Review

Risk factors associated with violence against institutionalized elderly people: An integrative review

Fatores de risco associados à violência contra a pessoa idosa institucionalizada: Revisão integrativa
Factores de riesgo asociados a la violencia contra personas mayores institucionalizadas: Revisión integradora

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Abstract
Objective: To identify in the literature the factors associated with violence against elderly people living in Long Stay Institutions for the Elderly (LSIE). **Methods:** Integrative review, carried out in the databases: Medical Literature Analysis and Retrieval System online, SCOPUS, Web of Science, Bibliographic Index of Health Sciences (Índice Bibliográfico de Ciências da Saúde), Nursing Database and Latin American and Caribbean Health Sciences Literature, between October and November 2023, systematized from the PRISMA flowchart, with the help of Rayyan software, including primary studies without time or language restrictions, analyzed and synthesized by the descriptive method. **Results:** The final sample included 20 studies, mostly published in English, carried out in countries such as the United States, Norway, and China and published between 2004 and 2021, with a predominance of cross-sectional exploratory studies. Risk factors related to the individual characteristics of the elderly residents, the team providing care in this setting, and the organization of the services and physical structure of the LSIEs were identified. **Conclusion:** Through the review, it was possible to corroborate the multifactoriality of violence against elderly people living in LSIEs, contributing to the development of violence prevention tools in this context.

Descriptors: Violence; Aged; Elder Abuse; Risk Factors; Homes for the Aged.

Whats is already known on this?
The prevalence of violence against the elderly in LSIEs is considered high, being equivalent to and, in some scenarios, exceeding that observed in the community/household context.

What this study adds?
Identifies the available evidence on risk factors related to violence against elderly people living in LSIEs.

Resumo

Objetivo: *Identificar na literatura os fatores associados à violência contra pessoas idosas residentes em Instituições de Longa Permanência para Idosos (ILPIs).* *Métodos:* *Revisão integrativa, realizada nas bases de dados: Medical Literature Analysis and Retrieval System online, SCOPUS, Web of Science, Índice Bibliográfico de Ciências da Saúde, Banco de Dados de Enfermagem e Literatura Latino Americana e do Caribe em Ciências da Saúde, entre outubro e novembro de 2023, sistematizada a partir do fluxograma PRISMA, com auxílio do software Rayyan, incluindo estudos primários sem restrição temporal ou de idioma, analisados e sintetizados pelo método descritivo.* *Resultados:* *A amostra final incluiu 20 estudos, em sua maioria publicados em inglês, desenvolvidos em países como Estados Unidos da América. Noruega e China e publicados entre os anos de 2004 e 2021, com predominância dos estudos exploratórios transversais. Foram identificados fatores de risco relacionados às características individuais das pessoas idosas residentes, da equipe que presta cuidados nesse cenário e da organização dos serviços e estrutura física das ILPIs.* *Conclusão:* *Por meio da revisão foi possível corroborar a multifatorialidade da violência contra a pessoa idosa residente em ILPIs, contribuindo para o desenvolvimento de ferramentas de prevenção de violência nesse contexto.*

Descritores: Violence; Older adult; Abuso de Idosos; Risk factors; Instituição de Longa Permanência para Idosos.

Resumén

Objetivo: *Identificar en la literatura los factores asociados a la violencia contra las personas mayores que viven en Hogares para ancianos (ILPI, en portugués).* *Métodos:* *Revisión integradora, realizada en las siguientes bases de datos: Medical Literature Analysis and Retrieval System online, SCOPUS, Web of Science, SCOPUS, Web of Science, Índice Bibliográfico de Ciencias de la Salud, Base de Datos de Enfermería y Literatura Latinoamericana y del Caribe en Ciencias de la Salud, entre octubre y noviembre de 2023, sistematizados con base en el diagrama de flujo PRISMA, utilizando el software Rayyan, con inclusión de estudios primarios sin restricciones temporales ni de idioma, analizados y sintetizados mediante el método descriptivo.* *Resultados:* *La muestra final constó de 20 estudios, en su mayoría publicados en inglés, desarrollados en países como Estados Unidos de América. Noruega y China y publicados entre 2004 y 2021, con predominio de estudios exploratorios transversales. Se identificaron factores de riesgo relacionados con las características individuales de los ancianos residentes, el equipo que brinda atención en ese escenario y la organización de los servicios y la estructura física de las ILPI.* *Conclusión:* *A través de la revisión, fue posible corroborar el carácter multifactorial de la violencia contra las personas mayores que viven en ILPI, contribuyendo para el desarrollo de herramientas de prevención de la violencia en este contexto.*

Descriptores: Violencia; Anciano; Abuso de Ancianos; Factores de Riesgo; Hogares para Ancianos.

INTRODUCTION

Demographic characteristics have undergone a process of transformation, highlighting the aging of the population on a global scale. According to projections, the proportion of elderly people will reach almost 12% of the world's population by 2030 and 16% by 2050. By 2030, 1.4 billion people will have reached the age of 60 or over globally, with the vast majority living in low- and middle-income countries.[1]

As a result, the repercussions associated with the aging process stand out, since it has repercussions and causes changes in the various biopsychosocial dimensions of the elderly. Aging causes transformations that will result in an inherent decline in the physical and mental functions of the people affected, increasing their morbidity and mortality, and increasing financial and social difficulties, directly contributing to an increase in the need for care and support from elderly people.[2,3]

This whole scenario ends up leading to situations of violence against the elderly, since with the increase in the global population in this age group, the number of cases of abuse will also increase.[4] In this regard, elder abuse is defined as any isolated or recurrent behavior, or the omission of appropriate actions, which takes place in any interaction in which there is an expectation of trust and which results in harm or suffering for the elderly person.[5]

Accordingly, this phenomenon can take many forms, such as physical, verbal, sexual, psychological, and emotional abuse, and less obvious forms such as financial exploitation and neglect. Violence against the elderly usually affects the most vulnerable, including those who depend on others for care, live in institutional settings, and are financially unstable.[6-8]

In numerical terms, a meta-analysis study carried out in 28 countries around the world, which differed geographically and culturally, estimated that one in six elderly people had suffered some form of abuse and/or violence, which represents a percentage of 15.7%, totaling 141 million victims.[9]

When analyzing violence against the elderly, it becomes clear that this is a public health challenge of considerable complexity. Understanding the factors associated with each type of violence is crucial for developing effective, evidence-based public policies. This in-depth knowledge not only contributes to a more precise and targeted approach but also allows for the implementation of preventive and intervention strategies that address the specificities of each context.[10]

Regarding Long Stay Institutions for the Elderly, it was observed that institutionalized elderly people, including those in Brazilian institutions, have a higher rate of chronic comorbidities, a higher

incidence of depression, the use of polypharmacy, and a varied degree of dependence. This scenario highlights the need to improve the qualifications of the professionals involved in institutional care and strengthen the formal support network for LSIEs, as a way of tackling the severity and magnitude of the problems encountered.[11,12]

Regarding the impact of violence against elderly people in LSIEs, a recent meta-analysis identified only nine relevant studies, revealing a high prevalence (64%), highlighting that elder abuse is common in institutions, occurring at rates higher than those observed in community settings. Most of the studies included in the analysis were conducted in nursing homes or hospitals, where many of the elderly had cognitive impairment and/or significant functional limitations, which explains the gap in knowledge about the prevalence of violence in other types of institutions.[13]

Identifying factors associated with elder abuse is essential not only to understand the extent of the problem better but also to guide the creation of more effective prevention strategies. By addressing these factors, specific measures aimed at reducing the risks and providing protection for the elderly population can be developed.[10] Therefore, this study aimed to identify in the literature the factors associated with violence against elderly people living in Long-Stay Institutions for the Elderly.

METHODS

An integrative literature review was chosen to achieve the proposed objective since this method provides a synthesis and analysis of knowledge on a given topic, and allows for the inclusion of different methodological approaches and the idealization of cost-effective interventions.[14]

The review followed the steps for conducting integrative reviews, subdivided into six stages: 1° Idealization and definition of the research question; 2° Review of the available literature and delimitation of the sample; 3° Establishment of the data to be collected from the selected studies; 4° Critical evaluation of the available evidence to be included in the review; 5° Interpretation of the results found and 6°Synthesis of the knowledge identified and presented through the review.

The PICo strategy was used to define the research question and delimit its structure. In this context, it was defined that: Population (P) refers to Elderly People; the Phenomenon of Interest (I), to Risk Factors for violence; and the Context (Co) to Long Stay Institutions for the Elderly.[15] Therefore, the research question was defined as: What scientific evidence is available in the literature related to risk factors associated with violence against the elderly in Long Stay Institutions for the Elderly?

The search for studies was carried out by consulting the following databases: Medical Literature Analysis and Retrieval System online (MEDLINE via PubMed®), SCOPUS, Web of ScienceTM, Bibliographic Index of Health Sciences (Índice Bibliográfico de Ciências da Saúde, IBECS), Latin American and Caribbean Health Sciences Literature (LILACS) and Nursing Database (Banco de Dados em Enfermagem, BDENF) via the Virtual Health Library (VHL), which was conducted between October and November 2023.

To conduct the search operationally, both controlled and non-controlled descriptors were chosen by consulting the Descriptors in Health Sciences (DeCS) e Medical Subject Headings (MESH) vocabularies. These descriptors were combined using the Boolean operators OR and AND. The descriptors used are shown in Chart 1, along with the strategy used in the MEDLINE database, a standardization that was followed in the other databases consulted.

Chart 1. Controlled and non-controlled descriptors and search strategy used to operationalize the study. Teresina, PI, Brazil, 2024.

		Descritores em Ciências da Saúde	
P	Controlled	Idoso	
	Non-controlled	Idosos; Pessoa de Idade; Pessoa Idosa; Pessoas de Idade; Pessoas Idosas; População Idosa; Adulto Mayor; Anciano; Ancianos; Persona de Edad; Persona Mayor; Personas de Edad; Personas Mayores; Ancianatos.	
I	Controlled	Fatores de Risco; Abuso de Idosos	
	Non-controlled	Correlatos de Saúde; Fator de Risco; Fatores de Risco não Biológicos; Fatores de Risco Sociais; Fatores de Riscos não Biológicos; Pontuações de Fatores de Risco; Pontuações de Risco; Pontuações do Fator de Risco; Pontuações dos Fatores de Risco; População em Risco; Populações em	

		Risco; Factores de Riesgo; Correlaciones de Salud; Factor de Riesgo; Factores de Riesgo Social; Población en Riesgo; Poblaciones en Riesgo; Puntuaciones de Factores de Riesgo; Puntuaciones de Riesgo; Abandono de Idosos; Abuso contra Idosos; Abuso contra o Idoso; Abuso contra os Idosos; Abuso de Idoso; Abuso de Pessoas Idosas; Abuso do Idoso; Maus-Tratos a Idosos; Maus-Tratos ao Idoso; Maus-Tratos aos Idosos; Maus-Tratos do Idoso; Negligência com o Idoso; Violência contra a Pessoa Idosa; Violência contra o Idoso; Abuso de Ancianos; Abuso de Personas Mayores; Descuido del Anciano; Maltrato al Anciano; Maltrato de Ancianos; Maltrato del Viejo
Co	Controlled	Instituição de Longa Permanência para Idosos
	Non-controlled	Asilo para Idosos; Asilos para Idosos; Casas de Repouso para Idosos; Centro Residencial de Cuidados com Idosos; ILPI; Instalações Residenciais de Cuidados com Idosos; Instalações Residenciais de Cuidados para Idosos; Instituição Asilar; Instituições Geriátricas de Longa Permanência; Moradia Sênior; hogares para ancianos; asilos de ancianos; casas de ancianos; centro residencial de cuidados para ancianos; centros de larga estancia; centros geriátricos de atención a largo plazo; instituciones geriátricas de estancia prolongada; instituciones para ancianos de larga estancia; residencias de mayores; residencias geriátricas para largas estancias; residencias para ancianos

Medical Subject Headings		
P	Controlled	Aged
	Non-controlled	Elderly
I	Controlled	Risk Factor; Elder Abuse
	Non-controlled	Abuse, Aged; Abuse, Elder; Abuse, Elderly; Abuse, Senior; Aged Abuse; Elder Maltreatment; Elder Mistreatment; Elder Neglect; Elderly Abuse; Elderly Abuses; Maltreatment, Elder; Mistreatment, Elder; Neglect, Elder; Senior Abuse; Senior Abuses; Correlates, Health; Factor, Risk; Factors, Risk; Health Correlates; Population at Risk; Populations at Risk; Risk Factor; Risk Factor Score; Risk Factor Scores; Risk Score; Risk Scores; Risk, Population at; Risk, Populations at; Score, Risk; Score, Risk Factor; Social Risk Factors
Co	Controlled	Homes for the Aged
	Non-controlled	Old Age Homes; Residential Aged Care Facility; Senior Housing

| **P AND I AND Co** |
|---|
| (((((((("elder abuse") OR ("aged abuse")) OR ("elderly abuse")) OR ("senior abuse")) AND ("risk factors")) AND ("homes for the aged")) OR ("old age homes")) OR ("residential aged care facility")) OR ("senior housing") |

Source: Elaborated by the authors (2024).

Inclusion criteria were: primary source studies dealing with risk factors associated with violence against elderly people in Long Stay Institutions for the Elderly, with no time and/or language restrictions. Reviews, editorials, and studies that did not address the study question were excluded, and duplicate studies were only counted once.

The process of searching, selecting, and including studies was conducted by two reviewers independently, following the standardization of terms, cross-referencing, and analysis of titles and abstracts, seeking a level of agreement of 80% between the reviewers. In situations of disagreement, a third reviewer evaluated the study and issued an opinion on its inclusion. It is worth mentioning that the

references retrieved were imported into the Rayyan manager,[16] to organize, identify, and eliminate duplicate records between the databases consulted.

This review was systematized following the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA),[17] as illustrated in Figure 1, covering the phases of identification, selection, eligibility, inclusion, and sample formation. A total of 2037 studies were identified and, after applying the eligibility criteria, the sample consisted of 20 studies.

Figure 1. Flowchart for selecting primary studies, based on the PRISMA recommendation. Teresina, PI, Brazil, 2024.

Source: Elaborated by the authors (2024).
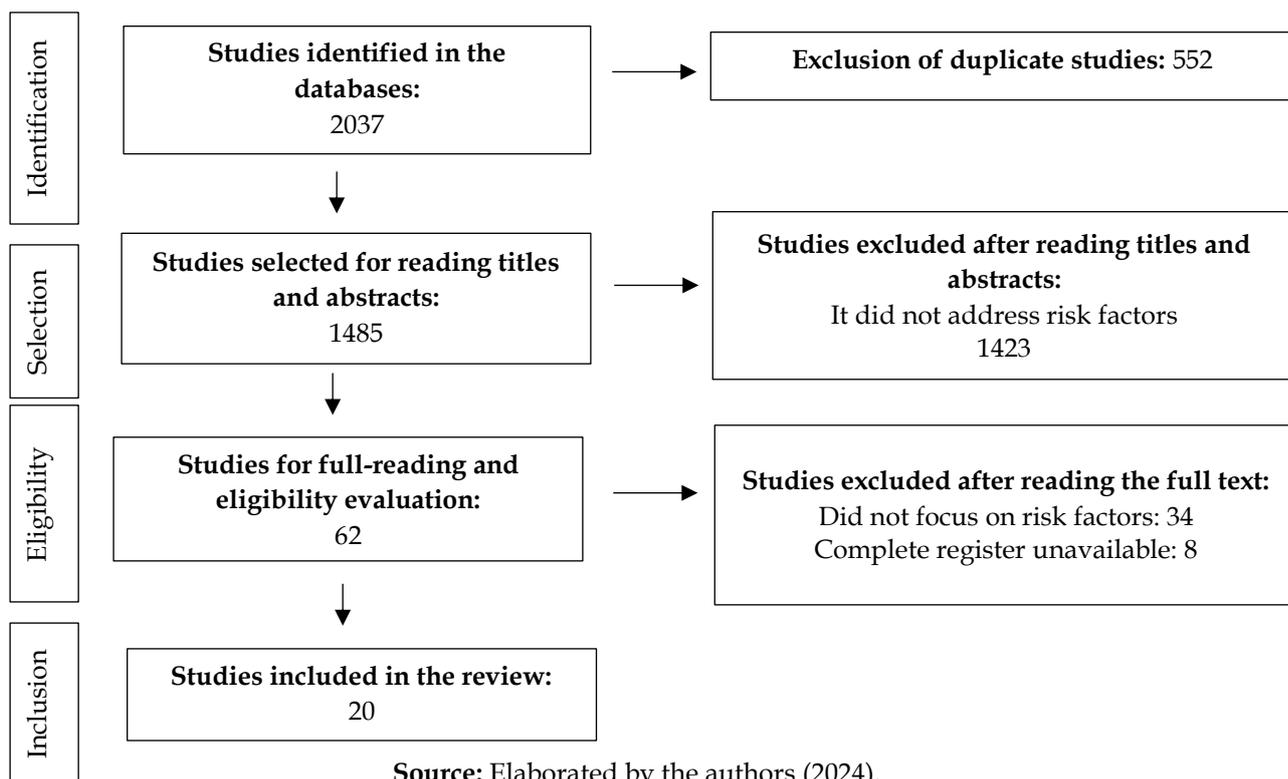
To organize the data collection, a validated and adapted instrument was used, covering the variables related to the selection of studies: main author, title, journal, year of publication, country, design, level of evidence, and summary of the results found.[18] The Level of Evidence (LE) was established following the recommendations of the Oxford Centre for Evidence-based Medicine, which classifies evidence based on methodological design: 1A - systematic review of randomized controlled clinical trials; 1B - randomized controlled clinical trial with narrow confidence interval; 1C "all or nothing" therapeutic outcomes; 2A - systematic review of cohort studies; 2B - cohort study; 2C - observation of therapeutic outcomes or ecological studies; 3A - systematic review of case-control studies; 3B - case-control study; 4 - case reports; 5 - expert opinion.[19]

RESULTS

The results show that there is a constant concern to investigate risk factors related to violence against the elderly in a wide variety of settings, especially internationally. In this sense, there was a predominance of studies published in English (19 studies) with the most frequent study settings being the United States of America (USA), Norway, and China.

There was a predominance of studies published between 2004 and 2021. In terms of methodological design, cross-sectional exploratory studies prevailed, with the level of evidence 2C. The characterization of the selected sample (n=20) is shown in Chart 2, in descending chronological order, listing the main author(s), the journal in which it was published, the original title of the study, the year it was published, the country of publication, the methodological design used and the level of evidence (LE).

Chart 2. Studies included in the review according to author, journal, title, year, country of origin, design, and level of evidence. Teresina, PI, Brazil, 2024 (n=20).

Author/Journal	Title	Year	Country	Design	LE
Usta *et al*[20] *Journal of Elder Abuse & Neglect*	*Perspectives of elder abuse in Lebanon*	2021	Lebanon	Qualitative study	2C:
Botngård *et al*[21] *BMC Health Services Research*	*Factors associated with staff-to-resident abuse in Norwegian nursing homes: a cross-sectional exploratory study*	2021	Norway	Exploratory and cross-sectional study	2C:
Chen *et al*[22] *Journal of Clinical Nursing*	*The relationship between personality traits, caring characteristics and abuse tendency among professional caregivers of older people with dementia in long-term care facilities*	2020	China	Exploratory and cross-sectional study	2C:
Erol *et al*[23] *Clinical and Experimental Health Sciences*	*The Frequency of and Contributing Factors to the Psychological Abuse of Older People in Nursing Homes in Turkey*	2020	Turkey	Methodological and descriptive study	2C:
Alraddadi[24] *Journal of Interpersonal Violence*	*Prevalence and Risk Factors of Elder Mistreatment in Sheltered Homes*	2020	Saudi Arabia	Exploratory and cross-sectional study	2C:
Wang *et al*[25] *Archives of Gerontology and Geriatrics*	*Elder abuse and its impact on quality of life in nursing homes in China*	2018	China	Exploratory and cross-sectional study	2C:
Andela; Truchot; Huguenotte[26] *Journal of Interpersonal Violence*	*Work Environment and Elderly Abuse in Nursing Homes: The Mediating Role of Burnout*	2018	France	Exploratory and cross-sectional study	2C:
Andela; Truchot; Huguenotte[27] *Journal of Elder Abuse & Neglect*	*Job demands, emotional dissonance and elderly abuse: The moderating role of organizational resources*	2018	France	Exploratory and cross-sectional study	2C:
Neuberg *et al*[28] *Archives of Industrial Hygiene and Toxicology*	*Is the burnout syndrome associated with elder mistreatment in nursing homes: results of a cross-sectional study among nurses*	2017	Croaker	Exploratory and cross-sectional study	2C:
Gimm; Chowdhury; Castle[29] *Journal of Applied Gerontology*	*Resident Aggression and Abuse in Assisted Living*	2016	United States	Exploratory and cross-sectional study	2C:
Blumenfeld Arens; Fierz; Zúñiga[30] *Gerontology*	*Elder Abuse in Nursing Homes: Do Special Care Units Make a Difference? A Secondary Data Analysis of the Swiss Nursing Homes Human Resources Project*	2016	Switzerland	Exploratory and cross-sectional study	2C:
Malmedal; Hammervold; Saveman[31]	*The dark side of Norwegian nursing homes: factors influencing inadequate care*	2014	Norway	Exploratory and cross-sectional study	2C:

The Journal of Adult Protection					
Simmons *et al*[32] *The Gerontologist*	*Resident Characteristics Related to the Lack of Morning Care Provision in Long-term Care*	2012	United States	Exploratory and cross-sectional study	2C:
Conner *et al*[33] *Journal of Interpersonal Violence*	*Impairment and Abuse of Elderly by Staff in Long-Term Care in Michigan: Evidence From Structural Equation Modeling*	2011	United States	Exploratory and cross-sectional study	2C:
Bužgová; Ivanová[34] *Nursing Ethics*	*Violation of ethical principles in institutional care for older people*	2011	Czech Republic	Exploratory and cross-sectional study	2C:
Schiamberg *et al*[35] *Journal of Elder Abuse & Neglect*	*Elder Abuse in Nursing Homes: An Ecological Perspective*	2011	United States	Ecological study	2C:
Post *et al*[36] *Research on Aging*	*Elder Abuse in Long-Term Care: Types, Patterns, and Risk Factors*	2010	United States	Exploratory and cross-sectional study	2C:
Natan; Lowenstein; Eisikovits[37] *International Nursing Review*	*Psycho-social factors affecting elders' maltreatment in long-term care facilities*	2010	Israel	Quantitative correlational study	2C:
Wang *et al*[38] *International Psychogeriatrics*	*Caregiver factors contributing to psychological elder abuse behavior in long-term care facilities: a structural equation model approach*	2009	Taiwan	Exploratory and cross-sectional study	2C:
SEEG[39] *Revista Española de Geriatría y Gerontología*	*La percepción de los profesionales sobre negligencia, abuso y maltrato a las personas mayores*	2004	Spain	Qualitative study	2C:

Source: Elaborated by the authors (2024).

In terms of the risk factors associated with violence against elderly people in LSIEs, there was a plurality of factors that were related to elder abuse. These factors were associated with the elderly, cited in a greater number of studies, the health teams who provide care in LSIE environments, cited in a reasonable number of studies, and LSIEs, their organization, and environment, which were cited in a smaller number.

As for the characteristics associated with elderly people who are predictors of violence, a great variety of these were observed, the most commonly cited being age, gender and level of dependency, with a higher incidence of abuse among females, with a higher degree of dependency and more senile individuals, in addition to the presence of pathologies, especially psychiatric/psychological ones, which make these elderly people more susceptible to violence. To a lesser extent, other characteristics such as a history of abuse, income and low schooling appear as factors that influence the susceptibility of these elderly people.

Regarding the characteristics related to the team that provides care in the LSIE setting, it was observed that the risk of violence was related to a wide variety of these, with the presence of Burnout Syndrome and its dimensions (emotional exhaustion, depersonalization, low professional achievement) being cited by a greater number of studies, followed by the observation of negligent behavior, either towards residents or towards team members on the part of the management of the institutions, the presence of continuing education and length of service.

There was little mention of the institutional organizational and environmental characteristics as being related to the occurrence of elder abuse, with issues such as lack of support from management and characteristics of the facilities and organization (number of beds, number of nurses and assistants, staff turnover) being cited. Chart 3 shows the risk factors related to violence against the elderly in LSIEs, in descending chronological order.

Chart 3. Synthesis of the articles included in the review, according to risk factor, country/year, objective, and outcome of the study. Teresina, PI, Brazil, 2024 (n=20).

Identified Risk Factor	Year/Country	Objective	Outcome
Resident-related factors	2021/ Lebanon[20]	Exploring elder abuse in Beirut, Lebanon, from the point of view of different interested parties, with a focus on identifying behaviors considered abusive to the elderly and predisposing factors.	Factors that predispose to elder abuse are the inability of caregivers to accommodate the normal changes associated with aging, the elderly being highly dependent on other people for care, and previous exposure to violence at home.
Care Team-Related Factors	2021/ Norway[21]	Exploring individual, relational, and institutional characteristics associated with abuse perpetrated between staff and residents in nursing homes, using a multilevel hierarchical approach.	Emphasize the importance of using a multifaceted strategy to identify risk factors for abuse in nursing homes, since several predictors of abuse have been found among staff and residents at different levels of the ecological model.
Resident-related factors Care Team-Related Factors	2020/ China[22]	Exploring the association between personality traits, care characteristics, and abuse in caregivers of elderly people with dementia in long-term care institutions in China.	Psychobehavioral symptoms and caregiver difficulty with care are the risk factors related to the tendency to abuse in long-term care settings.
Resident-related factors	2020/ Turkey[23]	Investigating the frequency of psychological abuse of the elderly in nursing homes and the contributing factors.	Factors that increased the frequency of psychological abuse included being female, having low levels of income and education, being semi-independent, and having mild dementia.
Resident-related factors	2020/ Saudi Arabia[24]	Determine the prevalence and types of mistreatment among elderly people living in sheltered homes.	The risk factors most associated with mistreatment were being female and having chronic diseases.
Resident-related factors	2018/ China[25]	Investigating the prevalence of elder abuse in nursing homes and its associated demographic, clinical, and quality of life factors.	Appropriate educational strategies and programs should be developed for health professionals to reduce the risk of elder abuse.
Care Team-Related Factors	2018/ France[26]	Understand negligent and abusive behavior considering caregiver burnout and the work context of these professionals.	Highlighting the importance of high-quality relationships between different health professionals in nursing homes in preventing caregiver burnout and elder abuse in institutions.
Care Team-Related Factors	2018/ France[27]	Understanding neglect and abusive behavior, considering the work context and the emotional dissonance of these professionals.	The quality of relationships with colleagues and supervisors has implications for the prevention of abuse of residents in nursing homes.

Care Team-Related Factors	2017/ Croaker[28]	Exploring the presence of burnout syndrome in nurses and seeing how it is related to their perception of the mistreatment of the elderly in nursing homes and long-term care settings.	Previous research has not analyzed the perception of mistreatment in nursing homes, nor was the issue related to burnout syndrome. The study found that education is associated with lower levels of burnout.
Resident-related factors	2016/ United States[29]	Estimating the prevalence and identifying risk factors for involvement in aggression and abuse of residents in assisted living facilities.	Dementia and severe mental disorder were significant risk factors for physical, verbal, and sexual abuse in residential care settings.
Resident-related factors Care Team-Related Factors	2016/ Switzerland[30]	Describing the prevalence of emotional abuse, neglect, and physical abuse observed in Swiss nursing homes, to compare special care units with non-special care units about the frequency of emotional abuse, neglect, and physical abuse observed.	The results indicate that in all types of nursing homes, abuse is related to the stress of health professionals due to high workloads and the perception of residents as being difficult. On the other hand, a positive climate of teamwork and safety is associated with lower rates of emotional abuse and neglect.
Resident-related factors Care Team-Related Factors LSIE Organizational and Environmental Factors	2014/ Norway[31]	Investigating factors that influence the likelihood of staff committing acts of inadequate care, abuse, and neglect.	The results reveal that the location and size of the nursing home, the age of the staff, the level of education, job satisfaction, resident aggression, and conflicts involving residents and staff all predict inadequate care, abuse, and neglect.
Resident-related factors Care Team-Related Factors	2012/ United States[32]	Examining usual long-term care about three aspects of morning care and determining whether there were resident characteristics about lack of care.	Resident-directed care should consider staff issues related to missed care occurrences and resident issues related to the level of staff dependency, and reduced expectations of care, which can lead to residents' acceptance of low frequencies of care.
Resident-related factors	2011/ United States[33]	Theorizing the relationship between risk factors in a causal structure with the factors themselves and the occurrence of abuse.	The relationships between the factors and susceptibility to abuse are specified in a structural equation model where "susceptibility to abuse", "physical disability" and "cognitive disability" are latent variables, and behavioral problems and age are measured directly.
Resident-related factors	2011/ Czech Republic[34]	Defining the extent, nature, and causes of elder abuse by unethical conduct of staff	The group at risk of elder abuse included aggressive and dissatisfied clients, and those with

Care Team-Related Factors		towards clients in nursing homes in the Moravian-Silesian region of the Czech Republic.	mental health problems, and dementia. The staff most at risk of being abusive were those who had been working in care institutions for more than five years, had inadequate knowledge of social services, and suffered from burnout.
Resident-related factors Care Team-Related Factors	2011/ United States[35]	Describing an ecological framework for elder abuse in nursing homes, based on existing ecological perspectives of elder abuse in community settings.	Risk factors for elder abuse in nursing homes seem to exist at all levels of the ecological context of human development.
Resident-related factors	2010/ United States[36]	Investigate types and patterns of elder abuse by paid caregivers in long-term care and assess the role of various risk factors for different abuses and for multiple types of abuse.	Physical functioning problems, limitations in activities of daily living, and behavioral problems are significant risk factors for at least three types of abuse and are significant for several types of abuse.
Resident-related factors Care Team-Related Factors	2010/ Israel[37]	Examining and analyzing the main variables affecting the mistreatment of elderly residents in nursing homes.	The results indicate the need for periodic, structured, and regular training for caregivers. This training should address the difficulties of caring for patients with dementia, coping with pressure, attitudes towards residents, and managing feelings.
Care Team-Related Factors	2009/ Taiwan[38]	This study aimed to test the most effective model for explaining the caregiver factors that contribute to caregiver psychological abuse behavior.	Caregiver work stress and social resources affect abuse behavior the most, which are the main determinants of psychological elder abuse in this model.
Resident-related factors LSIE Organizational and Environmental Factors	2004/ Spain[39]	Revealing and preventing negligent and abusive behavior, and elder abuse.	The scarcity of social and health resources is pointed out as one of the main causes of abuse. Increasing resources, and especially quality control of services, is pointed out as one of the most important actions for preventing and eradicating abuse.

Source: Elaborated by the authors (2024).

DISCUSSION

Resident-related factors

Most of the factors cited by the studies as risk factors for violence against the elderly in LSIEs are related to the characteristics of the residents, especially sociodemographic and health characteristics. The finding that women are more susceptible to violence is corroborated by studies carried out in both community and institutional settings.[40-42,13]

Other studies show that gender is an important risk factor, along with other sociodemographic factors such as level of dependence, cognitive and behavioral ability, and age. According to these studies, elderly people over the age of 74 were more likely to suffer abuse.[6,13]

There is consensus on the fact that elder abuse affects all classes, in the most varied socioeconomic and demographic strata, with a higher incidence in elderly people with more than one risk factor. Regarding risk factors, elderly people living in the community, with cognitive impairments and psychosocial disorders are at greater risk of being abused. In addition, elderly people with Alzheimer's disease have a 4.8 times greater risk of being abused compared to those without impairment.[43,44]

When analyzing the presence of Alzheimer's as a risk factor in the context of homes for the elderly, this increased risk is also observed and is mainly related to the common lack of cooperation and aggressiveness of the elderly affected.[45] In the meantime, studies reinforce the growing increase in rates of violence against this public and relate it to the poor training of the care team, poor working conditions, and a history of previous abuse.[46]

It is worth noting that some studies consider institutionalization to be a form of violence since it directly impacts the freedom of the elderly and their ability to socialize. The changes brought about by institutionalization end up affecting the physical, psychological, and social well-being of these elderly people, especially in places where there is a gap in the policy for socializing these people, preventing them from leaving the institution, even when they are accompanied.[47,48]

Factors Related to the Care Team

Most of the studies selected for the review expose the characteristics of the care staff in LSIEs as risk factors, especially the presence of Burnout Syndrome and factors directly related to management support. In this regard, one study points out that there is a positive relationship between management support in residential institutions for the elderly and good care for this public. In other words, receiving feedback on performance and being thanked for the service provided by care teams contributes directly to the quality of the service provided in these institutions.[49]

Given this scenario, factors related to job satisfaction and personal control factors are associated with good care, actively participating in the prevention of elder abuse, and promoting holistic care centered on the elderly. Therefore, these characteristics, which are often associated with the onset of Burnout Syndrome in healthcare professionals, have an impact on the quality of the service and act as a protective factor against elder abuse.[49]

LSIE Organizational and Environmental Factors

Finally, fewer studies associated violence with factors related to LSIE organizational and environmental aspects, especially those related to the organization of services and the management of institutions. It is understood that the growing prevalence of morbidity and functional decline associated with the aging of the global population and gains in life expectancy have increased the demand for care and access to long-term care (LTC) to meet the complex care needs of elderly people.[50]

In this regard, a study points out that there is a growing decline in vacancies available in care institutions and an increase in the number of elderly people who need the service, explaining the disparity between offer and demand in this regard. In addition, this scenario increases the pressure on residential institutions, health teams involved in care, and society in general.[51]

Furthermore, one study confirms that there is a relationship between the susceptibility of elderly people to abuse in residential settings and the characteristics of institutional facilities, staff organization, and the health of the work environment. The authors stress that although it is not possible to fully explain the relationship between risk factors and the prevalence of elder abuse, there is a recurrence in the appearance of the aforementioned factors.[13]

Another study points out that it is possible to reduce the occurrence of violence and abuse in institutional settings, in addition to improving the response to these events by promoting improvements in the organizational structure of these institutions, and cultural, political, and procedural changes. There is an urgent need to increase funding and the number of staff, provide a better distribution of residents, encourage transparency in reporting, promote cooperative work, improving the organization of service hours, among others.[52]

There were limitations related to the predominance of cross-sectional designs in the studies, which limits causal inferences due to the characteristics of this type of study, which focuses on testing associations between variables, and the difficulty in identifying more robust studies carried out in less economically

developed settings, such as African and Latin American countries. This study provides relevant information about the factors related to violence against the elderly in Long-Term Institutions.

CONCLUSION

It was observed that the risk factors are related both to the individual characteristics of the elderly residents (sociodemographic and health) and of the team that provides care in this setting (Burnout and management support), and to factors related to the organization of the care service in the institutions, and to their physical layout. This review has corroborated the multifactorial nature of violence against the elderly.

In addition, the study provides support for the development of tools to prevent violence in the setting studied, since knowledge of risk factors is essential for the formulation of policies and strategies to mitigate elder abuse. The recognition of factors associated with the characteristics of the residents, the care team, and the study setting and their relationship with violence against the elderly reinforces the need for further research into the problem, through more robust studies, in addition to the management of institutions and the awareness of the society, care professionals and family members and residents.

The phenomenon of violence against elderly people living in LSIEs is complex and requires comprehensive and multifactorial responses, combining effective preventive measures and robust public policies to make the institutional environment safe. In this sense, strengthening the lines of care, with training for the professionals involved and stricter inspections, combined with campaigns to raise awareness and appreciation of healthy and active aging can help strengthen the protection of this public in institutions.

CONTRIBUITIONS

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