


ORIGINAL ARTICLE

SOCIAL REPRESENTATION OF PHYSICAL AND PSYCHOLOGICAL VIOLENCE AND ABANDONMENT FROM THE PERSPECTIVE OF ELDERLY PEOPLE


HIGHLIGHTS

1. To help nurses recognize violence against the elderly.
2. Encourage the improvement of the bond with the patient.
3. Understanding the elderly person's perception of violence.
4. Ensuring that the elderly know about their rights.


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ABSTRACT

Objective: To understand the perception of the elderly regarding physical violence, psychological violence, and abandonment. **Method:** A cross-sectional, descriptive study with a qualitative approach based on the Theory of Social Representations. Developed with elderly people registered at a Basic Health Unit in Campina Grande-PB, Brazil, between April and May 2022 through data collection based on a semi-structured interview. **Results:** 14 elderly people participated, 86% (12) of whom were female and aged between 61 and 83. The results showed that the elderly are aware of the typologies discussed, with psychological violence being the least understood by them; about abandonment, the elderly described it as loneliness and asylum. **Conclusion:** This study allowed the concept of violence to be understood by the elderly, which contributes substantially to health actions, especially by nursing professionals in the identification and assertive intervention.

KEYWORDS: Aged; Violence; Qualitative Research; Social Representation; Primary Health Care.

HOW TO REFERENCE THIS ARTICLE:

Chagas ALC da C de A, Cunha MLC da, Bezerra KA, Santos JD da S, Marcolino E de C, Rodrigues RC dos S. Social representation of physical and psychological violence and abandonment from the perspective of elderly people. *Cogitare Enferm.* [Internet]. 2024 [cited "insert year, month and day"]; 29. Available from: <https://doi.org/10.1590/ce.v29i0.95293>.

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INTRODUCTION

For a long time, we have sought to improve quality of life and increase human longevity. Over the years, with advances in technology and health practices, there has been a significant change in the epidemiological scenario worldwide. However, from the 1970s onwards, Brazil experienced an increase in life expectancy as a direct result of the decrease in fertility and mortality rates, thus characterizing a scenario made up of a greater number of elderly people. According to the National Policy for the Elderly (PNI), is considered elderly an individual aged 60 or over¹.

Aging is a dynamic and gradual physiological process that involves accepting physical and psychological changes. During this phase, the individual experiences changes that make them more susceptible to the onset of illnesses, significant losses in cognitive and communication skills, and a reduction in autonomy and interpersonal relationships. This process has led to changes in our country's demographic and epidemiological scenarios, making it necessary for health services to implement guidelines to ensure that people grow old without being exposed to violence².

In this context, the first law aimed at the elderly only came about in 1994 (Law No. 8,842/1994), which established the National Policy for the Elderly (PNI), guaranteeing autonomy, social rights, and effective participation as a citizen, and was later regulated by Federal Decree No. 1,948 of 1996, with the main objectives of providing conditions for quality aging and eliminating any kind of discrimination³. In 2003, the Federal Senate approved the Statute of the Elderly, through Law No. 10,741, because of the union of bills aimed at continuing the rights previously established for the elderly and ensuring aging as a social right that must be guaranteed by the state³.

Even after the legislative advances, barriers can still be seen in the implementation of actions that guarantee the rights of the elderly population, whether marked by the social difficulty of recognizing the elderly person as a social protagonist or in the observance of aggravations to the elderly person's health, such as in situations of violence. In a study carried out between 2003 and 2014, violence was the second leading cause of death among the elderly and was more prevalent in the northern region of the country².

Different typologies are listed, considering the context and the perpetrator of the violent act. Among the most well known types of violence are physical, psychological, sexual, property, abandonment, and neglect. In addition, violence can affect the elderly in structural, interpersonal and institutional ways⁴.

Addressing this issue is fundamental, as it is necessary to understand the perception of the elderly about violence and the recognition of these situations since reporting is a challenge due to the emotional dependence, property, and physical limitations of the elderly, which makes screening difficult and leads to consequences such as depression, anxiety, and suicidal acts⁵.

In addition, this study helps health professionals understand violence against the elderly, allowing them to take a critical look during qualified listening, physical examination, and home visits, which facilitates early detection of cases of violence and rapid interventions, as well as prevention, which guarantees an aging process with the quality of life⁶.

Thus, this study aims to understand the perception of the elderly regarding physical and psychological violence and abandonment.

METHOD

This is a cross-sectional, descriptive study with a qualitative approach based on the Theory of Social Representations. Qualitative studies are expressed in narrative form, based on behavior and language, and capture the understanding, beliefs, and relationships of the group being studied⁷.

Data was collected in April-May 2022 at a Basic Health Unit in Campina Grande/PB, with 599 elderly people registered in its catchment area. The collection was carried out with the prior help of the unit's nurse. The population was made up of elderly women and men living in the municipality of Campina Grande/PB, who are registered in the area covered by the UBS mentioned above.

The sample was intentional for convenience, and the number of subjects was determined by theoretical saturation. Theoretical saturation consists of the moment during collection when no new elements are found and new information is no longer necessary since the concepts surrounding the research are already well developed. This is a criterion used to validate the data⁸. Theoretical saturation did not need to be calculated to collect the number of participants and was based on a method similar to a study carried out using the same theoretical framework⁹⁻¹⁰.

Those aged 60 or over, of both sexes, who could answer the interview script and whose cognitive ability was indicated by the unit's nurse, were included. Those who were unable to travel to the UBS were excluded.

The data was initially collected in April 2022 using an instrument to characterize the sample, containing the following variables: age, gender, marital status, length of marital status, schooling, and living arrangement, the latter referring to the number of people in the family unit. Next, illustrative images containing situations of violence were used as triggers for discussion. This stage was developed similarly to a study that used images for initial representation in data collection¹¹.

Finally, a semi-structured interview was used, which took place through a dialog between the researcher and the interviewee, using previously established questions and a voice recorder to maintain the integrity of the information.

The elderly were invited to attend the service on a routine day to participate in the data collection. After accepting the invitation, the elderly person was informed of the purpose of the study and the need to sign the Informed Consent Form (ICF). They were then taken to a separate room, free from exposure, to guarantee the secrecy and confidentiality of the information.

Only the researcher and the interviewees remained in the room, with no third parties present, respecting COVID-19 prevention measures and guaranteeing the confidentiality of the data. At this point, the participant answered the first data collection instrument relating to the sample characterization process. Afterward, data collection began by asking the elderly person to verbally answer the following questions separately: "What do you mean by physical violence?", "What do you mean by psychological violence?" "What comes to mind when you hear about abandonment?".

Voice recording was used throughout the interview, and an MP3 device was used to capture the answers to the questions. The empirical material was transcribed in full, and to make it easier to understand what was said in this study, the interviewees were listed from 1 to 14 and identified by number, gender, and age.

The analysis was conducted using the content analysis method developed by Professor Laurence Bardin in 1977. This method consists of three chronological phases: pre-analysis, analysis, and interpretation. These phases aim to choose the documents for analysis, use

the chosen documents to make them susceptible to analysis, and, finally, systematize and interpret the elements.

IRAMUTEQ textual analysis software was also used as support. It generates data from the interpretation of texts and tables. It is also statistically rigorous, can be accessed free of charge, and is easy to understand¹².

The analysis was carried out using Reinert’s method, Descending Hierarchical Classification (DHC), based on the result of different classes comprising a set of text segments (TS). Its purpose is to allow us to observe the correlation of the same term in different textual segments. These segments have the formation of the cross matrix (x2) and the frequency of occurrence (f)¹².

Another analysis used was similarity, which explains the links between words within a textual corpus. It is based on graph theory, assuming relationships between objects in a set and making it possible to understand the occurrences between words¹³.

The Ethics and Research Committee (CEP) of UniFacisa - Centro Universitário de Campina Grande approved the research with a favorable opinion of No. 5.250.638.

RESULTS

The text from the empirical collection was analyzed as a text corpus using the Descending Hierarchical Classification (DHC), consisting of 40 texts and 66 segments, with 80.30% equivalence, 1,928 occurrences, and 284 active forms. The content was organized into five classes with their respective text segments: class 1 (18.87%), class 2 (20.75%), class 3 (13.21%), class 4 (22.64%), and class 5 (24.53%), as can be seen in the dendrogram (Figure 1).

Figure 1 - Dendrogram of the Descending Hierarchical Classification regarding the social representation of violence against the elderly. Campina Grande, PB, Brazil, 2022.

Mistreatment Class 5 24.5 % STs			Beating and intimidation Class 3 13.2 % STs			Physical-emotional aggression Class 2 20.8 % STs			Affectionlessness/abandonment Class 4 22.6% STs			Family dependency/loneliness Class 1 18.9 % STs		
Word	f	X2	Word	f	X2	Word	f	X2	Word	f	X2	Word	f	X2
To talk	5	16.99	To hurt	6	28.43	Violence	22	21.92	Asylum	10	27.56	Home	10	28.43
To treat	4	13.31	To know	6	16.87	Physical	7	16.11	To place	10	18.82	To pass	4	16.87
Psychological	5	5.95	To hit	4	5.11	To find	12	6.41	Street	7	14.78	Lic	5	5.11
Body	5	5.95	To find	12	3.03	Right	5	4.08	Family	15	8.55	Alone	3	3.03
Part	3	3.05	Right	5	4.08	Duty	4	4.08	Abandonment	5	7.49	Own	3	4.08
Aggression	3	3.05	To tell	3	3.52	Worse	6	3.52	Abandoned	5	6.77	To leave	10	3.52
			Violence	22	21.92				To look	8	6.77	To need	7	21.92
			Elderly	30	4.04				To care	9	4.4	Abandonment	14	4.04
									Elderly	30	4.04			
									Son	4	3.52			
									Family	4	3.52			
									To believe	3	3.52			
									To tell	3	3.52			
									To leave	10	3.03			

Source: Authors (2022).

The dendrogram shows the formation of three central categories: Category 1, represented by class 5, named "Representation of violence to the elderly", as it covers responses referring to the three typologies addressed in the study; Category 2, made up of classes 2 and 3, with a predominance of the theme referring to physical violence, thus being named "Physical representation of violence";

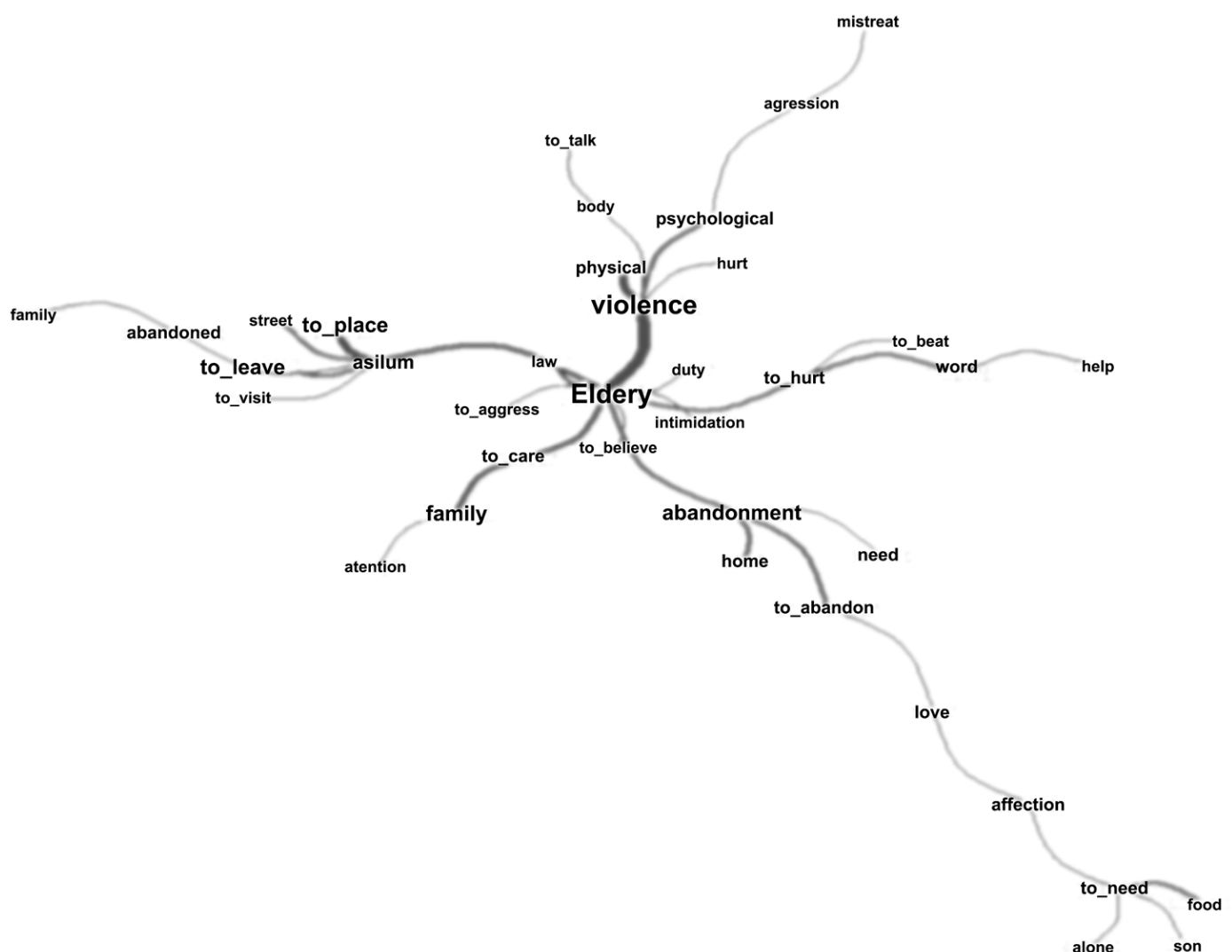
and Category 3, made up of class 1 with 18.87% and class 4 with 22.64% of the TS, being named "Perception of the elderly about abandonment", as this is the typology in focus.

Although specific questions were asked about psychological violence, no specific class was presented. However, it is possible to see that it was present in all the categories, and this can be explained by the fact that this was the typology in which the elderly found it most difficult to discuss, and in some answers, it was confused with other forms of violence.

Corroborating the information generated by the dendrogram, Figure 2 shows the similarity analysis, identifying the co-occurrence between the words and their connection. It can be seen that the term "elderly" appears with greater centrality and has an overlapping relationship with the words "violence", "nursing home", "family" and "care".

As for the term "assault", the main ramifications that make up the peripheral system arise with the words "asylum" referring primarily to abandonment, "violence" covering violence in general, and "hurt" suggesting physical violence. Psychological violence was present in all the branches, confirming that it permeated all the typologies.

Figure 2 - Analysis of similarity regarding the social representation of violence for the elderly. Campina Grande, PB, Brazil, 2022.



Source: Authors (2022).

Category 1 - Representation of violence for the elderly

Category 1 of the empirical material generally covers all the concepts listed by the elderly about the three types covered in this research, with the term "violence" as a branch and the main associated words being "physical," "psychological," "aggression," "mistreat," "talk" and "hurt." In this category, the following statements stood out:

Physical violence is the worst, I would never allow it, but sometimes there is more serious violence... [...] then there is medication to take. Often, they do not even know if they have taken it, because they do not have anyone to guide them. That, to me, is the worst violence there is. (Elderly woman 3, F, 70 years old)

Violence, because for me violence does not just mean an act, for me it is a context. (Elderly woman 10, F, 80 years old)

Need... much need! She is alone... then she is a needy person who lacks everything... family, everything a human being needs, affection, food, rest. (Elderly woman 11, F, 83 years old)

I think the meaning of physical violence is a lot of things together... like sadness, depression, disappointment... a lot of things together in those terms. (Elderly woman 14, F, 65 years old)

Some of the elderly people's answers were associated with psychological violence, which in most cases precedes the occurrence of other forms of violence. The perception of this violence is related to the lack of patience and support on the part of the family in the face of the elderly person's need for help. Intimidating actions evidence it, as we see below:

From what I understand, it is intimidation and everything that is intimidation is violence [...]. (Elderly woman 3, F, 70 years old)

My child, it makes you feel ill, it takes away all your peace [...] it hurts the soul, the mind... it is the misunderstood words... the misdirected words. (Elderly woman 11, F, 83 years old)

Verbal and psychological violence combined, because sometimes just looking at someone... can do more than a thousand words. (Elderly woman 14, F, 65 years old)

Category 2 - Physical representation of violence

When asked, most of the elderly people interviewed had a brief conceptualization of physical violence. Still, they recognized it as "aggression", "pushing", "slapping", "mistreatment" and attitudes that, in general, attack and hurt the body.

Pushing, pinching, slapping, right? In the sense that it hurts, right? (Elderly woman 6, F, 67 years old)

It is an attack on the body, an injury. (Elderly woman 7, F, 61 years old)

Physical violence is violence against the body, right? It is enough to hit the person's body, it is enough to bruise... the physics, right?! (Elderly woman 9, F, 66 years old)

Physical violence is hitting, it is pushing... in the middle, right? Hurt... that sort of thing. (Elderly woman 12, F, 62 years old)

In addition, when some elderly people tried to answer the question "What is physical violence?" they found it difficult to differentiate between physical and psychological violence, resulting in a mixture of the two. This can be seen in the similarity analysis (Figure 2), which shows that psychological violence permeates category 2, based on the terms "word", "talk" and "psychological", as evidenced by the following responses:

Physical violence is just not hitting. Physical violence is words, gestures that you say every day. (Elderly woman 3, F, 70 years old)

Talking tough, looking at people with angry eyes... It is saying, for example, [...] "Old fart", "Old liar"... I think it is. (Elderly woman 5, F, 80 years old)

"Assault with words, right? He is holding her arm tightly. (Elderly woman 10, F, 80 years old)

During the interviews, one elderly woman was very sensitive when asked about her perception of psychological aggression. She was a little shaken, she said she felt sad when talking about the subject and used phrases like "why did they do this to me" and "I do not deserve it" to emphasize how an elderly person would feel after experiencing a violent situation.

Category 3 - Older people's perception of abandonment

In the last question about abandonment, the elderly found it easier to talk about the subject, associating this typology with "asylum", "loneliness" and "family". The following excerpts demonstrate this:

I think abandonment. The worst sadness for the elderly is abandonment, but it is not just when they are put out on the street; it is not when they are put in a nursing home. [...]. (Elderly woman 3, F, 70 years old)

[...] I believe that abandonment of the elderly is selfishness on the part of the family itself, who get bored [...] go for a walk, then leave the "old" at home alone. They do not care, they do not try to find out. (Elderly woman 5, F, 80 years old)

Contempt is you leaving it there... You can put it in a beautiful house with all the visual comforts, but you are alone... you are alone; you have no pleasure. (Elderly woman 11, F, 83 years old)

Throughout the interview, some of them associated the occurrence of abandonment with the dependency to which the elderly are subject, explaining that sometimes age makes the elderly more difficult to deal with. The following statements highlight this reality:

I see a lot of abandonment by the elderly themselves because they do not get on with their children, they do not get on with their grandchildren, they do not get on with their parents-in-law. (Elderly 9, M, 66 years old)

It is not the elderly person's fault. I am not defending it, but we know elderly people are more difficult, right? But with all this, the person who is going to look after the elderly person has to get used to it. (Elderly woman 12, F, 62 years old)

The main peripheral words in the similarity analysis that prove that psychological aggression permeates category 3 are: "need", "attention" and "need".

DISCUSSION

The various manifestations of mistreatment make people ill and reduce their quality of life¹⁴. The potentiation of any type of violence is closely related to numerous factors that increase the vulnerability of the elderly, including socioeconomic conditions, dependency, family life, stress, decreased cognitive and behavioral functions, and lack of knowledge of the rights guaranteed to them¹⁵.

Among the types of violence suffered by the elderly, psychological violence usually precedes other types of violence. A survey carried out in 2020 and 2021 found that psychological violence is the most difficult type to identify and the most recurrent, surpassing physical aggression¹⁶⁻¹⁷.

The difficulty in identifying psychological aggression is related to the absence of physical marks since the consequences of psychological violence consist of emotional distress and the search for reasons to justify such aggression. Profiles like this were observed in qualitative research carried out at a UBS in the city of Teresina in 2019¹⁸.

The statements made by the elderly show that psychological violence is sometimes acceptable in this scenario, as they feel they need help to look after themselves and become dependent⁷. This justifies the normalization of psychological violence in the daily lives of the elderly and the difficulty in detecting it because the idea rooted in society that aging is a negative state, which creates a burden for the family and the community, alters the elderly's perception of their social role. In addition, the need for help means that the elderly person trusts their family member or caregiver, making discrimination, insults, and violations acceptable since they do not believe that people close to them would violate their rights¹⁹.

Physical violence is explained as the imposition of physical force to coerce the elderly into doing something they do not want to do, which can result in pain, damage, or even death. The definition given by the elderly people interviewed shows that most of them associate aging with the need for family care and that, in many cases, the majority of violence takes place within this scenario²⁻⁴.

In this context, 43% of the elderly interviewed reported having a living arrangement consisting only of a child or grandchild, which corresponds with studies carried out in 2022 that explain that elderly people with this profile are more likely to suffer some kind of violence, as the main perpetrators are close relatives⁵. Furthermore, understanding the elderly person's understanding of the aggravating factors they are subjected to allows care to be organized according to the individuality of each case through better preparation of professionals and effective health education actions⁶.

It is essential that primary health care pay attention to building social relationships with this public and establishing a bond of trust and care, given that at certain times, they are unable to identify different acts of mistreatment because they are within consanguineous ties. In addition, fear of punishment, embarrassment, or fear of abandonment are other reasons why elderly people deny the situation, making it difficult to trace violence⁶.

A limitation of the study was that it covered only one basic health unit and used a single sampling method. However, a theoretical saturation technique was used to avoid losing essential information.

FINAL CONSIDERATIONS

The main objective of this study was to understand the social representation of violence for the elderly. By explaining their concepts, the elderly contributed to the realization of this study's profile, making it possible to observe the need to implement health actions that guarantee the elderly greater knowledge about the different forms of violence to which they are subject.

In addition, this study lists topics that can help nursing professionals to more critically recognize scenarios of violence against the elderly and encourage them to improve their bond with patients and use more effective interventions.

The participants' speeches represent the importance of creating activities and campaigns to inform the elderly and the family network of their rights, as well as the effective implementation of this idea, since most of the studies on this subject emphasize the need for improvement, but do not present studies that have put this idea into practice.

Thus, this study provides an understanding of the violence experienced by the elderly, which enables the development of strategies for prevention, identification of violence, and breaking the cycle of violence, especially for professionals working in primary care services.

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Received: 18/06/2023

Approved: 29/02/2024

Associate editor: Dra. Juliana Balbinot Reis Girondi

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ISSN 2176-9133



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