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CONCEPTIONS AND PERCEPTIONS OF HEALTH PROFESSIONALS ABOUT VIOLENCE AGAINST THE ELDERLY: AN INTEGRATIVE REVIEW.

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ABSTRACT

This study aims to identify how health professionals' conceptions and perceptions about violence against the elderly. It is an integrative literature review, with searches in the databases: MEDLINE, SciELO and LILACS, delimiting period from 2010 to 2020. After applying the inclusion and exclusion criteria, 10 studies remained elected. The studies portrayed the professionals' perceptions about violence against the elderly in the following categories: definition and types of violence; the identification and perception of situations of violence; the knowledge, attitudes and behaviour of professionals about the problem; the actions developed and the professional approach; notifications, notifications and legislation; education and training; notification barriers; specificity of the quandary in health services; the role of professionals in prevention; the care inherent in old age; risk factors for violence; as personal experiences; and the variables that predict knowledge, attitudes and behaviour concerning violence. This study highlights a complexity inherent to the conceptions and perceptions of health professionals about the theme. Although gaps in this understanding persist, a search for the guarantee of protection and quality of life for this population must continue.

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INTRODUCTION

It is possible to define ageing as a phenomenon of several dimensions that involve individual and collective characteristics such as the physical, cognitive, psychological and social aspects of human nature. This population ageing is occurring rapidly and has been considered one of the most significant demographic changes in the 21st century (Onofri, 2016). According to the Brazilian Institute of Geography and Research (IBGE), in recent decades, ageing in Brazil has increased at an accelerated pace, where the absolute number of people over 60 has increased on average nine times more than in previous centuries (IBGE, 2013). Within this perspective, the World Health Organization (WHO) estimates that Brazil, reached 2025, is the sixth country in the number of people, reaching approximately 32 thousand people aged 60 or over. This rapid growth of this part of the population is due to the disorganized flow of the increased year's life in recent years that has been occurring in an unorganized way (IBGE, 2013).

The increase of years in human life expectancy considered as one of the greatest successes; nevertheless, one of the most significant challenges for health as a whole. Simultaneously with this increase, new problems must be dealt with arise, such as violence against those who belong to the elderly population (Fhon, 2018). Violence, often, is expressed through disrespect for the elderly, intolerance, exploitation, neglect and lack of love (Florêncio, 2014). Moreover, known as the purposeful use of physical force or power, real or threatening, presents or represents a broad probability that it can result in injury, death, psychological damage, disability or deprivation (Freitas et al., 2017). Violent actions or behaviours grow gradually and silently in the routine of the elderly it can cause various health damage such as depression, anxiety, chronic pain, post-traumatic stress disorder, eating disorders, suicidal behaviour, social isolation, consumption of alcohol and drugs (Freitas et al., 2017). Detecting violence against the elderly is a very complex task and often masked by the victims.

Its low detection has many causes, among is the fact that it occurs mainly in the family sphere. The victim often denies and does not

report for fear of retaliation, guilt and shame (Carmona, 2017). Health professionals are capable of identifying vulnerabilities, as well as the violence they may be suffering. That is because they often visit health services which allow them to have better screening and treatment. These interventions must be institute in these environments (Dong, 2015). In this sense, the improvement of the assessment and perception of the health condition of older who suffered any violence should be a high priority goal for all professionals, health and assistance services, and should happen continuously and permanently (Carmona, 2017). Given the above, considering the relevance of the discussion about the theme for health professionals and scholars in the area, this research sought to answer the following guiding question what is the trend in scientific production about the conceptions and perceptions of health professionals about violence against the elderly? In this perspective, this study aims to identify perceptions and

RESEARCH ELABORATIONS

The paper is an integrative review of the literature study. It appears as a possible synthesis and the analysis of the scientific knowledge on the material produced anteriorly studied (Garcia, 2016). The eligibility criteria were full scientific articles available addressing health professionals or at least one of these professionals: doctor, nurse or physiotherapist; in English, French or Spanish. Editorial studies; letters to the editor; reflective studies; experience reports; systematic or integrative reviews were excluded from the analysis, as well as studies that did not address health professionals or included students in their analyzes, as well as not presenting a theme relevant to the objective of the study revision. The search for the material took place in January 2021; the studies came from journals indexed in the databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Scientific Electronic Library Online (SciELO) and Latin American and Caribbean Literature in Sciences of Health (LILACS). For the search period, the time frame chose between 2010 and 2020.

The PCC strategy was the one used to conduct the question and guide of the research data collection, which is a mnemonic that helps to identify the key topics: Population, Concept and Context, considering P (health professionals), C (conceptions and perceptions) and C (older people in situations of violence) (PETERS et al., 2020). The selection of articles was made based on a consultation with the Health Science Descriptors (DCS), the Medical Subject Headings (MeSH) and keywords, being identified and used: Health personnel; Health professionals; Health personnel; Doctors; Medicine; Physicians; Physiotherapists; Physiotherapy; Physical Therapists; Nurses, Nursing; Nurses; Nursing; Elder abuse; Violence against the elderly and elder abuse. The search strategy was standardized in all databases, using the Boolean operators OR and AND to perform the crossings between the descriptors/keywords: ("health personnel" OR "health professionals" OR "health personnel" OR doctors OR medicine OR physicians OR physiotherapists OR physiotherapy OR "physical therapists" OR nurses OR nursing OR nurses OR nursing) AND ("elder abuse" OR "violence against the elderly" OR "elder abuse"). The data extracted using an instrument developed by the reviewers, which included: metadata (principal author (s)), the title of the study, country of study, year and journal of publication); methodological characteristics (type and purpose of the study, participants and/or sample, professional category (s) addressed); conceptions and perceptions of health professionals about violence against the elderly.

FINDINGS AND DISCUSSION

A total of 192 articles found through the searches performed in MEDLINE, 29 publications in SciELO and 29 in LILACS, totalling 250 publications. After eliminating those indexed in more than one database, the 242 remained were submitted to reading the abstract, which led to the exclusion of 231 articles; eleven articles remained for reading the full text. Upon subjecting to the eligibility criteria described above and related to the theme, ten studies remained were included in the review. The articles search and selection; can be seen in Figure 1.

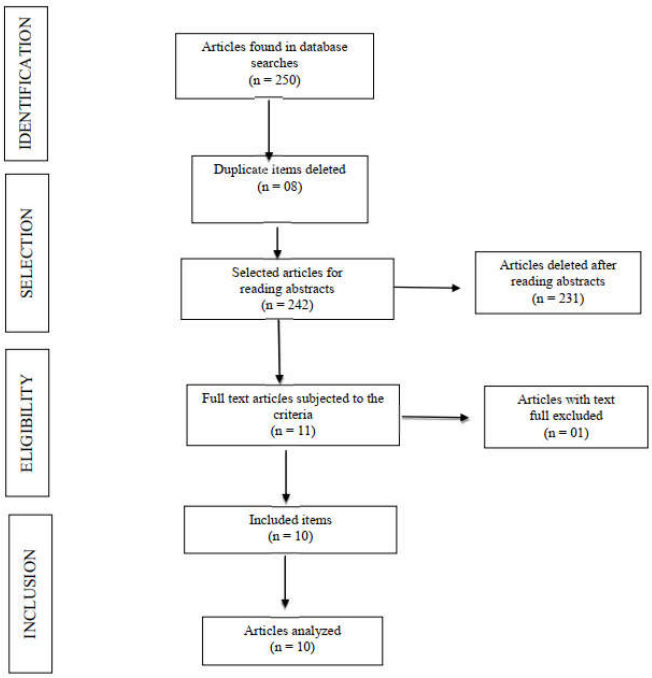

Figure 1. Flowchart of search and selection of studies on the conceptions and perceptions of health professionals about violence against the elderly, period 2010 to 2020

Concerning metadata, 40% of the works carried out in Brazil, with 60% divided into productions carried out in Mexico, Malaysia, Israel, Italy, Portugal and Japan - each country corresponding to 10% of the amount produced. These data are in Table 1. Regarding methodological characteristics, 70% of the articles were a qualitative approach and 30% of the quantitative type. The number of participants/samples ranged from 10 to 311, with an average of 29.3 participants in qualitative studies and a sample mean of 198.3 in quantitative work. The professional categories addressed included: nurse, doctor, physiotherapist, social worker, dentist and psychologist. Other health team members have also represented: nursing technicians, community health workers and care managers. In 80% of the articles, doctors and nurses participated in the studies. Physiotherapists and social workers were in 20% of the studies, while psychologist and dentist represented only 10% of the works. These data are in Table 2. Studies with a qualitative approach portrayed the perceptions of professionals through categories that covered: the definition and types of violence against the elderly; the identification and perception by professionals of situations of violence; the actions developed and the professional approach to a case of violence; barriers to the notification; the specificity of the problem in health services; the role of professionals in preventing violence against the elderly; care inherent in old age and risk factors for violence. 85.7% of the articles discussed the meaning and type of violence against the elders.

According to the findings, the professionals did not have a specific definition of violence but reported that acts or omissions that produce damage or danger to the health of the elderly (including isolation, abandonment, denial of food, health care, clothing and harm) physical or mental) if they constitute situations of violence. The professionals were able to identify some types of more frequent violence: physical, psychological and verbal, in addition to negligence. In physical violence, they report that the signs may not be so obvious. Other types of abuse, such as sexual and financial, were also indicated. They also mentioned that the aggressors are usually people close to the elderly, such as family members or caregivers (Araújo, 2013; Mazzotti *et al.,* 2019; Mydin *et al.,* 2017; Oliveira *et al.,* 2018; Ruelas-González *et al.,* 2014).

Table 1. The metadata of the studies accept in the integrative review of the conceptions and perceptions of health professionals about violence against the older, between 2010 to 2020

Article	Main author (s), year of publication	Country of Study	Title of Article	Journal
A1	ALMEIDA et al., 2019	Brazil	Aspectos relacionados à violência contra o idoso: concepção do enfermeiro da Estratégia Saúde da Família	Revista Fundamental Care Online
A2	MAZZOTTI et al., 2019	Italy	Italian healthcare professionals' attitude and barriers to mandatory reporting of elder abuse: An exploratory study	Journal of Forensic and Legal Medicine
A3	YI; HOHASHI, 2018	Japan	Comparison of perceptions of domestic elder abuse among healthcare workers based on the Knowledge-Attitude-Behavior (KAB) model	PLoS ONE
A4	OLIVEIRA et al., 2018	Brazil	Violência contra idosos: concepções dos profissionais de enfermagem acerca da detecção e prevenção	RevistaGaúcha de Enfermagem
A5	MYDIN; OTHMAN, 2017	Malaysia	Elder Abuse and Neglect Intervention in the Clinical Setting: Perceptions and Barriers Faced by Primary Care Physicians in Malaysia	Journal of Interpersonal Violence
A6	FERREIRA; SANTOS; VIEIRA, 2015	Portugal	Detection and Intervention Strategies by Primary Health Care Professionals in Suspected Elder Abuse	Acta Médica Portuguesa
A7	RUELAS-GONZÁLEZ; PELCASTRE-VILLAFUERTE; REYES-MORALES, 2014	Mexico	Maltrato institucional haciael adulto mayor: percepciones del prestador de servicios de salud y de losancianos	SaludPública de México
A8	ARAÚJO; CRUZ; ROCHA, 2013	Brazil	Representações Sociais da Violência na Velhice: Estudo Comparativo entre Profissionais de Saúde e Agentes Comunitários de Saúde	Psicologia&Sociedade
A9	ALMOGUE et al., 2010	Israel	Attitudes and knowledge of medical and nursing staff toward elder abuse	Archies of Gerontology and Geriatrics
A10	CAVALCANTI; SOUZA, 2010	Brazil	Percepções de gestores e profissionais de saúde sobre a atenção aos idosos vítimas de violências no município do Rio de Janeiro (RJ, Brasil)	Ciência&SaúdeColetiva

Table 2. Methodological characteristics of the studies included in the integrative review on the conceptions and perceptions of health professionals about violence against the elderly, period 2010 to 2020.

Artigo	Tipo do Estudo	Participantes ouAmostra	Profissional(is) abordado(s)	Objetivo(s) do estudo
A1	Qualitative descriptive	10 participants	Nurses	To know aspects related to violence against the elderly, under the nurse's conception of the Family Health Strategy.
A2	ExploratoryQualitative	42 participants	Doctor, Nurse, Physiotherapist and Social Worker	Investigate the attitudes of health professionals concerning the assessment of violence against the elderly and the presence of barriers to reporting.
A3	Transversal Quantitative	Sample (n = 311)	Medical Nurse, Assistance Manager and Social Worker	Evaluate and compare health workers' perceptions of domestic violence against the elderly in Japan in terms of knowledge, attitudes and behaviours; explore demographic variables that predict the knowledge, attitudes and behaviours of health professionals; examine whether the KAB model can predict health professionals' perceptions of elder abuse.
A4	Descriptiveandexploratory; Qualitative approach	10 participants	Nurse and Nursing Technician	Analyze the conceptions of nursing professionals who work in Basic Family Health Units regarding the detection and management of abused older people and prevention of violence.
A5	Qualitative	10 participants	Doctors	Explore the definition of elder abuse and neglect and the perceptions, practical experience and barriers of primary care physicians in clinical practice within elder abuse and neglect.
A6	Transversal Quantitative	Sample (n = 127)	Doctors and Nurses	Provide some understanding and knowledge of primary health care professionals about violence against the elderly.
A7	Qualitative, with data sources triangulation strategy	13 participants	Doctors and Nurses	To know the perception of the outpatient care service provider and the elderly about self-mistreatment, in public health services in selected cities in Mexico, to deepen knowledge and propose alternative public policies that avoid the violation of human rights of the elderly.
A8	cross-sectional study design ex post facto approach Qualitative	100 participants	Doctor, Dentist and Nurse	To Identify and compare the Social Representations of violence in old age among Community Health Agents and Health Professionals in the Family Health Program.
A9	Quantitative Comparative Description	Sample (n = 157)	Doctors and Nurses	Assess the level of knowledge and attitudes of doctors and nurses towards elderly abuse in Israel; while comparing doctors and nurses' actions and analyzing the results according to the place of work, specialization, professional and geriatric experience.
A10	Qualitative descriptive	20 participants	Physician, Physiotherapist and Psychologist.	To present the view of managers and health professionals regarding the care for the elderly who suffer violence and are assisted by SUS (Public Health Sistema) in Rio de Janeiro, highlighting the specificities of this care in the prehospital, hospital and rehabilitation spheres, and also covering care to the elderly who have mental disorders and are victims of violence.

Table 3. Conceptions and perceptions of health professionals about violence against the elderly, period 2010 to 2019.

Article	Conceptions and perceptions of health professionals on violence against elderly
A1	-Identification by nurses of situations of violence against the elderly: approach during routine care, monitoring by the Community Health Agent (CHA) and home visits; - Actions developed by nurses in the face of identified cases of violence against the elderly: guidance for the elderly and their families through educational actions; activation of the Police Station for the Elderly; and referrals to Social Services available.
A2	-Description of abuse of the elderly: physical, psychological and verbal violence and negligence were described as the most frequent types of violence; - Detection and perception of abuse: reports of experience in detecting or suspecting abuse of the elderly, at least once during their professional activity. Identification of violence occurs through the presence of recurrent signs, such as patient behaviour and/or physical, Barriers to the notification: participants stated that the submission of the report should be to the Judicial Authority only in the presence of a convincing argument and persuasive evidence of violence. Participants refer to the preference of keeping the suspicious situation monitored for the time, and do not know how to proceed with a report to the judicial authority; - Guidance and professional approach: the participants expressed interest in caring for patients and assessing all types of violence. They stated that health professionals' multidisciplinary approach, education and training courses would improve efforts.
A3	-Differences in knowledge, attitudes and behaviour: doctors obtained lower scores on the knowledge about violence against the elderly. Nurses and social workers associated with a more positive attitude towards knowledge about violence, with older age associated with less information. The female sex showed more positive attitudes towards violence; - Variables that predict information, attitudes and behaviour about the relation to violence against the elderly: older age associated with younger on violence against the elder. The female sex showed more positive attitudes towards violence. Longer working hours are related to positive attitudes towards violence, and longer duration in caring for the elderly is associated with actively dealing with this violence. Care managers, public health nurses and social workers reported a higher incidence of behaviour when dealing with the elder's abuse.
A4	-Strategies used to identify violence against the older: professionals can recognize an older victim of violence only when they comment on something that would indicate such fact or through the information brought by health agents or by the older person's neighbourhood itself. - Evaluation of the types of violence against the older that nursing professionals know: professionals can identify some of the acts of violence; mainly financial and neglect -Conduct used after suspected violence confirmed to be true: meet with the team to try to solve the problem or call the competent parties to resolve the situation. This meeting reflects the attempt not to make a personal complaint, but an institutional one, so that the possible retaliation for it do not fall only on a professional; - The health system and the problem of violence against the older: deficiency in training and investment in the consolidation of strategies to mitigate violence's cases against the elderly. Health services have an urgent need for cultural adaptation, training and equalization of spaces to serve adequately the elderly. Strategies and investments go beyond the care and health's services sector. That is because of the necessity to act in the direction of global welfare actions, such as housing, education, food, income and social justice.
A5	-Definition of abuse and neglect against the older:Most mentioned various types of violence, such as physical and emotional (most mentioned). They report that physical abuse signs are maybe not obvious, likewise negligence, sexual and financial abuse. They also stated that the authors are usually people close to the elderly, such as family members or caregivers; - Participants' perceptions of violence against the older: Although this violence regarded as unacceptable in the community, the participants did not perceive it as a priority during clinical consultations. They find it easier to deal with medical conditions than with social issues. However, they recognize themselves in a privileged position to detect violence and realize their duty to intervene in cases. - Barriers to the detection and management of violence against the elderly: It occurs at three levels: a) clinical (the necessity of doing clinical training to prepared to learn how to deal with violence; they feel incompetent due to the lack of knowledge and skills in exploring, managing and reporting those cases to the authorities); b) organization (perception of violence against the elderly as a new social issue; lack of availability of specific criteria or local guidelines for the correct ways of intervening; feeling of isolation when managing cases and uncertainty in referring to it); c) political (in the absence of a specific law in Malaysia, professionals don't have guidance about the complaint; professionals report that without a distinguished law, as they are less likely to receive any protection).
A6	- Perceived abuse: The most common context of abuse was family. Regarding the types of violence, the most prevalent was negligence, followed by emotion. Financial and physical violence appeared less frequently; sexual abuse never cited as the most frequent form of abuse. To this, two situations found as pathognomonic: different stages of development and signs of physical constriction. - Perception of intervention techniques: Regarding the notification of cases, the participants considered it mandatory to relate a suspicious situation to the authorities. To report it, most professionals only consider social services. Regarding the importance of a protocol, it said that the professionals would feel comfortable if implemented. It also concerns the responses participants believes that the existence of a specific non-judicial entity to whom they can relate cases to be beneficial. - Personal experience: Concerning clinical practice, the professionals already suspected some abuse cases; those who indicated having case cases if the length of career the most needed to have reported the situation. Those who denounced it referred to Social Service. -Education and training on the subject: The majority of professionals surveyed; their course study did not discuss the problem; only a small portion related to training focused on this issue during their careers. Professionals believe that an amplified approach to the criterion is significant for clinical practice.
A7	- - Perceived abuse: The professionals did not have a specific violence definition but mentioned the different types. They indicated that institutional violence against the older happens by health and other classes personnel, such as surveillance or administration. Violence can be exercised by anyone, regardless of their culture, education and socioeconomic status. Violence manifests itself mainly in women, probably because they go more to health services besides because they seem more vulnerable than men. Violence occurs through actions such as not giving the elderly the necessary attention, scolding, speaking harshly and/or treating them with rudeness. - Situations in which abuse can occur: Recognition of the need for special attention due to physical and psychological problems or fragility and functional dependence, which can be the cause of the violence, as well as an overload of work. Due to the multiple functions of health professionals, they believe in the possibility of institutional violence, including the ones that occur in their family. - Actions carried in abuse's cases: Need for information about this problem, as well as the urgency of training, to achieve greater awareness of all health professionals. Investigation on institutional abuse and that the health professional who practices violence against the elderly needs psychological support. The team considers that the older person who is the victim of abuse is the one who should make the complaint.
A8	- Conceptions about mistreatment in old age: inclusion of acts or omissions that produce damage or danger to the health of the elderly, including denial of food, medical care, clothing and physical or mental harm; - Care inherent to old age: professionals show concern with the necessary care to obtain a healthy old age. On the other hand, they admit that they need more preparation to deal with this issue; - The role of professionals concerning prevention: the importance of the health professional's role recognition concerning the identification and notification of mistreatment, in addition to other occurrences in the event of suspected violence against the elderly. However, most health professionals do not believe qualified to accurately recognise the cases and direct them to the right services.
A9	- Level of knowledge of the older abuse issue: There were no significant differences within the literacy's level about this issue between nurses and doctors, between different groups of doctors, or between groups of general and geriatric hospitals employed. However, licensed practical nurses knew less about the elderly than registered and academic nurses. - Level of knowledge of the protocols and laws related to violence against the elderly: Registered and academic nurses showed better understanding than licensed practical nurses. Nurses were more aware than doctors of the responsibility to report cases of violence against the older. There was a correlation between knowledge of violence, laws and protocols related to violence against the older. - Attitudes towards the abuse of the elderly: Trend of neutral attitudes towards violence against the elderly. Geriatric hospital professionals had better attitudes than general hospital workers. Nurses with geriatric area experience had more positive attitudes compared to nurses without area expertise. Most professionals found it valuable for an older person to issue a restraining order to the aggressor, but they disagreed that it was an effective intervention to place the victim of violence in a nursing home against their will. Most were sure that if they reported a case of violence against the older, their association with the victim would not change. Almost a third of respondents were that victims of abuse often deny the abuse. - Reasons for not reporting suspected abuse of the elderly: The doctor or nurse did not want legal involvement; ignorance of state notification laws; denial of abuse by the victim; non-recognition of violence at the time of the visit; uncertainty about definitions of abuse and neglect; insecurity about how to report suspected cases.
A10	- Perceptions of violence against the elderly in health services: Some professionals distinguish mistreatment from violence. Among the situations of violence experienced by the elderly and found by health professionals: isolation, abandonment, neglect, physical and psychological violence (perpetrated by the children), misappropriation of financial resources by the family and the lack of social support for those who need help to perform the activities of daily living. Reports on the health professionals in recognizing and intervening in these circumstances, constituting a challenge that transcends the health sector, and before which professionals feel institutionally helpless. - Specificities of care for the elderly in health services: The system is not prepared to receive and welcome the elderly, as there isn't any different flow for those who are victims of violence. The interviewees suggested qualifying the caregiver and professional for these older people. And it would happen through the construction of an inter-sectorial and articulated network of support and care, from primary care to the reference centre, also involving the Public Ministry, social assistance, education and transportation. Besides, it is relevant to standardize care (through the creation of protocols for situations of violence against the elderly), to train professionals, to disseminate information about violence against the elderly in health services and the media.

71.4% of the studies reported the identification and perception by professionals of situations of violence. Some professionals are only qualified to identify an older person victim of violence when they verbalize or through the information brought by health agents or the elderly's neighbourhood. Some studies have reported professional experience in detecting or suspecting violence, at least once, during their professional activity, occurring during routine care or home visits, being identified only through recurring signs (such as a particular behaviour of the older person and/or physical signals). Violence against the elderly was recognized as being practised by anyone, regardless of their culture, education and socioeconomic level (Mazzotti, 2019; Oliveira, 2018; Ruelas-González, 2014; Almeida, 2019; Cavalcanti, 2010). 57.4% of the studies mentioned the actions developed and the professional approach to a case of violence. It registered that there is a need for a multidisciplinary approach, also referrals to the available Social Services and communication to Organs competent bodies (such as the Elderly Police Station). The meeting perceived as an attempt not to make a personal but institutional complaint, avoiding possible retaliation against a particular professional. In the case of institutional violence, provide psychological support to the offending health professional (Mazzotti *et al.,* 2019; Oliveira *et al.,* 2018; Ruelas-González, 2014; Almeida, 2019). In 28.6% of the studies reported barriers that hinder the notification of cases. In these circumstances, the professionals felt disqualified due to the lack of knowledge and skills in conducting and reporting the events to authorities, plus the nonexistence of specific protocols or guidelines to guide this intervention doesn't cooperate. Thus, there is a feeling of isolation when managing the cases and uncertainty in their handling. Besides, professionals prefer to keep the suspicious situation monitored for a while, reporting it to the Judicial Authority only in the presence of a convincing argument and indisputable evidence (Mazzotti *et al.,* 2019; Mydin, 2017). The problem of health services was, 28.6% of the studies, related. Professionals state that the system is not prepared to receive and welcome the elderly, as there is no different flow for sufferers of violence. Hence, the services present a need for cultural adaptation, training and equalization of spaces to serve the elderly adequately. The interviewees stated qualifying the care for these older people throughout the development of an inter-sectorial and articulated network of care-support, from primary care to the reference centre, including involving the Public Ministry, social assistance, education and transportation. Therefore, strategies and investments go beyond the care and services of the health sector. They operate in the direction of global actions such as housing, education, food, income and social justice (Oliveira *et al.,* 2018; Cavalcanti, 2010)**.**

The professionals described their roles in preventing violence against the elderly in 28.6% of the studies. Although most professionals do not feel capable of accurately identify and refer cases, they recognized the importance of their role concerning the guidance of the elderly and their families through educational actions (Araújo, 2013; Almeida *et al.,* 2019)**.**14.3% of the articles had cited the old-age inherent care. The professionals showed concern about the specific care needed to obtain a quality of life in old age. On the other hand, they recognized that they need more preparation to deal with this issue (Araújo, 2013)**.** Risk factors of violence, in 14.3% of the articles, were recognized. Professionals recognized the need for special care for the elderly with physical and psychological problems or frailty and functional dependence. They also indicated the possibility of institutional violence due to work overload and multiple functions of health professionals (Ruelas-González, 2014)**.** About the studies with quantitative description, these listed: the knowledge, attitudes and behaviour of professionals concerning violence, protocols, notifications and legislation; education and training on the problem addressed; the reasons for not reporting suspicious cases; personal experiences; and the variables that predict knowledge, attitudes and behaviour to violence (Ruelas-González, 2014). The knowledge, attitudes and behaviour of professionals about violence, protocols, notifications and legislation stood in all articles. In this context, the most common type was family violence. The most prevalent types of violence were: neglect and emotional. Financial and physical violence appeared less frequently; sexual abuse never was cited as the most frequent form of abuse. Two situations identified as pathognomonic were: injuries at different development stages and physical signs of constriction (Almogue, 2010; Ferreira., 2015; Yi, 2018)**.**

Predictor variables of knowledge, attitudes and behaviours concerning the elderly's violence occurred in 66.6% of the articles. Older age was associated with less knowledge about violence. The female gender and a longer working time were related to / positive attitudes towards violence, while a longer duration in caring for the elderly was associated with active violence management. Care managers, public health nurses and social workers reported a significant influence on behaviours when dealing with violence against the elderly (Almogue, 2010; Yi, 2018)**.** Also, geriatric hospital professionals, especially nurses with experience in the area, had better attitudes than general hospital workers. Nurses were more aware than doctors about violence against the elderly and the responsibility to report such cases. There was also a correlation between knowledge of violence and knowledge about laws and protocols related to violence against the elderly (Almogue, 2010; Yi, 2018)**.** About the notification of cases, the professionals considered it mandatory to report a suspicious situation to the authorities. To do it, most assumed only social services. Considering the importance of a protocol, the professionals stated that they would feel more comfortable if implemented. It is also significant to regard the participants' responses who found serviceable to have a specific non-judicial entity to whom they could report cases (Ferreira, 2015). Concerning the problem, education and training addressed in 33.3% of quantitative studies. The professionals reported not having received training related to this issue and believe that a more thorough approach to the topic would be significant for clinical practice (Ferreira, 2015)**.** The reasons were, for not report, highlighted in 33.3% of the studies. The reasons listed by the professionals for the lack of the complaint were: to avoid legal involvement; ignorance of state notification laws; denial of abuse by the victim; ignorance of violence at the time it occurred; uncertainty about definitions of abuse and neglect; and insecurity about reporting suspected cases (Almogue, 2010)**.** Personal experiences declared in 33.3% of the studies. Concerning clinical practice, the professionals said that they already suspected some samples of abuse. Those who indicated having had suspicious cases throughout their careers, the preponderance claimed to have reported the situation; those who denounced referred to Social Service (Ferreira, 2015)**.** Violence against the elderly is a worldwide phenomenon, present in all societies, representing an urgent public health problem, especially in recent decades (Pillemer *et al.,* 2019). The studies provenance portrays this as a global concern, with Brazil standing out in the debate on this theme, especially after the publication of the National Policy for the Elderly (Brasil, 1994)**.** Concerning the conceptions of health professionals on the violence against the elderly definition and types, they stated concepts covered in the literature. However, they recognize that the identification of cases may not be so obvious, with denial on the part of the elderly, in an attempt to defend and justify the attitudes of their aggressor, since two-thirds of the aggressors are children, relatives and spouses (Oliveira, 2018; Minayo, 2014)**.**

Besides, professionals report the importance of knowledge concerning the occurrence of violence risk factors; and the need to identify them as a acknowledge and screening way for the risk of violence. The discussion about these risk factors represents a crucial part in addressing this issue. It means comprehended that there are factors known to be associated with violence against the elderly population: female gender, advanced age, low family support, unfavourable socioeconomic context, depressed mood, social isolation, caregiver stress, cognitive impairment and physical, psychological, financial and functional dependencies of the elderly.

The professionals also know about the compulsory notification of the situation of violence. In Brazil, the Elderly Statute warns of the obligation for public and private services to report suspected or confirmed cases of violence against the elderly to the competent authorities (police authority; Public Prosecutor's Office; and Municipal, State and National Councils for the Elderly), establishing

as an infraction the administrative lack of communication by the health professional (BRASIL, 2019). However, barriers related to the notification of cases have been highlighted, corroborating the situations portrayed in this review. In Brazil, exist flaws in the legal procedures and the protection network toward the professionals responsible for the notification, causing fear of threats suffered via the perpetrators of violence. The unsatisfactory performance also reaches the competent bodies for the backup services and compliance with protective measures aimed at the victims (COLUSSI, 2020; GARBIN, 2015). As a result, professionals fear retaliation on the part of aggressors, with this, as evidenced in the findings of this review, the notification and monitoring, by institutional means, being an established strategy. This strategy, validated by the Ministry of Health, suggests that the warning of suspected or confirmed cases of violence can be carried out through the use of an institutional stamp, exempting the identification of the notifying professional (BRASIL, 2016). The mandatory notification of confirmed and suspected cases makes it possible to create a solid multi-professional and interinstitutional network, underpinning the creation of public policies for prevention and appropriate interventions in cases of violence (GARBIN, 2020). Preventive measures are becoming one of the principal interventions in the fight against violence. These measures substantially involve community awareness and education; awareness of the population, encouraging denunciation and preventing its occurrence; the training of health professionals to identify situations of violence; and the effectiveness of articulation between the systems (ALVES, 2019). Thus, these measures must be constantly encouraged in the context of health care, confirming the reports evidenced in this review. Among these measures, professional training stands out. However, this resource influences the difficulty of identifying and managing situations of violence in the elderly (Oliveira *et al.,* 2018). Therefore, the exchange of multi-professional health area experiences is a way to improving detection and management potential considering that gender, age, times of service, accomplishment in geriatric services and profession represented an influence in the cases approach ways. Team meetings to acquire knowledge on this subject could help the professionals' development regarding this issue; moreover, it could also help the professionals share the responsibility of reporting violent situations, as recognised in this review.

CONCLUSION

This study highlights the complexity inherent in the health professionals' conceptions and perceptions about violence against the older. These professionals, when assisting, are in a privileged position - sometimes unique - to identify and address cases. In this context, this integrative review evidences diverse shreds of evidence that demand adequate and urgent confrontation in the services as the specific professionals' formation about this so significant and prevailing problem (seen as absent and essential); the results of the detection and management of suspected or detected cases; and the lack of institutional or legal means to carry out the complaint (optimizing the process and avoiding the professional exposure of the complainant). Prevention also requires special consideration, as risk factors such as the presence of physical and psychological problems or frailty and functional dependence must be routinely adequate in the care of this population. Likewise, the possibility of institutional violence due to work overload and multiple functions of health professionals need to be a consideration, and it is up to the institutions to monitor this reality. At the national level, the construction of an intersectoral and articulated network of support and care, from primary care to services of greater complexity and reference, also involving coordination with the Public Ministry, social assistance, education and transport, greatly expanding the capacity to prevention and management by the health system. Facing the issue goes beyond the field of care for health sector services, demanding global intersectoral actions involving housing, education, food, income and social justice. Although clefts concerning violence against older people persist in the process of care for this population, the initiatives to combat the problem should persevere to protect and give life quality for this vulnerable community.

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