

Nurses' interventions in situations of family violence against the elderly – An integrative review

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10.56238/rcsv14n3-010

ABSTRACT

Background: violence against the elderly consists of a single or repeated act of intention or omission, which occurs within a relationship of trust and causes physical and psychological damage to the elderly person. Many older people are mistreated and abused both by family members and in institutions where they are. It is a serious multifactorial problem. Objectives: to identify nurses' interventions in elderly victims of family violence. Methodology: integrative literature review, carried out in the databases: CINAHL Complete, B-on, and PubMed, carried out in April and May 2023. Articles in Portuguese, French, Spanish or English, with full text and free access, were considered. Results: five articles were included, which support nurses' interventions in prevention and early intervention, to identify and assess the family situation of the elderly, assess signs of neglect, physical and psychological abuse, notify, refer to support structures, monitor the health of the elderly, approach the family as a unit, develop actions with formal and informal caregivers, home

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visits and providing holistic care. Conclusion: the family nurse plays an essential role in the development of intervention strategies aimed at the prevention and care of elderly victims of violence.

Keywords: Elderly, Violence, Family health, Nurse.

INTRODUCTION

Demographic ageing can be described as a paradoxical phenomenon of the twenty-first century, as it is the result of social, economic and scientific progress. However, the galloping growth of average life expectancy worldwide and the reduction in the number of births leads societies to face the challenges resulting from the problem of longevity (Mohammed et al., 2021). Portugal is one of the oldest countries in the world, which implies greater support for the elderly, family members and the community. According to data from the National Institute of Statistics (INE, 2021), the average life expectancy at birth in Portugal in 2001 was 76.7 years, having increased exponentially in recent years, currently corresponding to 84.3 years of life. In 2019, about 22% of the Portuguese population was 65 years old \geq and it is expected that by 2065 this figure will increase to 37% and that in the coming decades there will be an inversion of the demographic pyramid, with the number of elderly people surpassing the younger population (INE, 2021). According to the World Health Organization (WHO, 2022), between 2015 and 2050, the proportion of the world's population over 60 years of age will almost double from 12% to 22%, and the number of people aged 80 and over is expected to triple between 2020 and 2050, reaching 426 million. Thus, older people reach increasingly advanced ages, with changes in the health of the population, which gain visibility through the increase in the prevalence of chronic and degenerative diseases, progressive loss of functional capacity, resulting in situations of frailty, greater dependence on activities of daily living, high levels of comorbidities, increased risk of institutionalization and situations of violence, taking away all dignity as a human person (Bárbara, 2020).

Violence in the elderly is considered as any action or omission, single or repeated, or lack of appropriate action, that occurs in any relationship in which there is an expectation of trust, which causes harm or anguish. It can occur in any socioeconomic and ethnic group (WHO, 2002). A review of 52 studies from 28 countries found a prevalence of 15.7% of elder maltreatment, with serious consequences for the elderly, families, and society, including mortality, physical and psychological morbidities, and an increased need for care (Yunus et al., 2019). Due to its prevalence and harmful consequences, efforts have been made to develop intervention strategies for elder abuse. These include community support for vulnerable older people and informal caregivers, helplines and multidisciplinary case management. Elder abuse and neglect are common and have serious health

and social consequences, but are rarely identified. Elder abuse/violence and neglect are complex phenomena with multiple underlying etiologies. Many theories have been proposed that, in some cases, offer a view of the possible causes and may be useful for nursing intervention. Family violence can be a learned behavior, where abused children reach adulthood and mistreat not only their children, but perhaps also their parents (Rosen et al., 2018). In some cases, maltreatment or neglect may occur after an older person develops a functional and/or cognitive disability leading to decreased activities of daily living and excessive care needs, with a stressed informal caregiver becoming abusive or negligent (Kennedy & Will, 2020). In other cases, the abuser, often an adult child, may suffer from mental health problems, such as maltreated or untreated mood disorders or schizophrenia, alcoholism or substance use, or a personality disorder. Several of these and other causes can simultaneously contribute to an individual case of maltreatment (Kennedy & Will, 2020). Recent research has described several acute triggers that can lead to physical abuse of older people, including the victim's attempt to prevent the abuser from entering or to demand that the abuser leave, the victim's threat or attempt to escape, the threat or perception that the victim would involve the authorities, conflicts over a romantic relationship, presence during/intervening in situations of family violence, problems in raising children for several generations, conflicts over substance abuse by the aggressor, confrontations over financial exploitation, disputes over theft/destruction of property, and disputes over minor domestic issues (Augusto et al., 2022; Kennedy & Will, 2020; Rosen et al., 2019). The Portuguese Association for Victim Support (APAV, 2020, s.p.) states that violence against the elderly corresponds to "any action or omission, single or repeated, intentional or not, committed against a vulnerable elderly person and that threatens their life, physical, psychological and sexual integrity, economic security or freedom or that compromises the development of their personality". Also in accordance with the same national entity, the results of a study coordinated by the National Institute of Health Doutor Ricardo Jorge, with APAV participating, together with other entities, reveal that, from the age of 76 in the twentieth century, "the risk of being a victim of violence increases by 10% for each year of age".

Violence against the elderly is a common phenomenon with potentially devastating consequences for the elderly. About 10% of older people are victims of maltreatment annually (Kennedy & Will, 2020; Richmond et al., 2020;). This maltreatment contributes to adverse health outcomes, including increased emergency room utilization, hospitalization, depression, institutionalization, and dramatic increases in mortality. Maltreatment can include physical abuse, sexual abuse, neglect, psychological abuse or financial exploitation, and many victims suffer from multiple types of violence simultaneously. While physical abuse is less common than some other types, escalation to physical violence can be particularly dangerous for an older person (Kennedy &

Will, 2020; Richmond et al., 2020). Between 2013 and 2018, APAV (2020, s.p.) registered "a total of 6,878 cases of support for elderly people, in which 5,482 were victims of crime and violence, with a total of 12,815 criminal acts identified. The number of perpetrators accounted for in the same period exceeded the number of victims, rising to 5,754, meaning that there are elderly people who are victimized by several aggressors simultaneously".

Elder abuse is, as evidence documents, a worldwide problem, although many cases go unreported and/or are not referred to social services. As such, the true extent of elder abuse is relatively unknown, which poses significant challenges given recent demographic changes (Augusto et al., 2022). These events are part of a socio-ecological context with influences at the level of the individual, families, communities and society (Ross et al., 2020). One problem that can be confused is that the perpetrators of abuse are often people the older person knows well, such as partners, family members, and friends (Ross et al., 2020). They can also be practiced by health professionals trusted by the elderly, in institutions and in health services. The consequences of elder abuse are numerous and result in poorer health, physical injury, psychological morbidity, and premature death. Due to the significant morbidity and premature mortality that can result from elder abuse, the physical, psychosocial, and economic costs of this reality are considerable (Augusto et al., 2022). According to the same authors, there are primary, secondary and tertiary interventions to combat violence against the elderly. However, it is not clear which nursing interventions are most effective to prevent or reduce violence against older people in various contexts. However, it is undeniable that health professionals need to be trained to welcome elderly victims of violence, as care is based on knowledge of the aging process, early detection of the risk of violence, through appropriate anamnesis and physical examination. Thus, the need to increase discussions and reflections on the theme is reiterated, through educational actions, strengthening the knowledge of nurses, in order to contribute to improving the quality of life of the elderly.

This is an area of intervention in Nursing, which implies developing knowledge based on scientific evidence. Therefore, the present study aims to carry out an Integrative Literature Review (RIL) to identify interventions promoted by nurses in elderly victims of family violence.

METHODOLOGICAL REVIEW PROCEDURES

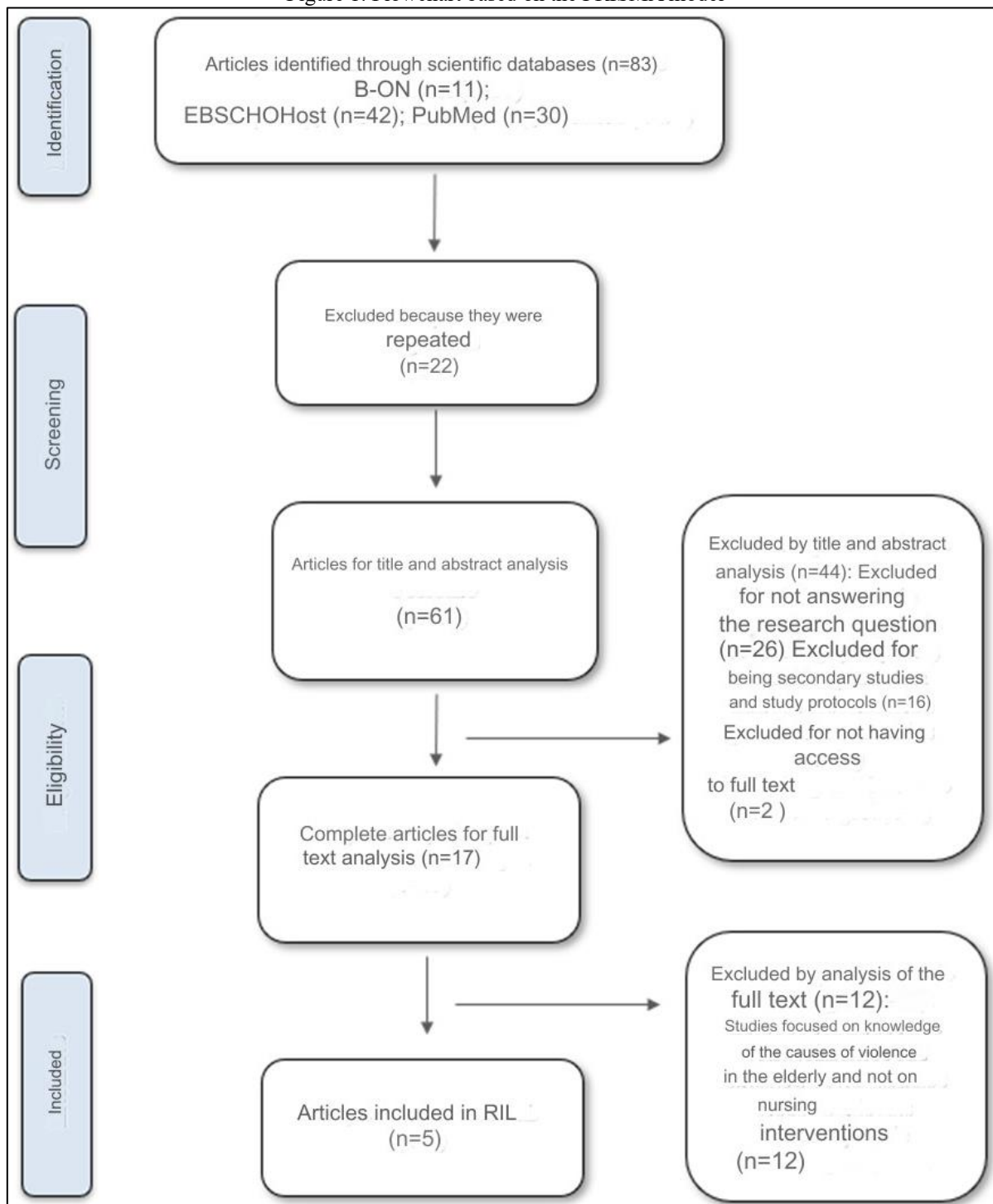
An integrative literature review was carried out in order to answer the following question: What are the interventions of nurses in elderly victims of violence? The guiding question of the review was defined based on the PI(C)O method: the participants (P) are the nurses; the independent variables (I): the nurses' interventions; the results (O): prevention, identification and holistic care for elderly victims of violence. In accordance with the objective of this RIL, which consists of mapping

nurses' interventions in elderly victims of violence, in a first phase, the problem was defined through an exploratory search in search engines (PubMed, EBSCOhost, B-On and Google academic) with the purpose of identifying relevant bibliography in the area of research in question. Subsequently, the key keywords and descriptors for the performance of this RIL, validated in the Medical Subject Headings (MeSH) systems, were identified: elder abuse, family nursing, nursing care. For the systematized search, we consulted the CINAHL Complete, MEDLINE Complete and Nursing & Allied Health Collection databases through EBSCOhost, B-On and PubMed, with the terms previously mentioned, to which the Boolean operators "AND" and "OR" were incorporated, resulting in the following search expression in PubMed: (("elder abuse"[MeSH Terms] OR "elder abuse"[Title/Abstract] OR "aged abuse"[Title/Abstract] OR "elder maltreatment"[Title/Abstract] OR "elder mistreatment"[Title/Abstract] OR "elder neglect"[Title/Abstract] OR "elderly abuse"[Title/Abstract] OR "senior abuse"[Title/Abstract]) AND ("family nursing"[MeSH Terms] OR "family nursing"[Title/Abstract] OR "nursing family"[Title/Abstract] OR "family centered nursing"[Title/Abstract] OR "nursing care"[MeSH Terms] OR "nursing care" [Title/Abstract])) AND ((y_10[Filter]) AND (english[Filter] OR french[Filter] OR portuguese[Filter] OR spanish[Filter])); na B-On and CINAHL Complete: "elder abuse" OR "aged abuse" OR "elder maltreatment" OR "elder mistreatment" OR "elder neglect" OR "elderly abuse" OR "senior abuse" and "family nursing" OR "nursing family" OR "family centered nursing" OR "nursing care".

In addition, the following inclusion criteria were established: studies available in the aforementioned databases, with access to the full text, in English, Portuguese, French and Spanish. In order to ensure the identification of nursing interventions, the time limit [2013-2023] was established to search for publications in the aforementioned databases. The search carried out in the data repository resulted in the identification of 83 articles (30 in PubMed, 11 in B-on and 42 in EBSCOHost). The research was carried out by three researchers, with the purpose of reducing bias in the chosen information as much as possible. The articles were selected through a blinded analysis carried out individually by each investigator. After the identification of all articles, their screening and eligibility were carried out using the rayyan computer system, resulting in the definition of the articles included in the review. A total of 83 articles were identified, and 22 were excluded because they were duplicated in the databases. 61 studies were transferred to the next phase, which, after the analysis of the titles and abstracts, were excluded: 26 because they did not answer the research question, 16 because they were secondary studies and study protocols, 2 because they did not have access to the full text. 17 articles were transferred to full reading and subsequent analysis, of which 12 were excluded because they focused on knowledge of the causes of violence in the elderly and not

on nursing interventions, and 5 articles were included that met the inclusion criteria and answered the research question.

Figure 1. Flowchart based on the PRISMA model



RESULTS

All studies included in this RIL (n=5) are primary studies, and all are qualitative. Chart 1 summarizes the data from the data.

Table 1 - Main results of the studies included in the RIL

Study	Type of methodology	Synthesis
E1 - To, L., Wan, D., Wong, F., & Shum, D., Xie, X., Yan, E. (2022). Strategies to build more effective interventions for elder abuse: a focus group study of nursing and social work professionals in Hong Kong.	Qualitative study, with <i>focus</i> group	Identification and evaluation of the family situation of the elderly; work in a multi-professional team, with emphasis on social service to separate the elderly from the aggressor; ensure the safety of the elderly; active listening; promoting positive change; strengthening culture and institutional support; risk assessment.
E2 - Carvalho, F. M. F. D., & Lago, E. C., Landim Almeida, C. A. P., Silva Neto, M. C. (2019). The Aspects Related to Violence Against Elderly: Nurse's Perception from the Family Health Strategy.	This is a descriptive study with a qualitative approach.	Two categories were identified: (i) identification by family nurses of situations of violence against the elderly, during the care approach and in home visits; (ii) actions carried out by nurses in the face of identified cases of violence against the elderly, through educational actions, to activate and refer them to the social service.
E3 – Alarcon, M.F.S., Bracciali, L.A.D., Cardoso, B.C., Damaceno, D.G., Marin, M.J.S., Sponchiado, V.B.Y. (2021). Elder abuse: actions and suggestions by Primary Health Care professionals.	Qualitative study, with <i>focus</i> group	Regarding the interventions of primary health care nurses in relation to the maltreatment of the elderly, three thematic axes emerged: (i) referrals to other professionals, to the Day Center and to the Family Health Support Center; (ii) care for the elderly and family members – see the family as a health unit; (iii) denounce the performance of professionals in Residential Structures for the Elderly. They develop actions with the elderly and family members, notifying cases of aggression, welcome, talk and meet with family members, scheduling consultations and home visits, aiming at holistic and individualized care.
E4 - Nordström, K., & Kressig, R. W., Wangmo, T. (2017). Preventing elder abuse and neglect in geriatric institutions: Solutions from nursing care providers.	Exploratory, descriptive, qualitative study	Interventions included: ensuring adequate education and training for professionals working in Residential Facilities for the Elderly, better management of the responsibilities of nurses working in Residential Facilities for the Elderly, timely intervention to address abuse and neglect, as well as carer turnover.
E5 – Carreira, L., & Salci, Costa, A.B.M.A., Marques, F.R.D.M., Pires, G.A.R., Ribeiro, D.A.T. (2021). Nursing diagnoses in institutionalized elderly victims of violence.	Exploratory, descriptive, qualitative study	A total of 25 nursing diagnoses were analyzed, of which 12 were related to psychobiological needs, 13 to psychosocial needs and 1 to psychospiritual needs. Regarding the diagnostic category, 20 referred to health problems, 4 to potential risks and 1 to health promotion. Using nursing diagnoses to build the care process for institutionalized older adults contributes to holistic care and enables a differentiated look at older adults who are victims of violence.

DISCUSSION

Violence against the elderly can occur due to negligence and/or be of a psychological, financial, physical and sexual nature. In addition, this violence has become not only a public health problem, but also a social and legal issue, as it threatens the dignity of the elderly, since it takes away their quality of life and limits their freedom (Rodrigues et al., 2019). The provision of specific care to protect the elderly from all types of violence and ensure dignified aging is part of the actions developed to comply with policies to protect elderly victims of violence (Marques et al., 2021). Once violence is identified, in accordance with Marques et al. (2021), the elderly are removed from family

life, as a measure of protection and in favor of their integrity, being welcomed in Residential Structures for the elderly, appropriate for these cases, as determined by the courts, to defend their rights. In this context, the aforementioned authors carried out a qualitative descriptive exploratory study, having analyzed 14 records of elderly patients, 8 of whom were female. There was a predominance of single elderly people and victims of intrafamily violence, such as negligence. The age of the elderly ranged from 60 to 88 years. Only one person was independent in performing activities of daily living, 10 elderly were dependent in basic activities of daily living, 8 had some sign/symptom of cognitive impairment, 11 had an alteration in the gait pattern, 9 had urinary incontinence, 11 were polymedicated, 8 had more than five chronic diseases, and 11 were stratified as frail elderly. Chronic diseases predominated, especially dementia (Marques et al., 2021). The same study showed that nursing care planning based on problem-focused nursing diagnoses does not meet the comprehensiveness of care, as preventive actions for risk cases also need to be implemented in the care of the elderly, such as prevention and diagnosis of cases of violence (Marques et al., 2021). They consider that this result may indicate weaknesses in the actions that encourage health education in the population studied, that is, they emphasize that it is necessary to plan actions supported by scientific knowledge that are effective, safe and focused on the individual needs of each one, to provide quality of life to the elderly victim of violence (Marques et al., 2021). In the study by Yan et al (2022), nurses reported that the availability to address potential cases of elder abuse is essential for its detection, reporting cases in which the elderly reveal many internal difficulties, feeling too embarrassed to tell them what happened. In these circumstances, availability and listening skills are of crucial importance. They also mentioned the importance of working in a multi-professional team, with particular emphasis on the social worker. They suggested that organizational culture and policy can also influence the motivation to identify elder abuse, and stressed that the main objective of their intervention in elderly victims of elder abuse is to ensure their safety, and risk assessment is very important, i.e., from the moment an elderly person contacts them, Regardless of whether you come in person or contact them by phone, they always start with a thorough risk assessment to ensure your safety and are on the lookout for any potential danger. They assess the severity of the case, whether a visit to the hospital is necessary, whether there have been similar incidents in the past, among other factors, which serves as an indicator for assessing the degree of risk of the current situation. Especially in cases of prolonged domestic violence, it can be extremely dangerous to leave the elderly at home with the aggressor. Landim Almeida et al. (2019), based on their study, concluded that nurses emphasized the need to implement new resources and improve the functioning of existing ones, so that comprehensive care is possible, with a view to preventing and intervening in the important social and public health problem that violence in the elderly represents. Wangmo et al.

(2017), in a sample of 23 nurses, with professional experience between 2 and 35 years, working in Residential Structures for the Elderly, in Health Centres, belonging to the home visit team, the interventions in elderly victims of violence consisted of ensuring adequate education and training for professionals working in Residential Structures for the Elderly, better management of nurses' responsibilities in them, timely intervention to address abuse and neglect, as well as carer turnover. Another study found that the interventions of primary health care nurses in relation to the maltreatment of the elderly were focused on making referrals to other professionals, to the Day Center and to the Family Health Support Center, caring for the elderly and family members – seeing the family as a care unit; denounce the performance of professionals in Residential Structures for the Elderly (Alarcon et al., 2021). They reported that they develop actions with the elderly and family members, notifying cases of aggression, welcoming, talking and meeting with family members, scheduling consultations and home visits, to provide care both physically and psychologically. They consider that, in most cases, family members need support and awareness (Alarcon et al., 2021).

All studies highlight that as a consequence of violence against the elderly, the reduction of their quality of life, being responsible for severe psychological and physical symptoms, increased morbidity and premature mortality, having highlighted this practice in many Residential Structures for the Elderly and within the family, considering that this is a multifactorial problem influenced by characteristics related to residents, the family, the professionals and the organization. Mobility limitations and greater need for assistance in activities of daily living are strongly associated with the risk of violence, which is in line with the literature (Hirt et al., 2022). Older people with dementia (who in many cases account for the majority of victims) are particularly vulnerable due to their reduced cognitive ability to recognise and report maltreatment (Yon et al., 2017). In this sense, as Cabral et al. (2021, p. 78) point out, it is essential that nurses have knowledge of the fundamental principles of family assessment, which implies timely interventions so that it is possible to prevent cases of violence against the elderly in a timely manner. To reinforce, Santos et al. (2019, p. 88) point out that nurses have a prominent and fundamental role in the "process of protecting the elderly, since they are professionals with the skills to identify, prevent and intervene in any environment, whether hospital, community, family or health units", considering that any and all "visits by the elderly to a health service may be the only opportunity to detect aggressions and notify the body competent". The intervention of the family nurse in the family as a unit of care is fundamental, since this is a multifaceted issue that involves the well-being not only of the elderly, but of other members who constitute it, which implies, in professional practice, intervening in the educational and psychoeducational areas. Thus, the intervention of the family nurse should take place in a "systemic,

holistic and globalizing" way, where the family is "represented as an organization of dynamic, contextual and complex relationships in interaction with the environment" (Figueiredo, 2012, p. 3).

CONCLUSION

Violence against the elderly and its results reveal that this is a serious problem at national and international level. In view of the serious consequences for older people, as they are highly vulnerable and care-dependent people, the development of nursing interventions for the family is sorely needed. Since nurses are aware of this problem and given that their intervention has limitations, especially due to the difficulties in approaching victims, specialized training in family health nursing and the elaboration of evidence-based guidelines that should be a high priority in health care are essential. It is essential to look at the family as a unit and care partner in order to enable it to care for the elderly, preventing any and all situations of abuse, as well as making them aware of the fact that, as the elderly person becomes physically more fragile, they are less able to take care of themselves, to resist intimidation or to retaliate if they are physically or psychologically attacked.

There is an urgent need and importance for the effort to raise collective awareness of the need to reduce violence in the elderly, and it is also up to each and every one of us, as citizens, to participate in the efforts made for early detection and intervention in these situations. The limitation of scientific evidence on the subject represented a challenge in the preparation of this article, however, we believe that we managed to achieve the initial objective proposed.

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