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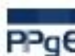

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RESEARCH

Perception and conduct of health professionals about domestic violence against the elderly

Percepção e conduta de profissionais da área da saúde sobre violência doméstica contra o idoso

La percepción y la conducta de los profesionales de la salud sobre la violencia doméstica contra las personas idosas

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ABSTRACT

Objective: To identify the perception of health professionals about domestic violence against the elderly, and understand the behavior in situations of domestic violence. **Method:** A descriptive study with a qualitative approach. Interviews were conducted with 12 health professionals using semi-structured instrument with guiding questions. The interviews were taped and transcribed integrally. Data were analyzed and categorized by content analysis technique proposed by Bardin. **Results:** Two categories emerged: Understanding domestic violence against the elderly and Hierarchy actions against the situation of domestic violence against the elderly. **Conclusion:** It is important that the multidisciplinary team knows the multifarious spheres of aggression and know how to identify signs of bad treatment and violence, that such evidence from the cases notified to the competent authorities and facilitate the monitoring of elderly and family. **Descriptors:** Domestic violence, Aged, Health professional, Behavior.

RESUMO

Objetivo: Identificar a percepção de profissionais de saúde sobre violência doméstica contra idosos, e compreender a conduta frente a situações de violência doméstica. **Método:** Estudo descritivo, com abordagem qualitativa. Foram realizadas entrevistas com 12 profissionais da saúde utilizando instrumento semi-estruturado com questões norteadoras. As entrevistas foram gravadas e transcritas na íntegra. Os dados foram analisados e categorizados pela técnica de análise de conteúdo proposto por Bardin. **Resultados:** Emergiram duas categorias: Compreensão sobre violência doméstica contra o idoso e Hierarquização das ações frente à situação de violência doméstica contra o idoso. **Conclusão:** É importante que a equipe multiprofissional conheça as esferas multifacetadas da agressão e saibam identificar sinais de violência e maus tratos, para que a partir de tais evidências notifiquem os casos às autoridades competentes, e promovam o acompanhamento dos idosos e familiares. **Descritores:** Violência doméstica, Idoso, Profissionais de saúde, Conduta.

RESUMEN

Objetivo: Identificar la percepción de los profesionales de la salud sobre la violencia doméstica contra ancianos, y comprender el comportamiento en situaciones de violencia doméstica. **Método:** Se realizó un estudio descriptivo con enfoque cualitativo. Se realizaron entrevistas con 12 profesionales de la salud utilizando instrumento semi-estructurado con preguntas orientadoras. Las entrevistas fueron grabadas y transcritas integralmente. Los datos fueron analizados y clasificados por la técnica de análisis de contenido propuesto por Bardin. **Resultados:** emergieron dos categorías: Entendiendo la violencia doméstica contra los ancianos y la Jerarquía contra la situación de violencia doméstica contra las personas mayores. **Conclusión:** Es importante que el equipo multidisciplinario conozca las múltiples esferas de agresión y saber identificar los signos de mal tratamiento y violencia, que esas pruebas de casos sean notificados a las autoridades competentes y facilitar el seguimiento de los ancianos y la familia. **Descriptores:** Violencia doméstica, Anciano, Profesional de salud, Conducta.

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INTRODUCTION

Currently, reach old age is a population reality, even in economically disadvantaged countries. In Brazil, the number of seniors increased from 3 million in 1960 to 7 million in 1975, reaching 20 million in 2008, and projections indicate that by 2020 the country will be the sixth in the world in number of elderly people, with more than 30 million people aged 60 or older.[1]

With the aging process and increase in life expectancy there is an increase in bouts of chronic disease and disability among the elderly, plus the use of a larger quantity of drugs[2], requiring, therefore, more effective care by family members and/or professional.

A population-based study conducted in Pelotas-Rio Grande do Sul found that of the 598 respondents 49,5% were elderly with home care, being associated with male gender, having a partner, lower education and physical activity level and present disability.[3] Under this scenario, there is the figure, increasingly present, of elderly caregivers.

In the context of home care elderly caregivers are mostly informal, which assume responsibility for providing care at home, represented usually by a family member.[4] These are people who are willing to take care of elderly household chores (cooking, washing, cleaning, ironing), which assist the elderly in their walking out of your house (follow the doctor, going to church, taking a walk) and move inside your home, help with personal care and hygiene (combing, bathing, etc.) and administration of money and goods.[5] In addition, there is also the presence of formal caregivers who perform these functions, however remuneration.[5]

At this juncture, it is noteworthy that, in many cases, family members take care of the elderly without receiving adequate preparation and end up performing this function for a long period of time, which can cause fatigue and stress. Likewise, many formal caregivers perform tasks related to the care they receive no prior training, making the service stressful and crappy. This entire context may result in a situation that encourages violence against the elderly.[5]

It is violence against the elderly: physical abuse, psychological, sexual and financial, beyond abandonment and neglect. It is noteworthy that negligence refers to the refusal, omission or failure held by the responsible for the elderly and that can result in physical impairment, emotional and social.[6]

Studies aimed at investigating the domestic violence against the elderly are scarce in Brazilian scientific literature, although the deepening of knowledge in this area is essential for the formulation of strategies for health promotion, early diagnosis and monitoring of cases of victims and their families.[7]

In the health area, a research conducted in Recife-Pernambuco found high prevalence of visits to the elderly, victims of accidents and violence, but noted that this service was still inadequate, presenting deficient regarding the lack of specific clinical protocols for these cases, support the elderly, caregivers and victimizers inefficient, low involvement of endocrine and insufficient training of professionals.[8]

The codes of ethics of professionals in medicine, nursing, dentistry and psychology show that it is the duty of health professionals to report cases of violence that have knowledge, they have to ensure the health and dignity of their patients. Therefore, it is necessary to discuss and raise awareness on the subject, as well as training of professionals for the identification of cases and proper notification to the competent bodies.[9]

From the foregoing, it is clear that this is a subject that should be explored in order to support the planning and implementation of health actions, aiming at the training of healthcare. Besides being able to contribute thereby to the quality of life of this population and encourage the development of other research in this area.

Thus, this study aimed to identify the health professionals of a Family Health Team (FHT) and a Support Center for Family Health (NASF) to perception of domestic violence against the elderly registered and understand the behavior of these professionals in situations of domestic violence.

METHODOLOGY

This is a descriptive study with a qualitative approach. This study was submitted to the Ethics Committee in Research of the Federal University of Triangulo Mineiro, receiving assent to the protocol n° 1852. Inclusion criteria were a team of professionals from FHS and NASF, from a city in the countryside of Minas Gerais, who consented to participate in the study and participated in the team for at least six months. Excluded were professionals who were entered in the team less than six months or who refused to participate.

For data collection, interviews were conducted at the unit in a spot reserved and quiet by properly trained interviewer. We used semi-structured instrument containing questions relating to gender, age, professional category, while working in the unit and guiding questions that addressed the professionals' perception of domestic violence against the elderly enrolled and conduct in situations of domestic violence. Study participants were professionals who were part of the FHS (a doctor, a nurse, a technique in nursing, six community health agents (CHA), one dentist, assistant surgeon dentist and a physical therapist NASF resulting in twelve professionals.

The responses were recorded on a tape recorder and transcribed for later analysis.

The data obtained in the research through the instrument of data collection were analyzed and categorized by the technique of content analysis, which addresses how a discovery of meaning cores, evident from the themes that make up a communication whose presence or frequency have meaning for the analytical objective of the study. The content analysis aims to test hypotheses and discover what is behind each manifest. The context should be considered as one of the key requirements to ensure the reliability of data.[10]

The operationalization of thematic analysis covers three stages: 1) Pre-analysis are determined at this stage, the recording units - key words or phrases, the context units, the clippings, the form of categorization and general theoretical concepts that will guide the analysis, taking into account the central issue and objective of the research, 2) Exploration of Material: consists in the transformation of the initial data obtained, in order to

understand the text from its core meaning. Proceeds to the clipping of text in registration drives and performs the classification and aggregation of data, and 3) treatment of Results: is the interpretation of the data, as categorized by correlating them with the theoretical underpinning research.[10]

RESULTS AND DISCUSSION

The data collected showed that the professionals who participated in the survey were between the ages of 25 and 50, one male and 11 female. Regarding the time of service, five of the professionals interviewed worked in the capacity of three to four years, followed by four professionals with less than a year.

From interviews with professionals, after reading, rereading, sorting and analysis, the following categories emerged: 1) Understanding about domestic violence against the elderly; 2) Hierarchy of actions against the situation of domestic violence against the elderly.

The issue of violence includes not only the elderly, but also family members and health professionals responsible for it. In a somewhat more subtle health system as a whole, since it treats the elderly, victims of violence, as well as the consequences that stem from this situation.[11]

The identification of situations of abuse and violence is critical to maintaining the health of the victim and for disease prevention. In Brazil it is possible to identify the presence of legal instruments that can be used in dealing with cases of violence. However, the mere existence of these mechanisms is not sufficient to change this situation. It is necessary that the company is aware of the issue, that professionals are appropriately qualified for the situations of confrontation and that the government is willing to enforce the laws created.[12]

CATEGORY 1: UNDERSTANDING ABOUT DOMESTIC VIOLENCE AGAINST THE ELDERLY

During the analysis of the interviews we realized that for seven of professionals, domestic violence against the elderly was related to physical violence, neglect and verbal violence. It can be evidenced in the following statements:

"It is any act that will lead to suffering, both physical abuse and neglect as verbal aggression (Interviewee 9)

"Well, is it all right that harms the elderly, is not only physical violence as abuse, poor self-care, and even a word, a lack of affection is a form of aggression begets violence and right, because the elderly are very dependent on sometimes. "(Interviewed 12)

Five of the respondents were limited to physical and psychological violence:

"Any kind of violence ... not only aggression, violence that is limited to the elderly person to do things, with no direct threat, but he knows he is being threatened by indirect threats right. Also aggression by ... Aggression even're hitting. We do not see what is happening, but you realize the way to talk things out, so we denounces people who are afraid to say things, people who are forced to do it in a way even a threat, to times an obligation 'you are required to do that, if you do I'll beat you, or this or I'll you what!', but the very way that the elderly person requests that he is being cornered and forced to do what others say, too weird! "(Interviewed 10)

"Is that violence can be both physical and psychological, and that affects the elderly in some way, leaving him sad, trapped. (Interviewee 4)

One of the subjects showed a more complete definition of violence:

"It's ... For me, it ... Has three types of violence right: physical violence, it is even aggression; violence that has, for example, let's suppose to take what the person is ... appropriating the property and leave it carelessly, and have psychological violence, which is the person yelling at the other, is abusing it, making it feel smaller, making her feel emotionally dependent of ... that's it. "(Interviewed 3)

Divergent findings identified in this study, which highlighted the psychological and physical violence as the main types of violence against the elderly, in research conducted with professionals from Basic Health Units of Curitiba-PR, the types of violence were most cited negligence and economic violence.[13] This difference may be related to cultural differences localities investigated and the different staff training for identifying cases.

It is noteworthy that a study conducted in Ribeirão Preto-São Paulo found that 47% of health professionals surveyed reported not being prepared as this theme while attending college and 66% said they did not consider themselves prepared to identify situations of abuse against the elderly.[14] It is possible, although not investigated, that among the respondents of this study the issue of domestic violence against the elderly has also been the focus of few in academic discussions. Moreover, it is important to note that some professionals that make up the ESF do not have a university education, as can be the case for some ACS. Perhaps for these reasons have emphasized domestic violence turned to physical and psychological mistreatment, based on empirical knowledge.

A university education and training of health professionals can be useful tools for the identification of cases of domestic violence. In a study conducted with teachers from schools of medicine and nursing, the cities of Cuiabá and Rio de Janeiro-RJ, it was established that almost all teachers consider relevant the issue of domestic violence. However, a proportion much lower than reported discussing this theme in their disciplines.[15] Insert the discussion spare domestic violence against the elderly in university curricula can foster better qualified professionals who will break into the job market, making them better able to prepare with the team effective actions to protect the health of seniors about their responsibility as well as the family and formal caregivers.

Within the FHS home visits should be valued as a useful tool in identifying cases of violence against the elderly, especially by ACS. On the other hand, individual consultations

provided by professionals in the health units and NASF enable clinical evaluation and may favor the elderly feel safer to expose the problem. The use of standardized instruments for evaluating the elderly with regard to the issue of violence could also help in the recognition of cases.

Importantly, the rights of the elderly should not only be the responsibility of the health services, but must include the social protection services, community leaders, prosecutors, health advice[13], and care for the elderly, families and the community.

CATEGORIA 2: HIERARCHY OF ACTIONS FACING THE SITUATION OF DOMESTIC VIOLENCE AGAINST THE ELDERLY

It was observed that generally identifies who the problem is due to the large ACS access to core family, which to detect it communicates to the "charge", which is, in most cases the nurse and social worker. Both contact relevant bodies, such as the Reference Center on Social Assistance (CRAS) and Reference Center Specializing in Social Work (CREAS), and get in touch with family and follow the same frequently, doing work together.

This can be seen by the following statements:

"First I go to the nurse, right, then there we go back to the nurse and she sees violence and we also triggers the advice, that's all." (Interviewed 1)

"[...] What we can do as ACS is to pass the case, because we do not have any authority to take action. We have to move the case forward, for example, to the head nurse, who also happens to social worker, her acting ta, going to the house of the person and acting. [...] We leading go CRAS. "(Interviewee 2)

"I communicate with the nurse to be able to take the right steps, and now that we have knowledge about CREAS we will inform the CREAS right, and we really have see that solution." (Interviewed 4)

"Look, we first tried in every way to notify the children know, try to make them become aware that she could not be treated that way. She was called the Unit, the head nurse spoke to her, we put the social worker to're directing [...]. "(Interviewed 5)

The ACS represents important figures in identifying situations of vulnerability, prevention and intervention, by having a straight contact with families from home visits and educational processes to sensitize the population. [18] Regarding the issue of the victim by the ACS approach, study of professional practice found that these circumstances to address families must go "to hang", "learning to win", so that they feel confident to talk about what really happens in the family environment and what triggered the violence.[16] In that study, the ACS reported also that the injuries related to violence is essential the participation of other members of the FHS and bodies that are part of the network assistance,[16] reinforcing the data obtained in this research.

In this sense, we highlight the importance of a team prepared for identification and monitoring of cases in primary care integrated with the network of specialized care. It is

emphasized that it is necessary to consider not only the elderly but also the family or victimizers, because only the punishment would not be enough for social reintegration, but it still constitutes as an obstacle to the health system.

It is not always necessary to consider that the family is prepared or able to take optimal care. Moreover, the responsibilities of the day-to-day, can sometimes be a factor that hinders the family to dispense comprehensive care to the elderly. This situation could contribute to the violation of the rights of the elderly.[17]

Observed in this study that the ACS usually trigger when the nurse identify situations of violence against the elderly. Possibly this is because the nurse is responsible for the professional nursing staff and ACS in ESF, so priority requested in situations.

Thus, it becomes important that this professional be aware of current legislation, in order to understand how violence can occur and what the consequences for victims, offenders and professionals themselves in situations of omission. Professional conduct is relevant in the discussion with the team of the cases found in order to share information and seek the best alternative in conjunction.[18]

Surely it is also necessary to know the staff on the agencies working in the support network to violence against the elderly, knowing the role of each of them, which would facilitate referrals. The respondents reported performing referrals to CREAS and CRAS, but it was noticed that after the cases referred to staff often does not take more science of actions taken, exempting from the monitoring of cases. Discuss this topic clearly and enlightening, among the various sectors related to health and social services, and the development of a protocol of care could help in decision-making and disease prevention health of the elderly.

CONCLUSION

The results of this research point to the difficulties experienced by the FHT and NASF professionals to understand and identify the various forms of violence and the most appropriate way forward to conduct cases.

Considering the above, against the various issues surrounding this issue reinforces the need for mechanisms to encourage more and more reports of violence against the elderly, using existing resources such as: Dial Elderly, Police Prosecutors and defense of the Elderly, and others to encourage the official notifications of violence and bad treatment. Furthermore, it is essential to monitor the reported cases and support the multidisciplinary health care team that operates in the ESF and the elderly NASF raped and also for their families.

Therefore, it is configured as primary professional training for reading the signs of violence and behaviors expressed by the elderly. Care is required in the appearance of the elderly, the fact that demand for care by following the same diagnosis, absences on scheduled appointments, physical signs and unlikely explanations for certain injuries and

traumas. From such evidence can favor the establishment of strategies for effective monitoring of suspected cases, enabling preventive actions.

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