


IDENTIFICATION OF PHYSICAL VIOLENCE AGAINST THE ELDERLY: CONTRIBUTIONS OF PRIMARY HEALTH CARE NURSES

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Adriana da Cunha Oliveira¹, Elivelton José de Paula², Sandra Maria Jannotti Quintão³, José Dionísio de Paula Júnior⁴, Pricila Ferrari Moreira Nascimento⁵, Elisângela Reis Mantovani⁶, Maria das Dores Ribeiro Modesto⁷ and Daniel Rodrigues Machado⁸

¹ Undergraduate Nursing Student
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: adrianadacunhaoliveira@yahoo.com.br

² Undergraduate Nursing Student
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: elivelton.123@hotmail.com

³ Nurse, Master in Social Gerontology
Pontifical Catholic University of São Paulo (PUC/SP)
Coordinator and Professor, Undergraduate Nursing Course
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: sandraquintao@unipac.br

ORCID: <https://orcid.org/0000-0003-1626-1304>
LATTES: <http://lattes.cnpq.br/1121440388310275>

⁴ Nurse, Dr in Biomedical Sciences
Italian University Institute of Rosario, Argentina (IUNIR)
Professor, Undergraduate Nursing Course
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: josedionisio@unipac.br
ORCID: <https://orcid.org/0000-0001-5263-8514>
LATTES: <http://lattes.cnpq.br/6837050460817302>

⁵ Nurse, Master in Health Sciences
Federal University of Viçosa (UFV)
Professor, Undergraduate Nursing Course
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: pricilanascimento@unipac.br
ORCID: <https://orcid.org/0000-0001-9817-3070>
LATTES: <http://lattes.cnpq.br/9715661660808757>

⁶ Nurse, Specialist in Obstetric Nursing
Federal University of Minas Gerais (UFMG)
Professor, Undergraduate Nursing Course
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: elisangelamontovani@unipac.br
ORCID: <https://orcid.org/0000-0003-2978-2141>
LATTES: <http://lattes.cnpq.br/1752755220333041>

⁷ Nurse, Master in Intensive Care
Brazilian Society of Intensive Care (SOBRATI)
Professor, Undergraduate Nursing Course
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)
E-mail: dorinhamodesto@unipac.br
LATTES: <http://lattes.cnpq.br/8477519910397369>

⁸ Nurse, Master in Adult Health
University of São Paulo (USP)
Professor, Undergraduate Nursing Course
Presidente Antônio Carlos de Ubá-MG College (FUPAC/UNIPAC)

ABSTRACT

Population aging arouses the interest of researchers from various areas. In Brazil, the increase in the number of elderly people has brought worrying data about physical violence against this population. Primary Health Care (PHC) has a routine of working close to homes and plays an important role in identifying these cases of physical violence in the family. PHC nurses are responsible for identifying, reporting, welcoming, and monitoring elderly victims of violence, which often ends up being challenging due to several factors. In this sense, the study aimed to reaffirm the role of PHC nurses in identifying elderly victims of physical violence in the family environment, listing their difficulties in detecting and intervening in cases. To this end, a literature review was used in the Scielo, Google Scholar, Virtual Health Library (VHL) databases and in chapters of scientific books, guides, protocols, as well as in official websites of the Brazilian Federal Government. The literature reviewed indicates that elderly people in vulnerable situations are more susceptible to physical violence in the family. PHC nurses play a fundamental role in the identification of these cases through welcoming with qualified listening, anamnesis, physical examination, use of validated screening scales, home visits, and teamwork. However, these professionals face difficulties in detecting and intervening in cases, such as lack of preparation, dysfunctional family context of the victim, lack of problem-solving capacity in actions, and a health care network with functioning considered incipient. Investments and projects are essential to improve health care for the elderly and combat physical violence against this population.

Keywords: Elderly Person. Violence. Primary Health Care. PHC nurse.

INTRODUCTION

Population aging has aroused the interest of researchers in several areas, and it is estimated that by 2055, the number of Brazilians over 60 years of age will surpass those under 30 years of age (BELASCO; OKUNO, 2019).

In 2022, the total number of persons aged 65 and over in the country (22,169,101) reached 10.9% of the population, an increase of 57.4% compared to 2010, when this contingent was 14,081,477, or 7.4% of the population. This is what the results of the universe of the population of Brazil disaggregated by age and sex from the 2022 Demographic Census reveal. This second Census calculation shows a population of 203,080,756 inhabitants, with 18,244 more people than in the first calculation (IBGE, 2022).

Globally, the elderly population has been growing every year, which is justified by the increase in quality of life, drops in the mortality rate, and especially the decline in fertility. With changes resulting from age, the population begins to show physiological signs of aging, lifestyle changes, and health problems (NUNES *et al.*, 2021; SOUZA *et al.*, 2021).

Therefore, there are different ways of conceptualizing old age, one of them is the definition recommended by the World Health Organization (WHO), which is based on chronological age and defines elderly people as those who are 65 years old or older in developed countries, and 60 years or older in developing countries such as Brazil. As the population's age profile changes, new adversities arise to be faced by society, especially in the context of violence (SANTOS *et al.*, 2019).

According to Brasil (2023), 129.5 thousand physical violations against the elderly were recorded in Brazil from January to May 2023. The WHO (WHO, 2003, p. 10) defines violence against the elderly as "a single, repeated act or lack of appropriate action, occurring in any relationship in which there is an expectation of trust that causes harm or suffering". Physical violence against the elderly, the focus of the present study, is characterized as the use of physical force to injure, compel, or cause pain, which can result in disability or death (WHO, 2002).

Violence against the elderly in the family is that practiced by children, grandchildren, great-grandchildren, spouses or partners, among other people in the social life of the victim. In Brazil, most elderly people live with their families, which are their main source of care. Among the types of violence in the family environment, we can highlight the physical one, characterized by edema, bruises, bruises, abrasions, burns and injuries in various

stages of healing, often mistakenly justified by accidents or recurrent pain (OLIVEIRA et al., 2018; SUARTE et al., 2019; MACHADO *et al.*, 2022).

About the Statute of the Elderly, Law No. 10,741 of October 1, 2003, people over 60 years of age have fundamental rights inherent to the human person, and it is the obligation of the family, the community, society and the public power, to ensure the elderly, with absolute priority, the realization of their rights. It is important to mention that Law No. 14,423, of July 22, 2022, amends Law No. 10,741, of October 1, 2003, to replace, throughout the Law, the expressions "elderly" and "elderly" with the expressions "elderly person" and "elderly people", respectively, to combat the dehumanization of aging (BRASIL, 2003, 2022).

Suspected or confirmed cases of violence against the elderly are subject to compulsory notification by public and private health services to the health authority, and negligence in reporting the disease may result in penalties (BRASIL, 2022).

Primary Health Care (PHC) is considered the gateway for individuals to the health system. PHC professionals work within the communities, close to people's lives and routines, which provides greater contact with the reality in which older people are inserted, making PHC a space where most cases of physical violence are identified (NETO *et al.*, 2022).

Nurses play a fundamental role in PHC, being responsible for various activities related to the promotion, prevention, treatment, and rehabilitation of the population's health. He must have the competence to plan care for the elderly, elaborating, executing, and evaluating strategies aimed at eliminating physical violence against older individuals in the family environment (ALMEIDA *et al.*, 2019; AZEVEDO *et al.*, 2021).

Thus, the present study aims to reaffirm the role of PHC nurses in identifying elderly victims of physical violence in the family environment, listing the difficulties faced by this professional in detecting and intervening in suspected or confirmed cases of physical violence.

METHODOLOGY

This is a narrative review of the literature, a form of research widely used in nursing. Narrative review articles are broad publications used to describe and discuss the development or "state of the art" of a given subject. They consist of the analysis of the literature published in scientific articles, books, chapters, and the personal interpretation

and critical analysis of the authors. This category of investigation allows the reader to acquire and update knowledge on a specific theme in a short period of time, but they are not covered with a methodology that allows the reproduction of data. Narrative revision studies are qualitative, generally conceived by Introduction, Development (the text can be divided into subtitles defined by the authors), Final Comments, and References (ROTHER, 2007; GOMES; AXE; MACHADO, 2021; SIMÕES *et al.*, 2023).

The publications analyzed in the present study were obtained through searches in the *Scielo*, Google Scholar, and Virtual Health Library (VHL) databases, as well as chapters of scientific books, guides, protocols, and official websites of the Brazilian Federal Government. The keywords used in the searches were: Elderly, Elderly Person, Physical Violence, Primary Health Care, Family Health Strategy, and Nursing. Whenever possible, Boolean operators were applied to improve the accuracy of the searches carried out in the information resources consulted. Scientific productions published in Portuguese, English, and Spanish were included, with no time frame restrictions. Abstracts from the annals of scientific events, as well as other materials whose full text was not fully available, were excluded. The articles included in the review were read in full by two nursing students, who read and extracted the results that answered the research question.

It is noteworthy that the present review is the final product of an undergraduate course completion paper (TCC) in Nursing, and all ethical precepts pertinent to the accomplishment of this research were strictly observed.

DEVELOPMENT

VULNERABILITIES OF THE ELDERLY AND THEIR RELATIONSHIP WITH PHYSICAL VIOLENCE

During the human aging process, it is common for some tissue alterations to appear, atrophies, relocation of adipose tissue, decrease in the lower limbs and increase in fat in the trunk and viscera. Due to the characteristics of age, most elderly people have reduced mobility, loss of cognitive abilities, and physical and emotional deficits, in addition to the loss of autonomy, which reinforces their fragility and vulnerability (SANTOS *et al.*, 2019; BRANDÃO *et al.*, 2021).

Aging is a spontaneous process represented by a set of physical, psychological, and behavioral changes, requiring greater attention from the family, health professionals, and public services towards the elderly. Such changes, associated or not with the

emergence of Chronic Non-Communicable Diseases (NCDs), leave the elderly person more vulnerable and with a high possibility of becoming dependent. The physical and cognitive limitations resulting from this process, such as physiological changes, decreased hearing, vision and movements, and also the emergence of NCDs, such as heart disease, respiratory tract disease, stroke, cancer and dementia, make the elderly more likely to suffer physical violence (SILVA; VIEIRA, 2021).

Longevity provides a longer time of intergenerational family life, which can generate positive or negative effects in relation to the behavior of family members towards the elderly. As a result of this dependence on the other, there is often overload and wear and tear in the continuous relationship between two people, which can generate conflicts for both those who receive and provide care, as such a scenario interferes with the routine of life, intimacy, leisure and privacy (SANTOS *et al.*, 2019).

Elderly people often need support and assistance, as they are fragile as a result of aspects inherent to the natural aging process or due to disabling health conditions. The caregiver is the professional responsible for providing care to sick or dependent individuals, ensuring the performance of their daily activities, and promoting their physical and social well-being. However, its attributions exclude the execution of techniques or procedures that are the exclusive competence of other professions regulated by law (OLIVEIRA *et al.*, 2018).

The elderly people most vulnerable to physical violence in the family are those who are unable to maintain an independent life in their homes or lack a fixed home. However, the causes of violence against this population are multifaceted, including the devaluation and lack of respect for the elderly, the lack of knowledge of the legislation and the rights of older citizens, the mistaken assumption that the assets of older people automatically belong to their relatives, in addition to the aggressors' confidence in the impossibility of the elderly person leaving home to report the abuse suffered to third parties (SANTOS *et al.*, 2023).

Family relationships, cultural aspects, financial difficulties, impoverishment, physical and mental limitations, as well as living in joint housing, are directly associated with the causes of physical violence against the elderly. These factors, combined with stress and physical and mental fatigue, intensify the problem because as the elderly person becomes more dependent, their vulnerability increases. In addition, a conflicting family environment,

added to the performance of unprepared family caregivers, further aggravates this situation (NUNES *et al.*, 2021; SOUZA *et al.*, 2021).

In line with the aforementioned authors, recent studies have documented a profile of elderly victims of physical violence in the home, evidencing a higher occurrence of violations against females, brown race/color, individuals with low education, illiteracy, who have physical or intellectual dependence, dementia, depression or aggressive and challenging behavior. In the case of women, although they have greater longevity, they face a higher prevalence of comorbidities, lower quality of life, and a higher degree of dependence, which amplifies their exposure to situations of violence (OLIVEIRA *et al.*, 2021; SANTOS *et al.*, 2022; BOVALENTA *et al.*, 2024).

As highlighted in the study by Maia *et al.* (2018), in Brazil, the factors most frequently associated with physical violence against older people include low levels of education, the presence of depression, and cognitive and functional dependencies. These elements contribute significantly to the vulnerability of this population.

According to the study by Dias *et al.* (2019) on long-lived elderly people, it was found that those with a greater inability to manage their financial resources and assets had a higher incidence of signs of fractures. According to the research by Castro, Rissardo, and Carreira (2018), younger elderly people, aged between 60 and 69 years, male, were the main victims of physical aggression. This violence, at this stage of life, is associated, above all, with financial difficulties, intergenerational conflicts, and problems related to physical living spaces.

Physical violence against older people is a problem of universal scope, manifesting itself in different cultures, regardless of socioeconomic status, ethnicity, or religion. This is an alarming issue in contemporary society, especially in view of the significant increase in the elderly population. It is imperative to give visibility to these acts of violence, ensuring that they are identified in everyday life and duly punished based on current legislation. In addition, it is essential to invest in the training of health professionals and in raising awareness in society to ensure early identification and appropriate intervention in cases of physical violence involving older people (SUARTE *et al.*, 2019).

THE PHC NURSE IN THE IDENTIFICATION OF PHYSICAL VIOLENCE AGAINST THE ELDERLY

Primary Health Care (PHC) is the set of actions developed, at the individual and collective levels, for the promotion and protection of health, diseases, diagnosis, treatment, rehabilitation, harm reduction, and health maintenance. Thus, this form of care is developed based on democratic and participatory care and management practices in teamwork aimed at populations in defined territories (ALMEIDA et al., 2019).

In this context, the relevance of the role of PHC nurses in the identification and management of cases of physical violence against the elderly is highlighted due to the proximity of these professionals to the home environment of the clientele. Professional ethics establish this responsibility, according to article 64 of Resolution 564/2017 of the Federal Council of Nursing: it is forbidden for nurses to cooperate, connive, or omit in the face of any form or type of violence against the elderly when exercising the profession (COFEN, 2017). In addition, in line with article 57 of the Statute of the Elderly, nurses have the legal responsibility to identify and report suspected or confirmed cases of physical violence against the elderly to the competent authorities, contributing to the investigation and actions to protect this population (BRASIL, 2022).

Nurses must have solid theoretical and practical knowledge that enables them to recognize the signs, often subtle, of physical violence against the elderly. These signs can manifest themselves through behaviors such as insecurity, disorientation, prolonged daytime sleep, refusal to answer phone calls, persistent fear, or even atypical and unusual attitudes. Thus, it is essential to adopt assertive identification strategies, such as anamnesis and physical examination, to detect possible physical aggression, establish an accurate diagnosis, and plan appropriate and effective interventions to protect and assist the victim (COSTA *et al.*, 2021).

Anamnesis is an essential tool for identifying cases of physical violence, requiring nurses to interview in an environment that guarantees total privacy to the elderly person, without the presence of caregivers or family members. The professional must conduct the dialogue calmly and without haste, carefully assessing the existence of cognitive deficits and verifying whether such limitations are sufficiently severe to compromise the description of the problem and the decision-making capacity of the elderly person. In addition, the nurse must formulate direct and objective questions, demonstrating persistence, tenacity, respect, and skill in conducting the interview. This process must be marked by prudence

and ethical commitment in decision-making, ensuring a sensitive and effective approach to the situation (JUNIOR; OAK; CLARET, 2015).

PHC nurses should also demonstrate attention and receptivity and use a serene tone of voice without showing surprise, fatigue, or rejection of the elderly person's statements. He should avoid accusatory questions, not make value judgments, and demonstrate sensitivity to the facts reported by the elderly person. During the anamnesis, it is recommended that PHC nurses observe aspects of non-verbal communication, such as facial expression, tone of voice, silence, and eye contact (BOLSONI, WARMLING; FAUST, 2018).

Health professionals, especially nurses, must have a comprehensive mastery of communication techniques, an essential skill intrinsic to human nature. In the context of identifying cases of physical violence, this skill becomes even more crucial, as effective communication is critical to the success of the approach. It enables the construction of an environment that promotes freedom of expression, mutual trust, and respect, indispensable elements for establishing a solid and sensitive relationship with the elderly (ARAÚJO *et al.*, 2021).

Welcoming and qualified listening represents a technical-assistance action centered on the client, prioritizing their needs for the provision of individualized care. This approach promotes significant transformations in the relationship between the professional and the client, increases the quality of the care provided, and contributes to the reorganization of nursing work processes. In the context of identifying cases of physical violence, it is essential to consider and work on the fragility of the elderly through a welcoming based on empathy and respect. This attitude on the part of health professionals is essential to create a safe and welcoming environment, which favors the dialogue and trust necessary to address situations of violence (NUNES *et al.*, 2019).

It is noteworthy that the elderly often do not verbalize that they suffer physical violence, and the nursing professional must pay attention to the signs of anxiety, depression, restlessness, fear in front of certain people, insecurity, appearance of inexplicable wounds, common falls, signs of passivity, submission, mental confusion, as well as changes in their body hygiene, way of dressing and nutrition (COSTA *et al.*, 2021).

The physical examination of an elderly person suspected of being a victim of physical violence should follow a cephalocaudal protocol, being conducted in a private and appropriate environment, which guarantees the dignity and comfort of the patient. It is

crucial to carry out a thorough assessment of the individual's general condition, observing aspects such as cleanliness, hygiene, and adequacy of clothing. In the analysis of the skin and mucous membranes, the professional must pay attention to the presence of skin lesions, bruises, and pressure injuries. Evaluation of the head, neck, and trunk should include looking for bruises, lacerations, or cuts. Special attention should be given to the genitourinary system, which may present lacerations or signs of bleeding, considering that physical violence often occurs concomitantly with psychological and/or sexual abuse. In addition, it is essential to examine the upper and lower limbs, observing possible injuries in areas such as the wrists and heels, which may be indicative of physical aggression (JUNIOR; OAK; CLARET, 2015).

To assist in the investigation of cases of violence against the elderly, including physical aggression, PHC nurses can use scales validated in Brazil. The *Hawlek-Sengstock Elder Abuse Screening Test (H-S/EAST)*, for example, is an instrument created in the United States and adapted to Brazil, which allows the evaluation of physical, psychological, and financial violence and negligence. It is a questionnaire with fifteen questions that evaluates installed or presumed violence from the perspective of the elderly person. In the calculation of the score, one point is assigned for each affirmative answer, except for items 1, 6, 12, and 14, in which the point is given for the negative answer (SILVA *et al.*, 2023).

In the clinical context, a score of three or more may indicate an increased risk of some type of violence. A factor analysis of the 15 items of the H-S/EAST identified three dimensions, namely, open violation of personal rights or direct abuse, characteristics of older people that make them more vulnerable to abuse, and characteristics of a situation of potential abuse. Item 15 (fifteen) of this instrument is particularly directed to physical abuse with the following question: Has someone close to you tried to hurt or harm you recently? (REICHENHEIM; JUNIOR; MORAES, 2008).

Another instrument elaborated from questions from the H-S/EAST is the *Vulnerability to Abuse Screening Scale (VASS)*, consisting of 12 questions that seek to identify physical, psychological, and financial violence and negligence through the self-report of the elderly person and can be used in clinical and home contexts. The VASS score is obtained with the sum of the values attributed to each of the affirmative answers, except for items 4, 5, and 6, which score in case of a negative answer (MAIA; MAIA, 2016).

A score greater than or equal to three is interpreted as high vulnerability to violence, and item 2 (two) is directed to the identification of physical violence through the question: Has anyone close to you tried to hurt or harm you recently? (DANTAS; OLIVE TREE; SILVEIRA, 2016).

Recent studies, such as that of Santos-Rodrigues *et al.* (2022), highlight the absence of validated scales in Brazil that are specifically aimed at the detailed screening of physical violence against people over 60 years of age. The tools currently available cover multiple typologies of violence, based on the plausible assumption that different forms of violence, such as psychological, financial, and physical, often occur simultaneously.

It is also worth considering that PHC nurses can articulate other strategies for identifying and managing physical violence against the elderly, such as mobilizing a multidisciplinary team, involving psychologists, social workers, lawyers, community health agents, dentists, physiotherapists, nutritionists, and police officers. In addition, it is necessary to activate and work together with the residents' association, the Social Assistance Reference Center (CRAS), the Specialized Social Assistance Reference Center (CREAS), the Psychosocial Care Center (CAPS), and public security agencies (SANTOS *et al.*, 2023).

Suspected or confirmed cases of physical violence against the elderly must be registered in the Notifiable Diseases System (SINAN), respecting the maximum period of one week for notification. It is essential to ensure continuous follow-up of notified cases, with the support of a multidisciplinary health team working in the health care network. Whenever possible, the collaboration of the elderly victims of violence is sought, as well as their families, to ensure a comprehensive and effective approach (AZEVEDO; SILVA, 2019; SUARTE *et al.*, 2019).

Therefore, PHC professionals play an essential role in the process of identifying health problems and establishing partnerships with the elderly and the community to detect cases of physical violence. The community health agent, due to his work routine based on regular home visits, must be properly guided and trained by the nurse in charge to recognize signs of vulnerability and signs of physical violence against the elderly. However, although nurses also perform home visits, these are usually scheduled in advance, which may inadvertently favor the concealment of the situation experienced by the elderly person (SILVA; VIEIRA, 2021; CARVALHO *et al.*, 2023).

It is essential to highlight that the identification and notification of cases of violence against older people are responsibilities shared by all health professionals and society in general. In PHC, the joint work of multidisciplinary teams enables a broader approach, where welcoming the victim, identifying situations of violence, and making the appropriate complaints must configure collective and integrated actions. However, nurses occupy a leadership position within PHC and are often appointed as the main people responsible for coordinating strategies for prevention, identification, notification, intervention, and coping with cases of violence. Its proactive performance and its ability to articulate the team make it a key player in the protection and care of elderly people in vulnerable situations (SILVA; VIEIRA, 2021).

DIFFICULTIES FACED BY PHC NURSES IN DETECTING AND INTERVENING IN CASES OF PHYSICAL VIOLENCE AGAINST THE ELDERLY

Nurses in Primary Health Care (PHC) face numerous challenges in identifying cases of physical violence against the elderly, and the family members themselves are often the biggest obstacle in this process. Studies indicate that, in most cases, the aggressor is a family member or someone close to the elderly person, which makes the victim fear possible reprisals or consequences if he reveals episodes of violence attributed to his main caregiver. In addition, the elderly person is not always fully aware or understanding about the abusive acts suffered, such as pinching, pushing, or slapping, which can make reporting even more difficult (AZEVEDO; DA SILVA, 2019; SANTOS *et al.*, 2023).

The dependence that the elderly person maintains with the family that violates them represents a significant obstacle in the identification of cases of violence. Many elderly people choose to endure abuse in silence to preserve apparent family harmony, fearing loneliness and contempt more than the physical aggression they suffer. Their reactions are often marked by feelings of fear, shame, or even guilt, resulting from what they perceive as a failure in family relationships, which often results in omissions regarding the situations experienced. In addition, fear acts as a determining factor in the silence of both victims and witnesses, who are hesitant to report abuse due to the threats received, often associated with the use of more physical violence (SANTOS *et al.*, 2023; SOBRAL; MARINE; ROCHA, 2023).

Physical violence does not always leave visible marks, generating insecurity in many nursing professionals, in addition to the omission of the elderly person and the family. This

makes the clinical judgment of the nursing professional based on subjective factors, thus creating insecurity in decision-making (SANTOS, SAINTS; LISBON, 2023).

According to Silva, Almeida, and Fernandes (2022), home visits are considered the most conducive modality for evidencing cases of physical violence against the elderly, as it allows the assessment of the family environment and the risks experienced by the elderly person. However, for Sobral; Marinho and Rocha (2023) the insufficient time for visits, the absence of the family in the residence, the lack of receptivity, the existence of households in dangerous and difficult to access areas, family members or abusers nearby, not allowing the elderly person to report the facts, added to the lack of discernment of the elderly person, and their mistaken sense of family protection, These are factors that negatively influence the detection and management of cases of physical violence.

Often, the professional does not know how to investigate and identify cases of violence against the elderly, either due to lack of training or protocols that help him in this identification. When identification does not occur as it should, serious consequences occur, such as the underreporting of cases. Thus, the importance of continuous training of PHC nurses is noted, as it is necessary to know and adopt clinical protocols in the care of elderly victims of violence (SANTOS *et al.*, 2023).

Therefore, the nurse's lack of ability to deal with such situations impairs the work of the entire health team and also results in arbitrary delegations to other team members since the nurse has not developed the ability to cope with this situation. In addition to the difficulty in recognizing cases of physical violence against the elderly, nurses face the fear of suffering reprisals from the aggressor(s), since it will be necessary to follow up on these cases later and because the basic health units are usually located in the same region where the victim is located. The aggressor and PHC professional who made the complaint reside (MACHADO *et al.*, 2022).

The insufficiency of specific information to recognize the signs of violence, together with the lack of knowledge about the detection mechanisms, necessary interventions, and legal procedures to make the notification, has a direct impact on the ability of the nursing professional to identify cases of physical violence against the elderly. Given this reality, when faced with situations of abuse, nurses often feel unprepared and insecure to intervene adequately, which compromises the effective management of the case and the guarantee of protection for the victim (SILVA; ALMEIDA; FERNANDES, 2022; SANTOS *et al.*, 2023).

To act effectively in cases of physical violence, nurses need the support of both victims and their families, considering that the information provided by them is essential to enable notification and denunciation to the competent bodies. However, the low problem-solving capacity of these bodies represents a significant challenge for nurses' intervention. Often, the notified and referred cases are neglected or abandoned, which results in the absence of return of network services. This gap compromises the continuous and comprehensive monitoring of users in PHC (SOBRAL; MARINE; ROCHA, 2023).

In addition, the management of cases of physical violence against the elderly requires the mobilization of various social sectors and institutional connections, which favors the difficulty in this intervention, because when professionals are faced with a case of physical violence against the elderly, they generally do not find a problem-solving support network to assist in this process. It is extremely important to have a reference and counter-reference network to address this issue in order to obtain a quick resolution (OLIVEIRA *et al.*, 2018).

FINAL CONSIDERATIONS

The vulnerability of the elderly is a relevant factor for the occurrence of cases of physical violence in the family environment, demanding extra attention from PHC professionals. In identifying these situations, PHC nurses, in addition to resorting to practical fundamentals, such as anamnesis and physical examination, can use validated instruments, such as physical violence detection scales. Collaborative work with the multidisciplinary team and other government entities is also essential.

However, there are notorious difficulties in identifying cases of physical violence in the family environment due to the presence of barriers that limit the performance and intervention of PHC nurses. It is essential to invest in projects and initiatives aimed at the continuous training of these professionals, as well as the implementation of measures that ensure greater safety and expand the care offered to elderly victims of violence. Thus, it is expected that the elderly feel protected and supported to report the situations experienced.

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