

Miroslava Tokovska¹, Jana Šolcová², Vanessa Nolasco Ferreira³, Magde Mohamed Nour¹,
 Muharrem Yilmaz¹, Wenche Karin Malmedal⁴, Anja Botngård⁴

Elder Abuse Prevention in Brazil, Norway and Slovakia: a Narrative Review

ABSTRACT:

OBJECTIVES: *With the global population ageing, concerns about the incidence, prevalence and prevention of elder abuse have become increasingly pertinent. This study presents a narrative review of empirical research, investigating the elder abuse prevention implemented in public health policies in three selected countries. The narrative review aims to enrich academic critical discussion about the theme and provide insights for policymakers and professional practitioners working towards elder abuse prevention across different regions.*

METHODS: *Searches in the electronic database CINAHL, Medline, PsycINFO and Web of Science databases were performed to identify and synthesise studies reporting on research aimed at investigating elder abuse prevention. The studies that handle on all prevention levels, had to be published in a peer-reviewed journal, report on empirical research, and are available in full text in Portuguese, Slovak, English or Norwegian and published within a ten-year period (2012 to 2022) were included. A total of 981 studies were retrieved, of which 13 papers met the inclusion criteria for this narrative review.*

RESULTS: *The evidence indicated that proactive approach within primordial and primary prevention, interdisciplinary cooperation within primary and secondary prevention, and education for healthcare professionals within all forms of prevention were implemented to various extent as elder abuse prevention in Brazil, Norway and Slovakia.*

CONCLUSIONS: *There is a need to further enhance public awareness of elder abuse through campaigns and advocacy programs; additionally, the routine screening and assessments by healthcare providers for early detection and intervention in suspected abuse cases require improvement; and also, legal and health policy measures must be updated regularly. Elder abuse prevention should be a collective undertaking involving community leaders, healthcare providers, and governmental and non-governmental organisations.*

KEYWORDS: elder abuse, prevention, public health policy, Brazil, Norway, Slovakia

RECEIVED 31 December 2023; **ACCEPTED** 2 April 2024.

INTRODUCTION

Elder abuse is globally recognised as a human right and public health problem affecting the quality of life and wellbeing of people being exposed, but it also affects the society in terms of economic costs of the consequences of abuse. Elder abuse is expected to increase as the world's population is getting older.

Krug et al. (2002) described violence as an umbrella term, and many terms are used to describe the phenomenon of negative actions that may occur between people in close relations: violence, abuse, mistreatment, maltreatment and neglect. In this article, 'abuse' will mainly be used, but also 'violence'. The WHO (2022) defines elder abuse as a single or repeated act, or a lack of appropriate action, occurring within any relationship where trust is expected, which causes harm or distress to an older person aged 65+. Abuse

¹ Kristiania University College, School of Health Sciences, Department of Health and Exercise, Prinsens gate 7-9, 0152 Oslo, Norway; Emails: miroslava.tokovska@kristiania.no; magdemohamed.nour@kristiania.no; muharrem.yilmaz@kristiania.no

² Matej Bel University in Banská Bystrica, Faculty of Pedagogy, Department of Social Work, Ruzova 13, 974 11 Banská Bystrica, Slovakia; Email: jana.solcova@umb.sk

³ Kristiania University College, School of Health Sciences, Department of Psychology, Pedagogy and Law, Kalfarveien 78C, 5022 Bergen, Norway; Email: vanessanolasco.ferreira@kristiania.no

⁴ Norwegian University of Science and Technology, Faculty of Medicine and Health Sciences, Department of Public Health and Nursing, Mauritz Hansens gate 2, 7030 Trondheim, Norway; Emails: wenche.k.malmedal@ntnu.no; anja.botngard@ntnu.no.

constitutes a violation of human rights, and it includes physical, sexual, psychological, and emotional abuse; financial and material abuse; abandonment; neglect and actions causing a serious loss of dignity and respect (Hall et al. 2016; Silva et al. 2018). Elder abuse can take place in institutions (often nursing homes) and within family settings (older adults who depend on other people to perform complex and basic activities are those most exposed to situations of abuse) or having a more structural ground taking place in the way society treats or lacks to treat the elderly population (Atkinson et al. 2023; Máriássyová & Ujházyová, 2021). Although the issue of elder abuse is commonly viewed as a problematic dyadic relationship between victim and perpetrator, Jackson & Hafemeister (2016) and De Liema et al. (2018) described the issue at the first as a monolithic phenomenon (dyadic relationship problems) and later as a multidimensional phenomenon that requires a multidisciplinary approach from various fields, including public health policies, psychology, social work, medicine, justice, criminology, sociology and gerontology.

In older adults, the decline in functional capacity, the impact of polypharmacy, cognitive deficits and age-related physiological changes can lead to impaired mobility and the worsening of clinical disorders. These health challenges, added to the context of abuse, can lead to reduced quality of life and increased risk of institutionalisation, hospitalisation and mortality (Klinedinst et al. 2022; Zilbershlag et al. 2023). Additionally, older adults may experience social isolation due to declining physical and mental health, sensory impairment, a lack of supportive relationships and immigration status, among other factors (Gallo et al. 2022). Changes that come with age may often increase vulnerability. The causes of elder abuse vary, with research highlighting age discrimination, mental and physical health problems in close relationships or as a result of the societal structure, and family and carer problems (Shepherd & Brochu, 2021; Wei & Balsler, 2022). Elder abuse in close relationship spheres can occur as a result of family disputes or caregiving stress related to responsibilities in taking care of older family members. Abuse of older family members may also occur due to financial burdens, a lack of support and emotional stress. However, elder abuse in close relationship is added to the structural dimension of violence that in this research can be exemplified by a lack of educational programmes, slow implementation, inadequate revision of laws and regulations, and poorly developed support and resources which contribute to weaken the prevention chain (Atkinson & Robertson, 2023).

This study is based on new prevention strategies aiming at the prevention of stages of a disease and operating at the levels of *primordial, primary, secondary, tertiary and quaternary* prevention strategies within multidisciplinary collaboration from individual level, through community practice to national policy (Kisling & Das, 2023; Martins et al. 2018). *Primordial prevention* focuses on social and environmental conditions to reduce risk factors for the whole population. Laws and national policies often promote these measures. This prevention strategy is relevant to avoid elder abuse with the good national policies and laws with focus on social conditions like socioeconomic system within social welfare. *Primary prevention* targets the whole population to educate them and prevent exposure to risk factors; *secondary prevention* focuses on the early identification of actual elder abuse and stopping the occurrence; and *tertiary prevention* targets the treatment of elder abuse victims and focuses on preventing the recurrence of abuse and mitigation of this type of actions (Sousa et al. 2021; Day et al. 2017). According to Martins et al. (2018), *quaternary prevention* primarily concerns the risk of exposure to overtreatment or overdiagnosis. However, it is also important to protect individuals from unnecessary medical interventions. Regarding elder abuse, it is important to consider whether this preventive strategy will have an impact on the older adults over time and how they may react. The topic of quaternary prevention is currently being debated in the medical field, and it has not yet been fully integrated into medical practice.

In this study, an older adult is defined as someone aged 65 or over, and the focus is on describing common elder abuse prevention measures in three selected countries.

BACKGROUND ON SELECTED COUNTRIES

Comparing vastly different countries might seem to have difficulty in identifying the fine-grain differences which are more apparent when studying similar countries, whereas comparing similar countries may miss the bigger picture of transnational differences. The researchers selected three different countries to maximise diversity along the dimension in question. *Brazil* represents a developing country with a rapidly ageing population and unique challenges in elder care, highlighting strategies in resource-constrained settings. *Norway* exemplifies a Scandinavian model with a robust welfare system, offering insights into elder abuse prevention in a context of social equality and extensive public services. *Slovakia* offers a perspective from a post-socialist European country, shedding light on the evolution of elder abuse prevention amid transitioning policy frameworks. The latest statistical overview of elder abuse in each of the three countries is presented. In order to investigate elder abuse prevention, the researchers from Norway created a network of researchers from the three following countries to participate in this study.

Norway

There has been only one national prevalence study on elder abuse among home-dwelling older persons in Norway (n=2,463) (Sandmoe et al. 2019), which uncovered that the overall prevalence for all types of abuse was between 5.2 and 7.2%. This study did not include persons with severe cognitive impairment or dementia nor the very oldest (90 years old and above); therefore, it is assumed that the actual prevalence rate is higher. A recent study on informal caregivers of home-dwelling persons with dementia (n=549) found that two-thirds of informal caregivers had committed at least one abusive episode towards the person with dementia in the past year (63.5% psychological abuse, 9.4% physical abuse, 3.9% financial abuse, 2.4% sexual abuse and 6.5% neglect) (Steinsheim et al. 2022). A national survey of 3,693 nursing staff from 100 nursing homes found that around 60% of staff reported that they had committed at least one act of either physical, psychological, financial/material or sexual abuse or neglect in the previous 12 months. The most frequent types reported were psychological abuse (40.5%) and neglect (46.9%) (Botngård et al. 2020). Even though there is evidence that older persons are exposed to abuse and neglect, there is a lack of national laws and guidelines on how to detect, report and handle such cases in Norway.

Brazil

In Latin America about 37% of older adults suffer from some type of abuse (Brandão et al. 2021). Indicators show the prevalence of abandonment in 10.3% and physical aggression in 6.3% of cases (Castro et al. 2018). According to Santos et al. (2021), violence against older adults in Brazil is characterised by being perpetrated within the family and aggravated by the societal structure. In Brazil, older adults are 30 times more likely to be abused than that of non-older adults. In cases of violence, the perpetrators are in 30.3% of the time related to the victim, characterising the problem as also violence in close relationships. Older adults are more than twice as likely (2.37) to eventually die because of violence; they are also eight times more likely to be abused by formal carers than non-older adults with carers. According to Rodrigues et al. (2017), elder abuse in Brazil occurs within a family context aggravated by the societal structure, being not fully reported or recorded.

Slovakia

In 2019, 1,653 crimes against all older citizens were recorded; violent crimes accounted for 44% of all cases, property crimes 25%, economic crimes 21% and other crimes 10%. The violent crimes most reported were threatening behaviour, intentional harm, violation of domestic freedom, abuse of loved ones and entrusted persons, and robberies. Abuse occurred in families (64.8%), medical facilities (32.5%) and social homecare facilities (2.7%). Economic crime was overwhelmingly fraud, property crime and theft of money and belongings. Common types of abuse committed within the family include psychological abuse, pressure to transfer assets, financial abuse, undignified and humiliating treatment, not providing medicines, basic life or hygiene needs, and physical abuse. Psychological abuse often associated with coercion and blackmail is considered the worst form of violence; it is difficult to prove as older people are reluctant to talk about it (Máriássyová & Ujházyová, 2021).

With this context in mind, our aim was to investigate elder abuse prevention implemented in public health practice and policy in three selected countries. The research question: *How are Brazilian, Norwegian and Slovakian public health policies implemented to prevent elder abuse?* This review aims to enrich the academic critical discussion about the theme and provide insights for policymakers and practitioners working towards elder abuse prevention and intervention across different regions. This study describes the common prevention strategies implemented in these three countries and shows their significance.

THE ECOLOGICAL FRAMEWORK FOR UNDERSTANDING ELDER ABUSE

Elder abuse is a multifaceted issue that has implications for individuals and societies worldwide, and the strategies for prevention vary depending on the context. This study outlines the common preventive measures adopted in three different countries. In order to comprehend and elucidate the phenomenon of abuse, as well as its connection to the various dimensions of elder abuse and

prevention, the ecological framework, specifically the multisystemic Bronfenbrenner's ecological framework (1979) along with Krug et al. (2002), is employed. This framework offers a perspective encompassing four interconnected levels, which evolve over time in what is known as the chronosystem. It highlights the intricate factors associated with elder abuse: (1) The micro-level pertains to individuals' relationship with themselves and their immediate environment, considering demographic factors like education, income or age within smaller social circles like family and friends. This includes experiences of abuse during childhood and the physical and mental health of individuals. (2) The meso-level describes the closer relationships between individuals and their immediate environment, particularly within the family context. For example, it examines the dependence between older adults and their caregivers who are often relatives and the living conditions in which they coexist. (3) The exosystem-level refers to the broader social milieu that indirectly affects the individual, encompassing social networks, community-based activities, and community or local social and healthcare providers. Here, the quality and availability of evidence-based knowledge among healthcare providers can have an impact on elder abuse. (4) Macrosystems are shaped by the societal norms, traditional cultural values, criminal justice policies and social welfare systems of a country. Inadequate legislation or socioeconomic changes within the social welfare system can have adverse consequences for elder abuse. All these levels are complementary and interconnected, and the individual's circumstances within these processes must be considered over time, as denoted by the chronosystem level (Bronfenbrenner, 1979). Furthermore, the 'World report on violence and health' (WHO, 2002) outlines levels of abuse prevention and public health intervention that closely align with the levels of Bronfenbrenner's ecological framework and continue to hold relevance to this day.

MATERIALS AND METHOD

Narrative review

The format of a narrative review was followed with the aim of identifying and providing an overview of previously published evidence concerning elder abuse prevention. According to Sukhera (2022), narrative reviews provide a flexible, readable and practical synthesis of diverse literature and are often useful for teaching or learning about a topic by providing a general overview. Narrative reviews can also set the stage for future research by identifying any discrepancies between practice and theory, gaps and critiquing existing research (Paré & Kitsiou, 2017). To improve the quality of a narrative review, it may be beneficial to incorporate systematic review methodologies that aim to reduce bias in article selection and employ an effective bibliographic research strategy (Ferrari, 2015).

The purpose of this narrative review is to provide social work and public health practitioners, as well as students enrolled in these programmes, with an introduction to elder abuse prevention issues as an educational tool (Green et al. 2006). The narrative review aims to enrich the academic critical discussion between researchers and university students and provide insights for policymakers and practitioners working towards elder abuse prevention and intervention across different regions. During this process, we: (1) reviewed article titles, abstracts or keywords with any mention of aspects related to elder abuse prevention in the three selected countries; (2) evaluated the abstracts of the identified studies as to their relevance; (3) reviewed the full articles connected to those abstracts we classified as relevant; and (4) analysed the identified articles to find similarities or connections and provide an overview of the current knowledge in this specific topic. Therefore, this narrative review links together several studies to present quality and timely summarised knowledge and identifies further questions that need addressing.

Literature searches

The PICoT strategy framework was adapted according to the research topic and then used for the literature search (Riva et al. 2012). The researchers arranged a research question consisting of the population (P), intervention (I), context and countries (Co) and time for data collection (T).

The researchers (MT, JS, VNE, MMN, MY, WM, and AB) performed an initial literature search of CINAHL, Medline, PsycINFO and Web of Science databases in August 2022 to find the most pertinent evidence in the languages that the authors speak (English, Norwegian, Portuguese, Slovak) relating to implicit or explicit descriptions of elder abuse prevention. Google Scholar was used for the grey literature search, especially in connection with the relevant Slovak empirical documents. The database was used to collect articles with the relevant keywords (PICoT) with a combination of 'AND' and 'OR'. The researchers limited the year of

publication to the period 2012–2022. All the processes were carried out by implementing the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) strategy, which is divided into three steps: identification, screening and inclusion (Page et al. 2021). This resulted in the following chain of keywords (Table 1).

Tab. 1: Five components for searching strategy according to PICoT methods.

Population	Intervention	Context	Country	Time
senior	abus*	Public health & security	Brazil	2012–2022
age*	violen*	Public policy & documents	Slovakia	
old*	maltreatment	Preventive strategy	Slovakia	
elder*	assaultive behaviour	Risk assessment Guidelines	Norway	
geriatric*	atrocities	State healthcare		
pensioner*	mistreat*	Public healthcare		
Ageing	neglect	Population health		
aged	harm	Health of citizens/ inhabitants		
patient*	ill-treat*	Health safety		
	bully	Environmental health		
	intimidat*	Community health		
	extort*	National/general healthcare		
	stigmati*	Public welfare		

Five authors (MT, JS, VNF, MMN, MY) independently screened literature search results and identified original studies based on the inclusion criteria. To ensure that the data collection was reliable, triangulation was used to collaborate with the researchers (WM and AB) for possible interpretations of the analysis.

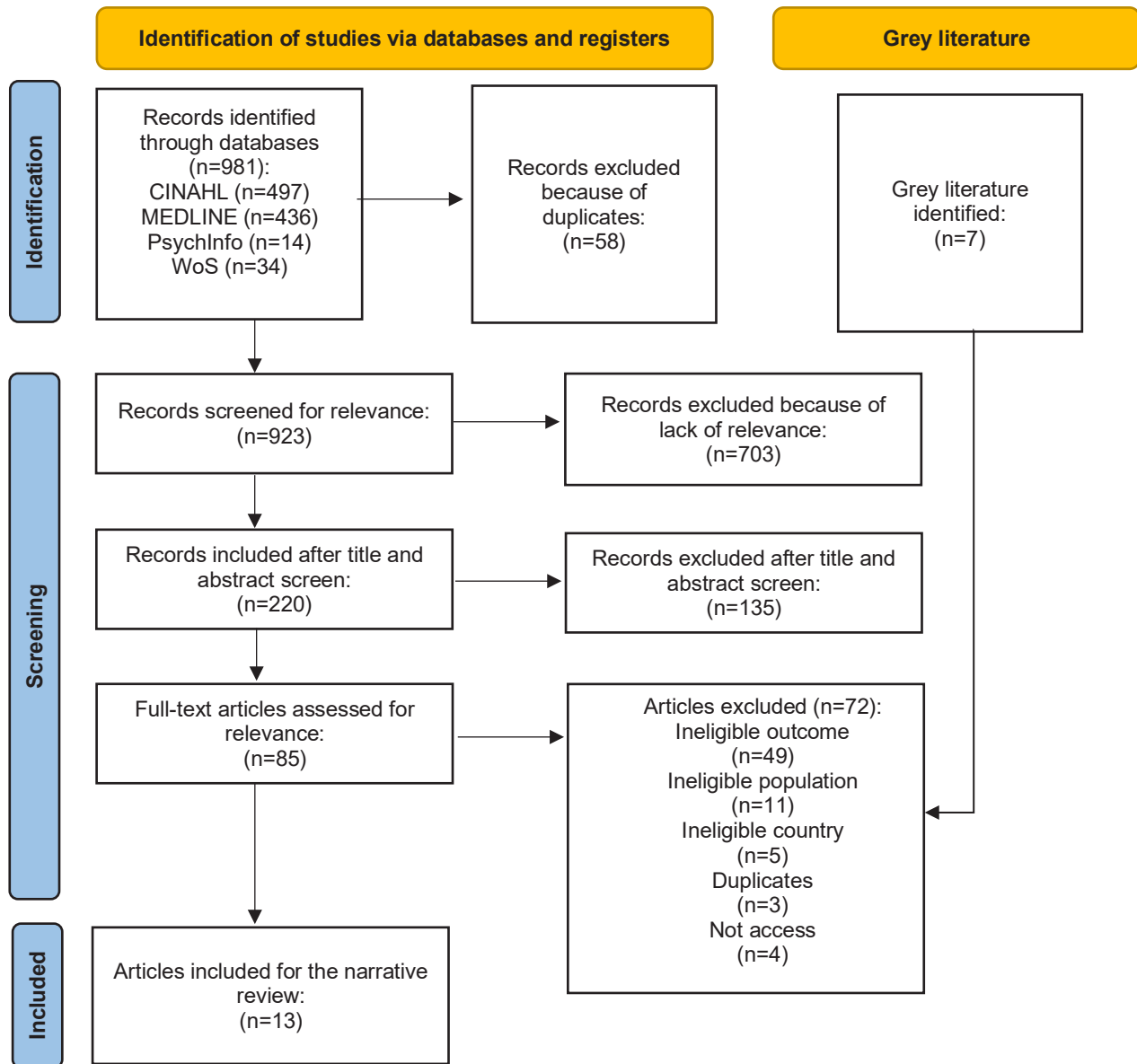
Inclusion and exclusion criteria

For inclusion, original articles or national research reports had to focus on people explicitly described as ‘older adults’ OR ‘older people’ OR ‘elderly’ OR ‘seniors’ and report on abuse in various synonyms and public health context in various terms, and their relevance to Brazil, Norway and Slovakia (see Table 1). The titles, abstracts and content of articles related to the search terms were assessed. Only articles dealing with the prevention of elder abuse in different aspects were included. The prevention should also include a description of the programme design or measures with the potential for implementation at the national or community level. Articles were excluded if the full text was unavailable, or the research did not concern elder abuse and public health. We also excluded books, chapters, posters and doctoral theses because we wanted to explore recent, peer-reviewed empirical research. Duplicates were removed and the remaining articles were screened against the following criteria based on title, abstract and full text. See Figure 1 for an overview of the selection process.

Search Outcome

A total of 981 articles were identified. When duplicates and articles in other languages were excluded (n=58), we screened 923 articles titles and abstracts for relevance. 703 articles did not meet commitment criteria or focus on the study context (e.g., they only mapped prevalence) and were excluded. We read 220 titles and abstracts and excluded 135 because they did not fit in the inclusion criteria

Fig. 1: PRISMA Flow diagram of the search process for the narrative review.



once the majority reported epidemiological data and do not have as main issue prevention of elder abuse. A full-text reading of the remaining 85 articles resulted in the further exclusion of 72 articles, leaving **13 articles** for further analysis. Reasons for exclusion were that the retrieved several articles described the following: mortality due to violence against the elderly, PTSD as a consequence of violence against women, frailty syndrome, nutritional status and sociodemographic characteristics, shame and guilt of women after sexual abuse in the context of trauma, correlation between childhood abuse and geriatric depression, violence against women across the life cycle, childhood emotional abuse and adult depression, Mexico City, Denmark, Czech Republic or duplicates, etc.

The review sample included original qualitative, quantitative and review studies. We followed the format of a narrative review to summarise the results, with the aim of identifying and providing an overview of previously published evidence. All included studies were rigorously and critically appraised. For summary of selected articles, see Table 2 in Appendix.

RESULTS

Results revealed that research in this area has utilised a diverse range of methodological approaches to investigate elder abuse prevention within the three selected countries. Three main categories for the implementation of public health policies in Brazil, Norway and Slovakia for the prevention of elder abuse were identified. These categories are as follows: (1) proactive approach within primordial and primary prevention, (2) interdisciplinary collaboration within primary and secondary prevention, and (3) education for healthcare professionals within all forms of prevention.

Proactive approach within primordial and primary prevention

Elder abuse prevention and enhancement of resilience should be part of public policies, and mental health sequelae of trauma should be better recognised and treated. In Norway, the system of preventive home visits (PHV) from healthcare professionals is a proactive approach to mapping the needs of the older adults (Cronfalk et al. 2017). In Slovakia, ‘field social workers’ have the competence to deal with problems at the community local level (Máriássyová & Ujházyová, 2021), and dissemination of information is usually practised through public authorities’ websites such as the police or various ministries. The police, in cooperation with the Ministry of Interior of the Slovak Republic (2020), published the paper ‘Safe Seniors’ (2020) which illustrated various situations and information about who can help and who should be contacted. Information was disseminated through posters in public places and on transport such as trains and buses, through radio broadcasts and public discussions, especially during October – Slovakia’s ‘month of respect for elders’. In Brazil, health workers are expected to focus on the prevention of elder abuse and make recommendations to ensure that vulnerable older adults are not the victim of violence. Community and district nursing employees are increasingly seen as effective professionals in the fields of individual and collective care related to violence, and they are trained to work in primary, secondary and tertiary care (Rodrigues et al. 2017; Souto et al. 2015). Paiva and Tavares (2015) state that one of the most opportune moments for identifying female elder abuse is during the nursing consultation, where there is the possibility of strengthening the bond between patient and nurse.

Interdisciplinary collaboration within primary and secondary prevention

The Police Force, Elderly Protection Services in Norway, intervention centres, nursing home leaders, healthcare professionals, community (field) social workers, psychologists, Legal Aid Centres, Ombudsman for Persons with Disabilities or Information Offices for Helping Victims of Crime, municipalities and community centres are often depicted as having an important role in the prevention and intervention of elder abuse (Souto et al. 2015; Aas, 2018; Cintulova & Kafkova, 2021; Čereyová, 2020; Myhre et al. 2020). Rodrigues et al. (2017) stressed the need for collaboration between researchers, police and providers of social services to tailor their services, prevention and education. According to Aas (2018), the results show that the presence of the police was perceived as a clear moral message to both the victims and perpetrators. Any dialogue with them may have preventive effects in the sense that the victims can identify their own limits, and at its best may clarify choices and priorities on the victim’s own terms.

Health professionals should be alert to potential abuse and apply prevention procedures to increase the safety of older adults. An up-to-date curriculum, proper training and screening tools are feasible mechanisms to improve awareness and recognition of abuse in this vulnerable population (Blay, 2017). Souto et al. (2015) mentioned that addressing cases of domestic violence involves specialised services comprising professionals trained to help older people in these situations. There is also a support network of various entities involved in the protection of the elderly against abuse and intervening in cases involving violence. According to Paiva and Tavares (2015), the Family Health Strategy (ESF), through a team of health professionals, in one such body empowered with diagnosing cases of intra-family violence and carrying out prevention and integration actions.

Education for healthcare professionals within all forms of prevention

One of the important prevention that researchers emphasised, especially those from Slovakia, is the need for education to strengthen the ability of people working in services for older adults (Máriássyová & Ujházyová, 2021; Cintulova & Kafkova, 2021; Čereyová,

2020). Myhre et al. (2020) stressed that professionals working with older adults (nursing home directors or leaders) have procedural knowledge and courses of action to follow up incidents on three levels: individual, group and organisational. Botngård et al. (2020) concluded that findings from Norwegian nursing homes show practical and theoretical implications for policy, research, care and education.

Healthcare personnel require a screening tool that can be used to identify signs of mistreatment (Máriássyová & Ujházyová, 2021; Sousa et al. 2021; Botngård et al. 2020; Rodrigues et al. 2017; Myhre et al. 2020). Investments in the training and building of special knowledge about various typologies and risks of elder abuse together with gerontological knowledge for healthcare professionals, as well as organising educational courses or updating knowledge based on the progressive development of hidden and advanced forms of abuse of older people, are essential. A multidimensional strategy is needed to deal with elderly abuse, including better education and legal protection and greater public understanding. Finally, Paiva and Tavares (2015) pointed out that health professionals have the responsibility of informing older adults about prevention and violence protection.

DISCUSSION

The prevalence of elder abuse is becoming an increasingly urgent public health issue (Sousa et al. 2021; Botngård et al. 2020; Paiva & Tavares, 2015; Blay et al. 2017; Galisova & Flimelova, 2014). To effectively address this problem, governments and organisations have implemented various measures to prevent violence and protect older adults.

In Brazil, elder abuse is a growing concern. In response, the Brazilian government has implemented various laws, policies and prevention measures including public campaigns aimed at raising awareness and reducing stigma, as well as support hotlines and social services for victims. Non-governmental organisations also play a crucial role in the prevention of elder abuse in Brazil, providing legal and psychological support to victims. Despite these efforts, much work remains to be done to improve the effectiveness of prevention measures and reduce the rates of elder abuse in Brazil (Sousa et al. 2021; Rodrigues et al. 2017; Blay et al. 2017).

In Norway, the prevention of elder abuse is still developing. The public health system includes mandatory protection of citizens from abuse in the context of providing care for patients and the recipients of social services according to the Norwegian Act on General Health Services §3-3a and the Act on Specialised Health Services §2-1f (Ministry of Health and Care Services, 2023). Some Norwegian municipalities have adopted a model called SafeEst – TryggEst in Norwegian – which aims to create an interdisciplinary action between the police and social care organisations and to help prevent, uncover and deal with cases of abuse against vulnerable adults (Ministry of Health and Care Services, 2023; Elvegård et al. 2020). In addition, Norwegian Centre for Violence and Traumatic Stress Studies (2022) described that the government has implemented a national programme of violence prevention, including training programmes for healthcare providers and a focus on inter-organisational cooperation. This public webpage provides an overview of support and protection services, including information on a violence and abuse hotline, local crisis shelters, centres for victims of assault, protective services for older adults, a national contact line, anger management services and family counselling services. There are contact services for both victims of domestic violence and people who are vulnerable or suspected of being at risk. Botngård et al. (2020) pointed out that explicit laws against child maltreatment, intimate partner violence and sexual violence all exist in Norway, but there is no specific law concerning elder abuse. The preventive home visits (PHV) which are already provided are well-organised forms of care that map individual needs and support coping strategies for older adults. It is a targeted proactive approach with a preventive effect aimed at ensuring well-being (Cronfalk et al. 2017). Through visits, interdisciplinary cooperation for health care in the community is facilitated and the feeling of safety is increased, and at the same time, information about possible help for abuse is disseminated individually.

In Slovakia, elder abuse prevention measures include training programmes for healthcare providers, crisis centres for victims and public awareness campaigns targeting both older adults and their families (Čereyová, 2020). A national action plan is in place to combat violence against older adults (Máriássyová & Ujházyová, 2021). However, implementation of these measures remains a challenge due to limited funding and resources, and there is a need for continued evaluation and improvement of the effectiveness of these measures. Cintulova and Kafkova (2021) stressed that the intervention centres, in close cooperation with the police and other institutions, generally provide victims of domestic violence with comprehensive counselling services consisting of legal, socio-legal and psychological assistance to older adults threatened by domestic violence. The centres are legally obliged to aid the older person seeking assistance within 48 hours of receiving a copy of the police record. The services they provide consist of social therapy activities, assistance in exercising rights and legitimate interest, and in the making of personal arrangements; the services are provided

as outpatient, field and residential services. Intervention centres can also be contacted in an informal way by older adults or someone in their vicinity such as neighbours, acquaintances or friends who notice potential signs of threats against a vulnerable older person; valuable advice and information is then offered to ensure effective assistance. The intervention centres assess the family situation to see if this is indeed a case of domestic violence and provide an overview of legal services and other options available to the older adult; they also coordinate information between institutions within the framework of interdisciplinary cooperation and educate the relevant professions, including the police force, social workers, carers, etc. Intervention centres either operate in the towns and cities or operate as a home-visit service (Cintulova & Kafkova, 2021).

The public health policies implemented to prevent elder abuse align with the multisystemic Bronfenbrenner's ecological model considering various factors influencing elder abuse. The Bronfenbrenner model emphasises personal characteristics, proximal processes, context and time in understanding phenomena. Our analysis of the ecological framework highlights the importance of interventions at different ecological system levels. For instance, ageism interventions often focus on societal macrosystem approaches, but there is a need for more active-oriented interventions at personal and relational levels (Gendron et al., 2022; Cintulova & Kafkova, 2020; Blay et al., 2017; Suoto et al., 2015). Additionally, studies emphasise the significance of understanding intergenerational trauma within an ecological framework to develop effective treatment plans (Phelan, & O'Donnell, 2020; Galisova & Flimelova, 2014). When addressing elder abuse, according to Vincenti & Chapman (2019), factors like personal characteristics, proximal processes, context and time play crucial roles in identifying and preventing financial exploitation. By incorporating ecological perspectives, interventions can be more comprehensive and impactful in safeguarding older individuals. Similarly, the elder abuse prevention framework categorises prevention efforts into primordial, primary, secondary, tertiary and quaternary levels, addressing factors like ageism, education, intervention, screening tools, professional responses and policy impacts (Kisling & Das, 2023; Martins et al. 2018). By integrating these frameworks, a comprehensive approach can be developed to identify, prevent and intervene in cases of elder abuse, considering individual, familial, societal and systemic factors.

According to Pillemer et al. (2016), preventive measures that are considered the most promising include the following: interventions by carers with a focus on relieving the burden of family caregiving; increasing financial literacy through target education courses or follow-up programmes for vulnerable older adults; establishing emergency telephone helplines for persons who have experienced abuse; and multi-disciplinary teams and collaborations between professionals from various helping professions and other stakeholders. Gutterman (2023) describes several possibilities to improve the implementation of prevention: recognising elder abuse (physical, sexual, psychological, financial and neglect) and encouraging the prosecution of offenders; training law enforcement officers, health and social service providers, spiritual leaders, advocacy organisations and groups of older people to recognise and deal with elder abuse; increasing awareness of the injustice of elder abuse through public information and awareness campaigns; and involving the media in these efforts.

Elder abuse prevention in all three countries could be improved by the following:

- i) *Raising public awareness*: Campaigns with a focus on ageism prevention, advocacy programmes and educational programmes for older adults and their families can raise awareness of the importance of ageing in place, care options and the different forms of abuse and risk factors. Information about the local support services and legal procedures relevant to elder abuse should be made easily accessible and freely available to the public.
- ii) *Legal and policy measures*: The implementation of legal frameworks and regulations to protect older adults could help to prevent elder abuse. Laws and regulations at the international and national levels should be updated regularly. Governmental and non-governmental actions are necessary to provide older adults with healthy ageing and ensure their rights, dignity and autonomy.
- iii) *Screening and assessment*: Healthcare staff and care workers need to be provided with the tools that they require to complete the necessary screening and assessments. Risk assessment is important for the field social worker who has close contact with older adults and their families in the community. Politicians, in cooperation with public health experts, must constantly work to update these important and necessary tools to strengthen the hand of those who work against elder abuse.

CONCLUSIONS

Older adults can become victims of abuse due to their advanced age, poor health and greater dependence. Elder abuse has profound negative socioeconomic impacts on older adults as well as their immediate families, which can have significant social, psychological and health implications. The prevention of elder abuse requires a solution involving community leaders, healthcare providers, and government and non-governmental organisations. By striving to eliminate this epidemic with comprehensive education, protection and support, we can ensure that older adults live their latter days in dignity and without fear of violence. Their protection is in the hands of society and the responsibility of the state through its public health policy and preventive programmes, alongside the increased awareness of the lay population and experts through education. Our findings bring a greater understanding of elder abuse prevention in place for protecting the elderly in Brazil, Norway and Slovakia and bring possibilities for critical discussions, bench learning and addressing the complexities of elder abuse on academic level and also on international level. While each country has its own strengths and weaknesses, there is still room for improvement and for collaboration between the countries. More effective prevention measure and lower rates of elder abuse worldwide could be achieved through increased knowledge sharing and international cooperation.

While there are limitations associated with presenting a review of such a diverse group of studies, this paper presents a valuable synthesis of the empirically derived prevention and allows the reader to obtain a comprehensive overview of the quality of research in this area. Finally, several applied implications and research directions are highlighted, which may contribute to the development of further study and ultimately to improvements in prevention on the public health level and a reduction in future instances of abuse and neglect.

FUNDING

The APC was internally funded by Kristiania University College in connection with the internal project, ‘Development of Public Health Policy for Older Adults in Brazil, Norway and Slovakia (UFEBNS)’ in tandem with project no. 10139, ‘Prevention of Abuse of Older Adults in Norway (PAOAN)’, also funded by Kristiania University College, School of Health Sciences.

INSTITUTIONAL REVIEW BOARD STATEMENT

Not applicable.

INFORMED CONSENT STATEMENT

Not applicable.

DATA AVAILABILITY STATEMENT

The data presented in this study are available on request from the corresponding author.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

APPENDIX

Tab. 2: Details of the selected articles and the characterisation of the studies.

	Author(s), year and title	Research method	Context and the aim of the study	Sample size	Conclusion/ key findings
BRAZIL					
1.	Blay SL, Laks J, Marinho V, Figueira I, Maia D, Coutinho ESF. et al. <i>Prevalence and correlates of elder abuse in São Paulo and Rio de Janeiro.</i> 2017	Cross-sectional exploratory of older adults	Assessment of the prevalence of elder abuse and investigation of potential sociodemographic, health behaviour and medical correlates	267 participants from San Paolo and 202 from Rio de Janeiro	The need to develop measures to increase awareness about ageism, facilitate prevention and fight against the abuse of elderly adults
2.	Souto RQ, Merighi MAB, Guruge S., Pinto de Jesus MC. <i>Older Brazilian women's experience of psychological domestic violence: a social phenomenological study.</i> 2015	Qualitative study	Domestic violence	11 older Brazilian women	A support network from public health policy is crucial to help older adult women leave their abusive circumstances
3.	Sousa RCR, Araújo-Monteiro GKN, Souto RQ, Santos RC, Leal CQAM, Nascimento NM. <i>Interventions to prevent elder abuse in the community: a mixed methods systematic review.</i> 2021	Literature review	Prevention and intervention strategies against elder abuse among community-residing elders	Not identified	All the studies selected had a positive outcome, and all interventions can be implemented in nursing care practice
4.	Rodrigues RAP, Monteiro EA, Santos AMRD, Pontes MDLDF, Fhon JRS, Bolina AF et al. <i>Older adults abuse in three Brazilian cities.</i> 2017	Ecological study – document analysis of police reports	Analysis of police reports filed by older adults who had suffered abuse; the analysis identifies the sociodemographic characteristics of victims and aggressors, the type of violence, location, as well as comparing rates in three Brazilian cities in the period 2009–2013	1,025 women and 1,587 men aged 60+	Planning of support services for families in collaboration with researchers and social services is needed, along with further development in conjunction with the police to standardise the tool for recording the abusive event. Additionally, a tool for medical professionals to enable the identification of the abuse victim should be created
5.	Paiva MMD, Tavares DMDS. <i>Violência física e psicológica contra idosos: prevalência e fatores associados.</i> 2015	Survey	Verification of the prevalence and associated factors of physical and psychological violence against elderly people, including details of the sociodemographic and clinical indicators of this population	729 older adults aged 60+	The need for early identification of domestic violence and investment in both protective actions and in maintaining functional capacity and social inclusion

continued **Tab. 2:** Details of the selected articles and the characterisation of the studies.

	Author(s), year and title	Research method	Context and the aim of the study	Sample size	Conclusion/ key findings
NORWAY					
6.	Botngård A, Eide AH, Mosqueda L, Malmedal W. <i>Elder abuse in Norwegian nursing homes: a cross-sectional exploratory study.</i> 2020	Cross-sectional exploratory of nursing staff	First national survey to estimate the prevalence of observed and perpetrated staff-to-resident abuse in Norwegian nursing homes	3693 nursing staff from 100 Norwegian nursing homes	Preventive strategies should improve the quality of life and safety of residents in Norwegian nursing homes; specific laws against elder abuse are needed in Norway
7.	Aas G. <i>The Norwegian police and victims of elder abuse in close and familial relationships.</i> 2018	Qualitative study	Police attempts to prevent elder abuse in close relationships, especially in parent–child relationships	27 participants from three groups in Norway: police officers, employees in Older Adult Protection Services, and managers of four shelters	Cooperation between professional agencies and the police creates a breathing space for elderly victims, thus preventing family violence
8.	Cronfalk BS, Fjell A, Carstens N, Rosseland, LMK, Rongve A, Rønnevik DH et al. <i>Health team for the elderly: a feasibility study for preventive home visits.</i> 2017	Survey	Description of the development, utilisation and feasibility of a model of preventive home visits, carried out in an urban municipality and a rural municipality in Norway	167 participants from the urban and rural municipalities	Preventive home visits and collaboration between highly specialised healthcare professionals are important factors for reliable health-promoting risk assessments of elderly home dwellers
9.	Myhre J, Saga S, Malmedal W, Ostaszkiwicz J, Nakrem S. <i>React and act: a qualitative study of how nursing home leaders follow up on staff-to-resident abuse.</i> 2020	A qualitative explorative design	How nursing home leaders follow up on reports and information regarding staff-to-resident abuse	43 participants; 28 participants attended focus group interviews and 15 individual interviews with nursing home directors	Evaluation tools that facilitate systematic organisational learning are needed
SLOVAKIA					
10.	Galisova L, Flimelova I. Prieskum týrania a zlého zaobchádzania so staršími ľuďmi. <i>(Elder abuse and ill-treatment survey).</i> 2014	Quantitative survey	Description of experience and prevention of abuse involving older adults in urban and rural areas in Slovakia	375 participants aged 55–85	A need to improve awareness at the national level, actively involving older adults through “community clubs for older adults” and increasing collaboration with the police and the municipality, regularly updating laws and regulations

Continued **Tab. 2:** Details of the selected articles and the characterisation of the studies.

	Author(s), year and title	Research method	Context and the aim of the study	Sample size	Conclusion/ key findings
SLOVAKIA					
11.	Cintulova LL, Kafkova G. <i>Domestic violence against self-reliant elderly resulting from COVID-19, and potential solutions.</i> 2020	Qualitative study	Description and mapping of the problems often encountered by the intervention centre workers who help older adults threatened by domestic violence	50 participants	Intervention centre workers are important because of their awareness-raising activities and practice help such as psychosocial support or contact with the police; organise courses for medical university students
12.	Čereyová I. <i>Zneužívania seniorov je veľmi vážnym problémom v spoločnosti (Elder abuse is a very serious problem in society).</i> 2020	Review	Overview of the types of violence and what can be improved in the Slovakian society	Not applicable	Dissemination of existing laws and regulations appertaining to older adults; establishment of a hotline and preventive home visits; increase education for healthcare professionals
13.	Mariassyova A, Ujhazyova M. <i>Nasilie pachane na senioroch a seniorkach a ich diskriminacia. (Abuse and discrimination against the elderly).</i> 2021	Quantitative study	Description and mapping of all types of violence in older adults	131 participants	Psychological violence represents the biggest challenge concerning the prevention and detection of violence. It is necessary to further disseminate information and educate society and experts, foster deep interdisciplinary cooperation and create a safe space for victims

REFERENCES

- Aas, G. (2018). The Norwegian police and victims of elder abuse in close and familial relationships. *Journal of Elder Abuse & Neglect*, 30(1), 20–41. <https://doi.org/10.1080/08946566.2017.1364683>
- Atkinson, E., & Roberto, K. A. (2024). Global approaches to primary, secondary, and tertiary elder abuse prevention: A scoping review. *Trauma, Violence, & Abuse*, 25(1), 150–165. <https://doi.org/10.1177/15248380221145735>
- Blay, S. L., Laks, J., Marinho, V., Figueira, I., Maia, D., Coutinho, E. S., ... & Andreoli, S. B. (2017). Prevalence and correlates of elder abuse in São Paulo and Rio de Janeiro. *Journal of the American Geriatrics Society*, 65(12), 2634–2638. <https://doi.org/10.1111/jgs.15106>
- Botngård, A., Eide, A. H., Mosqueda, L., & Malmedal, W. (2020). Elder abuse in Norwegian nursing homes: a cross-sectional exploratory study. *BMC Health Services Research*, 20, 1–12. <https://doi.org/10.1186/s12913-019-4861-z>
- Brandão, W. F. D. M., Souza, M. A. D., Araújo, G. K. N. D., Santos, R. C. D., Almeida, L. R. D., & Souto, R. Q. (2021). Violence among community elderly and its relationship with the nutritional status and sociodemographic characteristics. *Revista Gaúcha De Enfermagem*, 42. <https://doi.org/10.1590/1983-1447.2021.20200137>
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design*. Harvard University Press.
- Castro, V. C. D., Rissardo, L. K., & Carreira, L. (2018). Violence against the Brazilian elderly: an analysis of hospitalizations. *Revista Brasileira e Enfermagem*, 71, 777–785. <https://doi.org/10.1590/0034-7167-2017-0139>
- Cintulova, L. L., & Kafkova, G. (2020). Domestic violence against self-reliant elderly resulting from Covid-19 and potential solutions. *Clinical Social Work and Health Intervention*, 57–64. https://doi.org/10.22359/cswhi_11_3_09
- Cronfalk, B. S., Fjell, A., Carstens, N., Rosseland, L. M. K., Rongve, A., Rønnevik, D., Seiger, Å., Skaug, K., Vae, K. J. U., Wenersberg, M. H., & Boström, A. (2017). Health team for the elderly: a feasibility study for preventive home visits. *Primary Health Care Research & Development*, 18(3), 242–252. <https://doi.org/10.1017/s1463423617000019>

- Čereyová, I. (2020). Elder abuse is a very serious problem in society [Internet]. *Senior Citizen Forum*. 3:4- 6. [cited 2023 Sep 3]. Available from (in Slovak language): <https://www.forumseniorov.sk/CASOPISY/FS%2003-2020%20ov%20v%C3%BAtro.pdf>
- Day, A., Boni, N., Evert, H., & Knight, T. (2017). An assessment of interventions that target risk factors for elder abuse. *Health & Social Care in the Community*, 25(5), 1532–1541. <https://doi.org/10.1111/hsc.12332>
- DeLiema, M., Yonashiro-Cho, J., Gassoumis, Z. D., Yon, Y., & Conrad, K. J. (2018). Using Latent Class Analysis to Identify Profiles of Elder Abuse Perpetrators. *The Journals of Gerontology. Series B*, 73(5), e49–e58. <https://doi.org/10.1093/geronb/gbx023>
- Elvegård, K. I. L., Olsen, T., Tøssebro, J., & Paulsen, V. (2020). *TryggEst: Bedre beskyttelse av overgrepsutsatte voksne: Sluttrapport: To års forsøk med TryggEst* [Internet]. /Translated to English: SafeEst: Better protection of abused adults. Final report: Two years of trial with SafeEst. / [cited 2023 Oct 16]. Available from (in Norwegian language): <https://www2.bufdir.no/Bibliotek/Dokumentside/?docId=BUFO0005259>
- Ferrari, R. (2015). Writing narrative style literature reviews. *Medical Writing*, 24(4), 230–235. <https://doi.org/10.1179/2047480615Z.000000000329>
- Galisova, L. & Flimelova, I. (2014). *Prieskum týrania a zlého zaobchádzania so staršími ľuďmi* [Internet]. /Elder abuse and ill-treatment survey/. The Ministry of Foreign and European Affairs of the Slovak Republic. [cited 2023 Oct 3]. Available from (in Slovak language): <https://www.employment.gov.sk/files/slovensky/ministerstvo/rada-vlady-sr-prava-seniorov/zasadnutie-23-11.2015/bod-c.2/podporny-materiak-k-bodu-c-1-forum.pdf>
- Gallo, H. B., Marshall, L. W., Levy-Storms, L., Wilber, K. H., & Loukaitou-Sideris, A. (2022). Voices of experience: what do low-income older adults tell us about mobility, technology, and social participation? *Journal of Applied Gerontology*, 41(2), 571–580. <https://doi.org/10.1177/07334648211012530>
- Gendron, T., Van Aartrijk, A., Carpenter, K., Backer, R., & Applewhite, A. (2022). Ageism Interventions: The Need for An Ecological Perspective. *Journal of Aging & Social Policy*, 1–12. <https://doi.org/10.1080/08959420.2022.2132803>
- Green, B. N., Johnson, C. D., & Adams, A. (2006). Writing narrative literature reviews for peer-reviewed journals: secrets of the trade. *Journal of Chiropractic Medicine*, 5(3), 101–117. [https://doi.org/10.1016/S0899-3467\(07\)60142-6](https://doi.org/10.1016/S0899-3467(07)60142-6)
- Gutterman, A. S. (2023). World Health Organization and Older Persons. *Social Science Research Network*. <https://doi.org/10.2139/ssrn.4320044>
- Hall, J. E., Karch, D. L., & Crosby, A. (2016). *Elder Abuse Surveillance: Uniform definitions and recommended core data elements for use in elder abuse surveillance* [Internet]. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. [cited 2023 Oct 3]. Available from: https://www.cdc.gov/violenceprevention/pdf/EA_Book_Revised_2016.pdf
- Jackson, S. L., & Hafemeister, T. L. (2016). Theory-based models enhancing the understanding of four types of elder maltreatment. *International Review of Victimology*, 22(3), 289–320. <https://doi.org/10.1177/0269758016630887>
- Kisling L. A, Das, M. J. (2023). *Prevention Strategies* [Internet]. Treasure Island (FL): StatPearls Publishing. [cited 2023 Oct 3]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK537222/>
- Klinedinst, T. C., Terhorst, L., & Rodakowski, J. (2022). Chronic condition clusters and associated disability over time. *Journal of Multimorbidity and Comorbidity*, 12. <https://doi.org/10.1177/26335565221093569>
- Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The World Report on Violence and Health. *The Lancet*, 360(9339), 1083–1088. [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0)
- Máriássyová A. & Ujházyová M. (2021). *Násilie páchané na senioroch a seniorkách a ich diskriminácia. Skúsenosti organizácií pracujúcich s ľuďmi vo vyššom veku. Slovenské národné stredisko pre ľudské práva* [Internet]. /Violence against senior citizens and their discrimination. Experience of organizations working with older people./ Slovak National Center for Human Rights Bratislava. [cited 2023 Oct 7]. Available from (in Slovak language): <https://www.snslp.sk/wp-content/uploads/Nasilie-na-senioroch-a-seniorkach.pdf>
- Martins, C., Godycki-Cwirko, M., Heleno, B., & Brodersen, J. (2018). Quaternary prevention: reviewing the concept [Internet]. *The European Journal of General Practice*, 24(1), 106–111. <https://doi.org/10.1080/13814788.2017.1422177>
- Ministry of Interior of the Slovak Republic. (2020). *Safe Seniors* [Internet]. Prevention of criminality. [cited 2023 Sep 15]. Available from (in Slovak language): http://desatoro.sk/?fbclid=IwAR1DNpjFl24YOIX-DZcoriDM3lnU1_52Olzgl7JsZootSSPmo4nx9mMvg4Zk
- Ministry of Health and Care Services. (2023). *Norwegian Act on General Health Services §3-3a and the Act on Specialised Health Services §2-1f* [Internet]. [cited 2023 Nov 10]. Available from: <https://www.regjeringen.no/no/dokumenter/act-of-2-july-1999-no-64-relating-to-hea/id107079/>
- Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS). (2022). Dinutvei.no. Welcome to the Norwegian national guide [Internet]. [cited 2023 Dec 1]. Available from: <https://dinutvei.no/en/english/what-is-dinutvei/>
- Myhre, J., Saga, S., Malmedal, W., Ostaszkievicz, J., & Nakrem, S. (2020). React and act: a qualitative study of how nursing home leaders follow

- up on staff-to-resident abuse. *BMC Health Services Research*, 20(1), 1-13. <https://doi.org/10.1186/s12913-020-05969-x>
- Paiva, M. M. D., & Tavares, D. M. D. S. (2015). Violência física e psicológica contra idosos: prevalência e fatores associados. *Revista Brasileira de Enfermagem*, 68(6), 1035-1041. <https://doi.org/10.1590/0034-7167.2015680606i>
- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., Shamseer, L., Tetzlaff, J. M., Akl, E. A., Brennan, S. E., Chou, R., Glanville, J., Grimshaw, J. M., Hrobjartsson, A., Lalu, M. M.... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *International journal of surgery, Syst Rev*. 2021;10(89):1-11. <https://doi.org/10.1186/s13643-021-01626-4>
- Paré, G., & Kitsiou S. (2017). Chapter 9 Methods for Literature Reviews. In: Lau, F., Kuziemyk C. *Handbook of eHealth Evaluation: An Evidence-based Approach* [Internet]. [cited 2023 Feb 27]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK481583/>
- Phelan, A., O'Donnell, D. (2020). An Ecological Perspective on Elder Abuse Interventions. In: Phelan, A. (eds) *Advances in Elder Abuse Research. International Perspectives on Aging*, vol 24. Springer, Cham. https://doi.org/10.1007/978-3-030-25093-5_14
- Pillemer, K., Burnes, D., Riffin, C., & Lachs, M. S. (2016). Elder abuse: global situation, risk factors, and prevention strategies. *The Gerontologist*, 56 (Suppl_2), 194-5205. <https://doi.org/10.1093/geront/gnwo04>
- Riva, J. J., Malik, K. M., Burnie, S. J., Endicott, A. R., & Busse, J. W. (2012). What is your research question? An introduction to the PICOT format for clinicians [Internet]. *The Journal of the Canadian Chiropractic Association*, 56(3), 167-171. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3430448/>
- Rodrigues, R. A. P., Monteiro, E. A., Santos, A. M. R. D., Pontes, M. D. L. D. F., Fhon, J. R. S., Bolina, A. F., ... & Silva, L. M. (2017). Older adults abuse in three Brazilian cities [Internet]. *Revista Brasileira De Enfermagem*, 70, 783-791. <https://doi.org/10.1590/0034-7167-2017-0114>
- Sandmoe, A., Wenzel- Larsen, T., & Hjemdal, O. K. (2017). *Violence and Abuse against Elderly People in Norway*. Oslo: Norwegian Centre for Violence and Traumatic Stress. [cited 2023 Nov 25]. Available from: <https://www.nkvts.no/english/report/violence-and-abuse-against-elderly-people-in-norway/>
- Santos, F. D. S., de Lima Saintrain, M. V., de Souza Vieira, L. J. E., & Gomes Marques Sampaio, E. (2021). Characterization and prevalence of elder abuse in Brazil. *Journal of Interpersonal Violence*, 36(7-8):3803-3819. <https://doi.org/10.1177/0886260518781806>
- Shepherd, B. F., & Brochu, P. M. (2021). How do stereotypes harm older adults? A theoretical explanation for the perpetration of elder abuse and its rise. *Aggression and Violent Behavior*, 57, 101435. <https://doi.org/10.1016/j.avb.2020.101435>
- Silva, G. C. N., Almeida, V. L., Brito, T. R. P. D., Godinho, M. L. S. D. C., Nogueira, D. A., & Chini, L. T. (2018). Violência contra idosos: uma análise documental. *Aquichan*, 18(4), 449-460. <https://doi.org/10.5294/aqui.2018.18.4.7>
- Sousa, R. C. R. D., Araújo-Monteiro, G. K. N. D., Souto, R. Q., Santos, R. C. D., Leal, C. Q. A. M., & Nascimento, N. D. M. (2021). Interventions to prevent elder abuse in the community: a mixed-methods systematic review. *Revista Da Escola De Enfermagem Da USP*, 55. <https://doi.org/10.1590/S1980-220X2019033203677>
- Souto, R. Q., Merighi, M. A. B., Guruge, S., & de Jesus, M. C. P. (2015). Older Brazilian women's experience of psychological domestic violence: a social phenomenological study. *International Journal for Equity in Health*, 14(44): 1-9. <https://doi.org/10.1186/s12939-015-0173-z>
- Steinsheim, G., Saga, S., Olsen, B., Broen, H. K., & Malmedal, W. (2022). Abusive episodes among home-dwelling persons with dementia and their informal caregivers: a cross-sectional Norwegian study. *BMC Geriatrics*, 22(1), 852. <https://doi.org/10.1186/s12877-022-03569-4>
- Sukhera J. (2022). Narrative Reviews: Flexible, Rigorous, and Practical. *Journal of Graduate Medical Education*, 14(4), 414–417. <https://doi.org/10.4300/JGME-D-22-00480.1>
- Vincenti, V.B., & Chapman, A. (2019). Elder Family Financial Exploitation by Power-Of-Attorney Agents Through The Lens Of Bronfenbrenner's PPCT Model, *Innovation in Aging*, (3):1,384. <https://doi.org/10.1093/geron/igz038.1410>
- Wei, W., & Balsler, S. (2024). A systematic review: risk and protective factors of elder abuse for community-dwelling racial minorities. *Trauma, Violence, & Abuse*, 25(1), 73-86. <https://doi.org/10.1177/15248380221140123>
- World Health Organisation. (2022). Abuse of older people [Internet]. [cited 2023 Nov 25]. Available from: <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>
- World Health Organisation. (2002). World report on violence and health [Internet]. [cited 2023 Nov 25]. Geneva, World Health Organization. Available from: <https://www.who.int/publications/i/item/9241545615>
- Zilbershlag, Y., Ravitz-Ron, K., & Engel-Yeger, B. (2023). The role of altered sensory processing and its association with participation in daily activities and quality of life among older adults in the community. *Occupational Therapy in Health Care*, 37(2), 230-247. <https://doi.org/10.1080/07380577.2022.2025552>