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# The Aspects Related to Violence Against Elderly: Nurse's Perception from the Family Health Strategy

## Aspectos Relacionados à Violência Contra o Idoso: Concepção do Enfermeiro da Estratégia Saúde da Família

## Aspectos Relacionados con la Violencia Contra los Ancianos: Estrategia de Salud Familiar Concepto Enfermera

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## ABSTRACT

**Objective:** The study's purpose has been to further understand aspects related to violence against the elderly through the perception of the nurse from the Family Health Strategy. **Methods:** It is a descriptive research with a qualitative approach that was carried out with ten nurses from the Family Health Strategy, in Teresina city, Brazil, over the period from September to October 2014. Recorded interviews were used to collect the data, using a semi-structured script, based on content analysis, thematic modality. **Results:** The following two thematic categories were identified: 'Identification by the nurses of violence situations against the elderly', during the routine care approach in the follow-up by the Community Health Agent and in the home visits; and, 'Actions performed by nurses in response to identified cases of violence against the elderly', through educational actions, activation of the Elderly Police Station and referrals to Social Services. **Conclusion:** The nurses need training with regard to the assistance service provided in the Family Health Strategy, and focused on the issue of aggravating violence against the elderly.

**Descriptors:** Violence, Elder Abuse, Nursing, Family Health Strategy.

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## RESUMO

**Objetivo:** Conhecer aspectos relacionados à violência contra o idoso, sob a concepção do enfermeiro da Estratégia Saúde da Família. **Métodos:** Pesquisa qualitativa, realizada com dez enfermeiros da Estratégia Saúde da Família, em Teresina, Brasil, de setembro a outubro de 2014. Utilizaram-se entrevistas gravadas para a coleta dos dados, por meio de um roteiro semiestruturado, fundamentados pela análise de conteúdo, modalidade temática. **Resultados:** Foram identificadas duas categorias temáticas: *Identificação pelas enfermeiras das situações de violência contra o idoso*, *na abordagem durante o atendimento de rotina*, no acompanhamento pelo Agente Comunitário de Saúde e nas visitas domiciliares; e, *Ações desenvolvidas pelas enfermeiras frente aos casos identificados de violência contra o idoso*, por meio de ações educativas, acionamento da Delegacia do Idoso e encaminhamentos para os Serviços Sociais. **Conclusão:** Os enfermeiros necessitam de capacitação para o trabalho de assistência na Estratégia Saúde da Família, voltado ao agravo da violência contra o idoso.

**Descritores:** Violência, Maus-Tratos ao Idoso, Enfermagem, Estratégia Saúde da Família.

## RESUMEN

**Objetivo:** Conocer aspectos de la violencia contra los ancianos, bajo la concepción de enfermeras de la Estrategia Salud de la Familia. **Métodos:** La investigación cualitativa realizada con diez enfermeras de la Estrategia Salud de la Familia en Teresina, Brasil, septiembre-octubre de 2014. Fue utilizado registraron las entrevistas para la recopilación de datos a través de un semi-estructurada, fundada por el análisis de contenido, modalidad temática. **Resultados:** Se identificaron dos categorías temáticas: enfermeras de identificación de las situaciones de violencia contra las personas mayores en el enfoque durante el cuidado rutinario, seguimiento por parte del Agente Comunitario de Salud y las visitas a domicilio; y las acciones desarrolladas por las enfermeras los casos identificados de la violencia contra las personas mayores, a través de actividades educativas, la activación de la Policía de los ancianos y las referencias a los servicios sociales. **Conclusión:** Las enfermeras necesitan capacitación para el trabajo de ayuda en la Estrategia Salud de la Familia, orientado al delito de violencia contra las personas mayores.

**Descriptores:** Violência, Maltrato ao Anciano, Enfermería, Estrategia de Salud Familiar.

# INTRODUCTION

Violence has long permeated human societies, taking various forms and manifesting itself in the most diverse environments. In general, violence can be conceived as an unequal power relationship, where there is denial of opportunities and intolerances to others.[1] From this paradigm, violence against the elderly is defined by the World Health Organization (WHO) as one or more acts of drive or omission committed involuntarily or intentionally against the integrity of that vulnerable being. The forms of violence against this public, in particular, can be classified as physical, psychological, economic, negligence and self-neglect.[2]

Violence, as a health issue, only began to be emphasized in the second half of the twentieth century, when health professionals began to report cases of child abuse, adolescents and women detected in health services. In relation to violence against the elderly, it only gained space in health policies and agendas much later.[3]

Aging was a demographic reality only in developed countries. Nowadays, developing countries are also assimilating this characteristic. The *Instituto Brasileiro de Geografia e Estatística (IBGE)* [Brazilian Institute of Geography and Statistics] points out, in the last census of 2010, a percentage of 10.9% of the elderly in the Brazilian population. In the year 2025, Brazil will have the sixth largest population of older people in the world.[4]

In *Piauí* State there is a follow-up of this trend, with data from the Coping Referral Center for Violence Against the Elderly, showing that more than 20 elderly people were abandoned in the State, 21 suffered some type of violence and 73 suffered financial abuse from January to July 2014.[5]

With the increasing population of the elderly, several problems have arisen in this public. The cohabitation of the elderly with younger individuals, in which there is a dependency relationship, can lead to diverse vulnerability situations. Primary Care (PC), within this context, represents an important space for the identification and management of cases of violence against the elderly.[1]

The PC is the set of actions developed in the individual and collective scope for health promotion and protection, prevention of diseases, diagnosis, treatment, rehabilitation, harm reduction and health maintenance, all with the objective of positively impacting In the health situation and the autonomy of the people, as well as on the determinants and conditioners of health of the collectivities. Therefore, this form of attention is developed from practices of care and management democratic and participatory, in teamwork directed to populations of defined territories. It makes use of varied and complex technologies in order to meet the most relevant demands and health needs of the population.[6]

The assistance provided at PC is based on the Family Health Strategy (FHS), which currently works with teams of Family Health professionals, distributed among physicians, nurses, nursing technicians and community health agents, as well as oral health professionals. The FHS is considered, as a priority strategy for structuring the PC, which is the principal entry point of the *Sistema Único de Saúde (SUS)* [Unified Health System].[7]

Hence, the FHS nursing professional should be competent in the planning of care for the elderly, diagnosing, planning, executing and evaluating strategies aimed at eliminating the factors that cause elder abuse.[8-9]

Within the context of the complexity of this issue, as well as the deficiency of the FHS nurses to work with this issue evidenced in scientific publications, the relevance of the present study is reiterated. So, this study aimed to know aspects related to violence against the elderly through the perception of the nurse from the Family Health Strategy.

## METHODS

This is a descriptive research with a qualitative approach, which was carried out in the Basic Health Units (BHU) of the Regional Health Offices from the Municipal Foundation of Health East/Southeast, located in *Teresina* city, Brazil. *Teresina*, the capital of the *Piauí* State, is located in the Center-West of the State and Mid-North of the Brazilian Northeast. It has an area of approximately 1,756 km ². The population is 844,230 (380,612 men, 40.6%, and 433,618 women, 59.4%), with 767,557 people living in the urban area and 46,673 inhabitants in the rural area (Brazil, 2012).[10]

The participants of this research were selected not by statistical representativeness, rather by the subjective knowledge accumulation, in other words, by the experiences accumulated during the exercise of the activities of the nursing care in the FHS. Ten nurses participated through an invitation made during a visit to the PC Units. The following inclusion criteria were established: to be working as a nurse at the FHS in *Teresina/PI* for at least one year and to work in teams of the Regional Health East/Southeast during the period of data collection. Trainees, nurses who performed voluntary activities, those who were on health leave, work leave or vacations during the period of data collection were excluded.

The number of participants was delimited by the theoretical saturation process, according to which, as the data were obtained and/or analyzed, the relevance structures were deepened, progressively responding to the objectives outlined, pointing out a certain recurrence and consistency with the issues under study.[11]

The data were collected in September and October of 2014, through recorded interviews, using a semi-structured thematic roadmap composed of two questions to meet the objective of this research: "How do you identify an elderly person in situations of abuse and mistreatment?" and "What actions do you perform when faced with cases of violence against the elderly?".

After the data collection, the process of analysis and interpretation of the transcribed speeches obtained in the interviews was performed. Subsequently, the transcribed material was submitted to Content Analysis Thematic Modality, using the following three steps: pre-analysis, material exploration and results assessment with inferences and interpretations.[12] Based on this grounded analysis, thematic categories were constructed According to the similarity of the content of the transcripts of the nurses' speeches interviewed. Then, discussions were carried out in the literature to support the reflections, which were exemplified with excerpts from transcribed speech. As a way of preserving anonymity, it was chosen to replace the names of the nursing participants with the capital letter N, followed by Arabic numerals: N1, N2, N3... N10.

It should be emphasized that the inclusion of participants in the research was carried out obeying the principles of the Resolution No. 466/2012 from the National Health Council, taking into account the ethical precepts and respecting the freedom and autonomy of the participants involved.[13] All participants were informed about the purpose and the methods of the research, and also signed the Free and Informed Consent Term. The study was approved by the Research Ethics Committee from the *Instituto UNINOVAFAPI)* under the *Certificado de Apresentação para Apreciação Ética (CAAE)* [Certificate of Presentation for Ethical Appraisal] *No. 32446014.1.0000.5210* and Legal Opinion No. 713.436/2014, on July 9th, 2014.

## RESULTS AND DISCUSSION

Considering the 10 nurses participating in the survey, all were female, with an average age of 43 years old, and all were from the *Teresina* city. The average training time at the undergraduate level was 8 years, and the work in the Family Health Strategy was 11 years. As for the postgraduate, six participants declared specialists, one in the area of obstetrics, two in family health, one in urgency and emergency, one in oncology and one in higher education.

The analysis of the transcribed discourses resulted in the construction of two thematic categories: Identification by the nurses of violence situations against the elderly and Actions performed by nurses in response to identified cases of violence against the elderly, as presented below.

**Identification by the nurses of violence situations against the elderly**

During the interviews, the nurses reported some ways to identify an elderly person in a situation of violence. The identification, reported by the nurses, focuses on the approach during routine care, which is follow-up by the Community Health Agent (CHA) and home visits.

In relation to routine care, the following reports were obtained regarding the identification of maltreatment during contact with the elderly in the consultations. These aspects are demonstrated in the testimonials quoted below:

> *"[...] we find, disbelief, analyze the patient to see if he has any reddish spots, we see the issue of weight loss, we ask about feeding..." (N10)*

> *"In terms of identification I have never saw it, but that psychological aggression is common, normally they are tearful, and have a lot of attachment to the professional that visits him or when he comes to the health unit [...] he has a unusual look, like of supplication." (N1)*

> *"In the consultations it is not very easy to identify the cases of violence, but sometimes during conversations we stimulate with the elderly, it happens that they are*

*reporting some problem, sometimes they cry and they are very distressed and fragile in the face of the difficult situations experienced." (N5)*

At the same time, among the interviewees' statements, the emphasis was on the CHA, emphasizing it as the most apt professional to be providing information about the elderly in situations of abuse and mistreatment evidenced in the community. This can be seen in the following statements:

*"Another very valuable resource for the identification of the elderly victims of violence is the follow-up by the CHA, who keeps the patient in close contact and is more available to hear the complaints of the victims." (N2)*

*"[...] usually has their consultation, but we can not really identify any sign of violence, only when he reports, or when the CHA reports a case, because he/she is closer." (N3)*

*"Predominantly, we identified an elderly victim of violence through the CHA, because it is not always possible to be identified during the consultations through evidence such as signs, symptoms and complaints." (N6)*

*"Generally through the CHA, that brings the problem to us and from that moment, depending on the situation, then we try to do a home visit." (N7)*

Still on nurses' knowledge regarding the identification of cases of violence against the elderly, some reports referring to home visits were very common and emphatic. This is evident below:

*"...we identify more when we carry out the home visit, where we become aware of the real situation of the elderly..." (N2)*

*"[...] firstly, we identify in the home visit. So is the occasion, the better situation you have to identify. Suddenly you arrive at the residence, there you find the elderly in a critical situation, right? " (N8)*

*"The home visit is a very important resource, because from it we can know the real situation in which the elderly are, and how is the family daily life, whether it is risky or has an advantageous dynamics." (N5)*

Those were the main forms of identification reported by the nurses interviewed. The conduct to show the manifestations of abuse and mistreatment against the elderly follow a certain similarity in their executions.

**Actions performed by nurses in response to identified cases of violence against the elderly**

Given the proven cases of violence against the elderly, the actions of the nurses, verified in the interviews, are basically concentrated in three main points: orientation for the elderly and relatives through educational actions; Calling the Elderly Police Station; and referrals to the available Social Services.

The educational activities are mainly directed towards the education of the elderly and their families in order to prevent and combat cases of violence against the elderly. These actions can be verified in the statements described below:

*"[...] in order to deal with this issue of violence against the elderly, we annually hold a large talk with representatives of the elderly police station who will explain the legal rights of the elderly, the forms that shape types of violence, the dialects and all forms of how to behave and proceed in the face of possible violence suffered. " (N5)*

*"[...] Sometimes we talk to the family to see if it changes their way of treating their elders, trying to make them aware of the importance of preserving and caring towards their older family members." (N9)*

*"... there are elderly people who come here, frightened and weakened, and we to try to solve the conflict, we ask the presence of the family to talk and try to end the conflicts that lead to reach the elderly in the worst possible way." (N4)*

Once a case of violence has been identified, the nurses have also reported on a frequent basis that one of the organs that is called promptly is the Elderly Police Station. This initiative of the nurses can be verified in the following statements:

*"When we identify an elderly victim of abuse or mistreatment, we immediately call the Elderly Police Station, but always keeping caution and secrecy so as not to break the link with that elderly person and also not to compromise the team." (N2)*

*"When we identify an elderly person in a situation of violence, we seek to call the authorities of the Elderly Police Station to take the necessary actions." (N4)*

*"[...] communicate to the Elderly Police Station to take notice and see what actions they could take. That business is the Elderly Police Station, which is the strongest agency that we have and that is more active ". (N9)*

Concerning the actions implemented in relation to cases of violence against the elderly, there were very frequent reports of nurses reporting that when they encounter a case of mistreatment, they immediately communicate and request interdisciplinary support to the available social

assistance services. Some nurses reported the importance of this articulated performance, as can be seen below:

> *"[...] when I come across such a case, the first thing I do is to call the Regional Health Department, asking for guidance from the welfare service to know what to do, and only then I do seek something more specific. " (N1)*

> *"[...] we request assistance for social assistance, in order to provide guidelines for resolving the present conflicts, as well as clarifying the importance and respect due to the elderly." (N2)*

> *"We have used intersectoral partnerships with CRAS (Centro de Referência da Assistência Social) [Social Assistance Reference Center] and CREAS (Centro de Referência Especializado de Assistência Social) [Social Assistance Referral Center] to seek help from social assistance, because when people identify a case of violence it is necessary to activate these services to ensure the follow-up of the cases until their possible resolution". (N5)*

The mentioned actions, like the forms of identification, follow a certain simplified standardization, which converges to a suggestive limitation of options and resources for working with the demands of the elderly, especially in the case of violence, abuse, mistreatment and conflict situations that, by chance, this vulnerable public is subjected.

The forms of identification of cases of violence against the elderly, reported during the interviews, are related to routine care, CHA follow-up and home visits.

The routine care is an opportune moment for nurses to identify any situation that constitutes either abuse or mistreatment toward the elderly, since the professional has a closer contact with the patient, and might evidence some sign of physical aggression, psychological shock or any other evidence of harm or violation of rights inflicted against the elderly.

With regard to the routine care, *Fiocruz* recommends the need to pay attention to the signs that may lead to suspicion and, later, confirm or not a case of violence. Such signs can be fear; uncertainty of the questions; low self-esteem; depression or agitation; missed consultations; frequent visits to the emergency service; and other signs suggestive of violence.[14]

In routine appointments, attention is needed in the communication of the elderly, in their behavior, gestures and their facial expressions. Such conduct may be much more relevant than just restraining evidence such as injuries, deficits or disabilities, and can often be the only resource for detecting any abuse or mistreatment.[15]

The identification of violence cases against the elderly, through the monitoring of the community health agent, is also a very relevant measure. In fact, this professional represents the main link between the elderly and the FHS teams, enabling the most effective follow-up of the elderly and favoring the identification of aggravating situations.

The CHA are the professionals who have the most information about the cases of violence against the elderly, since they are in greater contact with the community, being able to identify the conflicting situations. These professionals increase efforts to prevent violence; help to conceive the problem; and also do form links between the clientele and the FHS.[16-17]

Therefore, the participation of CHA is extremely important for the identification of elderly people under violence situations, while the agents have greater contact with the community, and may evidence situations not perceived in routine consultations in the BHU. Thus, the insertion of the CHA into the community allows us to suspect innumerable situations that, by chance, would go unnoticed by the services.[15]

In relation to identification through home visits, some nurses mentioned that this is a more favorable modality for the disclosure of cases of violence against the elderly and their vulnerabilities. Notably, from the visits it is possible to approach and know the reality experienced by the elderly in their homes.

The home visit provides knowledge about the family environment and the risks experienced by the elderly, as well as providing assistance support for their human and social needs. This type of assistance brings an optimization of the resources of the daily environment in which the client is inserted, favoring a reorientation of the health care of the elderly in all its dimensions.[18]

Accordingly, in the domiciliary and daily context, in order to strengthen the identification of cases of violence against the elderly, it is feasible to systematically combine the resources found in the community with the creative competencies of the nursing professionals. This work methodology contributes to addressing the problems encountered, challenging and facing the obstacles presented in the process.[19]

Faced with identified cases of violence against the elderly, the actions implemented by the interviewed nurses consist of: orientation for the elderly, relatives and caregivers through educational actions; activation of the old people's police station; and referrals to available social services.

The educational measures are extremely important, as they promote the transfer of values and teachings for the maintenance of the elderly integrity and life quality, by their relatives, caregivers and overall society.

Educational interventions may be centered on the practice of activities with the elderly, family members and caregivers, such as lectures, selecting topics that are convenient to care for the profile of the elderly. These measures contribute to the prevention of injuries, maintenance of physical and mental integrity, and strengthening the autonomy and self-care of the elderly.[20-21] Other educational measures, also aimed at

preventing violence against the elderly, are related to the organization of care lines for the frail elderly; training of caregivers with specific training; and restructuring of health care points with greater acceptance and accessibility for the elderly. Additionally, this model includes the extension of biopsychosocial attention to the elderly in a conflict situation.[22]

In institutional terms, the Elderly Police Station is the most specialized place for the resolution of possible problems suffered by the elderly, since it is structured with the purpose of attending to the complaints of the elderly, intervening in situations of conflict and punishing eventual aggressors. In Brazil, the most important are the Police Stations and Public Defender's Offices, Calls Elderly and other segments that are responsible both for mistreatment notifications and for the psychosocial support to the violated elderly. The Elderly Statute states that is either suspected or confirmed mistreatment toward the elderly shall be reported by health professionals to any competent agency.[16-23]

It is also worth mentioning that the elderly have great difficulty denouncing their aggressors. Although many claim to know their rights, they are not aware of their scope, others do not have access to the old police stations, and many hesitate and are afraid to denounce the people who are theoretically their caretakers. This entire situation leads to the perpetuation of violence against the elderly and underreporting of cases.[24]

In relation to the activation of social assistance services, this initiative is considered very useful, having a great potential for resolution and efficiency, since the intersectoral action is more adequate to work with the complexities and conflicts of the elderly.

In this way, an intersectoral action is essential for a better understanding of the problems worked, because interdisciplinary activities are of great importance for the identification, notification, combat and prevention of violence in its various manifestations. This innovative methodology, for its viability, requires a public support that prioritizes the improvement of the living and health conditions of the elderly.[22-25]

In this perspective, cases of violence against the elderly should be discussed with all the relevant teams, especially health and social assistance teams, with the aim of structuring surveillance and continuous shared monitoring, alternating care among the professionals involved. Thus, it is necessary to evaluate all the possibilities of possible joint interventions for the solution of each case, considering the different action policies.[26]

## CONCLUSIONS

This article describes the nurse's knowledge about violence against the elderly in primary care, addressing the aspects of violence against the elderly in the context of the Family Health Strategy and allowing reflections on the extent and social repercussion of the problem, while analyzed within the dimensions everyday life.

Direct contact with the research participants provided an in-depth knowledge of the subject studied, where it was possible to see how the interviewed nurses in fact identified cases of violence against the elderly and how they proceed in terms of action in the cases identified in this study during the routine care, the follow-up by the CHA and in the accomplishment of the home visits.

At the same time, it was possible to show that these professionals find it difficult to work with cases of violence against elderly, both due to the lack of specialized training to assist this public, and the fragility of the integration of public care services for the elderly victims of abuse and mistreatment.

Therefore, the interviewed nurses have knowledge of the researched problem, but there is a need for the scientific qualification of these professionals, by means of incentives to the implantation of specialized courses in the area of geriatric nursing in *Teresina* city, as well as to motivate the nurses to seek this type of specific qualification for the care work in the Family Health Strategy, focused on the elderly health.

At the same time, there should be initiatives by the public authorities to strengthen the networks of intersectoral partnerships, to strengthen the follow-up of actions and the resolution of cases of violence against elderly. Consequently, it is possible to exist mechanisms with potentiality to guarantee the security, integrity and quality of life of the elderly.

The present study, despite its relevance to Public Health, shows limitations because it does not mean a pattern that has reflexes in all the realities of basic attention. This is justified by the fact that the phenomenon of violence against the elderly together with associated work strategies varies according to the socioeconomic, cultural and health conditions found in the different places.

Nonetheless, this research reiterates its value by exposing the behavior of violence against the elderly in the researched scenario, subsidizing the reorientation of intervention plans, readaptation of professional conduct and the evolution of scientific conceptions about the problem. Furthermore, it opens new horizons for the scientific investigation of vulnerabilities and conflicts with regard to the elderly.

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