



VIOLENCE AGAINST OLDER ADULT WOMEN: AN INTEGRATIVE REVIEW

VIOLÊNCIA CONTRA A MULHER IDOSA: UMA REVISÃO INTEGRATIVA

VIOLENCIA CONTRA LA MUJER ANCIANA: UNA REVISIÓN INTEGRATIVA

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ABSTRACT

Objective: To analyze the state of the art of publications about violence against older adult women from 1991 to 2011. **Method:** Integrative review based on the question “What has been published about violence against older adult women?” with searches conducted using the Virtual Health Library, ISI Web of Knowledge, SciVerse SCOPUS, PubMed/MEDLINE, CINAHL and Embase, through keywords and descriptors. **Results:** The sample comprised 31 studies, mostly theoretical reflections and descriptive texts, about domestic violence, with a focus on victims and approaching subjects related to the prevalence or incidence, and interventions that can be carried out by health care professionals. Studies about perception of groups, victims or professionals were also undertaken. **Conclusion:** Bolder searches must be conducted for a deeper understanding of this subject. **Descriptors:** Violence; Women’s Health; Aging; Violence Against Women; Vulnerable Populations.

RESUMO

Objetivo: analisar o estado da arte das publicações sobre violência contra a mulher idosa no período de 1991 a 2011. **Método:** revisão integrativa a partir do questionamento “O que vem sendo publicado sobre violência contra a mulher idosa?”, com buscas realizadas na Biblioteca Virtual em Saúde, ISI Web of Knowledge, SCI VERSE SCOPUS, PubMed/MEDLINE, CINAHL e Embase, utilizando palavras-chave e descritores de assunto. **Resultados:** a amostra foi composta por 31 estudos, sendo a maioria reflexões teóricas, descritivos, sobre violência doméstica, com enfoque às vítimas e abordando temas relacionados com a prevalência ou incidência e intervenções que podem ser realizadas por profissionais de saúde. Trataram ainda de estudos de percepção de grupos, vítimas ou profissionais. **Conclusão:** investigações mais ousadas devem ser realizadas para aprofundamento da compreensão desta temática. **Descritores:** Violência; Saúde da Mulher; Envelhecimento; Violência Contra a Mulher; Populações Vulneráveis.

RESUMEN

Objetivo: analizar el estado del arte de las publicaciones sobre violencia contra la mujer anciana entre 1991 y 2011. **Método:** revisión integrativa a partir del cuestionamiento: “¿Qué está siendo publicado sobre violencia contra la mujer anciana?”, con búsquedas efectuadas en la Biblioteca Virtual en Salud, ISI Web of Knowledge, SCI VERSE SCOPUS, PubMed/MEDLINE, CINAHL y Embase, utilizando palabras clave y descriptores propios del tema. **Resultados:** la muestra se compuso de 31 estudios, constituyendo la mayoría reflexiones teóricas, descripciones sobre violencia doméstica con enfoque en las víctimas y abordando temas relativos a la prevalencia o incidencia e intervenciones que pueden ser realizadas por profesionales de salud. Trataban también de estudios de percepción de grupos, víctimas o profesionales. **Conclusión:** Deben realizarse investigaciones más incisivas para profundizar la comprensión de la temática. **Descriptores:** Violencia; Salud de la Mujer; Envejecimiento; Violencia contra la Mujer; Poblaciones Vulnerables.

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INTRODUCTION

Violence can be segregated into three large groups, namely: self-inflicted, interpersonal, and social or collective. Social or collective violence reflects society's form of organization towards power, social classes, gender, ethnicities and age groups. Violence against women and older adults are included in this context.

Violence against women is a violation of human rights. According to the Brazilian Federal Law entitled Lei Maria da Penha, it is defined as "any act or omission based on violence resulting in death, injury, physical, sexual or psychological suffering, and moral or patrimonial damage."² The subject must be given special attention, and although recognized as a major public health problem, it is outside the professional interventions' scope. Since the 1980s, there has been a great deal of effort to make this subject part of the health care programs. However, its practical implementation is modest and incipient.³

Violence against the older person may occur in the structural, interpersonal or institutional scope and may be due to physical, psychological, sexual, financial or economical abuse, abandonment, neglect or self-neglect. There are conceptual differences between maltreatment, violence and abuse.¹

The treatment for violence against women and older person is incipient in most Brazilian cities, and there are no protocols with preventive approach or a particular response plan. Furthermore, the record of cases is insufficient.⁴

Literature presents vast knowledge about violence against young women, but only a minor part addresses older adult women.⁵ Thus, studies from primary sources or with data underlying the original studies, such as integrative or systematic reviews, must be a priority for a better understanding of this phenomenon.⁶

In light of this context, the lack of knowledge of what has been published about violence against older adult women represents this research's concern.

This problem enables the development of the following guiding question: Which studies on violence against older adult women in the health area have been undertaken and published from 1991 to 2011?

In view of this context, the objective of this study was to analyze the state of the art of publications about violence against older adult women from 1991 to 2011.

This research was conducted with the purpose of creating a doctoral research project proposal. When identifying the state of the art about violence against older adult women, scientific "gaps" related to the subject are consequently identified, leading to new research's possibilities.

METHODOLOGY

This was an integrative literature review with searches conducted in June and July 2011, in which a synthesis of the studies about the subject was undertaken.

Initially, free unlimited searches were undertaken in databases that publish integrative and systematic reviews, with the purpose of finding previous reviews about the subject. In each database, searches were undertaken according to their specificities.

Integrative and/or systematic reviews were not found in the following databases: Bandolier, Campbell Collaboration, Clinical Evidence, Clinical Appraisal Skills Programme, Drug Abuse Resistance Education (DARE), Database of Promotion Health Effectiveness Review (DoPHER), The Joanna Briggs Institute and PubMed, in the Clinical Queries link. Two studies were identified, one in the database "The Cochrane Collaboration" and another one in the Virtual Health Library (VHL), through the "Evidence Portal" in the "Systematic Reviews" link. The abstracts of these two reviews were analyzed and their objectives were found different from the one proposed herein.

Given the inexistence of integrative and/or systematic reviews about violence against older adult women, searches were undertaken in the platforms: Virtual Health Library (VHL), ISI Web of Knowledge and SciVerse Scopus, and in the databases: PubMed/MEDLINE, CINAHL and Embase.

The limits used for the development of the sample of interest were: studies with human subjects, original articles published from 1990 to 2011 (from the 1990s, subjects related to violence were arousing public interest).⁶

Inclusion criteria were: studies addressing the subject of interest, study participants who were female, and aged at least 60 years old for Latin American databases, and over 65 years old for international databases.

The use of limits and the inclusion criteria mentioned above were enough to identify manuscripts of interest. Listing exclusion criteria was not necessary.

Searches were undertaken with the following keywords in Portuguese and English,

present in the title and in the abstract: “Violence”; “rape”; “abuse”; “elderly”; “aged”; “aging”; “women”; “female”; “older women”; “women’s health”; “geriatrics” and “gerontology”.

The following subject descriptors from the descriptors’ list of DeCS - Health Sciences Descriptors, MeSH - Medical Subject Headings, and Emtree of the Embase database, were used, in Portuguese and in English, isolated and through cross-checking, with the purpose of finding the largest number of articles related to the approached subject: “Violence”; “domestic violence and sexual abuse against women” with the descriptors: “violence against women”; “domestic violence”; “gender-based violence”; “gender violence”; “abuse reporting”; “rape”; “vulnerable populations”; “women’s health service”; “women’s health”; “battered women”; “80 year-old elderly”; “elderly over 80 years of age”; “geriatrics”; “gerontology”; “aging”; “demographic aging”; “population aging”; “sex offences”; “women”; “health services for the aged”; “elder abuse”; “elderly abuse”; “frail elderly”; “assault”; “battering”; “corpse dismemberment”; “genocide”; “homicide”; “infanticide”; “intermittent explosive disorder”; “torture”; “verbal hostility”; “workplace violence”; “family violence”; “partner violence”; “aged hospital patient”; “very elderly” and “geriatric care”.

For cross-checking, Boolean operators were used - basic and monosyllabic phrases - “OR” between keywords or descriptors with the same semantic meaning or “AND” for those with different semantic meanings. In some platforms/databases, it is not possible to undertake an isolated search followed by a matched search; in both cases, searches were undertaken directly with the combinations.

Articles about alcoholism, post-traumatic stress disorder, drug abuse, violence against children, suicide and the human immunodeficiency virus (HIV) were found during searches in the VHL, even with the use of search limits.

With the purpose of blocking the visualization of manuscripts with these subjects, the Boolean operator NOT was used with the words: “Alcohol”; “post-traumatic stress disorder”; “drug”; “child”; “suicide” and “HIV”.

The selection of the studies occurred in five stages: selection with free and combined searches; selection with use of the mentioned limits; selection by reading titles; selection by reading abstracts, with the use of inclusion criteria and selection by reading full studies, removing the repeated ones in order to prevent duplicity, as demonstrated in Figure 1.

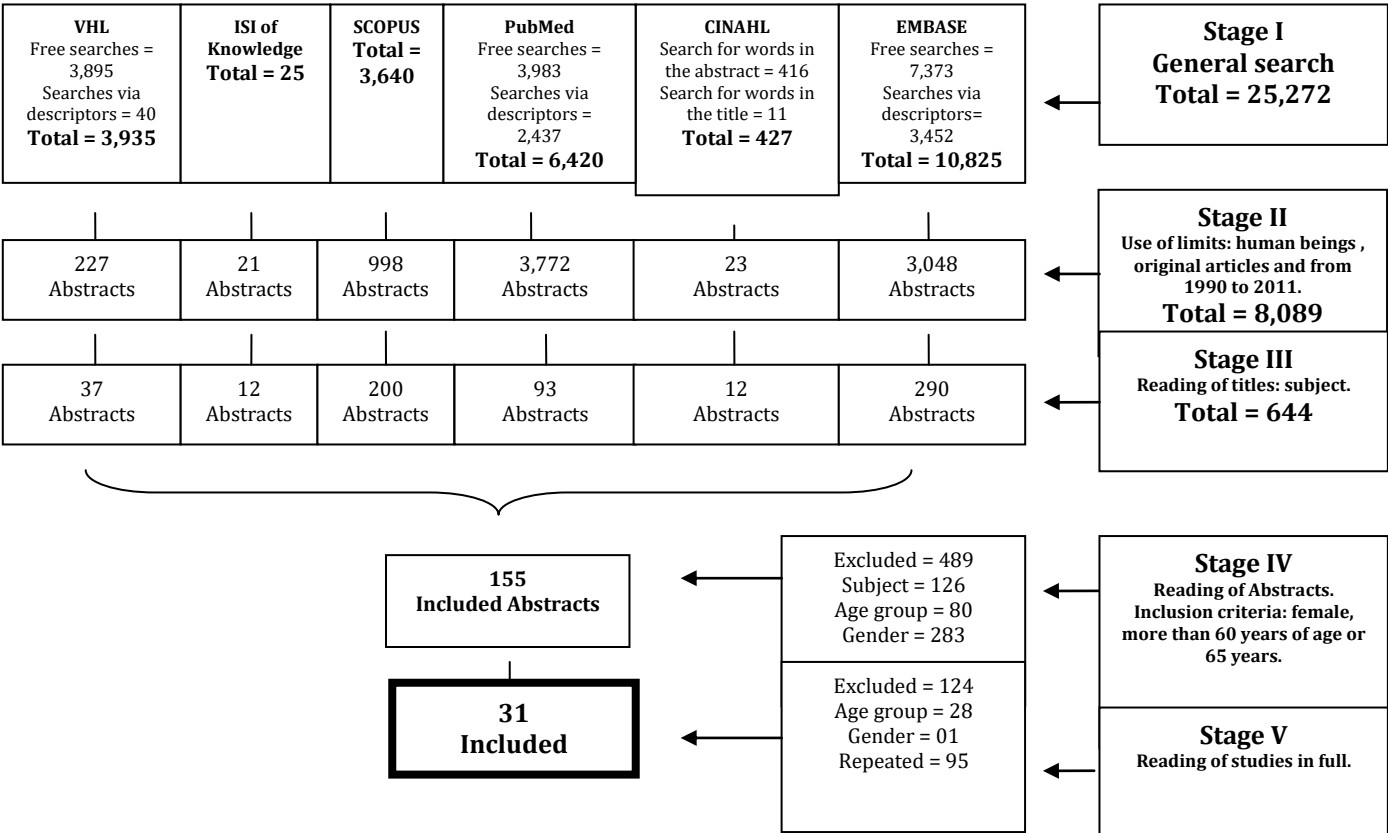


Figure 1. Diagram of the selection process of manuscripts in the search period from June to July 2012.

After the completion of the sample’s selection, the articles were gathered in

variables and predetermined categories through the analysis of previous articles about

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the subject: Violence against older adult women.

The variables were divided in two groups, bibliometric variables and variables of interest.

The bibliometric variables were: article's title, authors, the main author's institution, journal and year of publication.

The variables of interest and their respective categories were: objective of the research; method of research used (quantitative, qualitative or theoretical), analysis of the data (descriptive, analytical or both), types of study (longitudinal or cross-sectional); if longitudinal (cohort studies, case control studies, clinical or community trial); if qualitative (case study, phenomenology, ethnography, database theory, focus group or only qualitative approaches); data collection instrument used (interviews, questionnaires or forms); sample or research subjects (quantity of people and age group, if they are victims, offenders, caregivers or professionals); approached type of violence (physical, psychological, domestic/family abuse, institutional, sexual, financial or violence in general - when not specified); and the conclusions/recommendations.

RESULTS

The first search, free and unlimited, was undertaken in the databases: VHL, ISI of Knowledge, SCOPUS, PubMed, CINAHL and Embase, and identified 22,272 studies. The number of articles was reduced to 8,089 with the use of limits, studies involving human subjects, women and period of publications from 1990 to 2011.

After reading the titles, 644 articles were selected, since even with the use of limits, several studies from other areas, such as the pharmacy and psychiatry were found.

Inclusion criteria were used during the reading of the abstracts, and 155 of them were carried out to the next selection stage, which was the article's full reading. The final sample comprised 31 studies, according to the diagram drawn in the methodology.

Among the 31 studies included in the sample,⁷⁻³⁸ 12.9% (n=4) were published in "The Gerontology", followed by 6.5% (n=2) in the following journals: "Journal Elder Abuse and Negligence", "Journal Women Aging", "Journal of Gerontology" and "Nursing Older People" respectively, as demonstrated in Figure 1. It is worth mentioning that all journals were related to the aging subject; one about elder abuse and other about older adult women, both from different areas of

knowledge, and another one about the nursing area.

Publication increased in the second decade analyzed, 32.25% (n=10) from 1990 to 2000, and 67.74% (n=21) from 2001 to 2011. A larger number of studies were published from 2004 to 2006, 12.9% (n=4), respectively.

Regarding the research methodology used by the journals, most of them was about theoretical reflection, 54.84% (n=17), followed by quantitative, 29% (n=9) and qualitative studies, 16.13% (n=5). As regards data analysis, most was merely descriptive, 83.9% (n=26), followed by descriptive and analytical, 16.1% (n=5). The data collection instrument most commonly used was the interview, 56.25% (n=9), followed by questionnaires, 25% (n=4), and finally, forms, 18.75% (n=3).

Among the quantitative manuscripts, 55.55% (n=5) were longitudinal studies, 40% (n=2) were cohort studies and 20% (n=1) were case control studies, randomized clinical trials and community trials, respectively.

Among the qualitative studies, 40% (n=2) used only one qualitative approach, without using any theoretical or methodological framework. One of them (20%) was about a case study, another one (20%) consisted of a focus group, and the last one (20%) dealt with oral history.

In 16 studies, the sampling size or the number of study subjects was identified, with a mean of 2,370.5 (maximum = 12,000; minimum = 1). Few studies reported the population size and the explanation of the sampling calculation. All studies were analyzed in the English language.

The domestic violence was the most commonly mentioned type of violence in the articles (58.10%, n=18), followed by general violence - when not specified - (22.60%, n=7), sexual violence (12.90%, n=4) and lastly, physical and psychological violence (3.20%, n=1), respectively.

Most of the articles (77.40%, n=25) had the victims of violence, followed by the health professionals (12.90%, n=4) as the sampling or research subjects. Only one study (3.20%) presented the offender as the research subject. This was a case study about a serial killer willing to take part of the research and report his experience. Another research (3.20%) used the caregivers as source of information in data collection.

Regarding the objectives of the studies, among the seventeen (54.84%) that consisted of literature reviews, four (23.53%) tried to identify the intervention measures currently

used by health professionals for cases of violence against older women, four (23.53%) sought to reflect about the current state of the art with regard to the subject, two (11.76%) aimed to identify the consequences of violence on the victims' life, two (11.76%) sought to identify the prevalence/incidence of this health risk, two (11.76%) tried to identify the common characteristics in violence cases that could assist in identifying cases. The other articles explored specific subjects, such as the main genital injuries in sexual abuse cases, the reluctance of researchers to approach the subject from the female perspective, and the conceptual difference between violence, abuse and maltreatment against older women.

Among the quantitative articles (29%, n=9), four (44.44%) tried to describe the abused victim's profile or the prevalence/incidence of violence, two (22.22%) aimed to validate instruments to identify cases, two (22.22%) described the victims' perception about the experienced violence, and another article (11.11%) sought to test a specific intervention.

As regards to the qualitative manuscripts (16.13%; n=5), four (80%) aimed to describe experiences and one (20%) tried to describe the victims' perception toward the offenders.

Conclusions generally achieved the proposed objectives, and in most of the cases, they contributed to the practice, regarding the need for preparing professionals to meet this demand. They also highlighted the need for developing further studies with similar or complementary approaches, as detailed in Figure 1.

DISCUSSION

Despite the subject "violence" being recognized by the scientific community from the 1990s by means of the feminist movement against gender violence⁶, an increase of scientific publications about older adult women from 2001 to 2011 was noticed. This may be explained by the approval of the Statute of the Elderly in 2003, which ensured the elder the right to health, education, security, housing, and transport, with a special focus on violence subject.

Violence against elderly person has only been recently reported in Brazil. Despite being a secular phenomenon, it has only been noticed recently in Brazil, because of the demographic growth of this age group¹.

The traditional image of battered women involves young people with young children, assaulted by their husbands or boyfriends. Many people are unaware that women at 50

years of age or more, with physical or cognitive disability, are victims of domestic violence, being assaulted by young adults. In general, these young adults depend emotionally and/or financially on older adult women, and they are unemployed, chemical dependents or mentally ill. The abused women feel guilty and therefore do not seek help, besides being afraid of what may happen to their family if they are reported. In most of the cases, violence comes from family members, and the victims are women in 2/3 of the cases¹².

The most identified term in the reviewed publications herein was "domestic violence", followed by "violence", with a focus on prevalence and/or incidence, on interventions about prevention and on prophylaxis, promotion or reduction of the event.

Physical and verbal abuse rates by the intimate partner on independent older adult women and young women are sometimes similar. The incidence by the intimate partner studied herein as domestic violence is of 18.1%. Older women are invisible victims and the health centers are located in privileged sites, since they can detect and intervene in these cases. Violence against older women leads to several consequences for health, such as: unknown injuries, depression, anxiety, chronic pain and the abusive use of harmful substances, like drugs and alcohol³⁵.

Many professionals who work with older adult people believe that domestic violence is caused by stressed caregivers, and that women suffering from violence were victims for many years. Moreover, they emphasize the caregiver and the difficulty of taking care of the elderly person, showing that they are unfamiliar with the dynamics of domestic violence. Some services have interventions based on institutional care, such as hospitals and long-stay institutions. Interventions conducted by professionals might include: dialogue, attentive listening, disclosure about the subject in the health centers, medical practices and hospitals, tracking of new cases and knowledge of the support center, to refer cases when necessary¹².

Only with the increase of the critical mass, more accurate evidence can be determined and new solutions related to the subject of violence against older person may emerge.

Domestic violence is a complex phenomenon and nursing is important to several practice areas. Preparing this professional category is crucial for the identification of cases.

CONCLUSION

The state of the art about violence against older women is a result of theoretical reflections and descriptive research. Most of the articles used the term “domestic violence” to mention violence against older adult women and focused on the victims. The subjects approached were: prevalence or incidence; and interventions that can be conducted by health care professionals. The studies also explored the study of perception of groups, either of victims or professionals.

This context reflects the complexity and specificity of the subject, as well as the difficulty in undertaking qualitative studies about causes, consequences and associated factors (most of the quantitative studies dealt with tracking cases) and qualitative factors for understanding perception (most studies dealt with only one case or with the experience description.) Domestic violence with victims was the prevalent subject, since it is unlikely that researchers have the chance to use aggressors as research participants.

Bolder researches must be conducted for a better understanding of this subject, the identification of real preventive measures, professional training and qualification, and strengthening of laws and health policies that may include abused older women.

The current study presented limitations, since it was an integrative review, which is identified for embracing different methodologies with comprehensive conclusions, making it difficult to offer suggestions for future research.

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