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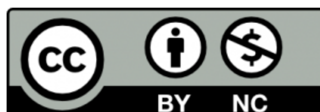

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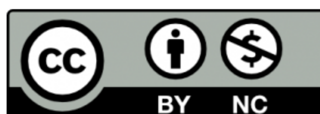

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Functional capability and violence situations against the elderly

Capacidade funcional e situações de violência em idosos

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Abstract

Objective: To verify whether there is a connection between the functional capacity of the elderly and the presence of violent situations in their daily lives.
Methods: A population-based cross-sectional study developed with 237 elderly individuals. Standard and validated research instruments were used.
Results: Mean age of 70.25 years (standard deviation of 6.94), 69% were female, 76% were independent in basic activities of daily living and 54% had a partial dependence on at least one instrumental activity. The most prevalent violence was psychological and the relation between being dependent on basic activities of daily living and suffering physical violence was statistically significant.
Conclusion: When the elderly needs assistance to perform self-care activities, there is a greater chance of exposure to a situation of abuse, such as physical violence.

Resumo

Objetivo: Verificar se há relação entre a capacidade funcional do idoso e a presença de situações de violência em seu cotidiano.
Métodos: Trata-se de estudo transversal de base populacional com 237 idosos. Foram utilizados instrumentos de pesquisa validados e padronizados.
Resultados: A média de idade de 70,25 anos (desvio padrão de 6,94), 69% eram do gênero feminino, 76% eram independentes nas Atividades Básicas de Vida Diária e 54% possuíam dependência parcial em pelo menos uma atividade instrumental. A violência mais prevalente foi a psicológica e foi estatisticamente significativa a relação entre ser dependente em Atividades Básicas de Vida Diária e sofrer violência física.
Conclusão: Quando o idoso necessita de ajuda para realizar atividades de autocuidado, maior é a chance de exposição à situação de maus-tratos do tipo violência física.

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Introduction

The natural process of aging, associated to chronic diseases, can favor functional disability. This will lead to an increased vulnerability of the elderly, which makes them more susceptible to suffering abuse.[1]

The definition for functional disability is the inability or difficulty in performing everyday tasks of human beings, which are usually necessary for an independent life in the social environment. The functional capability would be the potential to perform the activities of daily living or a certain action without needing the help of others, which is determinant to maintain quality of life and independence.[2]

The results obtained in evaluating functional capability allow to learn the profile of the elderly, regarding their functionality in everyday activities, which allows to identify situations that need an intervention for health promotion, in order to postpone the disabilities inherent to aging.[3]

Violence and abuse against the elderly can be defined as a single and repeated act, or the lack of appropriate measures in abuse situations, which occur in any relationship where there is an expectation of trust and causes harm or distress to an elder person.[4]

Regarding the nature of violence, there is a basic typology of violence committed against an elderly individual, consisting of psychological violence (verbal or gestural aggression), physical violence (use of physical force with the intention of harm and the inappropriate use of chemical and physical restrictions), sexual violence (sexual game or act against the will or without consent), abandonment (lack of care by the legal responsible individual), neglect (refusal of care by the responsible individual), material and/or financial exploitation (non-consensual use of material and/or financial assets) and self-neglect (any kind of behavior from the elderly that endangers their health and safety).[5]

Some risk factors in the elderly involved in violence situations have already been described by several authors; among which: having some type of dementia, physical disability, depression, loneliness or lack of social support; using alcohol or illicit drugs; living in conflict situations with the caregiver; and presenting signs of reduced cognitive and functional capacity. The presence of these factors may favor the increase of dependency for self-care in instrumental and basic activities of daily living and, therefore, increase the possibility of suffering abuse in their community environment.[6-8]

The objective of this study is to verify the relation between the functional capacity of the elderly and the presence of violence situations in their daily lives.

Methods

A population-based cross-sectional study, with a descriptive observational design, was developed with the elderly population assisted at a primary health care service, in Brasília, Distrito Federal, midwest region of Brazil.

The criteria for inclusion in the sample were: being 60 years old or over, of both genders, attending a health care service during the data collection period, not having a diagnosis of dementia and agreeing to participate in the study.

The elderly were individually approached after a medical consultation and in a private room, where face-to-face interviews were conducted, with an average duration of 50 minutes. Data were collected between July 2012 and November 2013.

The instrument used to assess the performance in basic activities of daily living was the scale proposed by Katz, which assesses the level of dependency of the individual to perform a set of six self-care daily activities: bathing, dressing, personal hygiene, transferring, continence and feeding.[9]

The result of the Katz score may vary from 6 to 18 points and, for analysis purposes, the following classification for the interpretation of the scores was used, with the following response options: does not receive any assistance, 3 points; receives partial assistance, 2 points; and does not perform the activity, 1 point.[10]

The Lawton scale was chosen to assess the instrumental activities of daily living. This instrument assesses functional performance in more complex activities, such as using the telephone, going to distant locations using a means of transportation, shopping, preparing meals, cleaning the house, doing domestic manual work, washing and ironing clothes, taking medications correctly and taking care of finances. The scores may vary between 9 and 27 points and, in terms of the classification on the level of dependence, there are 27 points for independence, from 26 to 18 points to partial dependence and ≤18 points for total dependence.[11]

A data collection instrument was created to approach the violence situations, consisting of semi-structured questions validated by a group of experts in the gerontology field, comprising personal and socio-demographic information, as well as information in terms of the nature of the violence (psychological, physical, sexual, abandonment, neglect, financial abuse and self-neglect).

The results were processed and tabulated on the Bioestat program, version 5.3. Descriptive statistics and percentage and absolute frequency tables were used for treatment data. The associations between the categorical variables were studied by means of the Chi-square test and significance was set at 0.05.

The development of this study complied with national and international ethical guidelines for research involving human beings.

Results

The sample consisted of 237 elderly individuals, of which 69.9% were female. The mean age was of 70.25 years (standard deviation of 6.94), ranging between 60 and 93 years. The most predominant age group was between 60 and 69 years (50.2%). The majority was white (48.1%), 38% of the elderly were married, 44.3% did not have any school education, 62% were Catholics, 46% had an income up to one minimum wage, 89% lived with at least one family member and 94.1% had children, as described in table 1.

Regarding the health situation of the elderly, most had, at least, one non-transmissible chronic disease, namely, 81% had hypertension, followed by type 2 diabetes mellitus (29%), chronic pain (21%), osteoporosis (18.5%) and osteoarthritis (14%).

Regarding the functional capacity measured by Katz and Lawton scales for the basic activities of daily living, partial dependency for one or two activities reached only 22% of the elderly, with a functional independent majority (76%) for those activities. For the instrumental activities, 54% had a partial dependency assessment in at least one activity performed and 6% were totally dependent to use transportation, take their medications, take care of their finances, among other activities (Table 2).

Regarding violence, about 60% reported having suffered some form of violence at some point of life, after the age of 60, even with the highest scores of independence, both in Katz and Lawton scale. As for the scores of greater functional dependence, i.e., greater need of help in performing self-care activities and more complex everyday activities, more than 70% of the elderly reported some situation of abuse after becoming elderly (Table 2); however, there was no significant value in the applied tests in terms of the relationship between variables.

In the analysis of the types of violence, psychological violence was the most prevalent, with 37% being humiliation, insult situations, rudeness, screaming and threatening the elderly, and 24% being discrimination, i.e., abused by not being treated with respect (Table 3).

Regarding the results of the relation between functional capacity and the presence of violence, the only type of violence where there was a value with statistical significance in the test performed concerned the association between basic activities of daily living and physical violence ($p=0.02$). The higher the Katz score, the greater the chance of the elderly suffering physical violence. In other words, the higher the dependence to perform basic activities, the higher the

Table 1. Characteristics of the elderly and violence

Variables	Gender Female Violence after 60 years		Gender Male Violence after 60 years	
	Yes n(%)	No n(%)	Yes n(%)	No n(%)
Age group, years				
60-69	53(68.80)	24(31.20)	24(58.50)	17(41.50)
70-79	46(69.70)	20(30.30)	13(52.00)	12(48.00)
>80	13(59.10)	9(40.90)	5(83.30)	1(16.70)
Color				
White	55(65.48)	29(34.52)	18(60.00)	12(40.00)
Brown	41(78.85)	11(21.15)	15(57.69)	11(42.31)
Black	16(55.17)	13(44.83)	9(56.25)	7(43.75)
Education, years				
Uneducated	46(63.89)	26(36.11)	17(51.52)	16(48.48)
1 year	10(71.43)	4(28.57)	4(80.00)	1(20.00)
2-4	30(66.60)	15(33.40)	12(63.10)	7(36.90)
5-8	21(80.70)	5(19.30)	5(50.00)	5(50.00)
>9	5(62.50)	3(37.50)	4(80.00)	1(20.00)
Marital Status				
Married	36(76.60)	11(23.40)	24(55.81)	19(44.19)
Widowed	44(64.71)	24(35.29)	4(66.67)	2(33.33)
Single	11(57.89)	8(42.11)	4(66.67)	2(33.33)
Lives with a partner	4(57.14)	3(42.86)	3(50.00)	3(50.00)
Divorced or separeted	17(70.83)	7(29.17)	7(63.64)	4(36.36)
Occupation				
Retired	70(70.71)	29(29.29)	30(63.83)	17(36.17)
Receives benefits	11(78.57)	3(21.43)	2(66.67)	1(33.33)
Receives pension	12(50.00)	12(50.00)	0(0.00)	1(100.00)
Works	8(72.73)	3(27.27)	5(35.71)	9(64.29)
Receives support from family/others	11(64.71)	6(35.29)	5(71.43)	2(28.57)
Income, minimum wages				
Without income	5(100.00)	0(0.00)	1(33.33)	2(66.67)
Until 1	59(66.29)	30(33.71)	8(40.00)	12(60.00)
2-3	40(65.57)	21(34.43)	28(65.12)	15(34.88)
>4	7(87.50)	1(12.50)	2(66.67)	1(33.33)
Does not know exactly/does not have a fixed amount	1(50.00)	1(50.00)	3(100.00)	0(0.00)
Children				
Yes	106(69.28)	47(30.72)	41(58.57)	29(41.43)
No	6(50.00)	6(50.00)	1(50.00)	1(50.00)
Accompanied by a relative	101(68.20)	47(31.80)	37(60.60)	24(39.40)
Living arrangement				
Alone	10(62.50)	6(37.50)	5(50.00)	5(50.00)
Accompanied by a non-relative person	1(100.00)	0(0.00)	0(0.00)	1(100.00)
Current religion				
Catholic	66(67.35)	32(32.65)	28(57.14)	21(42.86)
Protestant	41(66.13)	21(33.87)	14(63.64)	8(36.36)
Others	5(100.00)	0(0.00)	0(0.00)	1(100.00)

n=237

Table 2. Indices of functional capacity and violence situation

Activities of daily living	Suffered violence		Total n(%)	p-value
	Yes n (%)	No n(%)		
Basic activities of daily living				
Independent (score =6)	115(63.8)	65(36.2)	180(76.0)	0.49
Partially dependent for 1 or 2 activities (score 7-8)	36(67.9)	17(32.1)	53(22.3)	
Partially dependent for 3 or more activities (score ≥9)	3(75.0)	1(25.0)	4(1.7)	
Instrumental activities of daily living				
Independent (score =27)	60(63.1)	35(36.9)	95(40.1)	0.31
Partially dependent (score between 26-18)	84(65.6)	44(34.4)	128(54.0)	
Totally dependent (score <18))	10(71.4)	4(28.6)	14(5.9)	

n=237; Chi-square test ($p<0.05$)

Table 3. Type/nature of violence and its relationship to functional activities

Violence type / nature	Positive cases n(%)	Negative cases n(%)	Lawton Scale p-value	Katz Scale p-value
Humiliation	88(37.13)	149(62.87)	0.60	0.12
Discrimination	57(24.05)	180(75.95)	0.90	0.08
Physical violence	24(10.13)	213(89.87)	0.12	0.02
Sexual violence	10(4.22)	227(95.78)	0.98	0.33
Abandonment	56(23.63)	181(76.37)	0.75	0.89
Negligence	37(15.61)	200(84.39)	0.54	0.73
Financial abuse	52(21.94)	185(78.06)	0.90	0.59
Self-neglect	28(11.81)	209(88.19)	0.71	0.26

n=237; Chi-square test ($p<0.05$)

possibility of the elderly suffering physical violence, when, for example, he/she needs help to maintain fecal or urinary continence, to change clothes or to take a bath (Table 3).

Discussion

Although the aim of this study was the association of the violence phenomenon and the conditions of functional capacity among the elderly, one of the study limitations concerns the fact that it was not possible to establish a cause and effect relation among the analyzed factors, which suggests that the event was caused by the association of other variables that were not the scope of this study, as violence against the elderly is a multifaceted and complex phenomenon, with both clinical and social and situational origins. Thus, the violence against the elderly comprises several aspects of nursing care and, therefore, needs to be addressed during care in all settings of action of nurses and other healthcare professionals.

The approaches and methods employed allowed to verify that, in reality, the assessments of functionality and violence aspects may be performed together, since they complement each other, in order to contribute to maintain the physical, mental and social integrity of the elderly, through a global care to the elderly, provided by nurses and a multiprofessional team.

The sample characterization as for socioeconomic and demographic data and the context of the elderly corroborated the findings of another studies, whose elderly inclusion methods were similar to this study, with a predominance of elderly women, white, aged between 60 and 70 years old, with low education level and living with a family member.[3,12-14]

The feminization phenomenon of the elderly population may be observed in several studies and explained from some striking history facts,

such as the greater longevity reached by women, which may be associated with the increased health care and the non-exposure, while still young, to risk situations of violent death – this occurrence has a higher concentration in men for this elderly generation.[13,15]

The explanations are based on a perspective of gender, objectified symbolic spaces and lifestyles in contexts of socio-spacial occupation in the territories.

A singular feature is that the elderly are living with a family member, a situation denominated by co-residence. Very few live alone, and this fact is due to possible situations such as the financial dependence of other family members – which can characterize financial abuse, since most of them have their own income, or the inverse, when the elderly are financially dependent on family members.[16]

Another reality is the concern in caring for elders in the Latin culture, i.e., the behavior of overprotecting the elderly, who, in the symbolic imagery is represented as fragile and dependent of help to perform activities, from the most complex to the most basic self-care ones, which reduces their autonomy and independence still often preserved. The condition to live with relatives does not guarantee that there will be an adequate care to the needs of the elderly and is not characterized as a protective factor against abuse.[17,18]

The comorbidities evidenced by the presence of chronic diseases among the elderly present similar results to other studies, with hypertension and diabetes being the most prevalent in this population. These comorbidities are mainly related to lifelong habits, to the senescent aging process and to the senility associated, in turn, to endocrine and cardiovascular diseases, which favor the development of these diseases and the onset of disabling complications.[3,13,19,20]

The assessment of functional capacity in the elderly population analyzed in other studies with young elderly highlighted that, in activities of daily living, they showed greater functional dependence in relation to instrumental activities, when assessed, which can be related to the natural decline typical of aging. This occurs in most elderly populations without neurodegenerative diseases.[3,13,19,21]

Regarding violence situations and functional capacity, it is unanimous among the studies that an increased level of dependence results in a greater chance of the elderly being victims of violence, i.e., the elderly who need help for self-care or to perform more complex activities of daily living, such as handling finances, shopping and others, mainly due to physical disabilities, are at a higher risk of suffering abuse or mistreatment, especially when there is not a good relationship between the elderly and the relatives or the caregiver – and this may favor the occurrence of violence.[16,21,22]

As observed among the studied elderly, although only physical violence presented a significant result in the studied model in situations of dependence for activities of daily living, the other types of violence may be evidenced when there is a certain decline in functions of higher complexity associated to the presence of cognitive impairment. The reason for this is that the elderly would be doubly exposed to conditions of abuse, because he/she is inserted in a context that signals the loss of autonomy and independence.[16,21-23] In another study, the decrease of functional capacity among the elderly was associated with episodes of financial and emotional abuse.[12] New models of multilevel logistic regression needs to be tested to reveal possible effects between other variables.

It should be highlighted that the psychological violence, followed by abandonment and financial abuse were the most commonly reported conditions among the respondents. Other studies have already evidenced that a greater dependence in functional activities is associated with an increase in the possibility of the elderly suffering financial and emotional abuse, since they are more psychologically and physically frail and more vulnerable to situations involving verbal aggression, abuse threats, harassment or even intimidation. The detection of this nature of abuse, still poorly reported or notified in our milieu, deserves the attention of the professionals.[14,16,21]

The use of strategies that enhance the early detection and intervention of nursing and other pro-

fessionals towards the families of elderly individuals who suffer abuse is a need that must be incorporated to the nursing practice, mainly among elderly populations with risk factures inherent to the normal aging process and those in situations of vulnerability.[24]

Conclusion

Being dependent in basic self-care activities and suffering physical violence were statistically significant, i.e., when the elderly needs help in performing personal hygiene, transfers, feeding, among others, there is a greater chance of exposure to situations of physical abuse.

Collaborations

Faustino AM; Gandolfi L and Moura LBA contributed to the project conception, relevant critical revision of the intellectual content, research development and data interpretation, drafting and final approval of the version to be published.

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