

E-BOOK

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Domestic Violence against the Elderly

Theme: Domestic Violence against the Elderly

Title: Professionals' perception about the guidebook Violence against the elderly in the family context

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Introduction:

Studies on domestic violence against elderly people have been the object of attention from several areas of knowledge. Although an increase in longevity represents a great achievement of this century, the prevalence of elder abuse that occurs in a context of trust not only causes physical, psychological and emotional suffering, but also constitutes a serious human rights violation (Lachs & Pillemer, 2015). It is, therefore, a serious social problem. In Portugal, more specifically, there was an increase of 30% of this type of crime between 2013 and 2016 (APAV, 2017), being adult children the main perpetrators, followed by spouses, other relatives and grandchildren (Gil, Santos, Kislava & Nunes, 2014; Ferreira-Alves, 2005), thus contradicting the myth of the family as a privileged space of affection and security (Dias, 2004).

In this context, and in an increasingly ageing country, the district of Bragança is the fifth district with the largest geographical area, with a significant ageing rate of 227.5 (doubled value in the most peripheral areas), a low level of socioeconomic development and a lower literacy level of the elderly population (INE, 2012). Obviously, we cannot disregard these contextual macro indicators (Broonfenbrenner & Morris, 2006) when analyzing the dynamics of the elderly person within the family.

In fact, although domestic violence against the elderly is a complex subject, difficult to study and to identify, especially due to the collusion of silence (Faleiros, Penso & Lahud, 2010), a multidisciplinary and rigorous approach from the interinstitutional network of all the involved professionals and organizations, in order to achieve a decent ageing within the family, is indeed needed.

The guidebook entitled "Violence against the elderly in the family context: a guidebook to support professionals in identifying and reporting"¹² (Novo, Prada, Fernandes & Cerqueira, 2016), was developed in order to contribute to "a common language". It was also integrated the plan of a degree training in Social Education from the School of Education of the Polytechnic Institute of Bragança, in collaboration with the Centre for Assistance to Victims of Domestic Violence in the District of Bragança (ASMAB). Thus, in a pragmatic, simple, objective, but substantive way, throughout the eleven chapters, we intended to: (i) promote a greater articulation of networking; (ii) contribute to self and hetero-reflection, in order to better develop

¹² Download available at: <https://bibliotecadigital.ipb.pt/handle/10198/14270>

professional knowledge and skills for the identification and reporting of violence cases, and (iii) reaffirm the visibility of the victimization problem of the elderly in the family context.

This article has, therefore, as main objective to analyze the results of the impact of the guidebook, among professionals, to deepen the "meanings" of it.

Methods:

Participants

Through the non-probabilistic sampling method, 104 professionals, who directly or indirectly intervene in the family context with the elderly, have participated in this study. They correspond to 34.70% of the professionals in the District of Bragança, aged between 24 and 64 years, with an average age of 36.98 (SD = 8.69). As it can be seen in Table 1, the number of female participants (87.50%, n = 91) was considerably higher. In regards to marital status, the majority of participants are married (50%, n = 52), 44.20% (n = 46) are single, 4.80% (n = 5) are divorced and 1% (n = 4) widowers. Regarding the level of education, the graduated degree stands out (71.15%, n = 74), followed by a master's degree (16.30%) (n = 17) and, finally, doctorate 2.90% (n = 3). On the other hand, it is important to underline that 86.54% of the participants are qualified formal caregivers (22.10% Social Workers, 19.20% Social Educators, 16.30% Psychologists, 14.40% Nurses, 13.50% Others), working most of them in Residential Structures for the Elderly, Day Centres or Home Support Services (84.60%, n = 88). Regarding the professional practice time, 38.50% (n = 40) performed between 6 and 10 years, 26.90% (n = 28) between 1 and 5 years, 16.30% (n = 17) between 11 and 15 years, 9.60% (n = 10) between 16 and 19 years and 8.70% (n = 9) in a period equal to or greater than 20 years.

Table 1. Sociodemographic characterization of the overall sample (n = 104).

Variables	Minimum	Maximum	M	SD
Age (years)	24	64	36.98	8.69
		n		%
Gender				
Female		91		87.50
Male		13		12.50
Marital Status				
Single		46		44.20
Married		52		50
Divorced		5		4.80
Widowed		4		1
Academic Qualification				
Less than High School		8		7.69
High School Graduate		1		0.96
Bachelor's degree		1		0.96
High Education Graduate		74		71.15
Master's degree		17		16.30
Doctorate		3		2.90
Professional Category				
Director of Elderly Services		5		4.80
Qualified Formal Caregivers		90		86.54
Direct Action Helpers		9		8.70
Context of work				
Residential Structures for the Elderly/Day		88		84.60

Home Support Services		
Others (Continuity Care Unit, Shelter House)	16	15.38
Time in function		
1-5 years	28	26.90
6-10 years	40	38.50
11-15 years	17	16.30
16-19 years	10	9.60
≥ 20 years	9	8.70

Instruments and procedures:

The instrument used was an online survey drawn up for this purpose, implemented in 2017 after six months of the publication of the guidebook, and sought to capture its impact, on the one hand, and its demographic characteristics, on the other. At the outset of the survey, the purposes of the study were made explicit, stating that the collaborations were voluntary, and ensuring strict confidentiality with respect to personal identification data.

As mentioned earlier, the first part of the questionnaire consists of seven sociodemographic queries such as gender, age, marital status, academic qualification, professional category, professional practice time and the context in which the professional category is performed. To evaluate the impact of the guidebook, 19 items were constructed, grouped into four categories referring to interest, expectation and previous knowledge; the organization; the utility and use, and the global appreciation of this resource. The participants would have to position themselves in terms of degree of agreement / disagreement on a Likert scale with five possible answers, ranging from 1 (Totally Disagree) to 5 (Totally Agree). It should also be noted that a third part, a non-compulsory one, was included in the inquiry, in which three questions were put open to the participants, namely: ‘What is the topic you consider most useful for your professional practice?’, ‘How can the guidebook be improved?’ and ‘What obstacles do you face in identifying and reporting the elderly victim?’

Results:

Table 2 shows the items and the respective thematic categories, and in which it is possible to identify the degree of agreement of the participants. From the analysis of the table it is clearly noticed a favorable assessment in all previously defined categories, indicating that the guidebook had a positive impact on the professionals. However, it is convenient to point out that 56.70% of the surveyed consider this resource to be too theoretical in its organizational category, even though the authors have turned to simple, clear and accessible but substantive language. It should also be noted that, only six months after the diffusion of this resource in the district, its impact was positively assessed, although 36.50% of the professionals had a neutral position towards improving their professional practice.

Table 2. Guidebook evaluation.

Domains	Statements	Scale Degrees				
		TD%	D%	N%	PA%	TA%
Interest, expectation	It didn't bring anything new.	43.30	26	20.20	7.70	2.90
	My understanding of DV against the elderly corresponds to the explanation presented.	0	1	31.80	56.70	20.60

and previous knowledge	I felt interested by the contents.	0	0	20.20	52.90	26.90
	It has awakened the need to deepen knowledge in this area.	1	1.90	26	50	21.20
	The contents are properly organized.	0	0	21.20	50	28.80
	Is too theoretical.	5.80	19.20	56.70	10.60	7.70
	Is too long.	0	2.90	26.90	52.90	17.30
Organization	Is easy to consult.	0	1	24	48.10	26.90
	The language adopted is enlightening and accessible.	0	1	21.20	52.90	25
	The tables and flowcharts are appropriate and supportive.	1	0	27.90	49	22.10
	The graphic design is appealing.	1	1	24	54.80	19.20
	It meets local needs.	0	0	24	47.10	28.80
Utility and Use	It systematizes the procedures in the signalling and referral of the victim.	0	0	20.20	50	28.20
	It facilitates the articulation of interinstitutional partnerships.	0	0	20.20	50	28.20
	It allowed me to improve my practice.	1	0	36.50	46.20	16.30
Global appreciation	The contents covered are relevant to my practice.	0	0	15	50	35
	It has given greater visibility to DV against the elderly.	0	0	22.50	45	32.50
	It respects and dignifies the intervention with the elderly.	0	0	17.50	50	32.50
	I suggest this guidebook to other professionals.	0	0	17.50	55	27.50

Last but not least, a total of 42 respondents (40.38% of the participants) found that the most useful topic for professional practice is the chapter on the identification of signs of violence against the elderly; while only 19.05% (n = 8) emphasized all contents and 19.05% (n = 8) acknowledged the chapter referring to the reporting of violence cases in the district; 14.29% (n = 6) mentioned the chapter on violence prevention; only 7.14% (n = 3) assessed the chapter on risk and protection factors, and lastly, only 4.76% (n = 2) highlighted the chapter on the legislative and legal framework for violence against the elderly.

Concerning the second question - How can the guidebook be improved? – 26 answers were obtained (25% of the participants), and most of them showed that they did not consider any changes to be made in the guidebook (53.85%, n = 14). In turn, 7 respondents (26.92%) and 5 respondents (19.23%) referred, respectively, the need for less extension of the guidebook and the presentation of testimonies experienced during professional practice.

Regarding the main obstacles that the professionals from the district of Bragança face in identifying and reporting the elderly victim, it is noteworthy that from 33 answers (31.73% of the participants) the majority (54.55%; n = 18) mentioned factors related to the victim, more precisely denial, fear, guilt and dependency. It is also worth mentioning that 33.33% (n = 11) exposed cultural factors and bureaucracy involved in this process and 9.09% (n = 3) highlighted factors related to the family of the elderly person. Only one (3.03%) considered that there were no obstacles. Despite the shortage of respondents, these results point to the need for future investigations.

Final considerations:

The results show that, in general, the professionals value the guidebook published in the district of Bragança, both in terms of professional development and reinforcement of interinstitutional networks. Another relevant fact worthy of special attention, including in future studies, is the fact that professionals have identified the own victims as an obstacle to the identification and reporting of abuse of elderly people, especially because of their denial, fear, guilt and dependency. The professionals seem to have an ‘outlook’ very focused on the

victim, neglecting the contribution of other possible factors in breaking the silence pact that involves the dynamics of domestic violence towards elderly people.

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