

## Abuse in the Elderly

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According to data published by the National Center on Elder Abuse (NCEA), the International Network for the Prevention of Elder Abuse (INPEA) and the World Health Organization (WHO) 5-6% of elderly living situations of domestic violence and 10%, institutional violence, of which only one of every 5 is known (iceberg phenomenon) [1,2].

Studies in several countries have found that the elderly are seen as a fringe group and the overall picture is that they are useless and unproductive, prevailing in various age groups negative stereotypes [3,4].

The incidence of abuse is much higher than the statistics may indicate, because many cases go unnoticed [5]. This is mainly due to fear of public exposure of the fact, not break the family status, fear of reprisals or losing the affection of the abuser and not be physically or mentally able to ask for help and hope that the abuse ends [6,7].

Abuse is defined as the use of physical imposition, mental or moral coercion by an individual or a group of subjects against himself or another person or group of victims and thus constitutes a threat, a denial to life and human dignity [8]. This is manifested in a variety of spaces; places or people who exercise or suffer this phenomenon for decades been regarded as non-existent and today has become a social problem [9].

They usually recognize three main types of elder abuse: neglect (isolation, abandonment and social exclusion), violation (human, legal and medical rights) and deprivation (of choices, decision-making, social, economic management and of respect) [1]. The above types of abuse can occur at any level, including the institutional level is. Institutional abuse refers to any form of abuse that occurs in the services provided to these (public offices, municipalities, long-stay facilities, primary health centers and hospitals). Perpetrators of abuse are usually people who have a legal or contractual obligation to provide services, care and / or protection to older people attending these services [10].

Several authors and publications have linked MA with increased mortality, morbidity, a detriment to their quality of life and an increase in consumption of personal, health and social resources, making the MA a real public health problem [11].

To elder abuse, especially in the community area and in the care, detection is critical, especially by professionals. In this case nurses are highly trained professionals, especially if they are in the forensic area, to detect cases of abuse [12]. But they are also, and this is very important to assess the type of abuse, intensity and consequences. On many occasions certain situations of abuse and neglect in the elderly are not valued as such, so that the problem remains hidden. There is much evidence for the detection of abuse in children and women, but much remains to be done in the elderly from abuse. Some authors suggest that the highest percentage of abuse within families suffer the elderly [5,9].

To acquire proper training in the detection and assessment of abuse in the elderly, both in the community and in institutions, it is essential to prevent and mitigate the negative consequences. Nurses should be the first professionals to evaluate and report the existence of

abuse. Do basically involve caring for the most vulnerable and exposed groups. Older people are, by the existence of negative stereotypes and prejudices, and their fragile situation in many cases, especially in the institutional environment. Detect and adequately assess such situations are quality criteria in the field of forensic nursing [13].

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