Psychomotricity and indicators of violence in the elderly

Psicomotricidad e indicadores de violencia en el adulto mayor

Psicomotricidade e indicadores de violência em idosos

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Abstract

Objective: To identify and analyze which indicators associated with violence in the elderly are possible to work on a psychomotor intervention.

Methodology: Literature review, through research on the online base EBSCO, resulting in six articles, selected for analysis and exploration of the subject to be addressed. Included were articles focused on violence against the elderly, published between 2015 and 2018. Articles with no correlation with the object of study and date prior to 2015 were excluded.

Results: Several terms are used to characterize the violence against the elderly: abuse, mistreatment, neglect, omission and abandonment. Several indicators were found associated to this topic, namely: fragility, vulnerability, family and institutional negligence, lack of response of health teams, lack of resources to deal with the situation, lack of knowledge and relational problems or attachment in the family.

Conclusions: Higher rates of violence in the elderly and impossibility to observe the violence itself, but understand its signs, through the indicators found that can be worked on at the level of psychomotor intervention.

Keywords: Elderly, Violence, Mistreatment, Abuse in the Elderly.

Resumo

Objetivo: Identificar e analisar quais indicadores associados à violência em idosos são possíveis de se trabalhar em uma intervenção psicomotora.

Metodologia: Revisão da literatura, por meio de pesquisa na base online EBSCO, resultando em seis artigos, selecionados para análise e exploração do tema a ser abordado. Foram incluídos artigos com enfoque na violência contra o idoso, publicados entre 2015 e 2018. Foram excluídos os artigos sem correlação com o objeto de estudo e data anterior a 2015.

Resultados: Vários termos são utilizados para caracterizar a violência contra o idoso: maus tratos, maus tratos, negligência, omissão e abandono. Vários indicadores foram encontrados associados a este tema, a saber: fragilidade, vulnerabilidade, negligência familiar e institucional, falta de resposta das equipes de saúde, falta de recursos para lidar com a situação, desconhecimento e problemas relacionais ou de apego na família.

Conclusões: Maiores índices de violência em idosos e impossibilidade de observar a violência em si, mas compreender seus indícios, por meio dos indicadores encontrados que podem ser trabalhados ao nível da intervenção psicomotora.

1. INTRODUCTION

All over the world, the increase of the elderly population is occurring in an accelerated way, mainly in developed countries (1). Thus, population aging has increased, the magnitude and visibility of violence to the elderly (2).

Portugal is one of the most aged countries in Europe, standing out as one of the countries with the highest rates of violence (39.4%), in a universe of 53 European countries, being in the five worst in the treatment of the elderly; these values are thus only exceeded by four countries: Serbia, Austria, Israel and Macedonia (3).

Violence is then defined as the use of force or power, aiming at some kind of exclusion, abuse and/or annihilation of the other (4). This, according to the World Health Organization (2002), can also be seen as "a single or repeated act, or even the absence of appropriate action that causes harm, suffering and anguish and that occurs within a relationship of trust" (5). Often the violent act, against the elderly, happens in terms of abandonment, neglect and physical aggression, and these actions are usually carried out by the family members themselves (6), which reproduces social violence and, in this context, the elderly often do not denounce the bond that exists in the relationship between them and their aggressor (7). That said, there are several ways of expressing violence against the elderly, such as: physical, psychological and sexual violence, abandonment, neglect, financial or economic violence and finally self-negligence (8).

Thus, through the research, we can state that the profile of the violator is usually the children or main caregivers, since these mistreatments are practiced in closed environments, which makes these people easy targets of these different forms of violence and in turn build several barriers that can be very harmful to their daily lives. In addition, there has been a growing need for institutionalization of the elderly, violence against institutionalized elderly is considered a major public health problem (9). In this sense, a better structuring of specialized health services and other forms of assistance to the elderly is necessary so that this does not happen on a large scale. However, there is a great lack of capacity of professionals, the disarticulation of the network and the lack of structure of services to assist the elderly population who are victims of violence (10). In addition, there is also a great lack of training services to enable professionals to identify and attend to cases of violence, carrying out the records of the information generated by the services in a systematic manner (11).

It is important to note that the precarious nature of the social support network and the lack of priority of care determined in the statute of the elderly; such as the lack of support
homes, shelters, asylums and back beds in hospitals, makes the responsibility for care fall exclusively on the family, which has favored the emergence of family violence (12).

As can be seen, this is a very worrying problem throughout the world. In this sense, it is in our interest to be able to perceive how this violence can manifest itself, trying to understand which indicators will be associated with it, so that an adequate intervention can be made. Throughout this article, that is, through this systematic review of the literature, we intend to understand more about this problem, because although it is a known subject, it ends up being a little forgotten, perhaps because these people are in a process of aging where several physical, cognitive, functional, and social alterations occur, which leads to an increase in fragilities and difficulties that come from the consequences of violence in the elderly. Therefore, we try to make known all these factors and try to change mentalities, because elderly people have rights and should have a good quality of life and so by knowing these indicators, we can then intervene and change a little the life of these people.

For all these reasons, there will be an enormous interest in this subject, and one day we will be able to work with elderly people who are victims of violence and for this reason we would like to have as much information on this subject as possible, so that we can contribute to an improvement in the quality of life of these people, as well as in the affected areas normally caused by aging and maltreatment, mentioned above, through psychomotor therapies and all our knowledge in this area.

Finally, throughout this research, the question has been raised as to how we could really intervene, that is, which indicators will be associated with violence in the elderly, possible to work on a psychomotor intervention. The indicators found, associated to violence were: fragility, vulnerability, family and institutional negligence, lack of response from health teams, lack of resources to deal with the situation, lack of knowledge of society, relational problems or attachment in the family.

From the psychomotor point of view, we can intervene on how the elderly invest, feel, and live their own body, both in the real and the imaginary dimension, because the body changes that happen over time, negatively influence the organization of the personality and the relationships that the elderly establishes with others and consequently the world (13).

1.1 Concepts

The definition of violence can be seen in a variety of ways, and several terms are associated with violence against the elderly, namely: abuse, mistreatment, neglect, omission and abandonment, that is, violence, is "any action or omission (negligence), whether intentional or unintentional, that causes harm or suffering to persons over 60 years of age" (14). Physical violence assumes particular significance in the social representations of
caregivers, instead of verbal and psychological violence (2). The latter is not at the core of the social representations of violence against the elderly (2).

This violence will interfere negatively in the aging process, that is, in a process of progressive changes which occurred at the biological, psychological and sociological level, with repercussions at the level of functionality and alteration of life processes and autonomous decision-making of the elderly.

Having said this, and with the intention of intervening with these people, psychomotricity, being the science that has man as its object of study, supported by three basic knowledge: movement, intellect and affection, will be able to be seen as a form of therapy, which can include and resort to psychosomatic techniques, expressive and relaxing methods, ludic activities and body education.

2. METHODOLOGY

The starting point for this literature review was the formulation of the following question in PI[C]O format: What indicators will be associated with violence in the elderly possible to work on a psychomotor intervention.

After formulating this question, a survey was then carried out in the online database EBSCO, in order to be able to select relevant articles in order to make a detailed analysis of them, extracting pertinent and important information to guide us and help us in the realization of this article. The following descriptors were sought for this research: elderly, elderly status, intrafamily violence, mistreatment, aged advocacy, aged rights, elder abuse, public health and violence.

The descriptors were researched in full text from 2015, retrospectively until 2018, resulting in a total of 6 articles. As inclusion criteria, articles focused on violence against the elderly, using a quantitative and qualitative methodology that would help us understand the indicators associated with this theme. The exclusion criteria included articles that had no correlation with the object of study and date prior to 2015, i.e., articles that had more than five years of publication were excluded.

3. RESULTS

The results of this review are in table 1.
Table 1. Summary of main results.

<table>
<thead>
<tr>
<th>Author / Level of Evidence</th>
<th>Objectives</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author: Fernandes e Silva (2016). (15) Methodology: Non experimental studies. Level of evidence: IV Participants: Narrative literature review.</td>
<td>To give visibility to the phenomenon of violence against the elderly in Portugal, considering its multiple forms of expression and predisposing factors in the current process of worldwide aging of the population.</td>
<td>Several terms are used to characterize violence against the elderly: abuse, mistreatment, neglect, omission and abandonment. Regardless of the conceptual diversity existing in this field, WHO establishes this type of violence as any act, simple or repetitive, or omission of appropriate action, which causes harm or tension to an elderly person and which occurs in the context of any relationship in which there is an expectation of trust.</td>
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<tr>
<td>Author: Cachina, De Paiva, Torres, (2016). (10) Methodology: Non experimental studies. Level of evidence: IV Participants: 17 different articles, published between 2007 and 2014.</td>
<td>Characterize studies on intrafamily violence against the elderly, identifying difficulties and ways of confronting the elderly victim of violence.</td>
<td>The main difficulties in dealing with the problem of intrafamily violence against the elderly: underreporting, lack of flow between the organs of the protection network, lack of preparation of health teams to deal with the problem and lack of structure to work with this demand. Regarding the most recurrent forms of confrontation, the most pointed strategies were: articulation between the services of protection to the elderly, strengthening of support to the elderly and their family, investment in the training of health professionals and actions aimed at caregiver attention.</td>
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<tr>
<td>Authors: Guimarães, Daher, Romijn, Velasco, de Souza, (2018). (16) Methodology: Documental study. Level of evidence: V Participants: Original articles published in Portuguese, English and Spanish, between 1994 and 2015.</td>
<td>Analyze, in the scientific production, how the practices of health professionals contemplate the promotion of health and prevention of mistreatment of the elderly.</td>
<td>The sample consisted of nine articles analyzed through Content Analysis. Two categories were built up: practices to promote the health of the elderly and practices to prevent mistreatment of the elderly. Knowledge gaps were identified.</td>
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<td>Authors: Belisário et al., (2018).</td>
<td>Verify the association between violence against the elderly, the fragility syndrome and conduct a graphic analysis of violence against the elderly according to the presence of fragility syndrome.</td>
<td>The adjusted analysis indicated that pre-fragility and fragility were associated with physical factors and aggression. Fragility was associated with physical aggression and pre-fragility. Fragility was associated with verbal aggression, clusters were larger in regions of the southeastern part of the municipality; and for fragile individuals clusters were smaller than for non-fragile and pre-fragile individuals.</td>
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<tr>
<td>Methodology: The phenotype scale of fragility and conflict tactics was used. Cross-sectional study. Level of evidence: IV Participants: 705 elderly of the community in Uberaba, Brazil.</td>
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<tr>
<td>Authors: Silva et al., (2018).</td>
<td>To analyze the requests to report violence against elderly registered in the Municipal Council of the Elderly, in a municipality in the south of Minas Gerais, Brazil; within a period of 13 years.</td>
<td>As for the aggressor, 39.56% were male and 43.59% were children of the victims. With regard to the type of violence, negligence was highlighted, followed by psychological and financial violence. There was a statistically significant relationship between the sex of the victim, the relationship between victim and whistleblower, and the relationship between victim and aggressor with the type of violence.</td>
</tr>
<tr>
<td>Methodology: Quantitative, retrospective, documentary and analytical study. Level of evidence: V Participants: 273 reports of violence against the elderly.</td>
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<tr>
<td>Authors: R. Maia, Ferreira. E. Maia, (2016).</td>
<td>Describe the phenomenon of violence against the elderly in the municipality of Natal, RN, based on the analysis of primary documents of the SOS Elderly Program, in particular, presenting preliminary data from the years 2004 to 2005.</td>
<td>A portion of the elderly who suffer aggression is female and the violence is mostly done by relatives. As for the violence suffered, the majority was from multiple violence (28.9%), verbal aggression (14.6%), psychological aggression (11.7%) and abandonment (10.5%).</td>
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<tr>
<td>Methodology: Cross-sectional, descriptive, retrospective and documentary study. Level of evidence: V Participants: Detailed analysis of the records of occurrence between the years 2004 and 2005 of the service of SOS Elderly-315 denunciations of elderly.</td>
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</table>

4. Discussion
Several terms are used to characterize violence against the elderly as abuse, mistreatment, neglect, omission and abandonment. According to WHO, violence is any act, simple and/or repetitive with omission of appropriate action, that causes damage or tension to an elderly person and that occurs in the context of any relationship in which there is an expectation of trust (5).

That said, through research on the subject, several indicators associated with violence in the elderly have been found which have a great influence on this subject and that without adequate intervention there can be no progress and improvement in the quality of life of these people. These indicators are: fragility, vulnerability, family and institutional negligence, lack of response from health teams, lack of resources to deal with the situation, lack of knowledge and relational or family bonding problems. These indicators are described in table 2.

Regarding fragility, and therefore pre-fragility, it was indicated that these were associated with physical and verbal aggression, respectively (17). Fragility is considered, a degree of dependence, social isolation and economic fragility, leading to greater vulnerability and risk of incidence of violence (15). One study found that most of the violence suffered refers to multiple violence, verbal aggression, psychological aggression, and abandonment (1). It is concluded that the risk of victimization increases in older people, particularly in women (1) and when the aggressor notices the fragility of the elderly person’s state of health (15). We can thus see that first the type of fragility must be identified, since it can be related to physical or verbal aggression; later the level of fragility, since the higher this level, the greater the degree of dependence, becoming more susceptible to violence and finally the sex of the victim, which also influences a lot.

Another indicator is negligence, and epidemiological data show that these constitute only a small part of a relational culture of domination, intergenerational conflicts and family or institutional neglect (15,18).

This lack of response from health teams will condition this indicator, since the lack of resources influences professional services. The lack of resources will be fundamental, being associated to the lack of information search in the social networks of self-care and rehabilitation on elderly who suffer from violence. It is also the role of the state to develop protective actions involving institutional and governmental activities, processes and resources in order to improve health conditions, quality of life and access to services (16).

Another indicator is the lack of knowledge on this issue, which can be referred to as a lack of resources, requiring education actions to promote health and combat ill-treatment in the elderly (16), integrating social conscience (10) and a complementarity of the various areas of knowledge (16). Knowledge gaps were identified regarding the practices of health promotion of the elderly and prevention of elder abuse (16). In this sense, health professionals should
understand situations of violence within social, economic and political structures, as well as in relation to cultural and behavioral aspects of society (16). It is also essential to strengthen and train citizens in order to break the cycle of violence and refer the elderly to have their rights assured and their biopsychosocial health preserved (10). Therefore, it is important to have knowledge of these problems, as well as their resolution, so that society and institutions can have the necessary resources.

Acquiring all this knowledge would then reduce the problems of attachment that are related to neglect, because the elderly require much attention, dedication and patience from the caregiver, which often culminates in overloading (10). They often do not have the time or do not want to have this work that the elderly require, highlighting here a degree of closeness and/or kinship of the aggressor with the victim or the situations of affective-emotional, caring or financial dependence that can exist in the victim-aggressor relationship (7).

Table 2 below presents the indicators.

**Table 2.** Result indicators extracted from the review.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Authors</th>
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<tbody>
<tr>
<td>Frailty</td>
<td>Social isolation (15)</td>
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<tr>
<td></td>
<td>Violence suffered by the elderly (17)</td>
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<tr>
<td>Vulnerability</td>
<td>Social relations in the prevention of vulnerability; (15)</td>
</tr>
<tr>
<td></td>
<td>Influence on mental health (10)</td>
</tr>
<tr>
<td>Family and institutional</td>
<td>Increased intra-family and institutional violence as a challenging element (15)</td>
</tr>
<tr>
<td>Negligence</td>
<td>Building process in the family environment (15)</td>
</tr>
<tr>
<td></td>
<td>Building process in the institutional environment (12)</td>
</tr>
<tr>
<td></td>
<td>Historical and dynamic problem of social strata (15)</td>
</tr>
<tr>
<td></td>
<td>Increase in expressions of violence (15)</td>
</tr>
<tr>
<td></td>
<td>Challenging event in everyday social relations (15)</td>
</tr>
<tr>
<td></td>
<td>Challenging event within families (1)</td>
</tr>
<tr>
<td>Lack of response from health</td>
<td>Services and health professionals without preparation, at the level of confronting this problem (18)</td>
</tr>
<tr>
<td>teams</td>
<td>Lack of preparation of services (16)</td>
</tr>
<tr>
<td></td>
<td>Lack of preparation of the professionals in the confrontation (16)</td>
</tr>
<tr>
<td></td>
<td>Lack of preparation of professionals in prevention, (Torres et al., 2016)</td>
</tr>
<tr>
<td></td>
<td>Lack of preparation of professionals in identifying and assisting the elderly (Torres et al., 2016)</td>
</tr>
<tr>
<td>Lack of resources to deal</td>
<td>Health promotion practices for the elderly (10)</td>
</tr>
<tr>
<td>with the situation</td>
<td>Search for information on social networks (11) (16)</td>
</tr>
<tr>
<td></td>
<td>Lack of self-care (11) (16)</td>
</tr>
<tr>
<td></td>
<td>Lack of rehabilitation for the elderly (11) (16)</td>
</tr>
</tbody>
</table>
Lack of knowledge | Recognition of the types of violence as a serious problem in Portugal (10)
Integrating social conscience (10)
Complementarity of different areas of knowledge (16)
Permanent education actions on health promotion (16) (11)
Permanent education actions on prevention of elder abuse (16) (11)

Relationship or bonding problems in the family | Violence within one's own family and the most common in the elderly (7) (10) (15)

5. Conclusion

The number of elderly people is increasing, especially in the more developed countries, as living conditions are increasingly better in relation to food and general health conditions, however, and for this same reason, issues of violence against the elderly are also increasing. In this study, our main objective was to know and above all, to make known which indicators would be associated with violence in the elderly, possible to work on a psychomotor intervention, and in this sense we were able to find several indicators that would help us to look at the consequences of violence.

That said, the fragility was referred to as being influenced by social isolation because many elderly people do not live with many people and may have different physical limitations, more common in the Alentejo area. This indicator is also seen as a consequence of the violence suffered by the elderly, as they end up having more fragility, as well as those in which the violence is self-inflicted and/or self-neglected. Vulnerability was another indicator found, where we found that the elderly who had little physical or mental health and who socialized less, ended up being more vulnerable to violence.

As for family and institutional neglect, we have noticed that there is a higher incidence of violence within the family and institutions, as there is often a lack of knowledge on how to look at and intervene in the same situation. These facts led us to other indicators, namely: the lack of preparation of health professionals and educational actions in our society, as a society that is aware will decrease the incidence of this violence. Consequently, these will still be related to the lack of response from health teams, because as they sometimes have little knowledge, they end up not knowing how to prevent, identify and intervene in these situations.

The lack of resources, is also something that we have seen, relating to the indicators mentioned above, because there is a lack of health promotion, search for information in social networks and adequate rehabilitation to the elderly, which leads to a lack of qualified people to intervene in this issue. Finally, and for all that violence brings of negative, the elderly will...
present bonding problems, mainly in the family, since intrafamily violence is very common, making the elderly feel insecure, ignored and without love. In conclusion, it is not possible to observe violence in itself, but rather to understand the signs that are associated with it, and through these very useful indicators we will have enough information to know where to intervene correctly in a psychomotor intervention.

6. Implications for professional practice

After all the indicators found and mentioned, we conclude that we can thus better define what violence is in the elderly and still relate it to the aspect of psychomotricity. Having said this, and through the knowledge of these two areas we will be able to prevent, intervene and rehabilitate in this subject by returning and providing the well-being, joy and self-esteem of these people, acting through the psychomotor factors that go against the mentioned indicators. With this study, we will be able to help and provide the curiosity for new studies in this subject and also make known to the professionals key points to consider when working with this population.

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