

Elder abuse during the COVID-19 pandemic: a scoping review

Violência contra o idoso durante a pandemia COVID-19: revisão de escopo
Violencia contra adultos mayores durante la pandemia de COVID-19: revisión de alcance

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Abstract

Objective: To map the available scientific evidence about elder abuse during the COVID-19 pandemic.

Methods: This is a scoping review whose research question was “What is the scientific evidence available about elder abuse during the COVID-19 pandemic?”. The selection of studies took place in November 2020, based on searches in the PubMed, EMBASE, CINAHL, Web of Science, Scopus and LILACS databases, Google Scholar consultation and manual search in the reference lists of studies that were part of the sample. Studies published from 2019 to November 2020 were included and there was no language restriction. Analysis took place using the data reduction method.

Results: Twelve articles were included: four (33.3%) reflective studies, two (16.7%) opinion, two (16.7%) letters to the editor, two (16.7%) narrative reviews, one (8.3%) brief note and one (8.3%) editorial. The studies were summarized into six categories of elder abuse during the COVID-19 pandemic: 1) risks for elder abuse in the community; 2) risks for institutionalized elder abuse; 3) conditions that can aggravate the risks; 4) political and organizational actions to fight violence; 5) actions in ILPI to fight violence; 6) professional and social actions to cope with violence.

Conclusion: The evidence available in the literature is from theoretical studies, which discussed the risks of elder abuse in the community and institutionalized, conditions of aggravation of risks and actions for coping. There is a gap in the evidence from empirical studies on the subject.

Resumo

Objetivo: Mapear as evidências científicas disponíveis acerca da violência contra o idoso durante a pandemia COVID-19.

Métodos: Revisão de escopo que teve como questão de pesquisa “Quais são as evidências científicas disponíveis acerca da violência contra o idoso durante a pandemia COVID-19?”. A seleção dos estudos ocorreu em novembro de 2020, a partir de buscas nas bases PubMed, EMBASE, CINAHL, Web of Science, Scopus e LILACS, consulta ao Google Scholar e busca manual nas listas de referências dos estudos que fizeram parte da amostra. Incluíram-se estudos publicados de 2019 a novembro de 2020 e não houve restrição de idioma. A análise ocorreu pelo método de redução de dados.

Resultados: Foram incluídos 12 artigos, quatro (33,3%) eram estudos reflexivos, dois (16,7%) de opinião, duas (16,7%) cartas ao editor, duas (16,7%) revisões narrativas, uma (8,3%) nota breve e um (8,3%) editorial. Os estudos foram sintetizados em seis categorias sobre a violência contra o idoso durante a pandemia COVID-19: 1) riscos para violência contra o idoso na comunidade; 2) riscos para violência contra o idoso

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institucionalizado; 3) condições que podem agravar os riscos; 4) ações políticas e organizacionais para enfrentamento da violência; 5) ações nas ILPI para enfrentamento da violência; 6) ações profissionais e sociais para enfrentamento da violência.

Conclusão: As evidências disponíveis na literatura são de estudos teóricos, que discutiram os riscos para violência contra o idoso na comunidade e institucionalizado, condições de agravamento dos riscos e ações para enfrentamento. Existe lacuna nas evidências de estudos empíricos sobre o tema.

Resumen

Objetivo: Mapear las evidencias científicas disponibles acerca de la violencia contra los adultos mayores durante la pandemia de COVID-19.

Métodos: Revisión de alcance con la siguiente pregunta de investigación: “¿Cuáles son las evidencias científicas disponibles acerca de la violencia contra los adultos mayores durante la pandemia de COVID-19?”. La selección de los estudios se llevó a cabo en noviembre de 2020, a partir de búsquedas en las bases PubMed, EMBASE, CINAHL, Web of Science, Scopus y LILACS, consulta en *Google Scholar* y búsqueda manual en las listas de referencias de los estudios que formaron parte de la muestra. Se incluyeron estudios publicados de 2019 a noviembre de 2020 y no hubo restricción de idioma. El análisis se realizó con el método de reducción de datos.

Resultados: Se incluyeron 12 artículos, de los cuales cuatro (33,3 %) eran estudios reflexivos, dos (16,7 %) de opinión, dos (16,7 %) cartas al editor, dos (16,7 %) revisiones narrativas, una (8,3 %) nota breve y un (8,3 %) editorial. Los estudios fueron sintetizados en seis categorías sobre la violencia contra los adultos mayores durante la pandemia de COVID-19: 1) riesgos de violencia contra los adultos mayores en la comunidad; 2) riesgos de violencia contra los adultos mayores institucionalizados; 3) condiciones que pueden agravar los riesgos; 4) acciones políticas y organizacionales para el enfrentamiento a la violencia; 5) acciones para el enfrentamiento a la violencia en las ILPI (instituciones de larga permanencia para adultos mayores); y 6) acciones profesionales y sociales para el enfrentamiento a la violencia.

Conclusión: Las evidencias disponibles en la literatura son de estudios teóricos en los que se discuten los riesgos de violencia contra los adultos mayores institucionalizados y en la comunidad, las condiciones de agravamiento de los riesgos y las acciones para el enfrentamiento. Existe un vacío en las evidencias de estudios empíricos sobre el tema.

Introduction

The world has been following the evolution of COVID-19 since January 9, 2020, when Chinese authorities reported an outbreak in Wuhan, People's Republic of China, of a new type of human coronavirus, SARS-CoV-2.⁽¹⁾ Due to the rapid spread of the disease to other countries, the World Health Organization (WHO) declared it a pandemic on March 11, 2020.⁽²⁾ Since then, governments started to recommend severe measures to control its spread, due to lack of evidence, drug or vaccine approved for treatment and prevention.⁽³⁾

Globally, until March 7, 2021, almost 120 million cases and more than two and a half million deaths were reported, highlighting that recently, the increase in the incidence of cases has been more relevant in the European continent. In the Region of the Americas, the United States and Brazil are the countries that have presented the highest number of new cases, with cumulative deaths of 519,075 and 262,770, respectively.⁽⁴⁾

Throughout the pandemic period, the elderly is among the people most affected by the disease. Regarding mortality, a risk of 3.6% was identified in the age group of 60 years, with an increase to 8.0% and 14.8% in the age group of 70 and 80 years and over, respectively.⁽⁵⁾ In the same perspec-

tive, a Chinese study showed that people over 55 years old had a mortality rate three times higher, probably related to pre-existing comorbidities.⁽⁶⁾

In this sense, to contain the transmission and reduce the spread of COVID-19, the reinforcement of non-pharmacological preventive procedures has been recommended, including social or spatial distancing, a fact observed both in the family environment and in elder care services. However, despite the need for this procedure, short and long-term consequences can be observed on elderly population's health, with emphasis on the occurrence of violence.⁽⁷⁾

Violence is represented by actions or omissions committed one or many times, which harm the physical and emotional integrity and impede the performance of the elderly's social role, since it can affect the preservation of their image, identity and autonomy, as well as encompassing their values, ideas and beliefs, even their spaces and personal objects. Therefore, it is an event that can manifest itself in various ways such as physical, psychological, sexual abuse, abandonment, neglect, financial abuse and self-neglect.⁽⁸⁾

This problem is not a new phenomenon, it happens to up to 10% of elderly people each year and victims can suffer more than one type of violence simultaneously.⁽⁹⁾ However, it is possible to see that

social isolation during the pandemic exacerbated factors that put the elderly at greater risk, both in relation to the risks related to the perpetrator of violence and those related to the vulnerability of the victimized elderly, such as such as problems with physical and mental health, substance use, dependence, problems with stress and coping, attitudes, relationships, and victimization.⁽¹⁰⁾

The WHO reports about a tenfold increase in abuse and neglect against older people during the pandemic and warns of the increased risk of violence among those elderly people with mobility problems, who face barriers to accessing reliable information using technologies, which they are physically dependent and also the most vulnerable to infections.⁽¹¹⁾

In Brazil, reports of elder abuse, recorded by “Dial 100” in the period from March to May 2020, increased from 3 thousand in March to 8 thousand in April and 17 thousand in May, corresponding to an increase of 267 % and 567% in the period.⁽¹²⁾ However, the subject is still poorly studied in the country in relation to this specific fact, because, in a wide search in the international scientific literature, it was found that research published so far, that presented risks and actions of coping with elder abuse during the pandemic period. In this sense, their investigation could enable the identification of action strategies to assist formal and informal caregivers, healthcare professionals and managers in relation to the prevention of elder abuse, minimizing its occurrence.

This study aimed to map the available scientific evidence about elder abuse during the COVID-19 pandemic.

Methods

This is a scoping review conducted according to the Joanna Briggs Institute (JBI) recommendations, and followed the phases: objective and research question definition; inclusion criteria definition; search strategy planning; search for studies; selection; data extraction; data analysis; results presentation; summary of evidence mapped in relation to the objective of the review.^(13,14)

Initially, from a search on the JBI website, it was found that there were no reviews that proposed to investigate the theme. The review phases were previously structured in a protocol prepared by the researchers. The research question was: What scientific evidence is available about elder abuse during the COVID-19 pandemic? This question incorporated the PCC mnemonic (Population, Concept and Context) elements so that the defined population was elderly, the concept of interest was violence and the investigated context was the COVID-19 pandemic.

Studies with the most varied methodological designs, which addressed any type of elder abuse during the COVID-19 pandemic, with no language restriction, published between 2019 until November 30, 2020 were included. This time delimitation is justified, since SARS-CoV-2 was identified for the first time in 2019.⁽¹⁾ Studies that did not have relevant information for the population, concept and context of interest were excluded.

The search strategy was planned in three distinct stages. In the first, a survey was carried out in six databases: National Center for Biotechnology Information (NCBI/PubMed); Excerpta Medica Database (EMBASE); Cumulative Index to Nursing and Allied Health Literature (CINAHL) via the Thomson Reuters Main Collection; Web of Science via main collection (Clarivate Analytics); Scopus (Elsevier); and Latin American and Caribbean Health Sciences Literature (LILACS) via the Virtual Health Library (VHL). In the second stage, a gray literature search was used through consultation with Google Scholar. The third step consisted of a manual search in the reference list of studies included in the previous steps, with a view to tracking additional studies not identified in the databases.

The search for studies in the databases took place on November 30, 2020, from the journal portal of the Coordination for the Improvement of Higher Education Personnel (CAPES - *Coordenação de Aperfeiçoamento de Pessoal de Nível Superior*), through remote access from the Federated Academic Community (CAFe - *Comunidade Acadêmica Federada*) and registration in the *Universidade Federal do Piauí*. To search for

the studies, controlled descriptors from the Medical Subject Headings (MeSH), Embase Subject Headings (EMTREE), CINAHL Headings and Health Sciences Descriptors (DeCS) were selected, in order to contemplate the PCC mnemonic elements: elderly, violence and pandemic COVID-19. Additionally, uncontrolled descriptors were selected, established from the synonyms of the controlled descriptors of the respective databases.

To conduct the high-sensitivity search in the databases, the descriptors of each set of PCC strategy were combined with each other with the Boolean OR connector, to obtain an additive combination. Then, a restrictive combination was obtained from the crossing, among themselves, of each set of PCC strategy with the AND connector. The search strategy respected the peculiarities of each base and language limiters were not added.

Chart 1 presents the search expression in PubMed. Similar search expressions were obtained from each database.

Chart 1. Search expression in PubMed database

Search expression in PubMed database
((((((((((("Aged"[MeSH Terms]) OR ("Aged, 80 and Over"[MeSH Terms]) OR ("Aged"[All Fields]) OR ("Elderly"[All Fields]) OR ("Elderlies"[All Fields]) OR ("Elderlys"[All Fields]) OR ("Older people"[All Fields]) OR ("Elderly People"[All Fields]) OR ("Senir"[All Fields]) OR ("Older adult"[All Fields]) OR ("Aged person"[All Fields]) AND (((((((("Elder Abuse"[MeSH Terms]) OR ("Violence"[MeSH Terms]) OR ("Exposure to Violence"[MeSH Terms]) OR ("Domestic Violence"[MeSH Terms]) OR ("Abuse Elder"[All Fields]) OR ("Elder Neglect"[All Fields]) OR ("Neglect Elder"[All Fields]) OR ("Aged Abuse"[All Fields]) OR ("Abuse Aged"[All Fields]) AND (((((((((((("Coronavirus Infections"[MeSH Terms]) OR ("Coronavirus"[MeSH Terms]) OR ("COVID-19"[Supplementary Concept]) OR ("Pandemics"[MeSH Terms]) OR ("2019 novel coronavirus disease"[All Fields]) OR ("COVID19"[All Fields]) OR ("COVID-19 pandemic"[All Fields]) OR ("SARS-CoV-2 infection"[All Fields]) OR ("SARS-CoV-2"[All Fields]) OR ("COVID-19 virus disease"[All Fields]) OR ("2019 novel coronavirus infection"[All Fields]) OR ("2019-nCoV infection"[All Fields]) OR ("2019nCoV"[All Fields]) OR ("coronavirus disease 2019"[All Fields]) OR ("coronavirus disease-19"[All Fields]) OR ("2019-nCoV disease"[All Fields]) OR ("COVID-19 virus infection"[All Fields]) OR ("Wuhan coronavirus"[All Fields]) OR ("Pandemic"[All Fields])

To assist in the storage, organization, identification of duplicate studies and selection of articles, the identified references were imported into the Rayyan application, developed by the Qatar Computing Research Institute (QCRI).⁽¹⁵⁾ Study selection was conducted by three independent reviewers. The results obtained were compared and there was divergence between reviewers in 15.7% of the decisions. In this case, a fourth reviewer evaluated the articles included and excluded by each reviewer and made the final decision.

For data extraction and mapping from the included studies, an instrument adapted from the form recommended by JBI was used.⁽¹⁶⁾ The following information was extracted: year; country of origin of authors; study title; journal; study design; main evidence about elder abuse during the COVID-19 pandemic.

To summarize the information and present identified gaps, the data reduction method was used through critical reading and classification of results into conceptual categories.⁽¹⁷⁾ Mapping of results took place descriptively, with presentation of simple count and summary in charts. This process was carried out separately by two teams with two reviewers each, and then evaluated by the main researcher. The report of this review followed the checklist of the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR).⁽¹⁸⁾

Results

The search strategies allowed to identify 478 studies, 374 in Scopus, 50 in EMBASE, 23 in PubMed, 22 in Web of Science, eight in CINAHL and one in LILACS. After excluding duplicate studies and applying the eligibility criteria, ten studies were selected. Additionally, two studies were identified, after consulting Google Scholar. In the manual search in the reference lists of included studies, no new studies that answered the research question were found. Thus, 12 studies comprised the final sample. The study selection process flow is shown in Figure 1.

All studies included in this review were published in 2020, in journals in different areas, such as gerontology, geriatrics, nursing, social work, emergency, psychiatry and public health. Regarding language, ten (83.4%) articles were written in English, one (8.3%) in French and one (8.3%) in Portuguese. Regarding study design, it was observed that no empirical research was identified that answered the research question of this review, since four (33.3%) reflective studies were selected, two (16.7%) of opinion, two (16.7%) letters to the editor, two (16.7%) narrative reviews, one (8.3%)

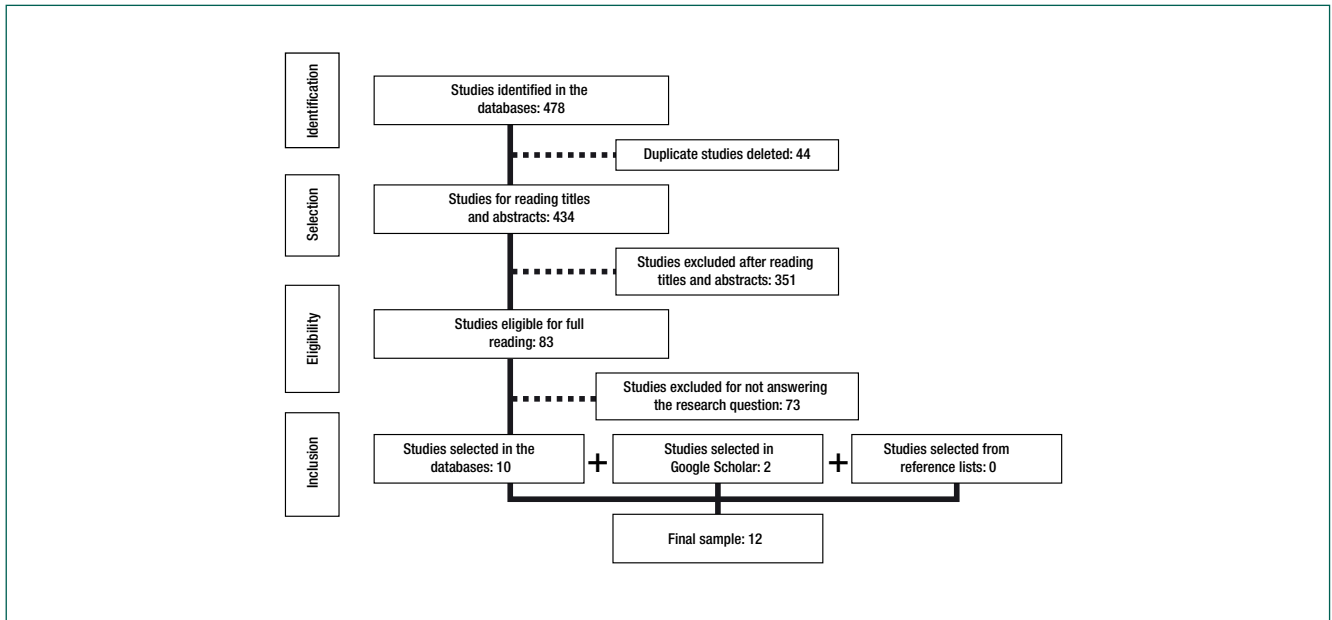


Figure 1. Flowchart of the study selection process, prepared from the PRISMA-ScR recommendations

brief note and one (8.3%) editorial. The characteristics of the included studies are detailed in Chart 2.

Overall, the analyzed studies reflected issues that permeate violence in different scenarios, such as the home and long-stay institutions, and did not address specific types of violence. Furthermore, they sought to contemplate social, institutional and political factors that permeate the pandemic.

In this regard, when considering the different approaches to the topic, the scientific evidence was grouped into six categories: 1) risks for elder abuse in the community during the COVID-19

pandemic;^(19,23,24,26,27,29) 2) risks for institutionalized elder abuse during the COVID-19 pandemic;^(21,22) 3) conditions that may aggravate the risks for elder abuse during the COVID-19 pandemic;^(19,24,28,29) 4) political and organizational actions to fight elder abuse during the COVID-19 pandemic;^(19,20,25,30) 5) actions in Nursing Homes (NH) to cope with elder abuse during the COVID-19 pandemic;^(21,22) and 6) professional and social actions to fight elder abuse during the COVID-19 pandemic.^(19,20,24,25,27,30)

The summary of scientific evidence is presented in Chart 3.

Chart 2. Studies included in the review of scope, according to title, journal, study design and country of origin

Article title	Journal	Study design	Country of origin
Effects of the COVID-19 outbreak on elder mistreatment and response in New York City: initial lessons ⁽¹⁹⁾	Journal of Applied Gerontology	Reflexive	United States
Protecting the elderly through and beyond the Covid-19 lockdown ⁽²⁰⁾	Journal of Community Nursing	Opinion	United Kingdom
The coronavirus and the risks to the elderly in long-term care ⁽²¹⁾	Journal of Aging & Social Policy	Reflexive	Canada
Statutory neglect and care in a pandemic ⁽²²⁾	International Social Work	Brief note	United Kingdom
Strengthening our intuition about elder abuse ⁽²³⁾	Annals of Emergency Medicine	Editorial	United States
Elder abuse in the time of COVID-19 – increased risks for older adults and their caregivers ⁽²⁴⁾	The American Journal of Geriatric Psychiatry	Opinion	United States
Elder abuse in the COVID-19 era ⁽²⁵⁾	Journal of the American Geriatrics Society	Letter to the editor	United States
Psychological abuse in the elderly during exchanging news of COVID-19 ⁽²⁶⁾	Iranian Journal of Psychiatry and Behavioral Sciences	Letter to the editor	Iran
Suicidal behavior in light of COVID-19 outbreak: clinical challenges and treatment perspectives ⁽²⁷⁾	L'Encéphale	Narrative review	France
Impact of COVID-19 pandemic restrictions on community-dwelling caregivers and persons with dementia ⁽²⁸⁾	Psychological Trauma: Theory, Research, Practice, and Policy	Reflexive	United States
Impact of COVID-19 pandemic and lockdown on elder abuse ⁽²⁹⁾	Journal of Geriatric Care and Research	Narrative review	India
<i>Violência contra idosos durante a pandemia de Covid-19 no Brasil: contribuições para seu enfrentamento</i> ⁽³⁰⁾	<i>Ciência & Saúde Coletiva</i>	Reflexive	Brazil

Chart 3. Synthesis of evidence on elder abuse during the COVID-19 pandemic

Risks for elder abuse in the community during the COVID-19 pandemic	
<ul style="list-style-type: none"> · Social isolation. · Loneliness. · Functional dependence. · Disability. · Physical or mental illness. · Loss/decrease of income. · Financial dependence. · Elderly with low education. · Housing in a place of difficult access. 	<ul style="list-style-type: none"> · Cognitive impairment. · Reduced access to community resources. · Cancellation of one-to-one visits. · Increased substance use. · Elderly inability to manipulate technologies for remote healthcare management. · Conversations/words that can cause fear in the elderly, such as “the disease only kills the elderly”. · Stressful life event, such as loss of spouse.
Risks for institutionalized elder abuse during the COVID-19 pandemic	
<ul style="list-style-type: none"> · Reduction or prohibition of family visits in NH. · Political decisions that do not consider NH 	<ul style="list-style-type: none"> · Degraded, overcrowded or insufficient establishment. · High turnover of professionals.
Conditions that could exacerbate the risks for elder abuse during the COVID-19 pandemic	
<ul style="list-style-type: none"> · Difficulties in accessing necessary care and supplies. · Caregivers’ intention to replace personal contact with contact through virtual technologies. · Discontinuation of care by formal caregivers or a multidisciplinary home health team. · Difficulty in detecting abuse, due to the inability to recognize whether the elderly person is alone at the time of assessment, through a virtual visit. · Increased interaction in the home environment, which can aggravate existing interpersonal problems. 	<ul style="list-style-type: none"> · Unemployed/financial instability family members who may appropriate the elder’s savings, income and financial aid. · Elderly person who does not have a cell phone or does not use it due to limited communication skills, due to cognitive factors or physical disabilities. · Increased anxiety among caregivers due to financial stressors, time demands and health concerns. · Increased burden on caregivers of elderly people with dementia, behavioral problems or depression.
Political and organizational actions to fight elder abuse during the COVID-19 pandemic	
<ul style="list-style-type: none"> · Create policies aimed at economic support for low-income families. · Create specialized emergency shelters. · Raise awareness in society about the elderly protection network. · Maintain and expand the performance and partnerships of elder police stations, councils, associations. · Define police department responsible for domestic violence. · Maintain investigations into allegations of violence. · Carry out adaptations in the judicial system that allow for remote processes during the pandemic. · Encourage and promote remote meetings with elder abuse’s multidisciplinary management team. · Use telemedicine to assess the elderly audience. · Train a multidisciplinary team for case screening. · Seek support from religious and non-profit organizations in violence prevention programs. · Seek support from neighbors, janitors and people in the community to identify elderly people at risk. 	
Actions at NH to fight elder abuse during the COVID-19 pandemic	
<ul style="list-style-type: none"> · Expand inspections. · Ensure that the facilities and the sizing of professionals can meet the needs of residents. · Certify the hiring of substitute professionals for those on leave due to illness. · Assess the impact of legislation on negligence during the pandemic on NH. · Address statutory negligence in institutional team meetings and procedures for whistleblowing in NH. · Carry out campaign and political actions in elder support in NH through professional associations/councils. 	
Professional and social actions to fight elder abuse during the COVID-19 pandemic	
<ul style="list-style-type: none"> · Promote educational campaigns for the general public and the elderly about elder abuse. · Encourage self-care and wellness practices for caregivers of the elderly during social isolation. · Evaluate the elderly’s self-care capacity and care provided by caregivers during virtual contact. · Promote public awareness strategies about signs of elder abuse. · Encourage behavioral and cognitive therapy for seniors and caregivers. · Encourage artistic interventions aimed at promoting elderly’s and caregivers’ mental health. · Identify suspicious behaviors, such as refusing to talk on the phone and increasing daytime sleep. · Make a phone call to the elderly without prior notice so that the caregiver does not plan to be present. · Sharing care for the elderly among the household residents, with a view to reducing caregivers’ burden. · Promote support for caregivers of elderly people with burden. 	

Discussion

In the context of the COVID-19 pandemic, the elderly’s vulnerability, whether in physical, emotional, cognitive and financial aspects, was a strong indicator of violence against this population. Elderly abuse results from a combination of factors related to the elderly, caregivers, other people in the social circle and the context in which they are inserted.^(24,25) Thus,

strategies for preventing and identifying violence during the pandemic become complex and must involve different actors in society.

Social isolation, as a preventive strategy for contagion by SARS-CoV-2 virus, was accompanied by social problems and loneliness among the elderly. Studies reported that the interruption or reduction in the supply of health and social protection services, such as community services, contributed to

the maintenance, worsening or emergence of cases of elder abuse.^(19,23,30) In addition to this, this measure increased the interaction between the elderly and their families and caregivers, and therefore may have aggravated interpersonal issues that resulted in discussions and increased risk of verbal and physical abuse or negligence.⁽²⁹⁾

Therefore, there is a need for health promotion actions that consider the interpersonal relationships between the elderly, the family and the community, which may be motivators of elder abuse. Furthermore, such actions should also be considered when addressing health problems in which social isolation is a preventive measure.

Elderly people who are dependent to carry out activities of daily living and those with dementia are at greater risk of abuse and neglect.^(24,27) Added to this, there is the fact that the main perpetrators of violence are usually people close to the elderly, especially family members who, in addition to caring for the elderly, accumulate other responsibilities, tensions associated with difficulties financial or psychological trauma due to the pandemic.^(19,24,30)

Thus, the multidimensional assessment of elderly and caregiver burden becomes an instrument for healthcare professionals to identify risks or signs of violence and prevent greater caregiver burden. Moreover, the family genogram is an instrument that is within the reach of healthcare professionals, and nurses can use it to facilitate the therapeutic plan in family health, in order to assist in understanding the family composition and dynamics and relationships.

It is worth noting that, in this scenario, the demands for care for the elderly, especially for nurses, are expanded, since in addition to treating cases of COVID-19, they need to be aware of the identification of risks and signs of violence. In this sense, the physical and emotional burdens of these professionals must be taken into account when sizing staff and in valuing geriatric care. Thus, it is urgent to implement processes of training and continuing education for these professionals, regarding the identification of cases of violence against this portion of the population, in addition to addressing suspected cases.

Social isolation added to substance abuse, both by the elderly and by caregivers, can increase the risks for different forms of violence.^(24,29,30) It is also noteworthy that isolation can contribute to the development of mental health problems that compromise the elderly's well-being, such as insomnia, loss of appetite, depression and ideation suicidal.^(27,30) Similar findings were found in a study with adults, during the H1N1 pandemic, and observed an association between intolerance and uncertainty, altered self-perception and anxiety.⁽³¹⁾

Therefore, it is necessary to implement actions to promote mental and physical health, with the recommendation of cognitive and behavioral therapies and artistic activities, in line with other care for the well-being of both the elderly and caregivers, with the aim of contributing for regulating emotions, stress and maintaining a healthy and violence-free family environment.^(26,27,30) Therefore, it is up to healthcare professionals to make family members aware of the risks of substance use and situations that make the elderly vulnerable to self-inflicted violence.

Despite the need for isolation, online psychotherapeutic care was a widespread resource in the pandemic, and it can be an alternative strategy for the family and for the elderly. As for artistic activities, these are important for the cognition and promotion of mental health, the elderly can be stimulated, for example, by watching movies, online transmissions of theater and musical plays, practicing painting, plastic arts, sewing, singing, reading, among others.

The limitations in providing care for the elderly in person can lead to increased family burden and proneness to abuse and neglect. Furthermore, there is social distancing, which makes it difficult for a witness to witness potentially abusive or negligent behavior with the elderly.^(19,24,28) Thus, many caregivers chose to use virtual technologies for assessment and monitoring. However, some elderly people may not have the necessary skills or have physical or mental disabilities to use these tools. The use is made even more challenging by the possibility of the abuser sharing the same environment with the elderly and intimidating or preventing access to

this technology.^(19,24) Therefore, a potential strategy to approach elderly people at risk is to make calls without prior notice or scheduling.^(19,24,25)

With regard to NH, the suspension or reduction of visits and increased absenteeism by the team can increase the risk of abuse and neglect, in addition to the feelings of loneliness, abandonment and discouragement of the elderly. Thus, there is a need to intensify inspections, hire professionals to substitute those on leave, assess negligence during the pandemic, and publicize NH complaint mechanisms.^(21,22) At this time, it is prudent for social assistance professionals to intervene, based on legal procedures, with these institutions, in order to guarantee the protection for the elderly.

Among the actions to fight elder abuse, the relevance of community services such as police stations, councils, associations and shelters is highlighted. Furthermore, the support of religious and non-profit organizations, neighbors, janitors and people in the community to identify elderly people at risk is significant.^(19,25,28)

Thus, it is noted that the difficulty in identifying cases of elder abuse requires systemic mobilization of different sectors of society and institutional partnerships that encourage complaints. Even though technological mechanisms have been developed or improved in the pandemic, such as online police reports, virtual access to cults and religious representatives, the challenge of limiting access to these instruments still remains. Thus, detailed discussions between these institutions about alternatives that aim to strengthen the connections of the elderly with the social support network are necessary.

Caregivers also need care during the pandemic. The creation of spaces to welcome their emotions, psychosocial monitoring and encouragement to carry out leisure activities can contribute to the prevention of emotional distress. Spaces for welcoming caregivers can be initiatives by primary healthcare professionals, associations and municipal councils, universities, religious institutions or community leaders. Virtual collective support groups can be formed to share experiences and guidance.

Sharing elder care among people who live in the home should be considered so that the family also feels

responsible for caring for the elderly and the caregiver. This initiative can be encouraged by primary healthcare, which can guide care. The implementation of these actions contributes to promoting the health of people involved in the care network for the elderly.

To prevent violence, the involvement of public health, social assistance, community, family, economy, security and justice policies in actions to protect rights and notification, in addition to caring for the abused elderly, should be considered.⁽³⁰⁾ However, the scarcity of public and social policies, focused on actions to confront the vulnerabilities of this public in the pandemic, supports the complex scenario facing the need for prevention, identification and accountability of elder abuse.

Multidisciplinary health teams can work to promote preventive approaches in the community, through information campaigns for the general public and the elderly. Nurses are urgently involved in raising awareness of signs of abuse, encouraging self-care and wellness practices, empowering the elderly, from warning about financial scams to health instructions, hygiene recommendations and stress management.^(19,20) Furthermore, the role of nurses is essential in the face of humanitarian crises, given the need for care in a holistic approach.⁽³²⁾ Nurses must therefore recognize their ethical role, as a profession and members of civil society, and act, even amid the restrictions caused by the COVID-19 pandemic, in a safe way, in the prevention of elder abuse in all spaces inherent to their performance.

The absence of epidemiological studies that evidence the incidence and prevalence of elder abuse are pointed out as limitations of this research. It is believed that this is due to the complexity of conducting research involving this object of study, especially when considering the pandemic scenario and due to under-reporting associated with social isolation. The absence of primary studies on COVID-19 is also noteworthy, which may be related to the fact that it is an emerging issue, and that recent studies on the disease have prioritized topics such as treatment, immunization and prevention. Furthermore, it was found that no article specifically deepened the discussion about the types of elder abuse practiced during the pandemic, in a way that limited the details of this typology.

This study has the potential to encourage and support new investigations by conducting original studies that help in the practice of fighting elder abuse in the context of the COVID-19 pandemic, as well as for other pandemics or health problems that adopt the social isolation as a preventive measure.

Conclusion

Studies of elder abuse during the COVID-19 pandemic are still scarce, so the lack of evidence makes conducting a systematic review unfeasible. The theme is emerging and the identified articles reflected on social, institutional and political issues in the pandemic. However, they did not specifically address the types of violence. Furthermore, they allowed an understanding of the risks of the phenomenon in the community and in NH during the COVID-19 pandemic, as well as conditions that can aggravate these risks and political, organizational, professional and social actions to face violence, and necessary actions in NH. Social isolation, despite being necessary to control the contagion of the disease, presented itself as the main risk factor, which aggravates and makes the necessary measures for the prevention, identification and accountability of violence more complex. There is a gap in the evidence from empirical studies on the subject, which present epidemiological and clinical data on violence in the COVID-19 pandemic, as well as on the social vulnerability of the elderly, which is aggravated by the health crisis. Considering that the production of knowledge on the subject is under development, it is imperative to update and continue this review.

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