78 - VIOLENCE AGAINST THE ELDERLY: INVISIBILITY THROUGH STRENGTH OF SILENCE

DANTAS, ROSIMERY CRUZ DE OLIVEIRA
Universidade Federal de Campina Grande – Cajazeiras-Paraíba-Brasil

ROMÉRCIA BATISTA DOS SANTOS
Universidade Federal de Campina Grande – Cajazeiras-Paraíba-Brasil
rmeryco_dantas@hotmail.com

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Introduction

Violence is an event that is part of the history of humanity, and it has a great impact in the contemporary society, expressing itself in the most diverse ways, reinforcing the absence of respect of the human being to each other, which is oblivious about age, gender, race, color or social class. According to the World Health Organization (WHO) violence is the intentional use of physical force or power, real or threatened, against itself or against another person, group or community, resulting in or likely to result in injury, death, psychological damage, developmental disability or deprivation. Violence can be classified as: physical, psychological, sexual, financial abuse, negligence, abandonment and self-negligence (KRUG et al., 2002).

Even knowing that it has no borders, its target is always the people in greater vulnerability, among them the elderly. The population of the elderly has presented accelerated growth in the world. Brazil will present, according to statistical projection for 2025, 46 elderly people for each 100 people under 15 years (ANDREZZA et al., 2012). This growth occurred, mainly, since the 1970s, as a result of the demographic transition, which began with the reduction of mortality rates followed by the fall in birth rates, causing significant changes in the age structure of the population (ALVES, 2008), which has required a rapid and adequate response, based on the implementation of public policies (MIRANDA; MENDES; SILVA, 2016).

Accompanying this growth, the register of violent events against this population segment also grows. Cooper, Selwood e Livingston (2008), demonstrated that in the world the prevalence varied, on average, from 3.2% to 27.5%. In Brazil, data on violence are historically scarce, not integrated and present a high level of complexity to be systematized. The main official sources of information are: Secretariat of Public Security – event bulletins and examination reports of the body of crime; State and Municipal Health Secretaries – questionnaires filled in the hospitasl and outpatient care (SANTANA et al., 2016). For the Ministry of Health this reality is due to the fact that violence generally occurs in the context of families in hierarchical and intergenerational relationships, as a way to relate, resolve conflicts or educate (BRASIL, 2010).

Considering that violence is a serious public health problem due to all the complexity that surrounds it, and the low visibility given to what occurs against the elderly person, we sought to identify the conditions that stimulate violence perceived and self-reported by the elderly participants in the National Health Survey (NHS) 2013.

Methodology

Cross-sectional, descriptive study with a sample drawn from the NHS-2013 database, which is a home-based epidemiological survey, representative for Brazil. It was used as criterion, for composition of the sample, individuals who aged 60 years or over, which characterizes the elderly (BRASIL, 2010). For the selection of the cases the question asked was: In the last 12 months, did you suffer any violence or aggression? x^2 The sample consisted of 23,815 subjects, representing 11.59% of the NSC. For data analysis, the variables age, sex, race, literacy, marital status, lifestyle, aggressor, location, type and frequency of violence were used. The data was summarized and analyzed leveraging the statistical package SPSS 20.0, using mean, standard deviation (SD), proportion and Chi-square test ( ). Ethical aspects are emphasized in the preservation of NHS data, since it was approved by the National Commission for Research Ethics of the National Health Council, Ministry of Health, under the Opinion no. 328.159, of June 26, 2013.

Results

The occurrence of violence in the elderly of the NHS - 2013 was low, where only 392 (1.6%) reported they had suffered aggression. The chi-square test and the characterization of the research sample is shown in Table 1.

Table 1 - Chi-Square test of the variables that characterize the elderly that composed the sample, according to the occurrence of violence on NHS 2013.

Variable	Violence

Source: NHS 2013

The total sample consisted of elderly individuals with a mean age of 69.77 (SD ± 8.08), with a female majority, 52.2% had non-white color/race, 22.6% declared they could not read and write, 35.8% had up to eight years of study, and 1.8% were attending school. Most have declared themselves married but living alone. The variables sex, race, literacy, marital status and lifestyle are associated with violence ($p < 0,05$).

The characterization of occurrence of self-reported violence is shown in Table 2.