), one of the factors that directly interferes to the practice of violence against the elderly is the excessive use of alcohol / drugs by the caregiver, representing an important vector of risk for the practice of abuse. Highlighting that more than 50% of the elderly who live with relatives that have problems of alcoholism or drug use suffer from some manifestation of psychological or physical violence, evidencing that this is an important risk factor. Other factors such as stress, emotional problems and physical exhaustion of the caregivers also have a direct impact on cases of violence in the elderly. It should also be noted that physical violence, although in this study, no association was found with the sociodemographic characteristics of the elderly, was the second most prevalent type of violence. Some researches show that the higher dependence on functional activities is associated with a bigger chance of the elderly suffering physical abuse, being more fragile and consequently more vulnerable to situations involving kicks, slaps, shoving and others (MINAYO, 2003). For Faustino, Moura and Gandolfi (2014), the fact that the elderly live with the relative does not mean that the elderly will receive adequate care and protection against mistreatment. Paraíba and Silva, (2015), emphasize that the condition of the elderly living with the family favors the occurrence of violence, highlighting that there are situations in which the aggressor may have suffered from the elder abuse in the past, and the condition of feeling hurt and feelings of hatred leads him to commit acts of violence. It is important to point out that physical abuse can generate countless consequences, leaving evident marks on the body of the elderly, such as bruises, algetic processes, fractures and injuries and beyond that, can also contribute to depression, fear, suffering and reduced quality of life. (Correia *et al.*, 2012).

Final Considerations

We conclude that, being a woman, having low education level and being married, are factors that are associated to violence against elderly people, as well as the residence is the prevalent place of this cases and it associates to violence such as psychological and negligence. It highlights this way, that through identification of which characteristics of the victims are associated to the abuses, it was possible to profile the elderly more associated with each type of violence. To face this type of abuse it is necessary the strengthening and implementation of public policies, as well as, the creation of strategies that may help the promotion of preventive measures of aggravations against this population and intensify the services of notification, assistance and accompaniment too. Besides that, it is indispensable actions directed to the orientation of society, with the purpose of making the family aware of the changes that occur in the aging process, and also the elderly population about the importance of the denunciation.

REFERENCES

- Abath, M.B.; Leal, M.C.C.; Melo Filho D.A. 2012. Fatores associados à violência doméstica contra a pessoa idosa. *Rev. Bras. Geriatr. Gerontol.*, v.15, n.2, p.305-314.
- Aguiar, M.P.C, *et al.* 2015. Violência contra idosos: descrição de casos no Município de Aracaju, Sergipe, Brasil. *Esc. Anna Nery Rev. Enferm, Sergipe*, v. 19, n. 20, p. 343-349.
- Andrade, A.P. 2013. Violência contra idosos: uma análise de casos e notificações do município de Sobral - Ceará. Dissertação [Mestrado] – Universidade Federal do Ceará.
- Andrade, S.S.C.A de Sá NNB. *et al.* 2009. Perfil das vítimas de violências e acidentes atendidas em serviços de urgência e emergência selecionados em capitais brasileiras: Vigilância de Violências e Acidentes. *Rev. Epidemiologia e Serviços de Saúde*, v. 21, n.1, p. 21-30.
- Brasil. 2013. O mapa da violência contra a pessoa idosa no Distrito Federal / Tribunal de Justiça do Distrito Federal e dos Territórios. – Brasília : MPDFT, 36 p.
- Brasil. Ministério da Saúde (MS). 2011. Viva: instrutivo de notificação de violência doméstica, sexual e outras violências. Brasília: MS.
- Correia T.M.P *et al.* 2012. Perfil dos idosos em situação de violência atendidos em serviço de emergência em Recife-PE. *Rev. Bras. Geriatr. Gerontol*, v. 15, n.3, p. 529-536.
- Crippa, A. *et al.* 2016. Violência, crime e Segurança Pública Violência contra pessoa idosa a partir da análise de boletins de ocorrência. *Sistema Penal & Violência*, v. 8, n.2, p. 220-230.
- Duque, *et al.* 2012. Violência contra idosos no ambiente doméstico: prevalência e fatores associados (Recife/PE). *Rev. Ciência & Saúde Coletiva*, v. 17, n.8, p. 2199-2208.
- Faustino, A.*et al.* (a). 2014. Capacidade funcional e situações de violência em idosos. *Rev. Acta Paul Enfermagem*, v. 27, n.5 p. 392-8.
- Faustino, A.*et al.* (b). 2014. Perfil sociodemográfico e situações de violência contra idosos: estudo descritivo. *Online braz j nurs [internet]*, v. 13, n.4, p. 529-36.
- Garbin, C.A.S. *et al.* 2016. Idosos vítimas de maus-tratos: cinco anos de análise documental. *Rev. Brasileira de Geriatria e Gerontologia*, v. 19, n.1, p. 87-94.
- Gil, A.P. *et al.* 2015. Estudo sobre pessoas idosas vítimas de violência em Portugal: sóciografia da ocorrência. *Cadernos de Saúde Pública*, v. 31, n.6, p. 1234-1246.
- Instituto Brasileiro de Geografia e Estatística (IBGE). 2011. Disponível em: <http://cidades.ibge.gov.br/xtras/perfil.php?codmun=293330> [Acesso em março de 2016].
- Irigaray, T.Q. *et al.* 2016. Maus-tratos contra idosos em Porto Alegre, Rio Grande do Sul: um estudo documental. *Rev Estudos de Psicologia*, v.33, n.3, p. 543-551.
- Mascarenhas, M.D.M. 2012. Violência contra a pessoa idosa: análise das notificações realizadas no setor saúde – Brasil. *Rev Ciência & Saúde Coletiva*, v. 17; n. 9, p. 2331-2341.
- Meira, E.C. *et al.* 2004. A violência contra o idoso no contexto familiar. *Memorialidades. Ilhéus (BA)*, v. 1, n.2, p.32-37.
- Minayo, M.C.S. 2003. Violência contra idosos: relevância para um velho problema. *Cad Saúde Pública*, v.19, n.3, p.783-91.
- Nogueira, C.F.N. *et al.* 2011. Violência contra idosos no município de Fortaleza, CE: uma análise documental. *Rev. Bras. Geriatr. Gerontol*, v. 14, n.3, p. 543-554.
- Oliveira, A.A.V. *et al.* 2013. Maus-tratos a idosos: revisão integrativa da literatura. *Rev Bras Enferm*, v. 66; n.1, p. 128-33.
- Paiva, M.M.; Tavares, MS. 2015. Violência física e psicológica contra idosos: prevalência e fatores associados. *Revista Brasileira de Enfermagem*, v. 68, n. 6, p. 1035-1041.
- Paraíba, P.M.F.; Silva, M.C.M. 2015. Perfil da violência contra a pessoa idosa na cidade do Recife-PE. *Rev. Bras. Geriatr. Gerontol*, v.18, n.2, p. 295-30.

- Patriota, L.M.; Ramos, E.B.V. 2015. Violência contra idosos e a saúde pública: algumas reflexões. VII jornada Internacional Políticas Públicas-UFMA.
- Pinheiro, J.S. *et al.* 2011. Perfil dos idosos que sofreram violência atendidos em uma instituição de salvador no ano de 2008. Revista Baiana de Saúde Pública, v. 35, n.2, p 264-276.
- Pinto, F. *et al.* 2013. Idosos vítimas de violência: fatores sociodemográficos e subsídios para futuras intervenções. Estudos e Pesquisas em Psicologia, v.13, n.3, p. 1159-1181.
- Ramos, F.S. 2011. Os agressores de pessoas idosas. Dissertação [Mestrado] Universidade do Porto.
- Reis, L.A. *et al.* 2014. Expressão da violência intrafamiliar contra idosos. Acta Paul Enfermagem, v.27, n.5, p. 434-9.
- Sales *et al.* 2014. A violência contra o idoso na visão do agente comunitário de saúde. Estud. Interdiscipl. Envelhec., v.19, n.1, p. 63-77.
- Santana, I.O. *et al.* 2016. Prevalência da violência contra o idoso no Brasil: revisão analítica. Arquivos Brasileiros de Psicologia, v. 68, n.1, p.126-139.
- Silva, C.F.S.; Dias, C.M.S.B. 2016. Violência Contra Idosos na Família: Motivações, Sentimentos e Necessidades do Agressor. Psicologia: Ciência e Profissão, v. 36, n.3, p. 637-652.
- Statistical package for the social sciences – SPSS 12.0 FOR WINDOWS. Disponível em: <http://spss.softonic.com.br/>
Acesso em: 29/11/2015.
