Violence against the elderly: narrative of a case

Introduction

Violence against the elderly is a reality, which although relatively hidden in some societies, has been gaining for decades a growing visibility and concern for various bodies throughout the world.

The first studies on violence against the elderly date back to the 1970s, emerging in 1975 in the British Medical Journal, the first scientific publication entitled “Granny Battering” written by Burston. Since then, and especially since the end of the last century, the awareness of this social problem begins to attract the interest of researchers, academics and field professionals, who dedicate themselves exclusively to this topic. This problem is highlighted in several areas, namely in health (Gerontology), due to the serious implications of this phenomenon on longevity and quality of life, but also in other areas of science such as Psychology, Sociology or Criminology. With research developed in the 1990s, violence against the elderly is mainly understood as family violence, often perpetrated by caregivers or close associates, sometimes with associated psychopathology.

Violence against the elderly is now recognized as a health problem, which compromises not only individual and family adjustment, but also the development of a society. This violence is defined as “an intentional act or failure to act by a caregiver or another person in a relationship involving an expectation of trust that causes or a risk of harm to an older adult”. Such a definition is consistent with the 1995 proposal by the International Network for Prevention of Elderly Abuse (INPEA), which is conventionally adopted in most documents and manuals (cf. Portuguese Association for Victim Support, APAV, 2010) to define violence Practiced against a person aged 60 or over.

This text is intended to discuss the phenomenon of violence against the elderly as a social problem that must cause us serious concern for the serious violation of the dignity of the human person, for the risk and harmful implications for the integrity and well-being of the elderly person, and General, for life in society. In this sense, we will give a brief exposition of aspects that characterize the phenomenon of violence against the elderly, ending with the exposition of an example case of the phenomenon.

Violence against the elderly: meet to intervene

Violence against the elderly is not simple to characterize, as its description depends on a number of factors (eg, context of occurrence, proximity between victim and aggressor, forms of aggression). For this reason, there is often no consensus as to the terms to use, with a diversity of concepts such as “maltreatment”, “violence” or “abuse”. The absence of conceptual consensus is such that, perhaps, what matters is to pay attention to the problem and realize that this phenomenon happens more often than one might think and it is necessary to protect the elderly person who is in a situation of vulnerability, fragility or dependence on a caregiver who is violent or abusive.

One of the difficulties is to identify the victim, because he is not always accepted or understands certain abusive behaviours as violence. For example, recurrent absence of satisfaction of basic needs (eg., food, hygiene, affection) may be interpreted by the elderly as caretaker unavailability rather than intentional and harmful behaviour. In this way, such situations are not reported by the elderly person, and their signalling and resolution are difficult. However, this violence does not necessarily imply an action, and the absence of care, often continuous, may constitute an abuse situation. It is also possible for the elderly person to be aware that they are victims of violence by their caregiver and not to dare to report. Difficulties in seeking help often arise from the embarrassment and fear caused by violence, often perpetrated by close family members (eg, spouse, children, grandchildren), on whom they depend as the sole caregiver.

Violence against the elderly person may exhibit different forms. Shake or shake, bind or bind someone, fracture bones, force someone to eat or drink, pull hair, burn with cigarettes or liquids, force someone to be in an improper posture; (ii) Psychological / Emotional Violence (eg. threatening, making unjustifiable accusations, harassing, bullying physically or verbally, infantilizing the person, limiting the person’s rights to privacy, making a decision, obtaining medical information, voting, Receiving the mail and communicating with others); ii) Economic / Financial Violence (eg, use the economic resources of the elderly, coerce for the signing of legal documents, such as wills, statutes of assets, etc.); (iv) Negligence or neglect (eg, not ensuring good nutrition for the elderly, not helping to take care of their hygiene or leaving them in an unhealthy environment, neglecting the state of hydration, not treating wounds or injuries, leaving the elderly person in bed, On the street or in public institutions). Other authors also mention, in a prominent way, physical violence, sexual violence, which refers to actions aimed at arousal, sexual intercourse or erotic practices Through grooming, physical violence or threats.

Violence perpetuates changes in the elderly person’s life situation, generating fear, high concerns about their safety, diminishing their quality of life, confidence and self-efficacy in others, as well as producing injuries, disabilities, disfigurations or even Death, particularly as a result of physical violence.
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Despite the diversity found, both concerning the concepts that define violence against the elderly person and the determination of typologies and forms of victimization, the literature\(^\text{17,18,19}\) have been related to the existence of risk factors. The victim himself, the aggressor and the environment where it occurs. With regard to the victim, some of the factors are related, among others, to old age, sex (with a higher definition of risk in case of being a woman), low social support, social isolation, dependence due to physical or\(^\text{18,19}\) On the other hand, the existence in the aggressor of factors such as financial dependence on the victim, mental illness or substance use appear as frequently reported aspects of the risk of violence against the elderly.\(^\text{19}\) It is also important to emphasize the environment of occurrence, being the family context and the institutional context, the most frequently identified for the risk of violence against the elderly.\(^\text{19,20}\)

Risk factors

Madeline with no work at the time, achieved in spite of several financial difficulties, to raise their children. Her daughter bought a house with the condition that once she got married and leave home, her youngest brother should take care of their mother, and secondly that the house should belong to their mother until her death. One day the youngest son got married, left house as well, and Madeline was left, living alone.

The youngest son divorced months after his marriage, apparently due to alcohol problems, which turned into a disease and declined every proposed treatment. Like Madeline said “...he had a lot of girlfriends but no one wanted to marry him probably because of the alcohol...he used to drink a lot”, and returned to his mother home.

When completely drunk he decide to turn his mother home into a game and non-legal activity house. Since his mother complained he starts to be violent towards her. Madeline remember “I thought the time arrived to put an end and I told him ...’this is not a gambling or girls house’. I thought it would arrange everything but unfortunately , and on the contrary, it turned everything against me...screaming he told me that the house was his and not mine...and after that moment he started to insult me”.

Several months after these events, the oldest son also divorced and had as well an alcohol problem. Madeline told “I realized that my oldest son had a drinking problem as well, which was the reason of his divorce. At least he has a job but after work, he arrived always drunk at home...beer and cheap cognac only...several months after, his boss decided to downsize the company and my son was unemployed. But that was not his problem because he was already an alcoholic before, and when sober he is adorable” she referred.

Madeline decided to get help to their sons for their alcohol dependence, and in the meantime their family doctor prescribed her antidepressive medication, in order to enable her to cope with the situation (cipralex®-Escitalopram 10 mg). Both their sons were followed in a mental disorder hospital and several drugs were prescribed such as: Anafarani® (clomipramine hcl) twice a day, Doluron FR® (Codeine phosphate hemihydrate+ Acetaminophen) twice a day, Omeprazole 40 mg every morning, and Guronzan®. (Ascorbic Acid+Caffeine+Gluconuramide) when needed.

Types of violence

Since they were at home, they refuse to follow the hospital doctor prescription, and their condition got more severe each day. Until the day that the youngest son decides to beat so hard their mother that she has to be assisted at the local hospital.

The violence started with insults, and was escalating into utter chaos. This time the violence occurred in the street, and police was called. Because of high risk of violence Madeline had to leave her own house and moved into her sister’s in an emergency after another episode. Madeline remembers that “He told my sister that if I showed up at home that there was going to be a tragedy.”

Support

Her friends are a major support. Her daughter helped her punctually but not on a regular daily basis. From the other son she has no support. Madeline said frequently “they have their own lives you know”.

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Her own sister, married to a lawyer, stated that she didn’t want any troubles, so that Madeline had to return to her own house rapidly.

**Impact of violence**

Nowadays, Madeline expressed a high degree of anxiety, and is deeply perturbed, after several years of victimization. She is being followed by the family doctor and medicated with anti-depressants. She wants the successful treatment of both their sons, and not their arrest. Madeline needs protection and to live in a context of respect for one rights, without risk of being a victim of several forms of violence.

She finally decided to take a plaint against her own son, and her case was referred to the Department of Investigations and Penal Action.

**Discussion and conclusion**

The present case shows deeply well the problematic discussed in this article about violence against elderly. It shows a true case of violence within the family, perpetrated by a family member (a descendant).

Throughout this case brief description, several risk factors were detectable, some of them of individual nature associated to the aggressor, such as an alcohol and gambling addiction, which had affected in a short term, both, his mental e physical health. Apart from the described risk factors other of more circumstantial nature such as the aggressor economic dependence motivated by his unemployment, and consequently need of cohabitation with the victim.

The combination of these factors with others link to the victim (eg. Physic vulnerability linked with her age, loneliness, lack of social and family support), are among the indicators described in the literature as risk factors against the elderly.

In the present case, physical violence episodes are reported demanding medical care, as well as the existence of negligence and abandon, by the supporters (eg. daughter). Her option was to minimize the facts and not giving any affective support to the victim in spite of the evidences. This elderly clinic scenario became severe showing symptoms of depression and requiring specific treatment.

Madeline was in fact, a reported domestic violence victim, but in spite of the high and visible risk indicators it took a long time to obtain social visibility. The knowledge and the specific expertise, is undoubtedly, a criteria sine quo non for a preventive approach as well as an intervention, which can permit reducing the violence against the elderly.

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**Conflict of interest**

The authors declare no conflict of interest.

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