


CHAPTER 73

Role of multi-professional teams in case of elderly victims of violence

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ABSTRACT

Violence against the elderly occurs often, mainly by family members, becoming a major problem in the health area and requiring special attention. The present study aims to identify the joint care provided by health professionals in situations of violence against the elderly. It is an integrative literature review with a qualitative approach. The search period took place in May 2022. A search for articles was carried out in the Scientific Electronic Library Online (SCIELO) databases, academic google, and what is present in the statute of the elderly. Using the Descriptors in Health Sciences (DeCS) and Boolean Operators in the respective sequence "Elderly AND Violence AND Health teams". Eligibility criteria were used to better obtain articles that addressed the topic of interest. After that, a reading of the title and objective of the studies was carried out. After applying the inclusion and exclusion criteria, 76 articles remained that were analyzed. Of these, 62 were excluded because they did not fit the focus of the research, leaving 14 articles. The studies showed that the professionals who make up the multidisciplinary health teams are essential in the identification of cases of violence, as they are close to the patients and, despite the encountered difficulties, they can intervene in the fight against these cases, contributing to the return of these people's quality of life.

Keywords: Elderly; Health; Violence

1 INTRODUCTION

The World Health Organization (WHO) establishes violence against the elderly as any action or omission that causes harm or suffering to people 60 years and older. With aging, and the emergence of comorbidities, the elderly are in a phase of vulnerability, added to the prejudice experienced resulting in

a high occurrence of violence (Silva *et al.*, 2018).

The act of violence against the elderly covers physical, sexual, psychological, economic and even patrimonial abuse. Also observing that financial abuses are usually accompanied by ill-treatment, generating wounds, traumas and some cases of death (Santos *et al.*, 2019). These types of violence cause suffering and serious harm to these individuals, such as feelings of fear and insecurity, trauma and pain that impact their health and quality of life (Silva *et al.*, 2018).

This situation is common in several homes, but ends up being hidden and denied by the victim himself, in an attempt to justify and defend the situation, for fear of harming the life of the person who mistreats him, the child, grandson or caregiver, or for fear that it will become more recurrent, that he suffers some kind of punishment. Thus, the professional presents an important role of identifying and reporting suspected or confirmed cases of violence against the elderly (Oliveira *et al.*, 2018).

The health professional is fundamental to pay to the signs of violence, for greater contact with patients, for the performance of home visits, and for the creation of bonds with patients. Therefore, it is necessary to address challenges such as this since graduation, understanding the vulnerability that has been accompanied with age and all the impact experienced by this elderly (Moreira *et al.*, 2018).

Among the signs that the professional can identify as early as possible, one should pay close eye to hematomas, reports of pain, lacerations, depression, abrasions, injuries, fractures, behavior problems (very introverted, frightened or very aggressive) and burns. After confirmation, actions should be carried out to solve the problem, by validated instruments and adequate listening (Rodrigues *et al.*, 2017).

These cases require special attention, so professionals must work together, in a multidisciplinary way and with the legal sphere. With this arose the following guide question: What is the role of multidisciplinary health teams in the care of elderly people submitted to violence?

Evidencing this, the present study aims to identify the joint care performed by health professionals in situations of violence against the elderly.

2 METHODOLOGY

This study is an integrative review of the literature with a qualitative approach. The type of literature review study is performed through a search in other databases that help in achieving the intended objective by expanding knowledge about certain topics. With this it is possible to know by literature found what information already exists about what is being researched (de Sousa *et al.*, 2021).

The integrative review allows the integration of various types of methodology making room for obtaining results in a systematized and organized way. The search for information through the integrative method contributes to a deepening on the theme allowing a broad look at the objective to be achieved (Souza *et al.*, 2010).

The search period occurred in May 2022. Where an article search was performed in the Scientific Electronic Library Online (SCIELO) databases, google scholar and what is present in the statute of the

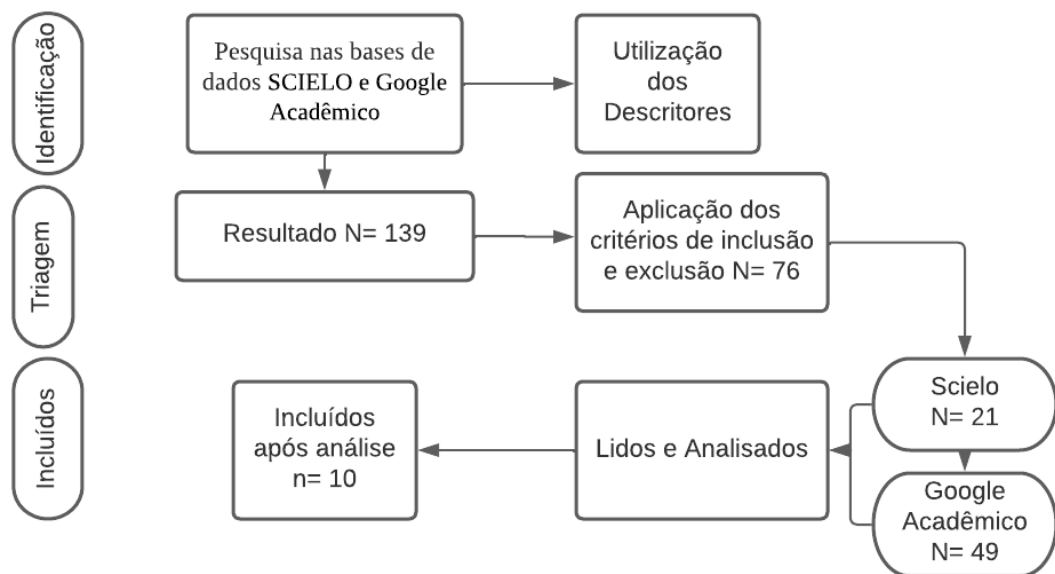
elderly. Using the Descriptors in Health Sciences (DeCS) and Boleyn Operators in their sequence " *Elderly AND Violence AND Health Teams*". The inclusion criteria were: being available in full, studies in Portuguese and English with access to translation, and had been published in the years 2018 to 2022 and those that shows relevance to the intended objective. The exclusion criteria were given to duplicate articles and non-original articles, as well as theses, dissertations and monographs. Next, the titles and the objective of the studies were read.

3 RESULTS AND DISCUSSION

The descriptors mentioned were obtained, a total of 139 documents were obtained. After applying the inclusion and exclusion criteria already mentioned, 76 articles were analyzed. Of these, 66 excluded for not s and relate to the elderly theme or violence against the elderly, leaving 10 articles for the preparation of the article. For better understanding, figure 1 shows a flowchart with the stages of collection of the articles.

Figure 1: Step-by-step flowchart of the findings
Included – Sorting – Identification

Research on Academic Google and SCIELO database – utilization of descriptors – result N=139 – application of inclusion and exclusion criteria N=76 – Scielo N=21 – Academic Google N=49 – read and analyzed – included by analysis N= 10



Source: Own, 2022.

Table 1 is the articles used being organized by the author's name and year of publication, title of the work and objective. The preparation of the table aims to organize the findings to facilitate understanding.

Chart 1: Sample of findings

Author/Year	Title	Goal
Alarcon, M. F. S et al. 2021.	Violence against the healthy person: perceptions of primary health care teams	Understand how professionals working in primary care teams perceive violence against the elderly.
Alarcon, M. F. S et al. 2021.	Violence against the elderly: actions and suggestions of primary health care professionals.	To analyze the actions and suggestions of primary care professionals in relation to the abuse of the elderly.
Barreto, A. M. M. A et al, 2020.	The conception of health professionals about violence against the elderly: an integrative review.	Identify scientific evidence on the conceptions of health professionals about violence against the elderly
Barros, R. L. D. M et al, 2019.	Domestic violence against the elderly assisted in primary care.	To investigate the prevalence of domestic violence against the elderly assisted in primary care and possible associated factors.
Lino, V. T. S. et al, 2019.	Prevalence and factors associated with the abuse of caregivers against dependent elderly: the hidden face of family violence.	to verify the prevalence of evidence of violence against dependent elderly dependents by family caregivers and the factors associated with abuse in a poor region of the city of Rio de Janeiro.
Alarcon, M. F. S et al. 2021.	Violence against the elderly: actions and suggestions of primary health care professionals.	To analyze the actions and suggestions of primary care professionals in relation to elder abuse.
Paula, C. A. de, & Martins, P. F. de M. 2018.	Aging in palms: the compulsory notification form of violence as a relevant instrument to combat violence against the old.	Report the situation of violence faced by the elderly population in the city of Palmas.
Azevedo, C. O., & da Silva, T. A. S. M. 2019.	Nursing care to detect violence against the elderly.	To verify the conducts adopted by the nurse professional when identifying situations of violence and ill-treatment against the elderly.
Silva, R. M. D., et al, 2021.	Challenges and possibilities of health professionals in the care of dependent elderly.	It investigates challenges and possibilities of health professionals for the management of care for dependent elderly in Primary Health Care.
dos Santos, L. C. A. et al, 2022.	Physical violence against the elderly: nurses as the protagonist of detection in the hospital environment.	To identify the knowledge of nurses in relation to the signs and symptoms of violence in the elderly, in the hospital environment.

Source: Own, 2022.

3.1 FACTORS ASSOCIATED WITH VIOLENCE AGAINST THE ELDERLY

According to Barreto *et al* (2020), aging factors such as the fragility of people in this age group and the presence of diseases lead the elderly to need greater care, usually done by family members or caregivers. Many end up totally depending on these people and end up losing their autonomy and decisions and this scenario ends up making them susceptible to violence.

Barros *et al* (2019) report that one of the causes that can lead to attitudes of violence is the fact of the vulnerability found in the old people, and these types of situations negatively affect the experience of these people, health and quality of life. He also explains that the divergences of interest between young and old intensify these actions.

There are also morbidities, which lead to decreased functional and cognitive capacity, history of violence relationship, financial dependence and overload, stress and psychopathological disorder

of the caregiver. All this can lead to violence. Other important factors, in this context, are the problems arising from changes in the contemporary family, such as fewer children, women's insertion in the labor market, divorces, among others (Barros *et al.*, 2019, p.794).

The study by Barros *et al* (2019) showed that violence occurs more frequently in married women, who had high dependence on their partners or family, where the most commonly found was psychological violence and physical violence, where cases of aggression are at high rates in hospital admissions.

Most occurrences of acts of violence are of domestic origin, and most come from family and close people. These cases are more complicated to have knowledge, because aggression to elderly people is not expected. The most common types of domestic violence are psychological and physical violence in which the inability of these individuals favors these types of behavior on the part of aggressors (Lino *et al.*, 2019).

3.2 WHAT THE STATUTE OF THE ELDERLY ON VIOLENCE SAYS

The status of the elderly was created to guarantee the right of the elderly to be able to have their dignity preserved. "The guarantee of these rights is determined in the legislation with the advent of the Statute of the Elderly – Law No. 10,741, of October 1, 2003 – considered one of the greatest achievements of the Brazilian elderly population" (Brasil, 2003).

There are several rights present in the law with punishments for those who fail to follow. Some points are focused on violence against the elderly where in Art. 4 of the statute of the elderly (Law No. 10,741) says that "No elderly person will be the object of any kind of negligence, discrimination, violence, cruelty or oppression, and any attack on their rights, by action or omission, will be punished in the form of the law" (Brazil, 2003).

It is necessary that cases of violence are reported to the following bodies described in the law, which are: police authority; Public Prosecutor's Office; Municipal Council of the Elderly; State Council of the Elderly and National Council of the Elderly. Being a mandatory notification. The law also describes that the acts considered to be violence are all those performed in private or public places, or even the omission of the same that can cause damage, physical suffering, mental or cause death in the old person (Brasil, 2003).

3.3 ROLE OF HEALTH TEAMS IN THE FACE OF VIOLENCE AGAINST THE HEALTHY

Alarcon *et al* (2021) explains that primary care teams are essential in the care of elderly victims of violence and that this level of care has a great demand on the part of this population. For him, health teams can intervene in order to make these people aware of their rights. An opportunity to do this is during home visits, because it is possible to observe the situation of these patients and can identify signs that may indicate maltreatment.

Health professionals should take advantage of opportunities to approach the elderly and family members, because, in these moments, they are able to investigate situations of violence that can occur with the elderly who seek health services, such as outpatient clinics, emergency and emergency services and, especially, primary health care (PHC) services. However, many professionals have difficulties to act in this situation, especially for the accomplishment of the complaint, since they suffer threats from the aggressors (Alarcon *et al.*, 2021, p.74).

In some situations it is only possible to know that some elderly people have been suffering some kind of violence when they decide to open up to professionals or even by reports from other people. Teams can act through qualified listening, counseling, notification and referral to the responsible agencies, but performing this conduct by doing everything possible to make the patient comfortable and safe (Alarcon *et al.*, 2021).

To Alarcon *et al.* , 2021, health teams can contribute to the direction of the healthy person performing interventions with family members, this can be done with a broad knowledge of the family and its main difficulties. It is a work that should be done as a team, because it makes it easier to have some result for the patient's well-being.

The identification of a victim of violence often depends on the patients themselves commenting on the subject reporting what happens in their homes, information by health agents or neighbors and acquaintances and/or the identification of signs and symptoms presented by the patient (Paula and Martins, 2018).

It is important that professionals working in health teams are prepared to identify these cases. Some signs may be demonstrations of violence and deserve attention. They are the presence of hematomas, altered or aggressive treatment of family members, caregivers or people close to the conviviality, reports of the elderly or signs of fear, feelings of sadness, anxiety among others that can be observed during consultations (Paula and Martins, 2018).

Azevedo e Silva (2019) points out that the best way to care for the old person who is victims of violence is through welcoming and counseling. The different professionals working on the case should be trained to welcome these individuals in order to make them safe and confident. It is important to know these patients about their rights and professionals can make them have information that is in favor of their case.

4 CONCLUSION

It was possible to conclude that violence against the elderly has become a major problem in the health area and requires special attention from health professionals to reduce and extinguish all physical, mental, and sexual suffering that the patient has been suffering, allowing the creation of bonds and creation of strategies for prevention or identification, encouraging the use of their rights by also reporting cases. It is work that must be done as a team.

In different studies, it was possible to observe that even though I try to know the cases of violence, health teams show fear and often even suffer threats by the aggressor making care even more difficult, and out of fear end up not denouncing or not intervening in situations. It is also visible that the lack of qualification and the lack of support of the different organs in these cases is a barrier to be overcome by health professionals in the care of the elderly victim of violence.

It is necessary for the attention of the agencies

responsible for the creation of public policies that solve the cases of violence against the elderly, as well as the attention of health teams to signs of violence against these patients, and the creation of interventions that help them in these cases.

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