

EDUCATIONAL FOLDER AS A STRATEGY FOR HEALTH EDUCATION IN THE PREVENTION OF MALTREATMENT OF THE ELDERLY

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ABSTRACT

Violence against the elderly is considered a public health problem, as it causes damage to the health of the victims, such as agitation, fatigue, insomnia, fear, depression, psychosomatic diseases, physical trauma, post-traumatic stress disorder and increased morbidity and mortality. Most long-lived people do not report the aggressions suffered due to the repression that can occur on the part of the aggressor, who in most cases is their caregiver. In this context, it is important to implement awareness strategies, such as educational actions, which seek to prevent abuse against the elderly. This study aimed to describe the creation and production process of an informative folder on the theme "maltreatment in the elderly", with the aim of using it in health promotion activities with institutionalized elderly. This is a non-experimental descriptive study, of the experience report type, as it points to the process of construction of an educational instrument, more precisely, an educational folder. To compose the educational material, publications from the SciELO databases, Virtual Health Library (VHL), MEDLINE, Google Scholar and websites of international and national government organizations were used. The graphic design and layout were done with Microsoft Word®, Microsoft Powerpoint and Canva® programs. For the textual composition, the "Arial" typeface, size 14, black color, in lower case and line spacing 1.4 was used. Regarding the structuring, the folder model proposed here was divided into three folds, formatted for A4 sheet, horizontal orientation and was folded according to the sequence of arguments. Face 1 of the folder consisted of the cover, with the image of an elderly woman and the title: Maltreatment of the elderly - risk factors and violence in the elderly. The rest of the folder was structured in topic format, starting with the item "what is maltreatment of the elderly", followed by the themes "types of violence", "risk factors" and "be aware of the signs of abuse". Each topic contained information regarding the titles and these were described in a simple and didactic way and in an informal way. In addition to the subjects mentioned above, the support networks for the protection of the elderly and the data referring to the bibliographic references and the institutions involved in

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the preparation of the folder were added. The folder presented current and relevant content, and can be used by family members, caregivers and health professionals. As for its characteristics, the following are listed: textual simplicity, objectivity of its information and clear language that is easy to understand by the target audience. These attributes are in line with the literature researched.

Keywords: Elderly. Elder Abuse. Teaching Materials.



INTRODUCTION

Human aging is an irreversible, universal and, above all, natural process that begins at birth. This is observable in changes characterized by physical, physiological, and behavioral changes related to the mental aspect. Thus, the prolongation of life expectancy is diversified in all areas: biological, psychic and social (Ribeiro *et al.*, 2015; Dziechciaż; Filip, 2014).

Biological decline causes the long-lived to be exposed to physical-motor, sensory, social and emotional limitations, which can affect the individual's autonomy and independence, making him susceptible to dependence on other people to perform basic activities of daily living (Santos; Silva, 2022; Tessman *et al.*, 2024; Antonieto *et al.*, 2025). The codependence resulting from the process of senescence can generate conflicts in the family, institutional and social spheres, and because of this, the phenomenon of violence and mistreatment against the elderly can occur (Florência; Daughter; Sá, 2007; Olive tree; Leite, 2012).

Violence against the elderly is defined as a single or repeated act or lack of appropriate action, occurring within any relationship in which there is harm or distress to an older person (WHO, 2008; Angels; Fair; Goes, 2024). In Brazil, 129.5 thousand physical abuses against the elderly were recorded from January to May 2023 (Brasil, 2023; Oliveira *et al.*, 2025).

The literature describes that there are several types of violence against the elderly, among which the following stand out: physical abuse, psychological abuse, sexual abuse, financial abuse, negligence and abandonment, all of which are serious and can accelerate or trigger the death of the long-lived person (Sousa *et al.*, 2010; Minayo, 2010; Amaral, 2017; Machado *et al.*, 2020; Horta, 2020).

Physical violations involve the use of physical force on the long-lived person and conduct that causes damage to physical integrity such as grabbing, pushing, hitting or throwing an object to cause physical pain and bodily injuries of any intensity (Sousa *et al.*, 2010; Minayo, 2010; Amaral, 2017; Machado *et al.*, 2020; Horta, 2020).

Psychological abuse is characterized by verbal or gestural aggression, that is, in behaviors that aim to diminish and humiliate the elderly, causing fear, anguish and insecurity (Sousa *et al.*, 2010; Minayo, 2010; Amaral, 2017; Machado *et al.*, 2020; Horta, 2020).

Sexual abuse refers to non-consensual acts of a sexual nature. They occur in the form of sexual harassment, sexual assault, sexual coercion and indecent exposure (Sousa *et al.*, 2010; Minayo, 2010; Amaral, 2017; Machado *et al.*, 2020; Horta, 2020).



Financial abuse refers to the improper or illegal exploitation of the financial resources of an elderly person, without their consent, fraudulent schemes and sales of products by persuading the long-lived person (Sousa *et al.*, 2010; Minayo, 2010; Amaral, 2017; Machado *et al.*, 2020; Horta, 2020).

Negligence corresponds to the omission to provide the basic needs of the elderly, such as medication, food and medical support, while abandonment consists of the denial of affection, lack of communication and even the withdrawal of the individual who was legally responsible for their care (Sousa *et al.*, 2010; Minayo, 2010; Amaral, 2017; Machado *et al.*, 2020; Horta, 2020).

Regarding the location, most cases of violence against long-lived people happen in family life, representing about 80% of the cases. More than half of the aggressions are committed by spouses, children or grandchildren. This violence within the family environment is triggered by problems of physical space, financial difficulties, caregiver fatigue and generational clash (Silva; Dias, 2015; Poltronieri; Souza; Ribeiro, 2019; De Pinho *et al.*, 2025).

Although maltreatment occurs mainly at home, it is also common in long-term care institutions for the elderly (LTCF). In LTCFs, the scarcity of human resources, the lack of qualification and the low remuneration of professionals, the high workload and the terrible working conditions are factors that contribute to violence within the institution (Silva; Dias, 2015; Poltronieri; Souza; Ribeiro, 2019; De Pinho *et al.*, 2025).

Violence against the elderly is considered a public health problem, as it causes damage to the health of the victims, such as agitation, fatigue, insomnia, fear, decreased performance, anxiety, depression, psychosomatic diseases, physical trauma, post-traumatic stress disorder and increased morbidity and mortality. In addition, it can impact public safety, the health system, and social services (Faleiros; Brito, 2009; Machado *et al.*, 2020; Novaes Júnior *et al.*, 2020).

The mistreatment of elderly individuals is a complex and underreported social phenomenon, which makes it difficult for researchers to measure the real size of the problem. The elderly do not report the aggressions suffered due to the repression that can occur by the aggressor, who in most cases is their caregiver (Cachina; P; Torres, 2016; Garbin *et al.*, 2016).

In this context, it is important to implement awareness strategies, such as educational actions, which seek to prevent abuse against the elderly. Health education is a



health promotion tool that can increase and reinforce knowledge, and can influence changes in behavior and attitudes (Moreira; Nóbrega; Silva, 2003).

The use of educational materials is pertinent in health promotion actions and plays an important role in the process of informing, clarifying doubts, and sensitizing the population (Álvarez-Nieto *et al*, 2018; Silva *et al*, 2019).

The importance of written educational materials is due to the transmission of information in a descriptive way, enabling the reader to acquire knowledge, through the process of recognition and memorization, in addition, they are permanent tools of education, since they can be consulted whenever necessary (Freitas; Cabral, 2008). The Unified Health System (SUS) has a common practice of using printed educational materials in health care (Reberte, Hoga, Gomes, 2012).

However, to achieve their objectives, these educational tools must have textual content appropriate to the target audience, be inviting, and have objective and easy-to-understand language (Álvarez-Nieto *et al*, 2018).

To assist in the health education process, there is the folder. This communication instrument is a small printed matter, whose function is to transmit information of a promotional or instructional nature, in a practical and objective way (Paula; Carvalho, 2014; Soares *et al.*, 2023).

Based on this, the present study aimed to describe the creation and production process of an informative folder on the theme "maltreatment of the elderly", with the aim of using it in health promotion activities in a LTCF.

METHODOLOGY

This work is characterized as a non-experimental descriptive study, of the experience report type, as it points to the process of construction of an educational instrument, more precisely, an educational folder.

Initially, a bibliographic research was carried out on the topic of maltreatment in the elderly, in the following databases: SciELO, Virtual Health Library (VHL), MEDLINE, Google Scholar and websites of international and national government organizations.

The Health Sciences descriptors used for the research were: Abuse of the Elderly, Long-Term Care Institution for the Elderly, Domestic Violence, Teaching Materials and their respective translations into English. The Boolean operators *AND* and *OR* were used to better restrict and adjust the bibliographic search.

After compiling the theoretical framework, the content dissertation took place, with a language aimed at the target audience, in a way that was easy to understand.



Subsequently, the choice of illustrations took place, which were present in the image bank of the graphic design program Canva® 2021, version: 3.115. With the textual content and illustrations, the graphic design and layout were created using the Microsoft Word® and Microsoft Powerpoint programs.

The present study, as it is a methodological study of the construction of educational technology, did not need to be submitted to the evaluation of the Research Ethics Committee. However, all ethical precepts were strictly observed throughout the study.

RESULTS AND DISCUSSION

In the folder, the use of scientific articles, materials produced by the Ministry of Health and international health agencies, was used. During the research in the VHL, *SciELO* and *MEDLINE*, seven publications were obtained that directly addressed the central theme. There was a focus on the use of sources from government agencies in order to ensure the scientificity and authenticity contained in the educational material.

After reading and deepening the subject, the information, layout and layout were chosen to compose the folder.

Regarding the type of paper used to compose the folder, this was the standard A4 type, with 210mm wide and 297mm high and a weight of 75g/m². The choice of this paper was due to its affordable cost, easy availability and for reproducing colors accurately.

For the writing of the text, the "Arial" typeface, size 14, was used. For the titles and topics, the same font was used, being in size 28. All textual content was justified, with line spacing of 1.4 cm and written with the words in lower case. White spaces were also kept between the topics, both to help with the structure of the content and to serve as a "rest for the eyes".

The use of the 14cm font in lower case has the advantage of greater ease of reading, which avoids eye fatigue and, consequently, loss of interest and/or the impossibility of continuing to read the material. In addition, Doak, Doak and Root (1996) report that the text written with capital letters makes it difficult to read regardless of the reader's level of education.

The standardization of the typeface was deliberate, because for Alves (2017), the text becomes incomprehensible and unfocused when it is used on the same page, several sizes and types of font.

Finally, after several revisions, the final version of the folder was structured (Figure 1).



Figure 1 - Folder on elder abuse

Figue atento aos sinais de abuso

- Sinais de violência física
- Existência de feridas e de hematomas inexplicáveis:
- Óculos quebrados com frequência;
- Troca frequente de médicos:
- Sinais de violência psicológica Recusar participar nas atividades
- diárias sem explicação; Alterações de comportamento de formas repentinas, perante estranhos;
- Mostrar sinais depressão ou de ansiedade;
- Sinais de abandono e negligência Má nutricão e desidratação;
- Falta de higiene:
- Sinais de violência financeira · Alterações na situação financeira ou nos bens;
- Sinais de violência sexual
 Sinais de sonolência excessiva por uso de medicamentos sedativos;
- Doenças venéreas infecões genitais inesperadas:

• Canais de denúncias 🔘



-Coordenadoria Integrada de Operações de Segurança (CIOPS): 190

-Disque-Denúncia da SSPDS: 181 ou (85) 3101-0181 (WhatsApp)

Ministério Publico do Ceará: Núcleo de Defesa do Idoso e da Pessoa com Deficiência: 3226-5886 / 3252-4808

Secretaria dos Direitos Humanos: 100

Fonte bibliográfica

da Saúde. Estatuto do idoso. 2003

Realização





Fatores de risco e sinais de violência na terceira idade

O que é maus-tratos ao idoso?

A violência contra o idoso é qualquer atividade ou descuido feito em local público ou particular que cause a morte. dano ou sofrimento físico ou psicológico ao idoso.

O aumento da violência contra pessoas idosas aiuda no aumento de doencas na velhice e também afeta a qualidade de vida dessa população.

Tipos de violência

Física - Qualquer comportamento que envolva o uso de força física sobre o idoso e conduta que cause danos à integridade física.

Sexual - Qualquer contato sexual não autorizado com a pessoa idosa.

Psicológico - Qualquer ação que gere dano na mente da pessoa idosa causando medo, angústia e insegurança.

Exploração financeira - Uso abusivo de fundos, propriedades ou bens da pessoa idosa com finalidade de obtenção de benefícios. financeiros patrimonial ilegais.

Negligência - Descuido no provimento das necessidades básicas da pessoa idosa.

Abandono - Surge em conjunto com a negligência, o abandono que consiste da desistência da pessoa idosa por parte de quem tem a responsabilidade legal de lhe prestar cuidados.

Fatores de Risco 🗥



Motivos e atitudes que podem provocar os maus-tratos contra o idoso:

Individual - O gênero feminino, a saúde física e mental precária da vitima. Transtornos mentais, abuso de álcool e outras substâncias por parte do agressor.

Comunidade - O isolamento social de cuidadores e idosos, e a falta de apoio social.

Relação - O estado civil da vitima, a dependência financeira do agressor em relação ao idoso, relacionamentos difíceis de longa data entre o cuidador e o idoso, estresse por sobrecarga do cuidador.

Sociocultural - Estereótipos em relação à idade, falta de fundos para pagar os cuidados entre outros, a precariedade do ambiente físico.

Source: Developed by the authors Photo: Daniel Franco on unsplash

Regarding the structuring, the folder model proposed here was divided into three folds, formatted for A4 sheet, horizontal orientation and was folded according to the sequence of arguments. Face 1 consisted of the cover, with the image of an elderly woman and the title: Maltreatment of the elderly - risk factors and violence in the elderly.

The idea of creating the cover of the folder was a cover that would draw attention, without having to use much information and was made according to the authors Paula;



Carvalho (2014) and Nascimento; Schetinger (2016), who recommend that the cover arouse curiosity for the reader to open and read it immediately (Carneiro *et al.*, 2021).

The rest of the folder was structured in topic format, starting with the item "what is maltreatment of the elderly", followed by the themes "types of violence", "risk factors" and "be aware of the signs of abuse". Each topic contained the information regarding the titles and these were written in a short, simple and didactic way, considering that the folder has a restricted space and that it is a brief communication tool.

The first internal fold was composed of the definition of elder abuse. The text was written in simple and objective language, based on the methodology of Bacelar *et al.* (2009), which recommends that texts should be objective and clear, as it allows reading to be pleasant and easy to understand.

In the next fold, the theme of "the types of violence against the long-lived" was addressed, which are: physical, psychological, sexual, financial, negligence and abandonment. The various forms of violence against the elderly are issues that are sometimes unknown to health professionals, needing to be reinforced (Carneiro *et al.*, 2021).

The main forms of violence were typified in the folder, with emphasis on the topic of financial violence, which has frequently occurred among the elderly. This abuse is characterized by the withdrawal of the elderly person's money with a card by providing a password, leaving the long-lived person without the proceeds for his subsistence. This type of abuse happens, above all, in the family environment (Alarcon *et al.*, 2019).

Negligence along with psychological violence is difficult to identify. Negligence, which is a very common act, both in the family environment and in institutions that provide care and shelter services to the elderly, refers, for example, to forgetting to administer medication and basic hygiene care (Brasil, 2020).

Risk factors were also addressed in the folder and this topic is relevant both to identify the situations that predispose to the occurrence of abuse, as well as to prevent them. In this topic, brief texts, short words and paragraphs containing three to five lines were also used, since the use of compressed sentences ends up reducing the comprehension of the text, making reading tiring and uninteresting (Oliveira *et al.*, 2007)

In the last internal fold, some physical, mental and behavioral signs were described that help identify the existence of abuse against the elderly. Violence against the elderly is a complex phenomenon that is difficult to detect, and when addressing this theme, we sought to show the warning signs of abuse. In this case, nursing professionals are essential to



carry out the early identification of mistreatment against the integrity of the elderly person (Almeida *et al.*, 2016).

Information about public services, such as reporting channels, from all spheres of the executive branch was also added to the folder to prove to the reader that there is a way to combat this unfortunate reality of the elderly, since victims of violence are usually unaware of their rights, do not have access to the police station or do not have the resources to file a complaint (Oliveira *et al.*, 2018; Carneiro *et al.*, 2021).

It is important to highlight that the elderly in Ceará have a support network for their protection, composed of bodies such as the Secretariat of Public Security and Social Defense (Disque-denúncia), the Integrated Center for Security Operations (CIOPS) and the Public Prosecutor's Office of Ceará (Center for the Defense of the Elderly and Persons with Disabilities), which must attend, notify and investigate complaints and cases of violence against the elderly and ensure free and comprehensive legal assistance to the elderly (Ceará, 2023; Morais, 2023).

Regarding the back of the folder, it was used to describe the bibliographic references and the information of the institutions involved in the preparation of the educational folder, namely: the coat of arms of the Federal University of Ceará and the logo of the extension project.

It is good that the composition of the last outer fold be reserved for the data of the sponsors and organizers, with address, contact telephone and e-mail and other information pertinent to the subject, which is consistent with the present work (Paula; Carvalho, 2014; Birth; Schetinger, 2016).

It is important to emphasize that throughout the text, an informal language was used, because according to Freitas and Cabral (2008), the use of popular language allows the student to be present in the text and maintain his initiative in the education and health process. Furthermore, it is essential to use accessible language, regardless of the level of education of the target population, considering that the material can be used by any layer of society (Manochio-Pina *et al.*, 2023; Silva *et al.*, 2023; Soares *et al.*, 2023).

Ximenes *et al.* (2022) and Soares *et al.* (2023) emphasize that printed educational technology is efficient for the population and that the development of educational materials is extremely important, as they stimulate and facilitate the teaching-learning process. Thus, it can be deduced that there is a feasibility of using the folder in health education.



CONCLUSION

The folder was produced with current and relevant content, and can be used by family members, caregivers and health professionals. As for its characteristics, the following are listed: textual simplicity, objectivity of its information and clear language that is easy to understand by the target audience. These attributes are in line with the literature researched.

It is hoped that the use of this educational material in a LTCF will serve to disseminate knowledge on the subject and that this information can awaken the multidisciplinary team of the LTCF to the possibility of the occurrence of abuse against the elderly in the family and institutional environment. It is also hoped that the messages of the educational material can contribute to the prevention of this violence.

As a limitation of this study, the gap in the literature when addressing the production and use of folders in health promotion stands out, and publications on the production of other educational materials, such as booklets and manuals, were used as a reference. This limitation, however, does not invalidate the educational material.

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