Violence and frailty in the elderly.



### INTEGRATIVE REVIEW ARTICLE

# VIOLENCE AND FRAILTY IN THE ELDERLY VIOLÊNCIA E FRAGILIDADE NA PESSOA IDOSA VIOLENCIA Y FRAGILIDAD EN LA PERSONA ANCIANA

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#### **ABSTRACT**

Objective: to show the relationship between the fragility and the vulnerability of the violated elderly person. Method: bibliographical study, integrative review type. The following databases were consulted, from August to September 2017, CINAHL, PubMed/MEDLINE, SCOPUS®, LILACS and Web Of Science, using the descriptors violence/violence and frail elderly/frail elderly and locating, at the end of the search, the total of ten manuscripts. Results: of the manuscripts that included the sample, only three clearly elucidated the existence of the relationship between violence and fragility, however, these articles did not use measurement scales for both concomitant phenomena. The other studies presented this relationship as a secondary outcome. Conclusion: the existence of the relationship between vulnerability and violence in the frail elderly person is observed, however, both concepts are not yet clearly listed in the literature, as well as their measurement through the use of appropriate scales for this purpose, glimpsing their identification in Nursing practice, as well as the prevention of health problems in the elderly. Descriptors: Fragile Elderly; Violence; Old Man; Aging; Exposure to Violence; Nursing.

#### RESUMO

Objetivo: evidenciar a relação entre a fragilidade e a vulnerabilidade da pessoa idosa violentada. *Método*: estudo bibliográfico, do tipo revisão integrativa. Foram consultadas, no período de agosto a setembro de 2017, as bases de dados *CINAHL*, *PubMed/MEDLINE*, SCOPUS®, LILACS e *Web Of Sience*, utilizando-se os descritores violência/violence e idoso fragilizado/frail elderly e localizando, ao término da busca, o total de dez manuscritos. *Resultados*: dos manuscritos que contemplaram a amostra, apenas três elucidaram claramente a existência da relação entre a violência e a fragilidade, no entanto, esses artigos não utilizaram escalas de mensuração para ambos fenômenos concomitantes. Os demais estudos apresentaram essa relação como desfecho secundário. *Conclusão*: observa-se a existência da relação entre a vulnerabilidade e a violência na pessoa idosa fragilizada, entretanto, ambos os conceitos ainda não são elencados claramente na literatura, assim como a sua mensuração por meio da utilização de escalas apropriadas para tal, vislumbrando-se a sua identificação na prática da Enfermagem, assim como a prevenção dos agravos à saúde da pessoa idosa. *Descritores*: Idoso Fragilizado; Violência; Idoso; Envelhecimento; Exposição à Violência; Enfermagem.

## RESUMEN

Objetivo: evidenciar la relación entre fragilidad y la vulnerabilidad de la persona anciana violada. *Método*: estudio bibliográfico, del tipo revisión integrativa. En el período de agosto a septiembre de 2017, fueron encontradas las siguientes bases de datos: CINAHL, PubMed/MEDLINE, SCOPUS®, LILACS y Web Of Sience, utilizando los descriptores violencia/violence y anciano fragilizado/frail elderly, confiriéndonos al término de la búsqueda el total de diez manuscritos. *Resultados*: de los manuscritos que contemplaron la muestra, sólo tres elucidaron claramente la existencia de la relación entre la violencia y la fragilidad, sin embargo, estos artículos no utilizaron escalas de medición para ambos fenómenos concomitantes. Los demás estudios presentaron esa relación como desenlace secundario. *Conclusión*: se observa la existencia de la relación entre la vulnerabilidad y la violencia en la persona anciana fragilizada, sin embargo, ambos conceptos aún no se enumeran claramente en la literatura, así como su medición mediante la utilización de escalas apropiadas para tal, vislumbrando identificación en la práctica de la Enfermería, así como la prevención de los agravios a la salud de la persona de edad. *Descritores*: Anciano Frágil; Violencia; Anciano; Envejecimiento; Exposición a la Violencia; Enfermeria.

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INTRODUCTION

# Aging is understood as a result of the

progressive reduction of the individual's functional reserve, which is a physiological and natural process called senescence. In the senility perspective, some genetic and/or somatic conditions, such as chronic diseases, accidents and emotional stress, can transform this process into a pathological aging.<sup>1-2</sup>

These alterations of aging, together with the attitudes of prejudice, disrespect and social inequality against the elderly present in contemporary society, can contribute to the occurrence of serious acts of Violence Against the Elderly Person (VAEP).<sup>3</sup>

The most common VAEP modalities are physical, financial, sexual, psychological abuse, neglect, the abandonment and self-neglect.<sup>4-5</sup>

Physical abuse is the most visible form of violence and results in bodily injury. It is commonly perceived as the result of pushing, pinching, tapping or using an object, which can result in hospital admissions and lead to death. Sexual violence is related to the victim's encouragement for the purpose of sexual arousal imposed by physical violence, grooming or threats. Financial abuse is usually committed in the intra-family environment in which an attempt is made to force the elder to sign proxies and to withdraw his or her rights and assets without his or her consent.<sup>4</sup>

Psychological violence is characterized by every form of contempt, contempt, prejudice and discrimination that results in the old of sadness, person feelings isolation, loneliness, mental suffering and depression. Abandonment represents the type of violence in which the elderly person is deprived of his right to come and go and fails to offer the necessary assistance for his survival, such as food and medicines, thus promoting his slow illness and death. In neglect, there is contempt for the elderly by the family and/or public services, as in cases of inadequate physical facilities. Self-inflicted violence or self-neglect is characterized by self-inflicted abuse and routinely begins with social isolation, refusal to bathe, feed and use medications, subjectively revealing the desire

Aging as a natural process may make the elderly person more susceptible to functional dependence, due to the appearance of cognitive, physical or emotional limitations, such outcomes, in addition to low social conditions, family unpreparedness for elder care and violence at home can contribute to

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the occurrence of violence against the elderly.<sup>6</sup>

Fragility is a complex interaction between biological, social and psychological factors. It is defined as a syndrome resulting from the decrease of the energy reserve minimization of the capacity for resistance to stress, being more prevalent in people with advanced age.7-Such process embrittlement may culminate in a greater risk adverse clinical outcomes such hospitalizations, falls, functional decline, institutionalization and death of the elderly person.9

Although some authors<sup>6,10-11</sup> express about the existence of the relationship between fragility in the elderly and the risk and/or vulnerability to violence, there is still little evidence in the scientific literature of studies that have been applied in order to correlate these variables, using instruments and measurement scales of the phenomenon under discussion.

Violence is unacceptable and requires special attention, including in the area of health care, where professionals, especially nurses, play a key role in identifying signs and symptoms of violence. Besides being an articulator with other professionals and the judicial sphere itself, in order to combat this type of situation.<sup>3</sup>

It is then understood that health and functional evaluation of the elderly person is necessary through the use of scales and/or instruments for staging of possible injuries by health professionals. The use of a standardized and computerized instrument in the country will, a more detailed evaluation of violence for the work of professionals in the areas of Social Services, Health and Justice. 3

### **OBJECTIVE**

◆ To show the relationship between frailty and vulnerability, of the violated elderly person.

#### **METHOD**

It is an integrative review of the literature, 13 containing six stages for its construction, namely: 1) definition of the hypothesis or question of research; 2) delineation of the inclusion and exclusion criteria; 3) definition of the information to be selected from the sample; 4) evaluation of the studies included in the sample; 5) interpretation of results; 6) presentation of results.

The definition of the research question was carried out using the PICO strategy, which is presented as an acronym for the English

language corresponding to "patient, intervention, comparison and outcomes." <sup>14</sup> Thus, P(population) was attributed - to the elderly person; I (intervention) - the relationship between fragility and violence; C (comparison) - if necessary, to a comparison intervention not used in this study and O (outcome) - to increased vulnerability to violence in the elderly resulting in the following research question: the presence of fragility in the elderly makes it more vulnerable to the risk of violence?

A literature review was published between August and September of 2017, through the Portal of Periodicals of the Coordination for the Improvement of Higher Level Personnel (CAPES), with remote access, in pairs, via the Federated Academic Community (CAFe), in the the following databases: CINAHL (Cumulative Index to Nursing and Allied Health Literature), PUBMED/MEDLINE Online

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Literature Analysis and Retrieval System Online, SCOPUS, LILACS and Web of Science.

As descriptors, registered in the Medical Subject Heading - MeSH and also included in the Descriptors in Health Sciences - DESCs, were used: violence/violence and frail elderly/frail elderly. Controlled and uncontrolled crosses were used by means of the boolean operator "and" between them in the selected databases.

The sample included as inclusion criteria: complete articles available online that included, as object of study, the fragile elderly person and violence. Manuscripts not developed with the elderly were excluded and did not respond to the guiding question of the study. There was no temporal cut for the selection of articles, however, at the end of the search, the final sample had ten manuscripts, as shown in the following figure.

Base/crossing	Articles found	Selection by title	Selection by abstract	Selection by complete text	Selected articles (n)
LILACS	1	1	1	1	1
CINAHAL	17	3	1	1	1
PubMED	91	4	2	1	1
SCOPUS	120	11	7	6	6
Web Of Scienc	5	1	1	1	1
Total	234	20	12	10	10

Figure 1. Distribution of sample selection. Campina Grande (PB), Brazil, 2017.

For the analysis of the methodology of the sample, the manuscripts were classified in levels of scientific evidence, since these levels point to a greater reliability in the data, thus evaluating the methodological rigor adopted in the studies. <sup>15</sup> In the sample of this study, there was a predominance for level IV, which is a non-experimental delineation as descriptive correlational and qualitative research or case studies, listed in figure 3 below.

To facilitate the analysis, a spreadsheet in Microsoft Excel® was prepared with the following information of the articles: title, authors, year of publication, place of study development, method adopted, level of evidence, objective, correlation between violence and fragility, instruments were used to detect fragility and violence and, if so, instrument which was used. Sample manuscripts received codes (Article 1 - A1, - A2 ...) to facilitate 2 identification and the presentation of the results.

### **RESULTS**

The final sample, with a total of ten articles from the national and international literature involved articles on the subject of violence against the elderly and the fragility, which shows a small sample in view of the importance of the phenomenon under discussion for the health of the elderly person.

The largest number of publications focused on the year 2007, with three manuscripts, followed by the year 2003, with two, and the years 2004, 2008, 2010 and 2015, with only one publication on the subject. Concerning the country in which the studies were developed, it was noticed that the largest number occurred in the United States of America (USA), with a total of four surveys, followed by Japan, with two, and in Sweden, Israel and Peru, a research was developed respectively. A study carried out a concept analysis and because it is a modality of review of the literature, it did not fit into any geographic region, as observed in figure 2.

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Code	Title	Country
A1	A concept analysis examining the vulnerability of older people	-
A2	Violencia hacia el adulto mayor: Centros Emergencia Mujer del Ministerio de la Mujer y Desarrollo Social. Lima-Perú, 2009.	Peru
А3	An assessment of the attitudes of potential caregivers toward the abuse of elderly persons with and without dementia	Japão
A4	Self-NeglectAmongtheElderly: A ModelBasedon More Than 500 PatientsSeenby a Geriatric Medicine Team	EUA
A5	Urban Social and Built environments and Trajectories of Decline in Social Engagement in Vulnerable Elders: Findings From Detroit's Medicaid Home and Community-Based Waiver Population	EUA
A6	Elder abuse and neglect: social problems revealed from 15 autopsy cases	Japão
A7	Identifying Older People at Risk of Abuse During Routine Screening Practices	EUA
A8	The Vulnerability for Elder Abuse Among a Sample of Custodial Grandfathers: An Exploratory Study	EUA
A9	Violence in nursing homes: perceptions of female caregivers	Suécia
A10	Elder Abuse and Neglect- A PilotIncidenceStudy in Israel	Israel

Figure 2. Distribution of the sample regarding the code, title and country of the research development. Campina Grande (PB), Brazil, 2017.

Figure 3 shows the results of the review, regarding the method adopted by the authors, the level of scientific evidence according to and if the manuscripts presented directly the

relation between the vulnerability to violence against the elderly person in the face of fragility.

Code	Method	LE *	Direct relation
A1	Concept analysis	٧	No
A2	Quantitative	IV	No
A3	Quantitative	IV	No
A4	Quantitative	IV	No
A5	Quantitative	IV	No
A6	Quantitative	IV	Yes
A7	Quantitative	IV	Yes
A8	Qualitative	VI	Yes
Α9	Qualitative	VI	No
A10	Quantitative	IV	Yes

LE\* = Level of evidence

Figure 3. Presentation of the results, regarding the method, level of scientific evidence and whether or not there is a direct relationship between violence and fragility. Campina Grande (PB), Brazil, 2017.

According to the articles surveyed, the predominance of the choice of studies with a quantitative method was observed with a total of seven manuscripts, followed by the qualitative approach, with two, and only one review of the scientific literature.

The selected articles were classified into the levels of evidence according to the sevenlevel classification for NAursing research, namely: level 1- include systematic reviews or meta-analysis of randomized clinical trials and systematic reviews; level 2 - randomized controlled trials; level 3 - clinical trials without randomization; level 4 - case-control or cohort studies; level 5 - systematic reviews of descriptive and qualitative studies; level 6 qualitative or descriptive studies and level 7 specialist reports or opinion of authorities. The results of this study indicated

predominance in research with level of evidence for seven surveys, followed by two surveys with level 6 and one with level 5.15

Considering the relationship of fragility as a factor of greater vulnerability for the elderly person to be a victim of domestic violence, it was observed that, in only three of the manuscripts found, the authors commented on this direct relationship. The others did so indirectly, since they related vulnerability to violence with some characteristics that define fragility.

#### **DISCUSSION**

The vulnerability of the elderly person to being a victim of violence is compounded by multiple factors. Among these the most frequent causes are related to the process of fragilization and high level of family and/or

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caregiver dependence. <sup>16</sup> Although this relationship is present in the current literature, only three manuscripts of the sample presented it directly.

In the year 2003, in the USA, a quantitative survey was developed whose objective was to examine the association between the characteristics of community-based older people and a constructed measure of abuse of potential elderly. For the staging of violence, the authors used the validated Minimum Data Set for Home Care (MDS-HC) scale, which incorporates several clinical markers to prove a probable case of abuse.<sup>17</sup>

The study found that, in the cases of abuse, 39.4% of the elderly had poor hygiene, 24.4% had indicators of fear of family members, 21.1% appeared to be neglected or mistreated, 15.2% were physically dependent presented lesions 6,1% explanation. These findings led them to conclude that VAEP may be related to increased fragility and cognitive decline in the elderly. It should be noted that the authors who used a scale to detect cases of violence during the evaluation of fragility did not mention the use of the validation scale for the definition of degrees of fragility. 17

A study conducted in Israel<sup>18</sup> aimed to inform the incidence of violence in the elderly by negligence in that country to characterize the victims and their perpetrators in terms of sociodemographic characteristics and functional status and to report the main family and pathological problems diagnosed in the victim. The results indicated that 43.6% of the sample did not present any type of disability, while the others, 56.4%, showed some disability. The frail elderly and with some disability experienced all forms of violence, in addition to having a greater relationship between the phenomenon and the female sex, with single, frail, disabled and living with other people.

Respondents from the aforementioned research with evidence of violence answered a questionnaire, the answers were evaluated by a social worker and classified as to the typology of violence in: physical, mental, economic, sexual and negligence violence.<sup>18</sup> Despite the use of the scale to define VAEP, the study did not use scales for staging the fragility itself.

A qualitative study, <sup>19</sup> was carried out with the purpose of presenting data for domains of mistreatment in grandparents of custody. All sample participants reported that they neglected their own care to the detriment of their custodial children. Others report feeling rejected by the family, and half of the custodial grandparents developed anxiety after the responsibility they took and/or associated with rejection of relatives and family members.

Psychological violence is classified as any type of depreciation, disrespect, discrimination, humiliating punishment and rejection, used against a person, which results in some damage to their development, self-esteem or identity. The context in which the aforementioned research was developed demonstrates the experience of psychological violence considering that the rejection of the family resulted in episodes of anxiety for the elderly.<sup>5</sup>

Contrary to previous findings, in other studies in the sample, grandparents of custody did not feel fragile, nor did they relate fragility to the possibility of being victims of violence. <sup>19</sup> Such reporting may be associated with the difficulty of the male gender in assuming the condition of "To be fragile" or "to be fragile".

In the results presented by the concept analysis, focusing on the vulnerability of the elderly, it is observed that this condition was related to fragile and elderly people who experience the process of social exclusion of the work environment. This population is more susceptible to social and discriminatory marginalizations, thus becoming more vulnerable to violence.<sup>20</sup>

The social vulnerability in which the fragile elderly are exposed is linked to the social exclusion that the elderly person lives with the advancing age, which, in turn, exposes them to the risk of experiencing situations of violence.

The most complex scale of fragility classification and staging is the Edmonton Fragility Scale (EFS). It consists of nine domains that help the examiner to more clearly show the occurrence of fragility, to know: cognition, general health status, independence functional, social support, medication use, nutrition, humor, continence, and functional performance.<sup>21</sup>

This scale was developed by a group of studies from Canada, which seeks to assess the fragility through the relationship between biological, psychological and social factors, since this clinical condition presents itself in a varied and multifaceted way among elderly people.<sup>22</sup>

Thus, the relationship between vulnerability and vulnerability to elder violence in the study developed in Japan, <sup>23</sup> aimed at examining cases of violence in the elderly person in Gifu city, between 1990 and

2000. In In their findings, the authors state that cases of neglect are more common in the elderly living alone, as well as in those who have a more compromised overall health status. More generally, the risk for violence was related to the elderly with impairment of general physical health status.

Dementia also appears as a vulnerability factor for violence in the elderly. In one of the articles in the sample, <sup>24</sup> the author points out that the person with some pathology that results in dementia makes the individual at greater risk of being abused. This relationship is also described in another research, <sup>25</sup> in which it was possible to identify a greater possibility of self-induced violence (self-neglect) in elderly people who had mental illnesses such as dementia, depression and delirium.

Another interface of violence and its relation to the frailty, marked by the presence of some mental comorbidity in the elderly, was described in a qualitative survey with caregivers of the elderly, <sup>26</sup> whose objective was to understand how female caregivers in the nursing home perceive violence. In the results, the authors realized that when the elderly are the aggressors of some physical violence, it is tolerated and seen as an unconscious act because they present some illness of a mental character.

Old age, unfavorable social and economic conditions, low level of schooling and the absence of social support are clinical conditions listed as risk factors for the development of the fragility syndrome in the elderly.<sup>27-28</sup> These characteristics are related in the study that sought to describe the sociodemographic characteristics of the adult aggressor and the elderly victim in Japan. In their data, older women with low schooling, without their own income and living with the aggressor, presented the highest indicators of violence.<sup>29</sup>

Social isolation was described in a study developed in the city of Detroit (USA), <sup>30</sup> in which the elderly began to develop social isolation due to the experience of social violence installed. Social isolation was elucidated by changes in habits, routines and hobbies, and was then observed as a predisposing factor to feelings of anguish and sadness, these feelings being included in the axes of definition of fragility, previously listed.

#### CONCLUSION

The results of this study evidenced a relationship between the fragility of the

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elderly person and the vulnerability to the risk of suffering violence. In view of the results of the researched articles, which were very few, it was possible to identify that violence against the elderly is a current phenomenon and quite common in some family contexts.

However, at the same time, it is recognized that there is a need for more studies that can highlight the problem and, through the application of scales of measures, that present more complete results. In addition, it is also observed the need to use these scales in Nursing practice aiming at the prevention of health problems of the elderly person.

The importance of health conditions such as the presence of dementia, sex, advanced age, degree of dependence, and socioeconomic conditions, can be considered in the staging and as risk indicators for VAEP.

It is also hoped that, the results from the national/international studies analyzed here may influence other researchers in the area of health and Nursing to seek the necessary proof of the relationship between the risk of the elderly being a victim of violence and their degree of installation of the fragility syndrome, due to this affirmation, already be present in the specialized literature.

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