
Multimed 2025; 29:e2997

Original article

Knowledge about domestic violence in older adults

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Knowledge on domestic violence in children

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SUMMARY

The growth of the older adult population proportionally increases the potential for becoming a victim of violence. It currently constitutes one of the most severe effects affecting humanity. With the objective of modifying knowledge about domestic violence in older adults, a quasi-experimental educational intervention study was conducted with

older adults at Family Medical Office No. 7 of the Carlos J. Finlay Teaching Polyclinic in the Songo La Maya municipality, from February to September 2023. The educational strategy was carried out in three stages: diagnosis, development, and evaluation. A questionnaire was administered to the participants to obtain information. Variables such as age, sex, and level of knowledge were studied. The McNemar test was used to validate the results. It was evident that before the intervention, most patients had inadequate knowledge in the areas of definition (78.3%), types of violence (90.0%), risk factors and consequences (78.3%), and appropriate conduct (65.0%), respectively; these results were modified after the intervention. The educational intervention carried out in this study showed desirable effects, as it improved knowledge about domestic violence in most participants.

Keywords:Elderly; Violence; Knowledge.

ABSTRACT

The growth of the elderly population proportionally increases the potential of being a victim of violence, currently it constitutes one of the most severe effects that has been plaguing humanity. With the objective of modifying the knowledge about domestic violence in older adults, a quasi-experimental study of educational intervention was carried out in the older adults of the family medical office No.7 of the Carlos J Finlay Teaching Polyclinic of the Songo La Maya municipality, during the period from February to September 2023. The educational strategy was carried out in three stages: diagnosis, development and evaluation. To obtain information, a questionnaire was applied to the participants. Variables such as: age, sex and level of knowledge were studied. The McNemar test was used to validate the results. It was evident that before the intervention, the majority of patients had inadequate knowledge in the domains definition (78.3%), types of violence (90.0%), risk factors and consequences (78.3%), respectively, and behavior to follow (65.0%), results that were modified after the intervention. The educational intervention carried out in the present research showed desirable effects to the extent that an improvement in knowledge about domestic violence was obtained in

the majority of participants.

Keywords:Elderly; Violence; Knowledge.

SUMMARY

The growth of the population of the poor increases proportionally the potential to be victims of violence, currently constituting two of the most serious effects on humanity.

With the objective of modifying the knowledge about domestic violence in children, a quase-experimental study of educational intervention in children was carried out at the family medical clinic nº 7 of the Carlos J Finlay Education Policlínica, in the municipality of Songo La Maya, during the period from February to September 2023. The educational strategy was carried out in three stages: diagnosis, development and evaluation. To obtain information, a questionnaire was applied to the participants. Forms studied vary such as age, sex and level of knowledge. The McNemar test was used to validate the results. It is evident that, before the intervention, most patients presented inadequate knowledge in the domains of definition (78.3%), types of violence (90.0%), factors of risk and consequences (78.3%), respectively, and behavior to follow (65.0%), results that were modified after the intervention. The educational intervention carried out in this research showed negative effects to the extent that greater knowledge about domestic violence is obtained in most of the participants.

Keywords:Idoso; Violence; Knowledge.

Received: 03/13/2024

Approved: 02/27/2025

Introduction

The number of people over the age of 60 worldwide increased in the 20th century from

400 million in the 1950s to 700 million in the 1990s; it is estimated that by 2030 there will be around 1.4 billion elderly people. At the same time, the group of those over 80 years of age has increased and in the next 30 years they will constitute 30% of older adults in developed countries and 12% in so-called developing countries. (1)

At the end of 2022, the degree of aging reflects 22.3%, with a population of 60 years and more than 2 million 478 thousand 087 people, that is, in just 20 years the degree of aging grew by 7.7%, consolidating Cuba as one of the most aged countries in Latin America. (2)

Among the dilemmas and challenges facing Cuban medicine regarding the elderly population is elder abuse. The various forms of individual and collective expression of violence, the factors that cause it, and the social consequences they generate make it a complex phenomenon. Violence is believed to have a changing nature based on the dynamics of power and the distribution of roles and resources; therefore, different types of violence can be established. (3)

The most common forms of domestic violence committed against older adults are: physical, psychological, and economic abuse (active forms) and physical and psychological abandonment and neglect (passive forms). Other forms, such as sexual violence, may also occur to a lesser extent. (4)

In Cuba, there is a notable aging of the population, the rights of this group are protected by the Family Code (1975), Decree Law 95 (2007) on Social Care and Prevention, Decree Law 242 (2007) of the Popular Councils on the system of prevention and social care. Multidisciplinary care is also provided to the elderly who report family or other types of aggression, although many prefer to remain silent to avoid conflicts with their families and to avoid their unfortunate problem being made public. (5)

In Family Medical Office No. 7 of the Carlos J. Finlay Polyclinic in the Songo La Maya Municipality, during 2022, 69 acts of violence against older adults were detected during daily work with them, without them really knowing that they were being violated in most cases.

For these reasons, the objective of this research is to modify knowledge about domestic

violence among older adults in the aforementioned community.

Methods

A quasi-experimental educational intervention study was carried out in older adults at Family Medical Office No. 7 of the Carlos J Finlay Teaching Polyclinic in the Songo La Maya municipality, during the period from February to September 2023.

The study population consisted of 173 physically and mentally fit older adults residing in the area who expressed their willingness to participate in the research.

The finite sample formula was used to calculate the minimum required sample size. Once the sample size (60 patients) was calculated, simple random sampling was used for selection, and three subgroups of 20 patients each were formed.

The variables used were related to knowledge about domestic violence, risk factors for domestic violence, types of violence, consequences of violence, and the appropriate course of action in the event of an act of domestic violence.

The educational intervention was carried out in three stages:

Diagnostic stage: A questionnaire developed by the research authors and reviewed by experts on the subject was used to assess knowledge levels. This instrument consisted of five questions related to the definition of domestic violence, risk factors for domestic violence, types of violence, consequences of violence, and appropriate action to take when faced with an act of domestic violence. Each correct answer was assigned five points, for a total of 100 points.

At the end, all the positive answers were added up and the knowledge of:

Adequate: if you scored 60 points or more.

Inadequate: if you scored less than 60 points.

Each question will be considered correct if only one clause is incorrect.

Educational intervention (EI) phase: This phase was conducted during a one-hour health education group. The topics discussed included the following aspects of domestic

violence.

Definition: Domestic violence is considered to be any action or omission committed within the family, by one or more of its members, which causes physical, psychological or sexual harm to other members, which undermines their integrity and damages their personality or family stability..

Types of violence:

- Physical abuse: Use of physical force that may result in bodily harm, pain, or physical impairment. This may include hitting, pinching, shoving, kicking, burning, physical punishment, whipping, inappropriate use of drugs, physical restraints, and forced ingestion.
- Sexual abuse: Unwanted sexual contact of any kind. It can include: groping, taking indecent photographs without consent, rape, forced nudity, etc.
- Abandonment: The abandonment of an elderly person by a person who had assumed responsibility for their care, or by the person in charge of their custody (legal guardian). This includes abandonment in care institutions such as hospitals, nursing homes, and clinics, as well as in shopping centers, stores, and on public streets.
- Economic abuse: Illegal or improper use of all or some of the elder's financial funds, assets, property, or possessions.
- Neglect: Conduct that threatens the adult's own health or personal safety through restrictions, absences, or deficiencies in the provision of food, drink, clothing, hygiene, cleanliness, shelter, medication, or safety.
- Psychological abuse: use of coercion, insults, contempt, undervaluation, disqualification, or dominating and imposing behavior.

Risk factors for domestic violence:

Risk factors for the elderly

- Advanced age, widowhood, female sex.

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- Social isolation, history of domestic abuse, frequent changes of address and health center.
 - Recent worsening of health, physical deterioration or cognitive, dementia.
 - Behavioral disorders: agitation, incontinence.
 - Functional, financial or emotional dependence.
 - Depression, low self-esteem.

For the aggressor, the risk factors are:

- History of domestic violence.
- Social isolation, poverty, refusal of medical or healthcare help.
- Mental illness or substance abuse.
- Chronic physical illness.
- Caregiver overload, physical or emotional.
- Victim dependency.

Regarding the environment in which abuse occurs, the risk indicators are:

- Lack of social resources.
- Economic difficulties.
- Previous bad family relationship.
- Shared housing.
- Healthcare world: lack of initiative, training gaps, work overload.

Consequences of domestic violence: Exposure to violence can increase the risk of smoking, alcohol consumption, or drug use; mental illness or suicidal tendencies; as well as chronic illnesses such as heart disease, diabetes mellitus, or cancer; infectious diseases such as HIV; and social problems such as crime or increased violence.

Conduct to follow:

- Identify the consequences of abuse on your emotional and physical health.
- Establish an action plan with healthcare personnel (doctor, social worker), specialized services (legal assistance), or family members.

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- Don't hesitate to ask for help.
 - You shouldn't deny that you have a problem and "nothing's wrong," you should report it.
 - Go to or ask for support from a group in your community
 - Create a safety plan and explore protection strategies: have emergency and police phone numbers handy.

The duration of the intervention allowed older adults to clarify their doubts and express their stress levels, fears, and anxieties. The EI took place at CMF No. 4, near the participants' residence. This program consisted of seven topics and utilized educational videos, simulations, and discussion groups. Written guidelines were also provided.

Evaluation stage:

A second phase was conducted six months after the start of the intervention, and the questionnaire was administered again with the same scoring characteristics. Changes in knowledge were assessed. The results were considered before and after based on this time period.

The McNemar test was used to validate the results. This test expresses the changes in a variable over two time periods (before and after). This test was performed with a significance level of 0.05. The theoretical value was the χ^2 distribution; $0.05 = 3.8415$, which is significant if the value obtained in the test is higher.

Results

Table 1 shows that 78.3% of older adults showed inadequate knowledge about domestic violence before the intervention, while 87.2% showed adequate knowledge after the intervention. The McNemar statistic ($\chi^2 = 39.02$).

Table 1. Older adults according to their level of knowledge about domestic violence.

BEFORE	AFTER					
	APPROPRIATE		INAPPROPRIATE		TOTAL	
	No.	%	No.	%	No.	%
APPROPRIATE	13	100	0	0	13	21.7
INAPPROPRIATE	41	87.2	6	12.8	47	78.3
TOTAL	54	90.0	6	10.0	60	100

$p < 0.05$

Table 2 shows that 90.0% of older adults with inadequate knowledge about risk factors for domestic violence, of whom 92.5% increased their knowledge with satisfactory results. The McNemar statistic ($X^2 = 48.02$).

Table 2. Older adults according to their level of knowledge about risk factors for domestic violence.

BEFORE	AFTER					
	APPROPRIATE		INAPPROPRIATE		TOTAL	
	No.	%	No.	%	No.	%
APPROPRIATE	6	100	0	0	6	10.0
INAPPROPRIATE	50	92.5	4	17.5	54	90.0
TOTAL	56	93.3	2	6.7	60	100

$p < 0.05$

Table 3 shows that 78.3% were unaware of the types of violence. After the educational intervention, 90.0% of the elderly acquired knowledge on the topic. The McNemar statistic ($X^2 = 39.02$).

Table 3. Older adults according to their knowledge of types of violence.

BEFORE	AFTER					
	APPROPRIATE		INAPPROPRIATE		TOTAL	
	No.	%	No.	%	No.	%
APPROPRIATE	13	100	0	0	13	21.7

INAPPROPRIATE	41	87.2	6	12.8	47	78.3
TOTAL	54	90.0	6	10.0	60	100

p 0.05

Table 4 shows that 78.3% of participants had inadequate knowledge about the consequences of domestic violence and that after the educational intervention, 85% obtained adequate knowledge. The McNemar statistic ($\chi^2 = 38$).

Table 4. Older adults according to their level of knowledge about the consequences of violence.

BEFORE	AFTER					
	APPROPRIATE		INAPPROPRIATE		TOTAL	
	No.	%	No.	%	No.	%
APPROPRIATE	11	100	0	0	11	21.7
INAPPROPRIATE	40	81.6	9	18.4	49	78.3
TOTAL	51	85.0	9	15.0	60	100.0

p 0.05

Table 5 shows that 65.0% of participants reported being unaware of the appropriate course of action in the event of domestic violence before the educational intervention. After the planned topics were taught, 95% of the older adults modified their knowledge appropriately. The McNemar statistic ($\chi^2 = 36.02$).

Table 5. Older adults according to their level of knowledge about the conduct to follow in the event of an act of domestic violence.

BEFORE	AFTER					
	APPROPRIATE		INAPPROPRIATE		TOTAL	
	No.	%	No.	%	No.	%
APPROPRIATE	21	100	0	0	21	35.0
INAPPROPRIATE	38	97.4	1	2.6	39	65.0
TOTAL	59	98.3	1	1.7	60	100.0

p < 0.05

Discussion

The issue of domestic violence requires extensive study, analysis, and intervention by all those involved. Raising awareness about it can reduce the incidence and prevalence of this condition in the community.

A study in Santiago de Cuba that evaluated general knowledge about violence or physical abuse, found that before the intervention, of a total of 20 elderly people, 3 had inadequate notions about it (15%) and that after the educational action, the 17 who initially had adequate information (85.0%) were added to the previous ones, so that the 20 older adults ended up knowing everything related to this topic; results that were significant, (6) higher than the current results.

Within the family, many factors lead to domestic violence, especially against the elderly. Understanding these factors can help prevent incidents of domestic abuse involving older adults.

A research described that older adults acquired little knowledge about risk factors, highlighting the presence of negative stereotypes about old age by the same elders and economic limitations, which differs from the present study in which many of the older adults learned about risk factors of domestic violence. (7)

Risk factors associated with elder abuse include those related to the elderly person, caregivers, socio-cultural factors, personality disorders and problems associated with alcohol abuse, mental health problems, cognitive and physical deficiencies in the elderly, gender, the financial difficulties of the abuser, and resentment of family members over the costs of caring for the elderly. Community and social factors include social isolation, cultural norms and traditions, prejudice against old age, sexism, and a culture of violence. (8)

Another investigation found that knowledge about psychological violence was inadequate in 17 elderly people before the intervention (85.0%) and adequate only in 3 (15.0%); however, after the intervention, all members of the case group modified it favorably and

with high significance, (6) data that coincide with the present case group.

A study carried out with the elderly at the Bernardo Posse Polyclinic in Havana showed that they have a great knowledge about the abuse to which they are subjected, such as: emotional neglect and financial abuse after carrying out participatory educational activities, (9) similar to the current results.

In older adults, aspects of violence can be identified. First, there is physical violence. Second, psychological violence. This is not as visible as physical violence and is more difficult to prove. Third, verbal violence is characterized by being the most frequent in some homes, because ironic or sarcastic words are used in response to a given situation, and these are highly damaging. Fourth, economic violence. Sexual violence is conceived as those actions in which the person is forced, induced, or pressured to perform or witness some type of unwanted sexual practice. All of these practices go against the process of social, sexual, and emotional development of the individual. These terms imply a combination of two or more forms of violence, such as verbal, physical, or psychological violence, because the integrity of the older adult is put at risk and this can lead to rejection, refusal, or failure to initiate, continue, or complete any part of the older adult's obligations or duties. (10)

Violence against older adults can seriously harm their health. Elderly people who are subjected to violence face many problems, and they are unaware of the implications of domestic abuse for their health and other aspects. They prefer to remain silent when they are being abused, sometimes to avoid prolonging the problem, without considering that their physical and mental stability is at stake. (11)

Another study showed that, after their intervention addressing the issue of complications and consequences of domestic abuse, grandparents became interested in their improvement as a way of facing old age better prepared and thus raising their quality of life, (12) similar to the present findings.

In the opinion of these authors, the lack of knowledge among those involved in domestic violence about where to go is sometimes the responsibility of the very organizations

responsible for providing this information. The lack of guidance provided to the public by organizations dedicated to this task leads to cases of domestic violence against the elderly remaining persistent and unresolved.

A study conducted in an urban community in Quemado de Güines, Cuba, reported that only 30% of the elderly used appropriate ways to handle incidents of violence with the competent authorities after educational activities, (13) which differs from this research, in which people understood where to go in case of violent events.

The elderly must recognize that they are victims of abuse; this is because many people fall into denial and insist that "nothing happens", since abuse almost always comes from a family member, whether blood or civil by affinity (daughters-in-law, sons-in-law, etc.). The next step is to approach someone you trust and tell them that you are a victim of abuse, in order for them to help you seek legal, medical, and psychological advice. There are various instances for this, such as victim assistance centers in states and municipalities, among others. The older adult can design an action plan and protection strategies, among which it is recommended to have emergency telephone numbers on hand, such as those of the Red Cross or the police. (14)

Research should determine the forms, processes, and methods by which basic learning could be best taught to meet human needs and achieve the maximum development of human potential. Work with the family, community, geriatric institutions, and senior citizen homes in community projects and interventions to promote quality of life for aging and recognition by families of mistreatment or abuse of the elderly. (15)

In the opinion of these authors, the family physician, as a medical expert and community leader, plays an important role in the prevention and treatment of family violence. Investigation protocols for possible elder abuse and neglect are required, involving physicians, nurses, social workers, and other community stakeholders.

It is a fact that violence is a social behavior that is repeated throughout a person's life, and that in the case of older adults, the type of violence most perceived by this study group was psychological and neglect or abandonment, which reflects the type of interpersonal

relationships established between family members.

Elder abuse is perpetrated by a society where a negative and stereotypical image of old age prevails. This problem reflects the need to raise awareness among the population about respect for aging and to create support networks to ensure well-being during this stage.

Conclusions

The educational intervention carried out in this research showed desirable effects in that it improved knowledge about domestic violence in the majority of participants.

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Conflict of interest

The authors declare that there is no conflict of interest.

Authorship contributions

Conceptualization and ideas; data curation; research; methodology; formal analysis; validation; visualization; supervision; writing of the original draft; writing, review, and editing: Irina Cedeño Velásquez.

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Conceptualization and ideas; research; formal analysis; visualization; software; writing, review, and editing: Lina Esther Ríos Vega, Arelis Machado Elias, Daymara Acosta Montero.

I, Naifi Hierrezuelo Rojas, on behalf of all the co-authors, declare all responsibility for the veracity of the content of said article.