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Violence against the elderly: the conceptions of nursing professionals regarding detection and prevention

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Violência contra idosos: concepções dos profissionais de enfermagem acerca da detecção e prevenção

Violencia contra ancianos: conceptos de profesionales de enfermería sobre la detección y prevención

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ABSTRACT

Objective: To analyze the conceptions of the nursing professionals working in Basic Health Units regarding the detection and prevention of violence against the elderly.

Methods: Descriptive, exploratory, qualitative study. Performed in two BHUs in Mossoró/RN, using a semi-structured interview script, from March to August of 2013. Sample composed of four nurses and six nursing technicians. The content analysis, pre-analysis, material exploration, and treatment of results were performed.

Results: Four categories were identified: Strategies used to identify violence against the elderly; Types of violence against the elderly; Conduct used after finding a suspicion of violence; SUS and the problem of violence against the elderly. Many professionals recognize/distrust possible cases, however, they do not know how to proceed. The dimension of the problem requires that pragmatic interventions be performed in the clinical setting and in the social context.

Final considerations: There is a need for continuing education for professionals and greater communication between the bodies responsible for reporting and embracement.

Keywords: Violence. Aged. Nursing. Family Health Strategy.

RESUMO

Objetivo: Analisar as concepções dos profissionais de enfermagem atuantes em Unidades Básicas de Saúde quanto à detecção e prevenção de idosos violentados.

Métodos: Estudo descritivo, exploratório, qualitativo. Realizado em duas UBS, Mossoró/RN, utilizando roteiro de entrevista semiestruturada, de março a agosto de 2013. Amostra composta por quatro enfermeiros e seis técnicos de enfermagem. Realizou-se análise de conteúdo.

Resultados: Identificaram-se 4 categorias: Estratégias utilizadas para identificar a violência contra o idoso; Tipos de violências contra o idoso; Conduta utilizada após constatação de uma suspeita de violência; e SUS e a problemática da violência contra o idoso. Muitos profissionais reconhecem/desconfiam dos possíveis casos, entretanto, não sabem como proceder. A dimensão do problema exige que sejam realizadas intervenções pragmáticas no meio clínico e no contexto social.

Conclusões: Há necessidade de educação permanente para profissionais, e maior comunicação entre as instâncias responsáveis pela denúncia e acolhimento.

Palavras Chave: Violência. Idoso. Enfermagem. Estratégia Saúde da Família.

RESUMEN

Objetivo: analizar los conceptos de enfermeros activos en unidades básicas de la salud sobre la detección y prevención del maltrato hacia personas ancianas.

Métodos: estudio exploratorio, descriptivo y cualitativo, realizado en dos UBS, en Mossoro/RN, por medio de entrevistas semiestructuradas entre marzo y agosto de 2013. Se realizó el estudio con cuatro enfermeros y seis técnicos de enfermería. Se llevó a cabo el análisis de contenido.

Resultados: el análisis se divide en 4 categorías: Estrategias utilizadas para identificar la violencia contra ancianos; Tipos de violencia contra personas mayores; Acción utilizada luego de detectarse la violencia; y SUS y el tema de la violencia contra ancianos. Muchos profesionales reconocen/desconfían de los posibles casos, sin embargo, no saben cómo proceder. La magnitud del problema requiere de intervenciones pragmáticas que se lleven a cabo en el ámbito clínico y en el contexto social.

Consideraciones finales: existe la necesidad de una educación continua para profesionales y una mayor comunicación entre los organismos responsables de la queja y acogida.

Palabras clave: Violencia. Anciano. Enfermería. Estrategia de Salud Familiar.

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INTRODUCTION

The elderly population is growing every year and throughout the world, this phenomenon is mainly associated with the fall in fertility, which has contributed, above all, in the developed countries. Currently, Brazil has more than 14.5 million elderly people, and by 2025 this number will double to 30 million[1].

Due to the increase in the life expectancy of the world population, many countries coexist with elderly people of different generations, who have different needs, demanding distinct assistance policies aimed at attending to this fast growing population, among which there is the National Policy of the Elderly (NPE) and the Elderly Statute, with the objective of guaranteeing a better quality of life and inclusion[1].

With the age changes, come the changes in lifestyle and health problems or even physiological processes of aging itself, such as loss of muscle strength, which increases the risk of falls; decreased ability to maintain static strength; decreased cardiac output, heart rate, and vital capacity; decreased numbers and sizes of neurons, respiratory rate and volume; among others[2].

Elderly people, in many cases, need someone to help them, since activities that once seemed to be done, now require third parties to perform[2].

In Brazil, the majority of the elderly live with the family, being considered the main source of care. The caregiver is the one who is responsible for the sick or dependent person, facilitating the exercise of their daily activities, such as feeding, personal hygiene, routine medication application, and follow-up with health services, among others, except performing techniques or procedures identified as exclusive of other legally established professions[3].

Elderly people become more vulnerable to violence as they need greater physical care or present physical or mental dependence. The greater the dependency, the greater the degree of vulnerability. Stressful family life and unprepared caregivers aggravate this situation. Only recently has mistreatment of the elderly been recognized as domestic violence[1].

Mistreatment is defined as a single or repeated act or omission that causes harm or distress and occurs in any relationship in which there is expectation of trust. The elderly who have suffered violence feel the aggression from a simple curse to beating, while the abuser is not always aware that this act is already an act of violence, like not changing the diaper or just by stop offering water to the elderly[4].

In this context, it is questioned: Is the nursing team prepared to prevent, detect and manage violence against the elderly?

The objective of this study is to analyze the conceptions of nursing professionals working in Basic Units of Family Health regarding the detection and management of elderly people who suffered violence and violence prevention.

METODOLOGY

Descriptive and exploratory study, with a qualitative approach. The exploratory analysis aims to clarify, make certain themes and ideas visible, for future studies. The descriptive research characterizes the sample, in order to establish a good relation between the variables in the object of study analyzed, describing the existing reality[5].

The study was carried out in two Basic Health Units (BHUs), one of which also functions as a Reference Outpatient Program to the Family Health Program (FHP); the BHUs referenced in the survey are located in the vicinity of the elderly group Hilda Brasil Leite, which works weekly with an audience of approximately 110 elderly residents of the mentioned neighborhoods. The group has been in operation for 12 years in the headquarters where today is located the Social Assistance Reference Center SARC - Alto de São Manoel, Mossoró, Rio Grande do Norte, Brazil.

The choice of these health units was due to two reasons: the nursing professionals of both of them use SARC Alto de São Manoel to carry out activities with the elderly that this social apparatus congregates. In addition, the Alto de São Manoel district and all the health units located in it are field of training of the Faculdade de Enfermagem Nova Esperança, FACENE, institution to which this project is linked.

The sample is composed of nursing professionals, namely: four nurses and six nursing technicians. The inclusion criteria were: to work in the BHU for a minimum period of 1 year, as it is understood that they present greater experience of care for the elderly at the place of the research; and professionals who did not perform management activities. All ten professionals were included in the research because they fit the established criteria. The exclusion criterion was: to be away from work for more than fifteen days, for any reason, during the time of the survey.

A semi-structured interview script has been used, it was elaborated previously, with open and closed questions that contemplate the expected information, in order to allow the interviewee with a more fluid and relevant conversation for the research[4].

The open questions asked the interviewees about their training/capacity to identify evidence of violence, types of violence known by the professional, strategies for identifying and managing situations of violence, and contextualizing

the care of people who were victims of violence in the Unified Health System.

The data analysis was done through the evaluation of content based on Bardin, which basically consists of evaluating the material collected in the research, for a better understanding of its results, gathering elements in common characteristics as well as the largest number of existing information[6].

The Content Analysis is a set of communication analysis techniques that aims to overcome uncertainties and enrich the reading of the collected data. A set of communication analysis techniques, proposed to obtain by systematic procedure and objectives of description of the content of the messages, indicators that seek the interference of knowledge regarding the conditions of production/reception of these messages[6].

The pre-analysis was carried out, in which the floating reading, the organization of the material, and the formulation of the hypotheses and objectives were carried out. Then the material was explored, which is the moment of coding the data, and finally, treating the results[6].

Although there were interfaces between the answers during the interview, the categories emerged differently, following the interview questions, thus, four of them were constituted in order to better visualize the professionals' understanding of the researched topic: Strategies used to identify violence against the elderly, The types of violence against the elderly, Conduct used after finding a suspicion of violence, and The Unified Health System and the problem of violence against the elderly.

The study was guided by the principles of the Resolution of the National Health Council 466/12, which regulates research involving humans beings. The participants signed the Free and Informed Consent Form (FICT). The regulation of the Resolution of the Federal Nursing Council 311/07, which focuses on the Code of Ethics of Nursing Professionals, has been complied with, in which it allows professionals to carry out research, respecting ethical and legal standards. Because it was a research with human beings, this study was submitted to the FACENE/FAMENE Ethics and Research Committee and approved under the protocol No. 206/13/13 and CAAE: 20854513.3.0000.5179.

RESULTS E DISCUSSION

According to the characteristics presented by the interviewees, it was observed that: 80% are female and 20% male, 40% are nurses and 60% are nursing technicians. Most of the interviewees were between the ages of 50 and 60, corresponding to 40% of the total sample, while 30% were between 30 to 39 years old, and 30% between 40 and 49 years old. Regarding their marital status, 100% were married.

The analysis was carried out by the content analysis of the interviews of the professionals participating in the research; it was possible to verify the following aspects: gender, age, marital status, type of training and training time. From the analysis of content 4 categories emerged.

The first category dealt with the strategies used to identify violence against the elderly. The second category seeks to evaluate the types of violence against the elderly, which nursing professionals know about. The third category addresses the conduct that is used after finding a suspected violence; it evaluates what procedure the nursing professionals use in the suspicion of an elderly person who has suffered violence. The fourth category seeks to assess whether the Unified Health System - SUS, has given necessary attention to the problem of violence against the elderly, based on the programs that SUS offers to provide subsidies to professionals.

Strategies used to identify violence against the elderly

The primary healthcare network serves as a gateway to public health services, constituting itself as an important strategy in identifying cases of family violence, however, even if the incorporation to the effectiveness of public policies in their work routines is evidenced, many professionals still experience difficulties in their execution, often due to the lack of preparation and the feeling of impotence that arises when the professional is faced with the issue and does not feel capable enough to approach it[7].

Despite the problems faced by health professionals, in the last decade, Brazil has advanced with the implementation of public policies to combat violence against the elderly[7]. The main objective of the Action Plan to Combat Violence against the Elderly is to promote actions that lead to the compliance with the Elderly Statute and the International Plan of Action for Aging addressing the social exclusion and all forms of violence against this group[8].

While, on the one hand, there has been progress in the country because the needs of the elderly population have been met, new challenges for health and demands have also arisen for professionals who work in primary care, without the old ones being overcome.

> *In fact, when we know some information it is through some neighbor or health agent. They identify and report through a home visit, and then it is communicated to the social service, which makes a new visit to see if the case actually exists (Enfº1).*

Yeah, but when they come to a consult, you start to talk, but not about that kind of subject, because it is a taboo, so you will talk about the medication, how they have been eating at home and then you will find out, you must have a lot of creativity to find out (Enfº3).

It's just word of mouth from the conversation. When a patient reports that he has an elderly neighbor who is suffering violence, we visit with the social worker and it's just the conversation. There is no way for you to come and ask, so it is only through the conversation, gaining the trust of that patient and see if from there you get something (Enfº4).

Nursing works to support the family and, therefore, care for the elderly. In order to understand all the nuances of mistreatment caused by this family sphere, consideration should be given to welcoming/embracing the elderly. It is the responsibility of the professionals to foster an atmosphere of trust for the elderly and to respect their decisions. Taking into account if the person is in full exercise of their mental capacity, providing correct guidance to each situation, paying attention to the satisfaction of the physical, social and emotional needs of each victim[9].

In the interviewed professionals' reports, only one of them reports to have already participated in training regarding violence against the elderly, but it is worth noting that the other professionals interviewed expressed concern about not having training on the subject.

Yes, we have already participated in some training with this theme, violence against the elderly, how to protect the elderly, and some training carried out by the health department itself (Enfº2).

Professionals are only able to identify an elderly victim of violence, when they comment on something that may be an indication of this fact or through the information brought by the health agents who identify it in the area or in the neighborhood of the elderly.

There are difficulties that the elderly face regarding violence, mainly considering that many do not know their rights or do not have access to a police station to report this violence. Most of the elderly have difficulty in making the decision to report the aggression or abuse suffered, as often the perpetrator is a member of their own family and/or the only caregiver and, in other cases, the person cannot recognize himself/herself as a victim of violence[10].

The reports identified that these professionals are not qualified to care for elderly victims of violence within the health services, either by the costs they represent or even by the complication of the care they demand.

No, I never did any action directed at the elderly, we have already received training on violence and even to fill out the domestic investigation form, but nothing directed to the elderly (Enfº1).

The speech reflects the deficiency in the development of actions and the effectiveness of public policies to alleviate the problem. However, there is often disinterest in the conduct routinely taken to identify violence. Since, even without the specific training to verify the case, the professional must have a critical-reflexive view, promoting the comprehensive care and a qualified listening, seeking to approach the user and gain their confidence.

After all, giving care to the other is a complex task that goes far beyond the establishment of protocols and technical conducts. It demands the encounter between human beings, which can only be made possible with the willingness and condition of the professional to embrace the user in his humanity, that is, by offering space for listening to the human suffering[6].

Although professionals are important agents for the minimization of cases of violence against the elderly, it is worth emphasizing that violence is a complex and interactional phenomenon[7]. Thus, it is plausible to understand that violence is embedded in an epidemiological, socioeconomic, and cultural problem that requires care in other sectors and professionals who are competent in the promotion and prevention of risks that may lead the elderly to be victims of this type of violence.

The types of violence against the elderly

In accordance with the international consensus involving all countries participating in the International Network for the Prevention of Violence against the Elderly, the WHO listed seven types of violence: physical abuse, in which there is the use of physical force to make the elderly to do something they do not want, to hurt them, to cause pain, incapacity or death; abuse or psychological mistreatment, which corresponds to verbal or gestural aggressions with the intention of terrorizing, humiliating, restricting freedom or isolating the elderly from social interaction[11].

Neglect refers to the refusal of care due and necessary to the elderly by family or institutional officials; self-neglect, which concerns the conduct of the elderly person who threatens their own health or safety, by refusing to provide

necessary care for themselves; abandonment, which is the absence or defection of government officials, institution or family from providing aid to an elderly person in need of protection and assistance; Financial abuse, which consists in the improper or illegal exploitation or the non-consent of the elderly person for the use of their financial and patrimonial resources; and sexual abuse, sexual act or play, using the elderly. These abuses aim at arousing excitement, sexual intercourse or erotic practices through grooming, physical violence or threats[11].

There is physical violence, psychological violence, those that they trapped at home, abandonment, which is another form of violence, right? Financial violence, when they receive the pension of the elderly, right? The family member or the caregiver ends up leaving him dependent, when in fact he would have his own financial independence (Enfº1).

Physical aggression, verbal. And I think that not letting the elderly enjoy their rights also ends up being an aggression (Tec.1).

To act, thus, is more financial, not physical violence. I have a case here in the locality of a man who lives alone, by the way, he is blind, he came in the vaccine campaign to take vaccine with a grandson, I asked him and he said that it was his life option, he earns very well, he says that the salary is good, he lives alone, he washes, and he cooks, but I think he's abandoned, but he thinks it's a life option (Enfº3).

The most known is exactly that violence of that old man whose card the children take, the financial violence. The violence of that old man who can no longer do anything, the violence of putting the old man to in a line to get a form, there are many to list here, but today, the one that is more evident, is the financial one (Enfº4).

Professionals are able to identify some types of violence, especially financial and neglect. However, it is clear that many professionals do not want to get involved in the case, some report waiting for them to speak, home visits or the attitude of some professional colleague.

It is the duty not only as a professional, but as a citizen, to report any type of abuse and violence. Professionals should pay attention to their importance in the health/illness conditions of individuals in order to consider the process of social determination and the effectiveness of the healthcare. Today's society is embedded in an atmosphere of discomfort with the immediacy of modern life, which refers to the lack of moral commitment to the other, to determinism through technology and technique, and to the fluidity of care relationships. Thus, one must look at what is around, admitting that health phenomena reveal the comprehensiveness of human experiences, which, in fact, gives meaning to our experience[12].

It is not possible to think of care as just theorizing about action, but it cannot be defined as a simple and unique structure in itself, because its condition shows a structural articulation that expresses itself immanently[12].

One of the main difficulties in identifying an elderly victim of violence is the denial, the elderly insist on defending and justifying the actions of their aggressors and they refuse to report the ones who mistreat them, for fear of harming their son, grandson or caregiver, so that their life situation do not get worse, even though it may represent physical or psychological damages.

Violence against the elderly is present in several homes, it is often hidden and is not even revealed by the victim for several reasons, such as embarrassment about the situation, fear of punishment, fear of being placed in a rest home, guilty feelings in reporting the aggressor, which most often is a member of the family or the elderly do not perceive the phenomenon as a form of violence[10].

Even if feelings of fear are present in the dialogues, professionals should talk to the elderly in order to help them, establishing a sense of confidence in expressing their anguish and possible situations of violence.

[...] talk, because you cannot get there by asking if he is suffering violence, since he will deny, saying no, because he will not accuse his son, he will not accuse his grandchild [...](Enfº4).

From a collective health perspective, violence is not innate, presenting itself as a complex social phenomenon that can be prevented. It requires a systemic-ecological approach, encompassing the individual, family, community, and society spheres as a whole. The health sector is responsible for the prevention, identification and care of victims of violence. However, professionals are faced with a number of difficulties, both due to lack of knowledge, and due to the lack of the necessary resources to solve the problem, which usually reduces interventions to palliative and circumstantial actions[13].

Conduct used after finding a suspected suspicion of violence

The reported cases are of great importance; because it is through them that the problem becomes visible, allowing its epidemiological dimension and the creation of

public policies aimed at its prevention. The Law No. 12,461 of July 26, 2011, amends the Art. 19 of the Law No. 10,741, dated October 1, 2003, to provide for the compulsory notification of acts of violence against elderly people treated in public or private health facilities[14].

It is another problem, it is usually discussed with the staff, with the social work, we also have the health coordinator of the elderly, but there isn't much support from the secretary, we try to discuss while making the visit. So, we have never had any really concrete cases, there are suspicions, some were denied, others, the elderly denied, we have never had any case, but in this situation I would try to talk to the social service and see what means and programs would be started (Enfº1).

According to the rewording of the Article 19, Law No. 10,741, it is mandatory for health professionals to report cases of violence against the elderly, when they are suspected or confirmed, and in this way, the professional will give the correct directions in order to try to solve the problem.

Try to bring the elderly to us through the trust, that is when you get there to talk, try to show why you cannot get there by asking if he is suffering violence, since he will deny it, saying no, because he will not want to accuse his son, he will not want to accuse his grandchild, then it is you who have to try to bring that elderly through the trust, and then you have to make a very big detour, and try to make him trust you, after he has trusted, then he often opens up, but it takes a long time to get there (Enfº4).

The conduct used by the professionals interviewed is to meet with the team to try to solve the problem or call the competent bodies to resolve the situation. This meeting reflects the attempt not to make a personal but institutional complaint, so that a possible retaliation for it does not fall only on a professional. Unfortunately, it has also been observed that most professionals transfer the responsibility to a colleague in the team, usually the social worker or nurse.

The interviewees make it clear that there are some attempts, but at the same time, nothing has actually been accomplished. Thus, several challenges must be overcome, from the support of the health secretary and other municipal departments, to professional co-responsibility.

The Family Health teams, along with other professionals who deal directly with the population, have a relevant role in giving greater visibility to the problem, aiming at identifying specific strategies for each case. What is observed in the reports is that professionals do not know who to turn to in cases of violence, which reduces the impact of the attention given to the health of these elderly victims of violence[9].

[...] competent authorities, council and nursing care (Tec.6).

Among the reasons described for underreporting, there is the difficulty of denouncing domestic violence against the elderly; the lack of preparation of health professionals to investigate the cases, since there is a lack of training and knowledge of research protocols; the lack of infrastructure in service; and the fragility of the support networks[15].

Preparing health professionals for the care of the elderly victimized by aggression is a challenge that must be fulfilled. When the elderly seek the health service in case of aggression, it is of fundamental importance that the health professional is able to identify what has happened, seeking solutions to the problem of maltreatment and neglect[9].

The unified health system and the problem of violence against the elderly

The solution of the fundamental problem of SUS is to re-establish the coherence between the health situation with a triple burden of diseases, with a strong relative predominance of chronic conditions, and the health care system. What will require profound changes that allow to overcome the fragmented system in force through the implementation of healthcare networks[16].

According to the Administrative Rule No. 4,279 of December 30, 2010, the Healthcare Networks (HCN) are organizational arrangements for health actions and services of different technological densities, which are integrated through technical, logistical support systems and management; and they seek to guarantee the integrality of care. In this context, the HCNs present as purpose a health service that seeks to assist the user in a continuous, integral, quality, responsible, humanized manner, with a view to consolidating SUS' principles and guidelines[17].

The HCN propose: The formation of horizontal relations between the different points of attention, in which all services and professionals are equally important for the provision of adequate service; Primary Healthcare as a communication center; Plan and organize actions according to the health needs of a specific population; Offer continuous and integral attention; Multiprofessional care; and Share goals and commitments with health and economic outcomes[17].

As aging is not a homogenous process, the needs and demands of the elderly vary, creating the need for strengthening the networking in order to include care for the he-

althy elderly and those with different degrees of incapacity or illness, so it would be possible to guarantee a better quality of life to these elderly people[18].

[...]I don't believe so, even by the unpreparedness of our own professionals, I feel totally unprepared, violence as a whole is very complicated, there is the issue of the investigation that was discussed in this training that should be notified, investigated (...) We have no support when notifying, because the aggressor may feel threatened, even us as employees. If a situation arises, I would not be apathetic, of course, but there is fear, this was put in the meeting of several professionals regarding violence against women too, because we have to notify, so when we notify people, we identify ourselves, and I believe some professionals are also very afraid of this. There is also the issue of unpreparedness, and there is no training on how to intervene. The question of secrecy, of going to get, I do not have much security in this area, but of course if it arises, we go after ir, as a case that came out in which we were looking for, tried to know, although the lady denied, but even knowing that the situation exists, we do not know what to do (Enfº1).

No, I talk about the other programs that pick up children and women that do not work, so this is a very personal thing for each elderly. I think that depending on the aggression, sometimes because of the media, people end up doing something for him, but if not, there is nothing to do, SUS does not pay any attention (Tec.1).

Despite the lack of training and investment in the consolidation of strategies to reduce cases of violence against the elderly, many professionals recognize and distrust possible cases, however, they do not know how to proceed. Most of the time there is a fear that is justified by the distrust in the services of support and protection of the elderly person.

According to PAEVPI, in order to avoid that the various forms of violence against the elderly are trivialized in society, a solid process of information on the rights of this segment and the development of simple and consistent actions, effectively committing the communities and the State to prevent and deal with any type of violence against the elderly[8].

The strategies and investments go beyond care and services in the health sector, since it is necessary to act in the direction of global welfare actions, such as housing, education, food, income, and social justice. Health is an indispensable sector in the identification of cases, and nursing professionals stand out and are distinguished by the development of interactive practices and care integrators, which have been acquiring an increasing repercussion both in education and health promotion, as well as in the promotion of policies aimed at the social well-being of families and communities[19].

[...]I do not see any manifestation in this sense, I do not hear or speak, in the case it would be the council and the Statute of the Elderly, I don't even see the Statute of the Elderly because you see an elderly in a line who have a little priority, right, not every life has it, in this part you go to the bank and they have priority, but if they know it, if they don't know it, there are those who say: look, sir, you can go there, I've already seen it, but in the bank I've never seen someone say it: sir, the elderly's line is there, I don't see it, they are more conscious through the television, somebody talks, nowadays there groups for elderly in the units and there they become conscious, but in our case, having a psychologist to guide, a specialist for that we don't have, geriatrician we do not have, right, we do not have geriatrician, only if it is private (Enfº3).

It is observed that the understanding about the defense of the elderly is not clear to the members of the FHS team, although there is a social support network, it is observed in the answers that there is no use of this support.

No, there isn't, because when there is a course or the week of the elderly, there is a lot of talk, so it is very discussed about, it is much discussed, but then it passes, you do not have a program for the elderly, sometimes you want to have a meeting with the elderly, you do not have a place to do it, you sometimes look and there is no where you can do it, so I do not see that there is concern, at least not in my experience, no (Enfº4).

The only protective devices for the elderly reported by the professionals were the Elderly Statute and the Council, which shows the fragility of the protection system for the elderly. The health services present an urgent need for cultural adequacy, training and matching spaces to adequately serve the elderly. A revolution in the traditional and impersonal way of treating them is essential[8].

The dimension of the problem requires that pragmatic interventions be carried out, both in the clinical environment and in the social context. Requiring compliance with the law and creating public policies and health actions that express a greater commitment to ethics and the protection of human rights, encompassing all the age groups, without detracting those marginalized by society[1].

In addition to the deficiency in the training of professionals, the difficulty in the identification, and fear in the

involvement in the cases, the speed and globalization of the world today increases the incentive to individualism and competitiveness, in which each one aims at their own well-being and forgets about the importance of caring for the others. There is something in humans that is no longer there: feeling, being able to move, to become involved, to affect, and to feel affected [20].

In this context, it is fundamental to build the world from affective bonds. These bonds make people and situations precious, valuable. There is the concern with the community and not only at aiming at the current individualism evidenced throughout society. And then take responsibility for the bond created with the other[20].

FINAL CONSIDERATIONS

It was identified that it is necessary to take appropriate measures for the adequate care of the elderly victims of violence and that this is an aspect that would contribute to the effectiveness and improvement of the quality of the health of the elderly person, and decrease of the data of violence existing in the country. Some professionals are essential in the care of the elderly, as is the case of the nursing professional who must be able to develop strategies that allow to care for the elderly.

The objective of the research was contemplated, since it allowed to evaluate the conceptions of nursing professionals regarding the detection and prevention of elderly victims of violence; it was observed the difficulty in identifying the existing violence, being often unnoticed in the act of the consultation or even through a home visit performed by the nursing professional. Based on the interviewees' responses, the need for training and permanent education directed to this topic was analyzed by these professionals, which would facilitate the identification of victims of violence.

When professionals face a case of violence against the elderly, they do not find a support network to assist in this process. A network of reference and against reference is necessary to deal with this issue, in order to render a resolution on the subject of multidisciplinarity.

The study presented some limitations, such as population and sample, since it is presented as a small number, which allows to consider the results found only for the population in question, another limitation was the number of bibliographies: scarce in the literature on this subject.

It is necessary to extend research in this area aiming at improving the knowledge about the subject that, until then, is little debated by health professionals and academics, so that, in this context, appropriate and applicable measures can be inserted in order to solve this problem, through actions with the State, civil society, and communities.

Strategies should be built collectively, especially in Primary Healthcare, so that health services can use actions to prevent violence against the elderly and actions to promote the health of these people and their families, in order to minimize the negative impact of the problem in the population.

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