

Evaluation of vulnerability based on the perception of the elderly in front of domestic violence

Abstract

The aim of this study was to assess the risk of violence in the home against the elderly in the city of Tomar do Geru/SE/ Brazil. This is a cross-sectional study with a descriptive-exploratory quantitative approach, with simple random sampling, carried out in Tomar do Geru/SE/Brazil with 298 elderly people. Data collection was performed using the Vulnerability to Abuse Screening Scale (VASS), the items that make up the instrument seek to identify the phenomenon from four domains. Responded as an affirmative about the vulnerability domain, 86.69%; dependency, 28.19%; discouragement 79.31%; coercion, 65.66%. It was observed that the majority of the elderly questioned are vulnerable to domestic violence, which implies the importance of implementing multiprofessional assistance strategies that contribute to improving the quality of life of this population.

Keywords: aging, violence, mistreatment, public health

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Introduction

Population aging is related to the phenomenon of demographic transition resulting from the decrease in fertility rates, increased life expectancy, technological and medical advances.^{1,2} Thus, the significant increase in the elderly population contributes to the significant violence against older individuals representing a public health problem of considerable magnitude^{3,4} because it causes serious disruption to health, public safety and social services provider systems, in addition to directly impacting the quality of life of vulnerable individuals.⁵

According to the World Health Organization² the concept “violence against the elderly” constitutes a single or repeated action or the omission of a due action, which causes suffering and anguish, and which occurs in a relationship in which there is an expectation of trust. Violence can be configured as physical or psychological, physical results in pain or bodily injury whereas psychological corresponds to moral injuries generating self-depreciation of the victim as well as mental distress, patrimonial or financial violence is also considered important, illegal or improper appropriation property or use not consented by the elderly is commonplace in the family.²

Domestic violence has predisposing factors, among them the main one is that the elderly person has problems related to cognitive deficiency, such as dementia, and the others were highlighted by physical disability, depression, loneliness or lack of social support; experiencing conflicting situations with the caregiver; as well as making use of alcohol or illicit drugs.⁶ Violence results in several factors such as suffering, injury, violation of human rights, post-traumatic stress disorder and somatization, affecting the physical and mental health of the victims.⁷

Changes in physical and mental health can be measured by assessments of the Vulnerability to Abuse Screening Scale (VASS) developed in Australia, it supports the consolidation of public policies with a focus on prevention and interventions against violence, this self-report scale is answered by the elderly in the clinical or home environment based on four domains, namely, Physical, Psychological, Negligence and Financial.^{8,9} In view of the above, the present work carried out the cross-cultural adaptation of the Australian VASS to Brazil. Specifically, it was intended to assess the risk of violence at home against the elderly in the municipality of Tomar do Geru / SE / Brazil.

Materials and methods

It is a cross-sectional study with a descriptive-exploratory quantitative approach, the sample was extracted through a simple random sampling.

The population considered for the calculation of the simple random sample size of the research was the elderly population in the municipality of Tomar do Geru-SE, Brazil, which has 13,536 inhabitants according to the 2019 Census of the National Institute of Geography and Statistics (IBGE).¹⁰ The size of the research sample was determined using the formula proposed by Barbetta,¹¹ resulting in a minimum sample of 298 participants.

Inclusion criteria were elderly people aged 60 years or over with appropriate cognitive ability to understand and answer the proposed questions and who voluntarily were willing to participate in the research. The exclusion criterion was elderly people who were unable to answer, at least 50% of the data collection instrument. The present study was oriented in order to meet the norms of Resolution No. 466/12 of the National Health Council, with the project approved by

the Research Ethics Committee of Universidade Tiradentes, opinion No. 1,139,630.

Data collection was performed using the Vulnerability to Abuse Screening Scale (VASS), which in turn has twelve items with dichotomous responses, of the yes or no type, which, through the elderly's report, verify the risk of domestic violence. The two items seek to identify the phenomenon from four domains, Vulnerability (items nº 01 to nº 03), Dependence (items nº 04 to nº 06), Discouragement (nº 07 to nº 09) and Coercion (nº 10 to nº 12). The scale score is obtained with the sum of the values attributed to each of the affirmative answers, except for the items from number 04 to number 06 that score in case of a negative answer.

One of the VASS reliability and validation studies was carried out in Australia, with a number of 10,421 elderly women between 73 and 78 years old. The results confirmed its factorial structure and construct validity.^{12,13} In Brazil, VASS has been cross-culturally adapted to Portuguese.¹⁴ The data were analyzed by means of descriptive statistical analysis, and presented in the form of descriptive graphs, using the computer program Microsoft Excel 2007.

Results and discussion

298 elderly people who answered the four questions they address about the Vulnerability domain were analyzed, among them: "Are you afraid of someone in your family?" "Did someone close to you try to hurt or mistreat you?" "Did someone close to you offend you, put you down or make you feel bad recently?" 86.69% stated these conditions and 13.31% denied.

In relation to aging, the vulnerability has attracted the interest of researchers and professionals, concerned with operationalizing, intervening and identifying elderly people who are exposed to adverse events, damage to health and consequent decrease in quality of life.¹⁵ According to a study, vulnerability is the result of complex interactions between discrete risks that result in threats that grow and materialize over time, coupled with the absence of defenses and resources to deal with the negative outcome of this threat.¹⁶

In investigating social and physical vulnerability, Maia¹⁷ observed that in elderly people in the city of São Paulo, physical vulnerability was associated with fragility, reduced functional capacity for basic and instrumental activities of daily living, according to research data, the physically vulnerable elderly person was more likely to become fragile (OR=2.61) and to become socially vulnerable (OR=1.50), the authors also mentioned that the socially vulnerable elderly person also has a greater chance of becoming physically vulnerable (OR=1.54).

It is in the condition of vulnerability that the elderly sometimes find themselves. When considering the VASS risk scale in the present study, there was an important representativeness for the affirmative responses that addressed the vulnerability domain, in this context, it can be said that the majority of the elderly in the city of this study is vulnerable to the occurrence of violence.

In the addiction domain, the elderly when asked about, "Do you have enough privacy at home?" "Do you trust most people in your family?" "Can you take your own medications and walk alone?" 71.81% of respondents denied the questions and 28.19% affirmed.

In a projection for the year 2025, the elderly dependency index will rise sharply, implying a high financial cost.¹⁸ The coexistence of the elderly with young individuals, the breakdown of the family, lack

of respect, loss of values and mandatory dependence may result in conflicts, which may occur in the family, institutional and social life, in these situations it is common to happen phenomenon of violence against the elderly.^{19,20}

Given the above, in relation to functional capacity, as the degree of dependence increases, the greater the chance of the elderly being a victim of violence. Elderly people who need help to survive due to health problems are at a greater risk of being affected by some type of abuse or mistreatment, when there is no understanding between the elderly and the family.²¹ As age increases, situations of vulnerability become greater, which creates the need for special care.

In a study on violence in the elderly, 26% were dependent for performing Instrumental Activities of Daily Living, considered the most victims of the phenomenon of violence in the domestic environment.²² such consideration can be justified since, the loss of physical and / or cognitive autonomy leads to the need for daily and instrumental activities by other people providing a subordinate relationship for the elderly.²³

The elderly when asked about the domain Despondent "Do you often get sad or alone?" "Do you feel like nobody wants you around?" "Do you feel uncomfortable with someone in your family?" 79.31% stated that they were often sad or alone and 20.69% denied this statement.

In a study carried out in São Paulo that addressed the cultural context in relation to old age, it concluded that for 88% of those surveyed aging is associated with a negative factor, due to the fact that they take into account that old age is associated with the arrival of diseases and physical weaknesses, and discouragement often occurs due to these facts, the authors still describe that discouragement can also be related to the factor of physical dependence.²⁴ In the social imaginary, "old age has always been thought of as an economic burden for both the family and society - and as a threat to changes".²⁵ This notion has led societies to take away from the old people their role in thinking about their own destiny.

In this study, a relevant percentage of the elderly were discouraged. Such a situation can be justified with the statement presented by Moderno et al.²⁶ by portraying that advancing age represents a setback in the individual's physical capabilities, and this condition is a factor of distress, since at the same time awareness of the limits of the body and the prior and gradual announcement of death grows. The limitation of movements, the substantial loss of strength, the reduction of mental capacities in general and psychological discouragement, these situations are accompanied by the aesthetic conditions themselves, with the aging of the body by visual changes in the skin, the appearance of wrinkles and spots, among others that cause insecurity and self-depreciation.

Regarding the Coercion domain when being asked questions, "Does someone in your family make you stay in bed or tell you that you are sick, when you know you are not?" "Did someone force you to do things you didn't want to do?" "Has anyone taken things that belong to you without your permission?", 65.66% of respondents said yes and 34.34% denied.

Coercion is understood as any relationship between two or more individuals in which an element of authority or prestige intervenes, insofar as it is suffered, regardless of the actual degree of reciprocity that exists.²⁷ Violence against the elderly, therefore, is considered a

delicate issue, since it involves not only the elderly victim of violence, but also their family, the professionals who care for them and the entire protection system that guarantees the rights of the elderly.⁵

Dependent elderly people who require family care, need to adapt and, consequently, modify their lifestyle, which can generate family conflicts, as well as the few financial resources, allied to the overload of the family in caring for the elderly in the environment can generate multifaceted dependencies that are difficult to manage. As a result, there is a decrease in the quality of family relationships, in addition to stress, both for the elderly and the family, predisposing to the occurrence of maltreatment.⁷

The insertion of violence in the list of diseases and conditions of compulsory notification by health services, throughout the national territory, only occurred in 2011, according to the Ministry of Health Ordinance No. 104/11.²⁸ However, historically, discussions about notifications about violence against the elderly began in 2006, when epidemiological surveillance developed a case monitoring work through the Violence and Accident Surveillance System.²⁹

Notwithstanding these conditions, it is important to note that, due to the dimension that the occurrence of violence has reached and taking into account that it is a public health problem, the underreporting of cases, makes it difficult to implement and/or implement public policies that should be developed, aiming at broadening the understanding of this phenomenon.^{30,31}

The results obtained in the present study show that the tracking of risk and violence against the elderly is a possible action to be taken and consists of a quick, low-cost investigation that serves to guide care practice, considering that violence against the elderly is a problem that worsens and gradually extends. It is important for health professionals and the community health agent to act in order to recognize mistreatment about the integrity and human dignity of the elderly, communicating and notifying the competent authorities.

Conclusion

In the present study, it was observed that most of the elderly were vulnerable in relation to domestic violence, thus, the analysis showed that the violence compromised the physical and mental health of the elderly. It is essential that violence against the elderly is addressed with special attention by health professionals, managers and researchers working in the area of care for the elderly, which implies the importance of implementing multiprofessional assistance strategies that contribute to improving quality of this population.

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Conflicts of interest

The authors declare have no conflict of interest about the publication of this paper.

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