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The education of health professionals in coping with violence against elderly women

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Liliane Mayumi Swiech
Medical Geriatrician Palliative, Master in Bioethics from PUC/PR. Pontifical Catholic University of Paraná, Brazil
https://orcid.org/0000-0002-0672-3512.
E-mail: liliane.mayumi@hotmail.com

Valquíria Elita Renk
Master in Education and PhD in History of Education. Graduate Program in Bioethics of PUC/PR. Pontifical Catholic University of Paraná.
http://orcid.org/0000-0002-2679-7471
E-mail: valquiria.renk@pucpr.br

ABSTRACT
Background: Violence against the elderly is an important public health problem, and permeates the ability of health professionals to conduct the case. Objective: What is the importance of formal and non-formal education for health professionals in identifying and acting in the face of situations of violence against elderly women? Method: This is a qualitative, exploratory research whose data collection instrument is a semi-structured questionnaire. The research participants are 34 health professionals (geriatricians and gerontologists) from the state of Paraná/Brazil. Results: The lack of an educational formation (formal or non-formal), aimed at health professionals, generates discomfort and difficulty in conducting cases in which violence against elderly women is observed. Conclusion: It is emphasized the urgency in the development of public policies for the education and protection of elderly women, and training and qualification actions for health professionals, so that these moral patients have their dignity and human rights preserved.

Keywords: Social vulnerability, violence against women, bioethics, formal and non-formal education.

1 INTRODUCTION

In Brazil, the person considered elderly is 60 years or older (BRASIL, 2003), and corresponds to about 55% of the population. In this age group, women are more prevalent, with a life expectancy of 79.9 years, while men have an expectation of 72.8 years (IBGE, 2019). Population aging is already a reality in Brazil, and adjacent to this movement comes the need to promote comprehensive care for the elderly (MONTEIRO, 2017).

This assistance also presupposes ensuring dignity, the right to freedom and security (JEON ET AL, 2019), since the elderly person is more predisposed to social exclusion, especially in females where there is exacerbated moral and social vulnerability (SANCHES et al., 2018). Thus, identifying possible cases of violence is also the work of health professionals and everyone involved in the care process (FILEBORN, 2017; PARANHOS, 2019).

However, it is presumed that there is probable difficulty of the health professional in identifying and conducting cases of violence, which makes the situation worrisome, since they are also responsible for ensuring the autonomy of elderly women and valuing their dignity. Thus, it is imperative to discuss ways to preserve the Fundamental Human Rights of elderly women.

2 METHODOLOGIES

It is research of qualitative, exploratory approach, with procedures of bibliographical research and field research, with comparative analysis of the results, and was developed in three stages.

In the first stage, the conceptual theoretical foundations on formal and non-formal education, on the breadth of gender roles shaped by the historical past, violence and the struggle for women's dignity were sought. This review on the state of knowledge was carried out on the platforms Virtual Health Library, Pubmed, Google Scholar, Scielo; under the descriptors "elder abuse"; "vulnerability"; "Women", in the period of December 2021, contemplating articles from the last 28 years.

In the second stage, empirical research was carried out, whose data collection instrument was a semi-structured online questionnaire with 34 participants who are professionals of Geriatrics and Gerontology of the State in Paraná[1]. Data collection occurred in the months of December/2021 and January/2022. The questionnaire, which was sent in the online format, has 09 questions, being 04 closed questions and 05 open questions. The instrument contained questions related to professional practice, physician-patient relationship, identification of the work area, referral of cases, which type of violence and who was the aggressor, and educational training related to the theme.

In the third stage, data organization and analysis were performed, where the results of the questions related to the training of professionals and referral of identified cases were compared and discussed in an interdisciplinary perspective, based on the meaning and explanations attributed by the participants.

3 FINDINGS

The participants of this research have a formal education in the area of health (Geriatrics and Gerontology), therefore, they have a position of recognized authority, because they speak of a social place endowed with public credibility that is the doctor's office or hospital, and take care of the health of the target audience of this research (FOUCAULT, 2013). The total number of participants was 34 geriatricians and gerontologists from the State of Paraná.

Most participants (N=30) reported having identified in their work routine some case of violence against elderly women. Of these 30 professionals, 80% (N=24) indicated that they did not have any type of training or qualification to deal with this type of situation, neither in their academic training nor in their professional practice. Of these 24 professionals, even without a training process on the subject, 7 were able to refer the cases to a responsible body. Therefore, a large portion of the professionals were not able to adequately notify the case of violence.

[1] The research was approved by the Research Ethics Committee (CEP) of the Pontifical Catholic University of Paraná - CAAE: 52978321.2.0000.0020. The participants who responded anonymously were not identified.

Only 20% (N=6) reported having had some type of education in this area, 4 in non-formal education and 2 in formal education - namely, through training in the Municipal Health Department, participation in congresses, seminars, lectures of the Municipal Council of the Elderly/Social Action Fund, in the geriatric's residence and in an extension project at the university.

A more objective look at the results shows that the 4 professionals who had non-formal education maintained the conduct of referral to social assistance, psychology, the Public Prosecutor's Office and 1 of them only registered in the medical record and talked to the family, not notifying any responsible body.

This unreported case record evidences serious conduct and contributes to the continuation of violence. The 2 participants who had Formal Education were able to take the situation to the responsible body (referral to the Public Prosecutor's Office and Social Assistance).

In the research, the participants were asked how they felt about situations of violence against the elderly women. It was found that the moral discomfort faced by the health professional contemplated all those who have already faced situations of violence. Some participants mention the anguish of not knowing how to act properly, others of the fact that the victim was slow to seek help.

There are also those who were sensitized to see the vulnerability of the victim and were perplexed that no other professional colleague had taken an attitude in defense of the elderly woman previously. One of the participants records the surprise to discover that the victim himself did not wish to receive help.

Thus, it is noted that the health professional is not indifferent to the situation of violence, but needs more instruction to know how to act in this situation.

The main types of violence reported by the participants were patrimonial and psychological. In all the cases reported, the aggressors were people very close to the victims (husband, children, caregivers), who participated in the elderly women's lives and who should take care of them, but who instead generate a situation of vulnerability due to affective, financial or other dependence.

An interesting fact is that when we look in detail at the totality of the research participants, only 33% of the total made a complaint to the responsible authorities. Those who did not file a complaint, when asked how they acted in the face of the situation, reported that they only recorded in the medical record or referred them to the social worker or psychology service and also to the direction of the establishment. Thus, most professionals maintained the situation within the institution, without proceeding, contributing to the cases not becoming public, and not complying with the Statute of the Elderly.

4 DISCUSSIONS

The population aging that has occurred in recent decades (CEPELLOS, 2021) comes from many factors, such as greater access to health, evolution of the pharmaceutical industry, the reduction of the mortality and fertility rate, and many others (MONTEIRO, 2017). Brazil is the 15th country in the world with the largest number of elderly people, and in 2050 will occupy the 9th position (MONTEIRO, 2017; VERAS, 2018). Currently there are more than 30 million elderly people in this country (IBGE, 2019).

This process also contemplates the feminization of aging, which will correspond to 54% of the global population in 2050 (CEPELLOS, 2021). There are several factors that contribute to greater longevity of the female sex, such as less use of alcohol and tobacco, decreased maternal mortality, stricter health monitoring, and others (NICODEMO, 2010). All this situation brings with it the need to propose a quality care aimed at the elderly population specifically (MONTEIRO, 2017).

Thus, the importance of understanding the complexity of the situations that make the elderly person even more vulnerable throughout the aging process is emphasized (CEPELLOS, 2021; LINS, 2017). Existential vulnerability is proper to every human being, but the elderly person has the aggravation of social vulnerability, either by lack of support, senility, and many others (DONG, 2015; SANCHES, al., 2018). Society has as cultural value the valorization of work, the idealization of the young as a model of health and criterion of happiness, and this creates an impression of uselessness of the retired (JUNGES, 2006).

Elderly women have exacerbated moral and social vulnerability, making them the target of higher rates of violence (JEON, 2019; Pickering, 2016). The macho and patriarchal culture defends policies that reinforce the devaluation and exclusion of elderly women (GOLDEMBERG, 1997; NICODEMO, 2010). This fact may contribute to the victim's own having difficulty recognizing their reality, since the "normalization" of violence was imprinted within them (NICODEMO, 2010). Silence is the result of a cultural history of inferiorization and subalternization of women (SANTOS, 2007; QUIJANO, 2005). Dussel (2005) and Herrera Flores (2005) highlight this same oppression that was naturalized in everyday life and that functions as a driver of violence. This is what Anibal Quijano (2005) calls the coloniality of power, with the subalternization of women. The silencing of elderly women in the face of cases of violence shows the urgency to recognize them as subjects of rights (BOURDIEU, 2009), and the understanding that they have a historical and cultural identity that does not always allow them to verbalize or demonstrate the violence to which they are subjected. Both dignity and integrity are basic requirements to guarantee fundamental human rights (HOSSNE, 2009).

Given the urgency in confronting the issue, it is essential that public institutions of care and support for the elderly carry out political productions to confront violence.

This action contemplates providing means of education, or training that guide professionals how to act, remembering that "education should be a mobilizing practice of truths and a form of intervention in the world" (FREIRE, 2014, p. 97).

This research showed that there are few health professionals who had training on how to face the problem, and also evidenced the lack of communication between the professionals who care for the elderly and the protection agencies.

This denotes that there is little effectiveness of a protection network aimed specifically at this population that has marked vulnerability (SANCHES et. al., 2018) and needs help so that their rights of protection and freedom are respected.

Thus, the municipal governments should act more actively so that health professionals have knowledge about the Municipal Councils of the Elderly. It is necessary to give voice to those who have been silenced and break with marginalization, so that the elderly have more autonomy over their lives (SANTOS, 2007).

In Brazil, the Federal Constitution of 1988 established the foundation of equal rights, human dignity and the promotion of the well-being of all without discrimination (Art. 1 and 3) (BRASIL, 1988).

In order to protect the elderly, the Statute of the Elderly, Law No. 10,741/2003 (BRAZIL, 2003), was sanctioned in 2003, which has among its foundations the preservation of their health (Article 2), not to be neglected, not to suffer violence and also establishes the duty of all to prevent violations of rights (Article 4.) (BRAZIL, 2003, p16).

But in reality, there is a gap between what is written in law and what the ageist and sexist society has propagated (GOLDANI, 2010).

Among the public policies to confront the theme, some measures were created, such as: the Sinan (Information System of Injuries and Notification) that implemented the Surveillance System of Violence and Accidents (Viva) in 2006.

This fact culminated in the implementation of Ordinance No. 104, in 2011, which makes notifications of violence compulsory (SINAN, 2020); the Statute of the Elderly (Law No. 10,741/2003) that guides the referral of cases of violence to the police authorities, the Public Prosecutor's Office or the Municipal, State or National Council of the Elderly (BRAZIL, 2003).

There is also the creation of own protection networks aimed at the elderly in each state (Special Center for Assistance to the Elderly.

Public Defender's Office of the State of Rio de Janeiro; Secretary of Social Development, Children and Youth of the State of Pernambuco; Center for Reference and Confrontation of Violence Against the Elderly; State Fund for the Elderly of Ceará; State Council for the Rights of the Elderly.

Government of the State of Paraná). The legal effort to try to guarantee human rights is remarkable, but it should be noted that statistics, guidelines and laws apply to women in general, and exclude the age group of elderly women.

Since respecting the principle of justice and equity presupposes prioritizing the vulnerable (SCHRAMM, 2008), one must break with the silencing and invisibility in public policies of elderly women, and talking about the subject is a way of trying to guarantee access to the social rights provided for the elderly and can contribute to the confrontation of violence against women (SANTOS, 2007).

In relation to the theme of violence against elderly women, a few studies were found, such as: Manso (2020) who reviews publications from 2009 to 2019 in Latin America and the Caribbean, presents official documents that address the theme and analyzes how much older women are more susceptible to violence in the face of a patriarchal culture and the gender roles to which they are subjected.

Dias, Lopes and Lemos (2018) analyzes the aging of the female population of Portugal, highlights its social and economic vulnerability, discusses the importance of Feminist Movements and the consequences of gender asymmetry.

Sousa et all. (2021), surveys the elderly living of Pernambuco to find which factors aggravate the risk of violence and conclude that items such as multimorbidity, cognitive deficit and functional dependence corroborate the delicate situation. Thus, there is also a lack of scientific studies that prioritize elderly women.

Gender violence has multiple faces (MANSO, 2020; SOUSA, 2021), since gender roles are socially formed (DIAS, 2018).

For a long time, it was socially accepted and even internalized in the women themselves (NICODEMO, 2010), and therefore the need to understand that some women are more exposed to situations of vulnerability, such as the elderly, is highlighted.

Violence can occur in the sexual, psychological, physical, patrimonial sphere (OLIVEIRA, 2017) and when it occurs in the intimate family environment it creates even more obstacles to its intervention (MANSO, 2020; DAYS, 2018).

Because the aggressors are mostly close people, the dependence and coexistence that links the domestic environment makes it even more difficult to seek help (FILEBORN, 2017; Pickering, 2016; BERNARDES, 2016).

There are many impasses on the part of victims that generate obstacles in the search for help, such as guilt, shame, lack of information, loss of their own identity and even the erroneous idea that only physical abuse is characterized as a type of violence (FILEBORN, 2017; MCGARRY, 2017; SOARES, 2005).

It should also be noted that elderly women have a less efficient coping parameter because they may present more passive postures and renunciation of their autonomy (DONG, 2015; PARANHOS, 2019), consequences of a historical context of inequalities.

The negative impacts of violence on health are already well established: depression, anxiety, post-traumatic stress syndrome, substance abuse, increased risk of institutionalization and suicide, among others (DONG, 2015; MCGARRY, 2017; Curry, 2018).

It is known that cognitive impairment or impaired health, caregiver stress, low education and socioeconomic level, are risk factors for violence (FILEBORN, 2017), not to mention the female gender itself (PICKERING, 2016). Thus, violence against elderly women is an obstacle to public health, as it affects physical and mental health and mortality rate (PICKERING, 2016).

The notification of violence against the elderly is surprisingly low: approximately 10% of cases (CURRY, 2018), which emphasizes a significant underreporting.

Since the victim presents marked vulnerability, the health professional needs to be attentive and aware of its relevance in the fight against this situation, since notification is an instrument for the preservation of Human Rights.

Because they are on the front line, they can be the first recipients of the victims' distress call (MCGARRY et al., 2017, MACEDO, 2020), and in view of this they must know how to identify and properly conduct the situation because they have responsibility for protecting the autonomy of elderly women.

The 9th art of the National Judicial Policy highlights that the omission of violence against elderly women is considered institutional violence (CNJ, 2021).

The results of this research show that the minority of professionals underwent some type of education (formal or non-formal) while the majority did not have access to educational processes on the subject, and reported that they did not know how to proceed in cases of violence against the elderly and neither that they should fill out the report of Notification of Aggression or report it to the authorities.

This result shows the importance of education, whether formal or non-formal, so that the professional is instrumentalized and knows how to refer the identified cases of violence.

What is expected of a professional is not the mechanical repetition of the gesture, but "the understanding of the value of feelings, emotions, insecurity to be overcome by security (...)" (FREIRE, 2014, p. 45).

The social responsibility of Higher Education Institutions is highlighted, so that the professional has knowledge of how to refer cases of violence and break with silencing.

The importance of education (formal and non-formal) in the construction of citizenship is reaffirmed, respecting the dignity of elderly women, non-omission in cases of violence (GOHN, 2016, 2020).

This is an emerging theme and cannot continue to be neglected by professionals and society. In this sense, it is necessary to "build emancipation from a new relationship between respect for equality and the principle of recognition of difference" (SANTOS, 2007, p. 62).

The concept of education encompasses "the formative processes that develop in family life, in human coexistence, at work, in teaching and research institutions, in social movements and civil society organizations and in cultural manifestations" (BRASIL, 1996, art. 1º.).

Formal education is characterized by the "formal character of school processes, standardized by official higher institutions and certifiers of titles. (...) has a national legislation that regulates specific criteria and procedures" (GOHN, 2016, p.60).

Therefore, it is institutionalized, regulated, standardized and follows the legislation and official norms of education. It aims at school, technical or academic training and at the end of the process certifies the modality or degree of education.

It is structured in a system "hierarchically structured and chronologically graduated, from primary school to university, including academic studies and the varieties of specialized programs and technical and professional training institutions" (MARANDINO, 2017, p 812). It is held in formal school institutions, complying with legislation, regulations and guidelines. It is a certifying education.

Non-formal education is understood as

> A socio-political, cultural and pedagogical process of formation for citizenship (...). It designates a set of sociocultural practices of learning and production of knowledge, which involves organizations/institutions, activities, means and varied forms, as well as a multiplicity of social programs and projects (GOHN, 2020, p.13)

Non-formal education, which takes place 'outside the walls' of schools and universities, is a socio-political process of formation for citizenship and learning new knowledge (GOHN, 2020). It can be carried out in social institutions, non-governmental organizations, social movements, collegiate bodies and others.

"Non-formal education is a learning process, not a symbolic structure built and embodied in a building or an institution; it occurs through thematic dialogue" (GOHN, 2016, p. 60).

Non-formal education is built by choices, proposals and intentions. Learning is not spontaneous, but generated and shared. It is a right and an important tool of citizen formation, regardless of social class or level of education (GOHN, 2020)

Education is a condition for the person or an organization to decide to change or incorporate new elements into its practice (CECCIM, 2005). The booklets produced by public agencies, derived

from public policies, are educational instruments that can guide health professionals in coping with the violence that elderly women suffer.

They are produced by institutions endowed with public credibility and socially recognized for their speech of veracity (FOUCAULT, 2013, RENK, 2018). A *primer* is a didactic manual that describes and instrumentalizes the language (AUROUX, 1992).

For this study, some were located that are educational in the orientation of professionals to face this delicate situation, with access released to the public, namely: the Primer Coping with violence against the elderly in Health - of the State Department of Health of Rio Grande do Sul (SILVA, 2016) and the Primer of Viva (BRAZIL, 2016) that teach professionals about the flow of referral and completion of the notification report.

Also, the Booklet Facing Violence against Women, Practical Guidelines for Professionals and Volunteers, of the Special Secretariat of Policies for Women (2005) which addresses the theme, but does not have any specific chapter on elderly women (SOARES, 2005).

Considering that there are already public policies on the guarantee of the rights of the elderly, these published materials have an important social role in guiding legal procedures and in the notification of cases of violence against the elderly.

These materials aim to guide and educate the professional to change behaviors and attitudes, reverberating in attitudes that guarantee the dignity of the elderly. Non-formal education and continuing education can be ways to build ethical, respectful attitudes, in the commitment to human rights, dignity and justice.

The difficulty of action of health professionals makes it urgent to address this issue, because it affects the class of the population that is vulnerable and excluded, causing violation of the Fundamental Human Rights to security, protection and freedom.

The importance of public managers to become aware of and promote formal and non-formal education for these professionals is highlighted, as they are important disseminators of knowledge and instruments for the protection of fundamental human rights.

5 CONCLUSIONS

It is observed that population aging is occurring, but even so, the elderly person is marginalized in public policies, in scientific studies, suffers from the difficulties of intergenerational coexistence and is a victim of violence. In Brazil there is a feminization of aging, but, paradoxically, the elderly was socially invisible and excluded.

This movement of prevalence in the age group indicates the need to include the needs of elderly women in sanitary measures, create conditions for their well-being and stimulate their autonomy.

There is still an appreciation of the young person as synonymous with health, of workers as socially useful people, creating marginalization and contempt for the elderly.

Elderly women are little contemplated in public policies and the violence to which they are subjected is still a taboo subject, little discussed by society and academia.

Historically, society has accepted and normalized the exclusion of elderly women, who have marked vulnerability, which has led to the maintenance of invisibility, innumerable forms of violence and discrimination.

Many women have even internalized violence and habituated it as something naturally imposed on their gender.

Feminist Movements and supranational Conventions are important milestones in the attempt to guarantee women's human rights, but they are still insufficient to end violence against elderly women. It is necessary to promote more effective political and institutional changes in coping with this delicate situation and that the elderly (and all women) can live fully with dignity.

In this research, it was found that violence against elderly women is not yet a significant theme in public policies or in scientific articles, which shows their invisibility as a person and as a subject of rights.

Physical, emotional, psychological and patrimonial violence is carried out by close people, such as family members, caregivers, who should be positioning themselves in favor of the protection of the elderly.

Given the historical cultural conditions, it is difficult for victims to denounce these situations, and therefore, the geriatricians and gerontologists who care for these elderly women should be more attentive to their requests for help. Few professionals denounce cases of violence. Thus, within many homes, the cycle of violence against elderly women persists.

The study shows that health professionals felt powerless in the face of cases of violence. Most of the participants do not have any training or educational qualification on this topic, and thus, did not know how to act and did not submit a complaint to the responsible bodies.

The minority of the research participants took training courses on the subject and, therefore, were able to feel more secure in identifying the cases and conducting them to the authorities. In this sense, the Statute of the Elderly is clear in stating that society is responsible for the well-being and dignity of the elderly, but when there is omission, the situation persists.

Therefore, it is urgent that health professionals have educational training on the subject to know how to proceed before the identification of cases of violence.

Formal and non-formal education proved to be an effective instrument in the fight against violence against the elderly, as it equips health professionals in the identification, notification and intervention of cases of violence.

Protecting moral patients is the responsibility of all those who care, because the search for a society with more equity foresees fighting against actions that violate basic human rights in the context of freedom and dignity.

Thus, there are numerous challenges in acting in cases of violence against elderly women, and much is due to lack of knowledge of the legal procedures to be adopted.

There is a need for more public policies for the well-being of the elderly, which ensure their autonomy, their effective participation in society, and guarantee their rights and dignity.

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