Violence against the elderly: a concept analysis utilising Walker and Avant's approach

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Summary **Background.** Violence against the elderly is one of the major social health problems in today's societies, and its incidence has increased sharply in the last two decades. There are numerous challenges related to this issue.
Objectives. The present study wasn conducted to analyse the concept of violence against the elderly.
Material and methods. The present study was conducted using Walker and Avant's approach in eight steps by searching and analysing studies from valid databases using the keywords elderly people, elderly person, violence, aggression, elderly, older, adult, geriatric, abuse, mistreatment violence and the elderly and elder abuse. The inclusion criteria included related Persian and English studies carried out between 2000 and 2020. Finally, as many as 63 articles related to the concept were analysed.
Results. Violence against the elderly can be defined as injury or discomfort caused by an action and its repetition or failure to take action in an event for which appropriate action had been expected; the human dignity of an elderly person is, thus, threatened. Such violence is understood as emotional-mental violence, self-neglect, physical violence, economic violence, sexual violence, neglect and inattention. Moreover, its consequences are personal burnout and helplessness, family dysfunction and socially harmful consequences.
Conclusions. Defining a concept derived from violence against the elderly can help health workers, especially nurses, have a better understanding about this issue; they will, thus, conduct studies, interventions and evaluations of nursing actions to promote the elderly health.
Key words: violence, aged, analysis.

Background

Aging is a process that begins from the beginning of creation and continues throughout life, and all living beings experience and go through this process [1]. The elderly population is increasing in both the world and Iran. According to the World Health Organization, the number of elderly people in the world will have reached two billion by 2050 [2], and it is predicted that the Iranian elderly population will have reached 25 million; this will be faster than other population groups [3]. Given the increasing population of the elderly, it seems necessary to pay attention to issues related to this age group. Changes that occur in old age lead to a significant reduction in the ability of various physical systems, increased rate of diseases, reduced efficiency and quality of life in the elderly. Following these changes, the incidence of antisocial behaviours and violence has also increased [4].

According to the World Report on Aging and Health, violence refers to injury or discomfort from an action and its repetition or failure to take action in an event for which appropriate action had been expected [5, 6]. Violence against the elderly is manifested in various forms, such as physical violence, psychological violence, financial violence, sexual violence, neglect and abandonment [7, 8]. Violence against the elderly has several negative consequences, one of the most important of which is the elderly's reduced quality of life and increased mortality

rate. Thus, health organisations, including the World Health Organization, have been seeking to create solutions to control and eliminate violence against the elderly [9, 10]. There are several strategies and techniques to identify and deal with the phenomenon of violence against the elderly, but due to the lack of a clear definition of the wording "violence against the elderly" and the lack of a definition based on violence, it is not possible to accurately assess and measure violence. There is also no design of appropriate strategies for the prevention and management of violence [11, 12], since, according to the studies conducted, there are many challenges in the definition of the concept of violence against the elderly and an agreement has not yet been reached in defining this concept. In most of studies, concepts such as elder abuse and maltreatment are used instead of violence against the elderly. Moreover, the existing measurement tools fall more in the field of elder abuse. The existence of measurement tools in the field of violence against the elderly it seems necessary [11, 12]. It is essential that further studies be conducted to examine the meaning of violence against the elderly, along with its measurement and impact on health in old age [11, 12]. Thus, since nursing is one of the most important professions in the health system and has a comprehensive impact on the recovery, excellence and health of society, the concept of violence against the elderly, like other aspects of health, is required to be clearly defined and explained

[13]. For the purpose of clarifying the concept of violence in the elderly, reducing ambiguities, achieving semantic integration and increasing consistency in using the concept (especially due to the challenge in Persian scientific texts in which the concept of violence is mixed with abuse and mistreatment and considering the fact that, according to studies on violence in the elderly, violence is related to the cultural and social contexts of individuals [14], the present study was conducted using Walker and Avant's systematic approach in eight steps.

Concept analysis

Developing the concept is an essential prerequisite for promoting the knowledge of nursing and other health teams. A concept is a complex idea or mental image of a phenomenon. Among the various approaches to the development of a concept, Rogers and Nuffel maintain that concept analysis is an appropriate and clear approach in which the characteristics of the intended concept are primarily identified, and the concept is distinguished from other similar concepts [15]. In addition, concept analysis guarantees the correct use of the intended concept in the real world [16]. Concept analysis is carried out theough various approaches that are different in terms of method and purpose. The determining factors in choosing the appropriate approach are the field of interest and the purpose of the analysis [15]. Various approaches are used to analyse the concept, including the approach of Wilson, Norris, Modi, Rogers, Morse, Walker and Avant [17].

In this study, we used the eight-step Walker-Avant method due to its ease of use and simple approach. According to the purpose of our study and the importance of old age and violence against the elderly in this period and given the fact that despite conducting various studies in the field of elder abuse in various methods, this concept has not yet been fully and clearly understood, and there is still no clear definition of it, especially in Iranian culture.

Objectives

The present study intends to analyse this concept and use this method of analysing a concept and its logical positivist approach so that the concept will be clarified, and its ambiguities will, thus, be reduced. The eight steps of this approach include choosing a concept, determining the purpose(s) of analysis, identifying all uses of the concept, defining attributes, identifying a model case, identifying borderline, related and contrary cases, identifying antecedents and consequences and defining empirical referents [18].

Material and methods

This study was conducted in 2020–2021 in order to clarify, define and determine the features and characteristics of the concept of violence against the elderly in a review using Walker and Avant's approach. To find related studies and abstracts, texts from 2000 to 2020 in the available databases of Wiley, PubMed, CINAHL, Science Direct, Ovid, Proquest, Google Scholar, PsycINFO, SID, IranDoc, IranMedex and Magiran by using keywords such as elderly people, elderly person, violence, aggression, elderly, older, adult, geriatric, abuse, mistreatment, elderly and violence, elder abuse and elder mistreatment were browsed. The inclusion criteria for articles in Persian and English were the presence of keywords in the title and summary of the article, relevance to the concept of violence against the elderly, access to the full text of the article and non-duplication. All studies containing definitions, characteristics, preconditions and consequences of violence in the elderly were entered into the study. As many as 172 articles were found in the initial search, from which 63 articles were selected according to

inclusion criteria. Unrelated articles in other languages were excluded from the study. The quality of the selected articles was assessed using the authors' credit and the scientific credentials of the journals in which the articles were published. In this study, the ethical codes approved by the University of Social Welfare and Rehabilitation Sciences were closely followed (code IR.USWR.REC.1397, 167). The steps of concept analysis are explained in detail below.

Choosing a concept

In the first step, this concept was chosen due to many problems, such as ambiguity in the definition of violence against the elderly, lack of general agreement on the basic concepts and indicators of violence in the elderly, unclear boundaries of violence against the elderly, WHO attention to this dimension of health and the fact that the effect of culture, beliefs and values on society has added to the ambiguity of this concept [19]. Moreover, this concept was chosen considering the fact that the studies conducted in this regard in Iran [20] have focused less on the elderly. This concept was also chosen given the increasing population of the elderly in Iran and the urgent need to pay due attention to various aspects of health, especially violence affecting the quality of life of the elderly. Thus, recognising and understanding the characteristics and dimensions of violence against the elderly seems essential for the entire health care system, and conducting qualitative studies helps to better understand these concepts and what is referred to as violence and abuse.

Determining the purpose(s) of analysis

Many reasons are given for concept analysis. Its purpose is to increase the exploratory power of the concept by examining the internal structures of a vague concept and identifying its components [17], as well as clarifying commonly used concepts and distinguishing a concept from similar concepts and providing a basis for concept development [21]. Since, according to the studies conducted, there are many challenges to the concept of violence against the elderly, and no uniform agreement has yet been reached on the definition of this concept, interpersonal communication is not possible without reaching a consensus on these concepts, and this can lead to many errors. Most of the studies have recommended further studies in this area [22–25]. Thus, the analysis of the present concept intends to help increase the consistency in the application of this concept in articles and topics related to the health of the elderly by clarifying the concept of violence in the elderly via Walker and Avant's approach while trying to reduce ambiguity and increase semantic integration of this concept.

Results

Applications of the concept of violence in the elderly

Walker and Avant argue that depicting an overview of the applications of the concepts investigated makes it impossible to achieve a richer understanding of the concept and to validate the defined features [17]. Nursing sources and texts do not mention a separate definition of violence against the elderly. Violence against the elderly does not exist in the dictionary nor in context as a compound word, but the words violence and the elderly have been defined separately. Elderly is conventionally synonymous with the age of 65. Violence refers to the state or condition in which a person is abused. Physical or psychological harm or injury is insult, abuse, rape or assault (Webster's online dictionary). Violence against the elderly includes all forms of physical, psychological, sexual and economic abuse, as well as neglecting individuals over 65 years of age. This violence can occur only once or repeatedly and can cause anxiety, fear or

harm to the elderly. The perpetrator of violence may be family members, a private nurse or nursing home staff, i.e. those who are expected to behave in a correct and appropriate manner. Thus, unlike violence which involves threatening and harassing behaviours that occur anywhere, violence against the elderly who live at home with their spouses or children refers only to the types of violence that occur in their place of residence. According to this definition, violence against the elderly is classified into physical, mental-emotional, sexual, economic, social and negligence and abandonment types.

Physical violence

This type of violence refers to violence that can cause injuries that are either visible or not. These injuries can range from wounds and cuts and bruises and contusions and fractures of the hand and foot bones, as well as injuries to the head and internal organs. These injuries may be caused by punching, hitting repeatedly or using tools such as knives.

Mental-emotional abuse

This type of abuse, which is mainly verbal, either targets and destroys the elderly person's self-esteem or causes fear and panic in then through all kinds of threats. Mocking, humiliating and teasing, calling the other person crazy and stupid, slandering or threatening to drive the elderly person out of the house, etc. are examples of mental-emotional abuse. As a result of this type of violence, the victim may lose confidence and self-esteem or live in constant fear. Sexual abuse includes any sexual activity, including any conversation, contact or sexual activity that occurs without the consent of the elderly or occurs in those elderly who are unable to make informed decisions and consent due to dementia or other reasons. It is important to note that sexual violence against the elderly is a crime. Economic abuse includes restricting the other party's access to money to meet his/her basic needs, using money to exercise power and con-

trol, stealing from the victim, extorting money from the elderly person and abusing the other party's money, capital and assets. Social abuse includes isolating the victim and preventing him or her from making telephone calls, communicating with relatives and friends, attending community events and engaging in social activities. Neglect involves failing to meet the basic physical and mental needs of the elderly who are being cared for by others, for example, failing to give due attention to needs such as food, clothing or a doctor and medicine or failing to protect him/her from physical and mental dangers and injuries. In addition, neglecting emotional needs such as attention and love and mental support is also referred to as neglect.

Defining the attributes of the concept

This step is the heart of concept analysis. Defining the attributes provides the broadest insight into the concept, and these are categorised based on the highest repetition. They allow the researcher to have a better understanding and deeper insight into the concept; however, definitions based on attributes are not unchangeable. In other words, concept attributes are characteristics that are frequently used when discussing a concept and play a key role in differentiating the word under analysis from other concepts [17, 21]. In the present study, in order to extract the attributes of the concept, the text of each article was read several times, and then the words and phrases expressing the attributes of the concept were extracted based on the number of repetitions in the text. The most frequently repeated words were categorised as keywords. Based on this, as many as 827 initial codes were extracted. The codes were then classified into groups based on their similarities and differences so that different dimensions of the concept could be obtained. After merging and classifying the codes, as many as 6 main categories were obtained under the headings of "physical violence", "emotional-mental violence", "sexual violence", "economic violence", "neglect and abandonment" and "self-neglect", along with 13 subcategories (Table 1).

Table 1. Primary codes, subcategories and categories representing the attributes of violence against the elderly living with the family (resulting from text analysis)

Category	Subcategory	Examples of the primary codes
Physical violence	Physical contact without using an object	Slapping Pinching Kicking Beating Burning
	Physical contact using an object	Throwing objects Using sharp tools Using belts and clubs
Emotional-mental violence	Annoying emotional behaviour	Isolating Restricting one's freedom Rejecting Discriminating Bullying
	Disrespect	Ignoring one's respect and dignity Children's infrequent visits Children's ignorance of their sadness Living alone Being cared for at nursing homes
	Verbal and non-verbal insults	Using insulting words or situations Speaking out loud Mocking To threaten
Sexual violence	Unpleasant and forced sexual contact	Forcing one to have sex Forced touching and caressing
	Unpleasant verbal or non-verbal sexual communication	Sexually harassing statements Tempting sexual states Postures or body positions

Category	Subcategory	Examples of the primary codes
Economic violence	Improper and illegal use of financial resources	Forgery of one's signature Sudden transfer of assets Improper use of the power of attorney
	Not allowed to use financial resources	Making sudden changes in the will or other financial documents Forcing one to sign legal documents Providing unnecessary services Unauthorised withdrawal of funds
Neglect and abandonment	Neglect with clear intent (active)	Home confinement Lack of attention to individual desires Not allowing one to interact with other people Depriving one of food and important treatments Leaving the dependent elderly alone for a long time
	Neglect with unclear intent (inactive)	Ignoring one's vital needs Malnutrition Dehydration Formation of bed sores Failure to take safety precautions
Self-neglect	Deliberate inactivity in taking care of oneself	Social isolation Improper personal hygiene Refusing to take drugs Refusing to eat Lack of thrift
	Inactivity due to physical and mental problems	Lack of awareness of time and place Memory loss Inappropriate answer or failing to answer questions Forgetting medical appointments

Table 1. Primary codes, subcategories and categories representing the attributes of violence against the elderly living with the family (resulting from text analysis)

Constructing a model

Model case

A model or sample case is a pure example of the concept studied and is required to have all the defining attributes of a given concept [17].

Ms. A is a 70-year-old woman who says that she can no longer do her own chores as before.

My hands are shaking, I am hearing impaired, I have lost my eyesight, I have become dependent on others for everything (self-neglect). Only one of my daughters visits me once a week. May God keep and bless her. She does shops for me a week, takes me for a bath. From this Thursday to the next Thursday, I have no one to take care of me. Once while cooking, the pot fell on me feet, and it burned my feet (neglect and abandonment). One of my sons beats me. He visits me every now and then, takes my money, takes my furniture, fights with me, yells at me, swears at me and breaks the windows and the furniture. He ruined my life. Once, he hit me so hard with his hands on my legs that my legs were bruised for a long time, and I was in a lot of pain (physical violence). When he does this, my heart breaks a lot, I suffer a lot, the use of offensive language sexual (sexual violence). It was only a year ago when I went to my daughter (overseas), my little boy sold my house without my permission, with the power of attorney I had already given him. The money was spent on his work and life (financial violence). Now the kids have decided to send me to a nursing home for what their brother did, but I do not want to go. I want to live in my own house. See how unlucky one must be that her children decide to send her to a nursing home (mental-psychological violence).

In this example, the attributes of the concept of violence against the elderly, including 6 attributes, are observed.

Defining additional cases

Additional cases are defined to provide examples of what the concept is not about and to make the concept clearer while making sure that the concept is intended. These include borderline, related and contrary cases [21].

Borderline cases

Identifying borderline cases reduces the ambiguity between cases by clarifying the attributes that are a basic prerequisite for the model case [17]. The borderline case has many of the semantic attributes of the concept but not all of them [21]. In other words, the borderline case has many attributes of the concept, but in one or more of these attributes, it differs from the intended concept. The borderline case clarifies our thinking about the semantic attributes of the concept in question [17].

Mr. B is a 68-year-old man who is married and has two daughters. His wife suffers from psychotic disorders, and she lives at home with him. She is often upset, disturbed and constantly starts making noise and swearing, using improper words, especially when she becomes delusional and aggressive. His wife attacks him and slanders her that he has relations with other women and betrays the marital relations they have.

In the above example, although the elderly person's spouse shows signs of physical, sexual and psychological abuse, since she has psychological problems and her behaviour was not intentional, it is not considered as violence.

Related case

The relevant case helps the researcher see how the main concept fits into a network of concepts. It is an example that is related to the concept but does not have the defined attributes of the concept. It is similar to the concept being investigated and is related to the main concept in different ways [17].

Mr. B, a 72-year-old man, does not communicate with family members and others. He always feels angry and aggressive when his children visit him. He feels that his family members and relatives intend to extort and harass him. He is completely isolated and secluded.

The proposed model does not have any of the attributes of the concept of violence but may be confused with the concept of violence against the elderly.

Contrary model

This does not include any of the main attributes of the concept. Its introduction clarifies what the concept is not. This defi-

nition is so clear that most people who see it can confidently say that this is not the case intended by us [17].

Ms. D is a 79-year-old woman who says that despite the fact that her children and grandchildren do not live with her, they never leave her alone, and they either visit her regularly or call her about her condition. She says that whenever she talks about raising her grandchildren or what is good and what is not, her daughters and sons say "Mom, you want their good and it is great they can use your experience". She continues, "So far, I do not remember any of them using any inappropriate words or gestures against me, and they always treat me with kindness and full respect. I still do my work like before. Thank God I am healthy, and I don't suffer from any disease. My daughters and sons visit me every day. If I need something to buy, they buy it for me. My health is more important to them than anything else. They make me have a full check-up every six month with all sorts of tests and different doctors so that they can make sure I have no health problem. I owe my whole life to these children. Despite the fact that they have their own families and spend a lot of money, they always support me financially, with medicine and treatment. I forgot to say that my eldest son once had a financial problem and was under a lot of pressure. I recom-

mended to give him the power of attorney to sell the house and send me to a nursing home. He was really upset with my saying so. I felt upset as well for doing so. I appreciate God for having such children; they are gifts of God.

The case presented is a model contrary to violence in the elderly because it is contrary to all the attributes of the concept, and it is easy to see that it is not a real model of violence against the elderly.

Identifying antecedents and consequences of the concept

Antecedents are events that occur or exist before the concept occurs (conditions that are necessary for the concept to occur). Consequences are events that occur as a result of the occurrence of a concept; in other words, they are considered as the concept outputs [17].

According to Table 2, the antecedents of the concept of violence against the elderly have been extracted in 4 categories including "community-based predisposing factors", "family-related predisposing factors", "risk factors related to the elderly" and "risk factors related to the perpetrator of violence" and 10 subcategories (Table 2).

Table 2. Initial codes, subcategories and categories representing the antecedents of violence against the elderly living with the family (resulting from the text analysis)

Category	Subcategory	Examples of primary codes
Community-based predisposing factors	Inadequate organisational mechanisms	Lack of social and health support networks Lack of education on violence against the elderly Lack of a coherent organisational plan to deal with violence Loss to report violence
	Social predisposing factors	Poverty and lack of pension Lack of social stability security Social isolation Changing social attitudes towards the elderly Ignoring dignity, welfare and social support Social misconceptions
	Cultural predisposing factors	Existence of misconceptions in society (gender superiority) Lack of value system and negative attitude of the young generation towards the elderly Lack of respect or courtesy, social inequality The development of industries in a country or region on a wide scale and reducing the role and importance of the elderly in the family
Family-based predisposing factors	Incomplete family performance	Having an independent life and family Stressful family environment Fatigue and social isolation of family members Economic pressures Emotional disorders and the resulting stress
	Distorted interactions between the elderly and family members	Poor communication between the elderly and family members Coping behaviour of family members Linguistic or perceptual barriers Lack of empathy and respect between the elderly and family members Lack of empathetic communication between the elderly and family members
Risk factors related to the elderly	Perceptions and individual characteristics	Low self-confidence Drug and alcohol abuse Being aggressive Low educational level Existence of a history of abuse in the past Old age Being a woman Marital status Living alone
	Instability of physical and mental conditions	Dementia and Alzheimer's Poor physical health or slowness of movement Behavioural problems Psychiatric disorders Cognitive deficits Chronic diseases Functional disability More physical and mental dependence

Table 2. Initial codes, subcategories and categories representing the antecedents of violence against the elderly living with the family (resulting from the text analysis)

Category	Subcategory	Examples of primary codes
Risk factors related to the perpetrator of violence	Perceptions and individual characteristics	Low self-confidence is the cause of violence Experience and perception of violence in the past Insufficient control over immediate behaviours Personality type and high level of anxiety
	Instability of physical and mental conditions	Psychiatric diseases or problems Drug or alcohol abuse High burden or stress of care Tension and mental-psychological pressures
	Incompetence in caring for the elderly	Lack of information and awareness in caring for the elderly False beliefs and patterns in the care of the elderly Untrained caregivers

The consequences of violence against the disabled elderly resulting from the analysis of texts consist of 3 categories: "individual burnout and helplessness", "family dysfunction" and "socially harmful consequences", as well as 6 subcategories (Table 3).

Table 3. Initial codes, subcategories and categories representing the consequences of violence against the elderly living with the family (resulting from text analysis)

Category	Subcategories	Examples of initial codes
Individual burnout and helplessness	Physical burnout	Physical injuries Malnutrition Improper personal hygiene Dehydration Formation of bed sores
	Mental-psychological sufferings	Decreased confidence Feeling helpless Post-traumatic stress syndrome Depression/Anxiety/Disappointment/Fear Alienation/A sin in the eyes of God/Shame/Denial
Family dysfunction	Unsupportive living environment	Feeling of being rejected Rough and disrespectful living environment Being left aside in decision-making Unprofessional and unsafe home care
	Defective interpersonal interactions	Ineffective communication Depriving them of contact with their loved ones Change in relationships with relatives and friends Ignoring the dignity and status of the elderly Sending to a nursing home without their consent
Socially harmful consequences	Adverse social consequences	Social panic Feeling lonely and social isolation Changing social attitudes towards the elderly Ignoring their status, welfare and social support
	Decreased social welfare indicators	Decreased life satisfaction, health and safety Low quality of life Decreased life expectancy Loss of performance

Empirical referents

This step is taken in response to the question that if we want to measure this concept or determine its existence in the real world, how should we do it? In fact, they are related to the attributes of the definition [17, 25]. Symptoms of nervous system stimulation include rapid breathing, increased heart rate, agitation, restlessness and anxiety, as well as the use of physical force, from minor physical contact to pushing, hitting repeatedly, kicking, punching, pinching and biting to even murder, using threatening or disrespectful language, inappropriate sexual contact or speech, poor personal hygiene and refusal to eat or take medications and are empirical and visible examples or references of real-world violence [26, 27]. According to the review of studies on violence against the elderly, due to the lack of a clear definition of the concept of violence in this area and the overlap of this concept with the abuse, mistreatment, aggression, etc. [28–29], in most of the studies conducted, violence against the elderly has been referred to as abuse or mistreatment of the elderly. Given the lack of specific tools to measure this concept and based on what is stated above, the tools used to investigate and screen violence against the elderly have mostly investigated elderly abuse. According to the study conducted by Alberto et al. (2017), these tools include the following: H-S/EAST, VASS, EASI, CASE, BASE, E-IOA, GMS, EAI, EPAS, CPEABS, OAPAM and OAFEM. These tools are used by most care professionals or, in some cases, specifically by nurses for investigating elderly abuse [30]. Among these tools, one can mention the Geriatric Mistreatment Scale (GMS), which is designed to measure and screen domestic abuse in the elderly and includes 5 factors (physical, mental, neglect, economic and sexual) [31].
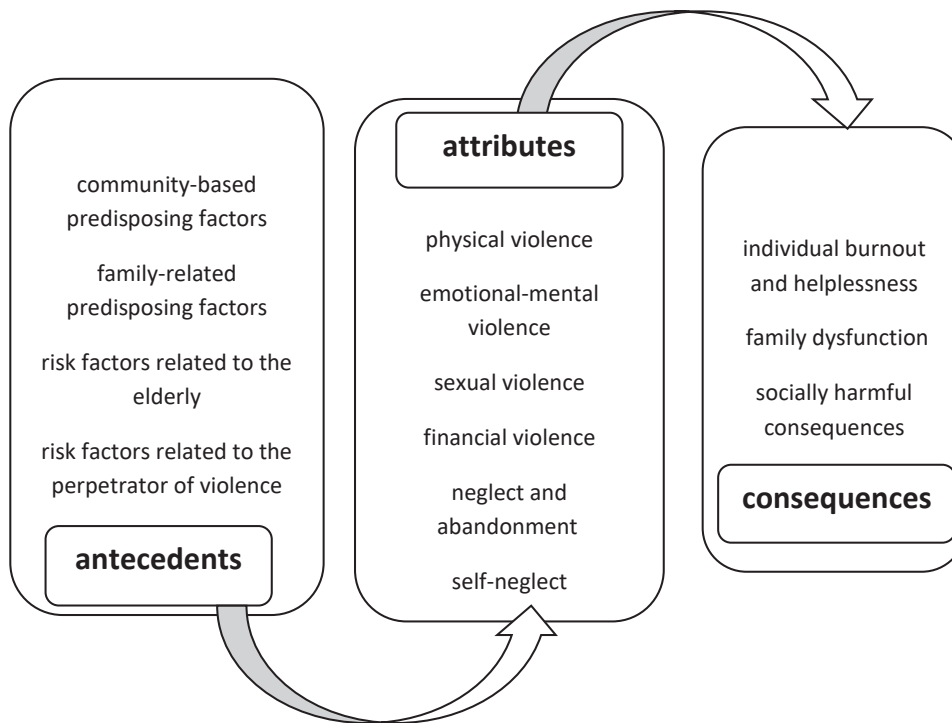
Figure 1. Symbolic representation of the antecedents, attributes and consequences of the concept of violence against the elderly (resulting from the analysis of texts)

Discussion

The purpose of this research is to explain the concept of violence with the Iranian elderly and determine its characteristics using the Walker and Avant's model. The construction of model (sample), related, borderline and contrary cases helped to better define and describe the concept. Violence against the elderly is a process that, in addition to numerous negative consequences, can create conditions that affect the physical, mental and social health of the elderly and ultimately threaten the dignity and human status of the elderly [32]. Thus, since violence has a great impact on all areas of elderly health, healthcare providers are required to have a proper understanding of violence and how it affects the lives of elderly people [33]. The findings show that violence is related to other aspects of elderly health. In Iranian elderly individuals, the life of the elderly with family members and the traditional nature of the family have a great impact on violence against them, and violence is strongly associated with old age and living with family members. The findings of the present study depicted the attributes, antecedents and consequences of violence against the elderly based on available literature. Elderly violence is a multifactorial process, including individual, family and social factors. Predisposing factors related to the elderly and the perpetrator of violence, regardless of whether it is reasonable or inappropriate, was one of the most important predisposing factors for violence against the elderly living with the family; this is in line with other findings of the study [34, 35].

In the Iranian Islamic culture and atmosphere, there is a lot of emphasis on respecting and honouring the elderly; it is a source for recognising and preventing violence against the elderly. Providing a comprehensive and complete definition of violence against the elderly and its indicators and explaining its relationship with the pillars, institutions and internal elements of a society based on the culture, beliefs and values of Iranian Islamic society has faced a fundamental problem requiring further studies [36]. According to the results of this study, violence and abuse against the elderly is defined as the harm or discom-

fort caused by an action and its repetition or failure to take appropriate action in any event for which appropriate action had been expected, where such an action causes harm or distress and threatens the dignity of an elderly person. This can occur in the living environment, nursing home, hospitals or related situations by family members, caregivers or others in the form of exposing the elderly to emotional-mental violence, self-neglect, physical violence, economic violence, sexual violence, neglect and abandonment. This could be clear or hidden, intermittent or continuous, mild to severe. Community-based predisposing factors, family-based predisposing factors, risk factors related to the elderly and risk factors related to the perpetrator of violence have led the occurrence of violence, and they have effects such as individual burnout and helplessness, family dysfunction and socially harmful consequences. Violence can continue in a vicious cycle that can be extended onto others.

Conclusions

According to the results of this study, violence against the elderly is one of the most important dimensions of health in the elderly, and recognising the attributes and different dimensions of violence in the elderly is very effective for the health of the elderly. Further studies are required to be conducted to investigate the concept of violence against the elderly and its operational definition in Iranian society and culture. By conducting other studies in this field and through further understanding of this concept, it is possible to better understand these issues in the health of the elderly and promote and develop the knowledge of health professions related to the elderly, especially nursing. This will result in a happier and healthier society.

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