Scientific evidence of the violence against the older adult: an integrative review

Evidências científicas da prática da violência contra a pessoa idosa: revisão integrativa

Evidencias científicas de la práctica de violencia contra personas mayores: revisión integradora

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Abstract

Objective: To analyze the scientific evidence of violence against the older adult, with emphasis on the prevalence, the profile of the victim, and the risk factors.


Results: 17 articles were identified which presented as increased risk factors for violence against the older adult, family dysfunction, lack of access to social rights and chronic conditions of disability.

Conclusion: The study brings direct contributions to professionals and sectors interested in facing violence against the older adult, which has a high prevalence in today’s society.

Keywords
Violence; Aged; Domestic violence; Exposure to violence; Frail elderly

Resumo

Objetivo: Analisar as evidências científicas da violência praticada contra a pessoa idosa, com destaque para a prevalência, o perfil da vítima e os fatores de risco.


Resultados: 17 artigos foram identificados que apresentaram como fatores de risco para a violência contra a pessoa idosa idade avançada, disfunção familiar, falta de acesso a direitos sociais e condições crônicas de incapacidade.

Conclusão: O estudo traz contribuições diretas para os profissionais e setores interessados no enfrentamento da violência contra a pessoa idosa, a qual possui alta prevalência na sociedade atual.
Introduction

The change in the age structure towards aging alters the relationship of physical, psychological, social and economic dependence of the older adult and generates specific demands for families and social policies.\(^{(1,2)}\) In this context, violence against the older adult emerges as a serious and growing problem in a country that is heading to be the sixth with the largest number of older adults in the world. This problem occurs in different ways and, depending on the cultural context in which it is inserted, its identification becomes difficult, with serious consequences for individuals, families, communities, and managers.\(^{(3)}\)

The World Health Organization (WHO)\(^{(4)}\) defines violence against older adults as a single or repeated act, which is presented in a relationship of trust and causes the older adult harm, suffering, or anguish. It can be represented by financial, physical, psychological, sexual, medical, emotional/social violence, abandonment, neglect and self-neglect.\(^{(5,6)}\)

In 2005, it was established, in Brazil, the Action Plan to Combat Violence Against the Older adult\(^{(7)}\) which, in 2020, celebrates its 15th anniversary, establishing strategies for action, prevention, and confrontation of this violence. However, nowadays, it is observed that the problem is even bigger and more worrying. Every day, situations of violence against older adult are reported, either at home, in extended care facilities, or in the external environment for the older adult to use. Annual statistics indicate a high prevalence of violence, most of which is practiced by people close to the older adult.\(^{(8)}\)

Data released by the Ministry of Human Rights reveal that, in 2017, 33,133 complaints and 68,870 violations against people occurred in Brazil. In the reports of violations, 76.84% involved negligence, 56.47% involved psychological violence and 42.82%, financial and economic abuse. Most of the cases occurred in the victim’s own home.\(^{(8)}\)

Furthermore, it is recognized that violence is not univocal, but constitutes a complex socio-historical phenomenon, which occurs in the context of different places, times, means, and circumstances. In several situations, it is practiced on the economic, political, moral, psychological, and physical levels and in violation of basic human rights, requiring a look beyond the events reported by the victim and his family. Given the above, the question is: what is the scientific evidence on the phenomenon of violence and its associated factors in the older adult population?

The aim of this study was to analyze the scientific evidence of violence against the older adult, highlighting the prevalence, the profile of the victim, and the risk factors.

Methods

This is an integrative review, consisting of six steps: developing the research question, selection of inclusion and exclusion criteria with literature search with validated protocol, categorization of studies, critical appraisal of included studies, interpretation of results and presentation of the review.\(^{(9)}\)

For the development of the research question and choice of descriptors in the search for evi-
idence on the topic, we used the PICo strategy (10) (Chart 1).

**Chart 1.** PICo strategy used in the study

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Descriptors</th>
</tr>
</thead>
<tbody>
<tr>
<td>P</td>
<td>Older adult, older adult, older person, aged e old</td>
</tr>
<tr>
<td>T</td>
<td>Exposure to violence, exposição à violência, aging, envelhecimento</td>
</tr>
<tr>
<td>O</td>
<td>Elder abuse, domestic violence, violence, violência, maus-tratos ao idoso, violência doméstica</td>
</tr>
</tbody>
</table>

The research was carried out from September 2019 to January 2020, on the platforms: PubMed®, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Nursing Database (BDENF), Scientific Electronic Library Online (SciELO) e and Latin American and Caribbean Research on Health Sciences (LILACS).

Combining descriptors with Boolean operators OR and AND, the search strategy for the articles was developed. On the LILACS/BDENF databases, the strategy was: (Older adult) AND (domestic violence OR exposure to violence) AND (aging OR autonomy); on MEDLINE/PubMed®, it was: ("elder abuse") OR ("domestic violence") OR (violence)) AND ("exposure to violence") OR (aging)) AND ((older adult) OR ("older person") OR (aged) OR (old)); on CINAHL, it was: (elder abuse” OR “domestic violence” OR violence) AND (“exposure to violence” OR aging) AND (older adult OR “older person” OR aged OR old); and on SciELO, it was: (violência doméstica OR exposição à violência) AND (envelhecimento OR autonomia), (Idoso) AND (violência doméstica OR exposição à violência) AND (envelhecimento OR autonomia) AND la: AND year_cluster:"2019" OR "2018" OR "2017" OR "2016" OR "2015") AND is_citable:("is_true") AND type:("research-article").

The study selection criteria were: articles with a quantitative approach, as they are the most widely disseminated in studies with an at-risk population (prevalence) and allow investigating associations between the phenomenon under study and risk factors; articles available in full; time cut from 2015 to 2019, due to the Action Plan to Combat Violence Against the Older adult completing 15 years in Brazil and publications in Portuguese, Spanish, and English. Integrative, conceptual, and systematic reviews were excluded, as well as monographs, dissertations, theses, and qualitative studies. To refine the articles, four phases of the diagram Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) of the article selection flow were used. The Evidence Level followed the classification proposed by Melnyk and Fineout-Overholt. (11)

A database was created with the definition of the sample, After the first selection, a reading was carried out for critical appraisal and interpretation of the results, which were grouped and categorized. The results were analyzed and interpreted in a descriptive way.

**Results**

1,733 publications were identified, of which 1,664 were excluded after applying the filters and the inclusion and exclusion criteria, leaving 69 articles. Subsequently, the selection was made after full reading the articles considered potentially eligible, whose titles and abstracts informed evidence about violence against older adult people, totaling 17 articles. (12-28) All articles on the CINAHL database were duplicated with other databases and, therefore, were excluded (Figure 1).

The articles were published, predominantly, in the years 2018 (41.2%) (14-18) and 2017 (23.5%), (21-24) most publications in the Portuguese language. Of the 17 studies, 11 (64.7%) (12-17,20-22,26) were carried out in Latin America (Brazil, Ecuador, Colombia and Mexico). The journals that contributed most were those in the medical field (47.1%), followed by nursing (23.5%) (Chart 2).

It was found that 11.8% (18,19) of the studies presented Evidence Level 2 and described outcomes that point to the importance of social support, self-efficacy and health-promoting behaviors in reducing the risk of violence/abuse and self-neglect of the older adult; 88.2% had Evidence Level 4 and highlighted the prevalence and typology of violence, the profile of the victimized older adult and risk factors for violence (Chart 3). (12-17,20-28)
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**Figure 1. Flowchart of the study selection process**

<table>
<thead>
<tr>
<th>1st STEP: FILTERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEMPORAL ANALYSIS: 2015-2019; INGLÊS + PORTUGUESE + ESPANHOL; CITABLE</td>
</tr>
<tr>
<td>TYPE OF LITERATURE: Article</td>
</tr>
<tr>
<td>Total of 1,733 articles</td>
</tr>
</tbody>
</table>

| 2nd STEP: exclusion and inclusion: 1,664 excluded; 69 selected |
| PUBMED® | 1,143 | CINAHL | 494 | BDENF | 11 | LILACS | 56 | SciELO | 29 |

| 3rd STEP: selected after full reading: 52 excluded (16 for duplicity); 17 elected |
| PUBMED® | 7 | CINAHL | 0 | BDENF | 2 | LILACS | 6 | SciELO | 2 |

| Selected articles for the study: 17 |

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**Chart 2. Characteristics of the selected articles**

<table>
<thead>
<tr>
<th>Year</th>
<th>Title of the Study</th>
<th>Journal</th>
<th>Country</th>
<th>Authors</th>
<th>Database</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>A1: Violência sobre a pessoa idosa: um estudo documental</td>
<td>Revista Rene Online</td>
<td>Brazil</td>
<td>Alarcon et al.</td>
<td>BDENF</td>
</tr>
<tr>
<td>2019</td>
<td>A2: A ocorrência da violência em idosos e seus fatores associados</td>
<td>Revista Brasileira de Enfermagem</td>
<td>Brazil</td>
<td>Maia et al.</td>
<td>LILACS</td>
</tr>
<tr>
<td>2018</td>
<td>A4: Violência familiar contra a pessoa idosa: expressões do fenômeno e perspectivas para o seu enfrentamento</td>
<td>Textos &amp; Contextos</td>
<td>Brazil</td>
<td>Diel et al.</td>
<td>SciELO</td>
</tr>
<tr>
<td>2018</td>
<td>A5: Violência contra a pessoa idosa</td>
<td>Revista de Enfermagem UFPE Online</td>
<td>Brazil</td>
<td>Lopes et al.</td>
<td>BDENF</td>
</tr>
<tr>
<td>2018</td>
<td>A6: Prevalência e fatores associados à violência contra idosos cometida por pessoas desconhecidas, Brasil, 2013</td>
<td>Epidemiologia e Serviços de Saúde</td>
<td>Brazil</td>
<td>Alencar Júnior et al.</td>
<td>LILACS</td>
</tr>
<tr>
<td>2018</td>
<td>A7: Design and implementation of an empowerment model to prevent elder abuse: a randomized controlled trial</td>
<td>Clinical Interventions in Aging</td>
<td>Iran</td>
<td>Estebsari et al.</td>
<td>PubMed®</td>
</tr>
<tr>
<td>2018</td>
<td>A8: Feasibility of intervention in elder self-neglecters: Setting the stage for future research</td>
<td>Journal of Elder Abuse &amp; Neglect</td>
<td>The United States of America</td>
<td>Lee et al.</td>
<td>PubMed®</td>
</tr>
<tr>
<td>2018</td>
<td>A9: Frailty and life course violence: The international mobility in aging study</td>
<td>Archives of Gerontology and Geriatrics</td>
<td>Albania, Brazil, Canada and Colombia</td>
<td>Gomes et al.</td>
<td>PubMed®</td>
</tr>
<tr>
<td>2017</td>
<td>A12: Associations between the differential definitions of elder mistreatment and suicidal ideation outcomes in U.S. Chinese older adults: do the definitions matter?</td>
<td>Journals of Gerontology. Series A, Biological Sciences and Medical Sciences</td>
<td>The United States of America</td>
<td>Dong</td>
<td>PubMed®</td>
</tr>
<tr>
<td>2017</td>
<td>A13: Elder abuse within the family environment in the Azores Islands</td>
<td>Revista Latino-Americana de Enfermagem</td>
<td>Portugal</td>
<td>Carmona-Torres et al.</td>
<td>LILACS</td>
</tr>
<tr>
<td>2016</td>
<td>A14: The prevalence of resident-to-resident elder mistreatment in nursing homes</td>
<td>Annals of Internal Medicine</td>
<td>The United States of America</td>
<td>Lachs et al.</td>
<td>PubMed®</td>
</tr>
<tr>
<td>2016</td>
<td>A15: Prevalência de violência contra idosos e fatores associados, estudo de fase populacional em Florianópolis, SC</td>
<td>Revista Brasileira de Geriatria e Gerontologia</td>
<td>Brazil</td>
<td>Bolsoni et al.</td>
<td>LILACS</td>
</tr>
<tr>
<td>2015</td>
<td>A16: Estudo sobre pessoas idosas vítimas de violência em Portugal: sociografia da ocorrência</td>
<td>Cadernos de Saúde Pública</td>
<td>Portugal</td>
<td>Gil et al.</td>
<td>LILACS</td>
</tr>
</tbody>
</table>
The articles were separated and composed two categories for discussion: Prevalence, typology and profile of the older adult victim of violence and contributing and risk factors for violence against the older adult.

Discussion

The limitations of this study are related to the different definitions of the types of violence, age of the target populations, which vary between developed (65 years) and developing (60 years) countries, resulting in diverging prevalence data and the use of only controlled descriptors on search platforms.

Prevalence, typology and profile of the older adult victim of violence

The studies indicated a variation in the percentage of violence against the older adult, between 1,6%\(^{(17)}\) a 20,2%\(^{(25)}\) committed, most of the time, by family members (children, spouse, grandchildren and stepchildren)\(^{(15,16,20,24,27)}\) and, to a lesser extent, by strangers\(^{(17,25)}\).

In a multicenter study carried out in Albania, Brazil, Canada and Colombia, the prevalence of frailty and risk for violence was higher in older adult Brazilian women and lower in Canadians\(^{(20)}\). The evidence pointed to the fact that older adult people who live alone or with a family member were twice as likely to experience violence compared to older adult peo-
The types of violence that affected older adult people in high, middle and low income countries were similar. Psychological violence ranked highest, followed by verbal, financial, physical and neglect. Sexual violence and self-neglect appeared in only three studies.

There was a predominance of financial violence in men and psychological violence in women. In one study, psychological, physical and financial violence had the highest rates, with sexual violence not being highlighted, and self-neglect/self-abandonment was superior to negligence - an unusual fact, since negligence almost always appears among the first occurrences in research.

The outcomes showed that the victims were older adult women, single/widows/divorced, of older age, less educated, with moderate/severe dependence to carry out their daily life activities, with depressive symptoms, cognitive impairment and poor health perception. The profile of the victim has not changed over time and the place where the studies took place.

**Contributing and risk factors for violence against older adults**

The advanced age represented one of the most important risk factors, being related to the degree of dependence and the loss of autonomy of the older adult. It is when the frailty conditions and need for care are installed, due to illness, cognitive disability, changes in sleep, cognitive and motor impairment, generating an increase in the demand for care for the family, almost always unprepared for this new reality.

Family dysfunction was the second major predictor of violence in this study. Belonging to a family with mild or severe dysfunction represents an 8.35 times higher probability to be abused; and the long-lived, physically and economically dependent, omit more to denounce their aggressor, due to the difficulties of doing so and because they fear losing support when reporting the violence.

The lack of access to social rights appears as an important factor that generates violence, indicating that the existing social protection devices still seem to be insufficient to face the issue. In Brazil, the idea that it is exclusively the family's task to support their older adult is common, however, government agencies are also responsible for the development of social protection policies for these people.

The effects of intervention through social support, self-efficacy and health-promoting behaviors in decreasing the risk of abuse of the older adult were shown to be significant, proving that stereotypes regarding self-care, built around the aged person's imaginary, need to be modified.

Chronic conditions, the victim's disability and symptoms of depression showed a significant correlation with psychological repercussions that generate the practice of maltreatment. This situation also appears in a study that highlights the presence of depressive signs associated with advanced age, low education, insomnia and chronic diseases. Violence proved to be a strong predictor of attempts and complete suicide, and, as a reducing factor in suicide attempts and/or suicide resulting from violence, is the improvement of reception and family support services.

Human aging is a phenomenon that requires planning and resources, and it is essential to guarantee rights with effective public policies for protection and prevention. Likewise, there is no way for the family to take care without support that allows basic care and prevents, mainly, negligence related to basic care.

**Conclusion**

The articles analyzed in this research show evidence that goes beyond the simple analysis of isolated factors of violence against the older adult. Four important factors stand out: advanced age, representing the greatest risk factor for violence, associated to the loss of autonomy and independence and the need for the care of others; family dysfunctionality, with a high probability of abuse against the older adult; lack of access to social rights, indicating that the existing social protection devices are still insufficient to face violence; the victim’s chronic conditions of incapacity and symptoms of depression,
with psychological repercussions that lead to violence and attempted suicide.

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References


