

Complaints of violence against the elderly in Brazil: 2011-2018

Denúncias de violência contra idosos no Brasil: 2011-2018

Informes de violencia contra las personas mayores en Brasil: 2011-2018

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REVISA

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RESUMO

Objetivo: Analisar a frequência de denúncias de violência contra idosos no “Brasil” entre “2011 a 2018”. **Método:** Estudo epidemiológico, exploratório, descritivo e de abordagem quantitativa. Os dados foram adquiridos junto ao Sistema de Denúncias “Disque 100” do Ministério da Mulher, da Família e dos Direitos Humanos (MMFDH). Foi utilizado o software Microsoft Excel 2016®, sendo realizada análise estatística descritiva. **Resultados:** Foi identificado o universo de 233.383 registros, com média e desvio padrão de (29.172,9±9.828,5). As maiores preponderâncias geográficas foram identificadas no Sudeste (SE) com 45,9% (n=107.105) e em São Paulo (SP) com 19,9% (n=46.372). O perfil das vítimas se constituiu de 63% (n=165.105) pessoas do sexo feminino, 32,8% (n=85.844) possuíam entre 71 a 80 anos, 36,8% (n=96.474) eram de raça/cor branca, 73,4% (n=199.225) não possuíam nenhum tipo de deficiência. **Considerações finais:** Foi verificado aumento na frequência de registros de denúncias de violência contra idosos no recorte geográfico e histórico analisados.

Descritores: Idoso; Violência; Maus-tratos ao Idoso; Epidemiologia.

ABSTRACT

Objective: To analyze the frequency of complaints of violence against the elderly in “Brazil” between “2011 to 2018”. **Method:** Epidemiological, exploratory, descriptive and quantitative study. The data were acquired from the “Dial 100” Reporting System of the Ministry of Women, Family and Human Rights (MMFDH). Microsoft Excel 2016® software was used, and a descriptive statistical analysis was performed. **Results:** The universe of 233.383 records was identified, with mean and standard deviation of (29,172.9±9,828.5). The largest geographical preponderances were identified in the Southeast (SE) with 45.9% (n=107,105) and in São Paulo (SP) with 19.9% (n=46,372). The profile of the victims consisted of 63% (n=165,105) female, 32.8% (n=85,844) were between 71 and 80 years old, 36.8% (n=96,474) were of white race/color, 73.4% (n=199,225) did not have any type of disability. **Final considerations:** There was an increase in the frequency of records of complaints of violence against the elderly in the analyzed geographical and historical context.

Descriptors: Elderly; Violence; Mistreatment of the Elderly; Epidemiology.

RESUMEN

Objetivo: Analizar la frecuencia de denuncias de violencia contra las personas mayores en “Brasil” entre “2011 a 2018”. **Método:** Estudio epidemiológico, exploratorio, descriptivo y cuantitativo. Los datos fueron adquiridos del Sistema de Denuncias “Dial 100” del Ministerio de la Mujer, la Familia y los Derechos Humanos (MMFDH). Se utilizó el software Microsoft Excel 2016® y se realizó un análisis estadístico descriptivo. **Resultados:** Se identificó el universo de 233,383 registros, con media y desviación estándar (29,172.9±9,828.5). Las mayores preponderancias geográficas se identificaron en el Sudeste (SE) con 45,9% (n=107.105) y en São Paulo (SP) con 19,9% (n=46.372). El perfil de las víctimas consistió en 63% (n=165,105) mujeres, 32,8% (n=85,844) tenían entre 71 y 80 años, 36,8% (n=96,474) eran de raza/color blanco, El 73,4% (n=199.225) no tenía ningún tipo de discapacidad. **Consideraciones finales:** Hubo un aumento en la frecuencia de registros de denuncias de violencia contra el adulto mayor en el contexto geográfico e histórico analizado.

Descriptores: Anciano; Violencia; Maltrato a los ancianos; Epidemiología.

ORIGINAL

Introduction

Population growth has become one of the two greatest contemporary challenges in the world, as the population of people grows continuously and is approaching, a scenario of demographic changes is emerging.¹ However, with this increase some problems arise that challenge several countries in terms of health, economy and security, among other important areas of activity.¹⁻² From 1940 onwards, there were several factors that helped to increase the aging process, such as the greater inclusion of women in the different work areas, the decrease in the mortality rate, the dissemination of information on hygiene habits and the improvement of basic sanitation and the concepts of personal hygiene, this associated with the new health strategies of governments.²⁻³

Thus, the United Nations (UN) in 1982 held the "First World Assembly on Aging", which defined that developed countries should consider elderly people aged 65 and over, and in developing countries, people aged 60 or over would be considered elderly.³ In 2002, there was the "Second World Assembly on Aging", which approved the International Action Plan, which presented important information associated with the population aging process, and based on that, such references guided the focus of public policies for the elderly population worldwide.³⁻⁴

Soon, it was noticed that the elderly were growing continuously and that this population should be treated with greater care, then several national movements emerged and also, an increase in the protagonism of this group, which obtained as a result of its militancy and representation, the installation of legal measures aimed at your protection in Brazil.⁴ Some of the important mechanisms of benefit and empowerment developed were the creation of the National Policy for the Elderly (PNI), through Law number 8,842 of January 4, 1994, of the Statute of the Elderly, through Law 10,741 of October 1, 2003, in addition to the building of the Human Rights Secretary of the Presidency of the Republic created in 2003.⁴⁻⁶

These laws aim to regulate the rights guaranteed to the elderly, however, despite these provisions legally protecting against violations, the laws described do not prevent against the different situations in which this population is subject to experiencing in their daily lives.⁵⁻⁶ Situations related to violence, to different types of abuse (s) and mistreatment, have become increasingly frequent, although they have been present since the beginning of time, violence has started to be seen more strongly as a public health problem and of security, on account of, only after the fifties (50) of the last century, when some health professionals started to denounce the mistreatment seen in women, children and adolescents.⁷⁻⁸

This made it possible for society to observe this phenomenon as a relevant and potentially fatal theme for the victims and, since then, planning has been initiated to combat violence, however, there was still a delay for this situation to be identified as a problem for the elderly.⁵⁻⁸ It is important to note that violence is not limited to physical aggression, according to the Elderly Statute (EI), being defined as any action or omission practiced in a public or private place, causing death, harm or physical suffering or psychological unnoticed.⁵

This means that the number of cases of violence against the elderly becomes even greater than society is aware of, as many of them may go unnoticed.⁴⁻⁸ Thus, Brazil and several other countries are constantly fighting violence against the elderly and, as a way of increasing the visibility of the problem under analysis, the United Nations (UN), instituted the 15th of June as the Day International Day to Combat Violence against the Elderly.⁹

The proposal for that date would be to promote a reflection on the living conditions of this population, which has suffered severe violations of their rights throughout history, as well as, a certain social neglect of this very recurring fact.^{7,9} According to a study published by Lancet Global Health, it was argued that one (01) out of six (06) elderly people suffer or have suffered some type of abuse in the world, that is, more than 140 million records of violence are recorded in its various shapes.¹⁰

Violence can manifest itself basically in three (03) different ways in society, and they are divided into "Structural", where it is generated by social inequality and occurs mainly in the means of poverty, misery and discrimination, the "Interpersonal" ", Which presents itself in the various forms of routine interaction and means of communication and the " Institutional " , caused by the application or omission of social policies by the State and by the assistance institutions, in a way that privileges the reproduction of the asymmetric relations of power, affecting directly social rights.¹¹

In this sense, it was constituted as objective of the present research, to analyze the quantity of identified denunciations of violence against the elderly person in its diverse typologies, in the geographic section formed by "Brazil" and in the historical section formed by the years "2011 to 2018", that is, eight years.

Method

This is an epidemiological, exploratory, descriptive study with a quantitative approach. Systematic data obtained from the "Dial 100" Complaints System of the Ministry of Women, Family and Human Rights (MMFDH) were acquired. The "Human Rights Dial" or also called "Dial 100", is a system used to identify violence, and it is assumed by the Federal Government in 2003, and this program was initially used to deal with reports of violence against children and adolescents.¹²⁻¹³

In view of its effectiveness, it has been improved and gained visibility, causing the service to be extended to also serve other population groups in situations of vulnerability, such as LGBT people, street people, people with disabilities and the elderly, being that the elderly were part of the system since December 2010, and their records started to be accounted since 2011.¹²⁻¹³

The Ministry of Women, Family and Human Rights (MMFDH) uses a whistleblowing channel called "Dial 100", or "Dial Human Rights", and this service was created in 1997 and was adopted by this important institution in 2003, initially in order to protect and identify children and adolescents victims of violence and, since then, the system has gained more visibility and adapted to other groups for care, among them for the elderly.¹²

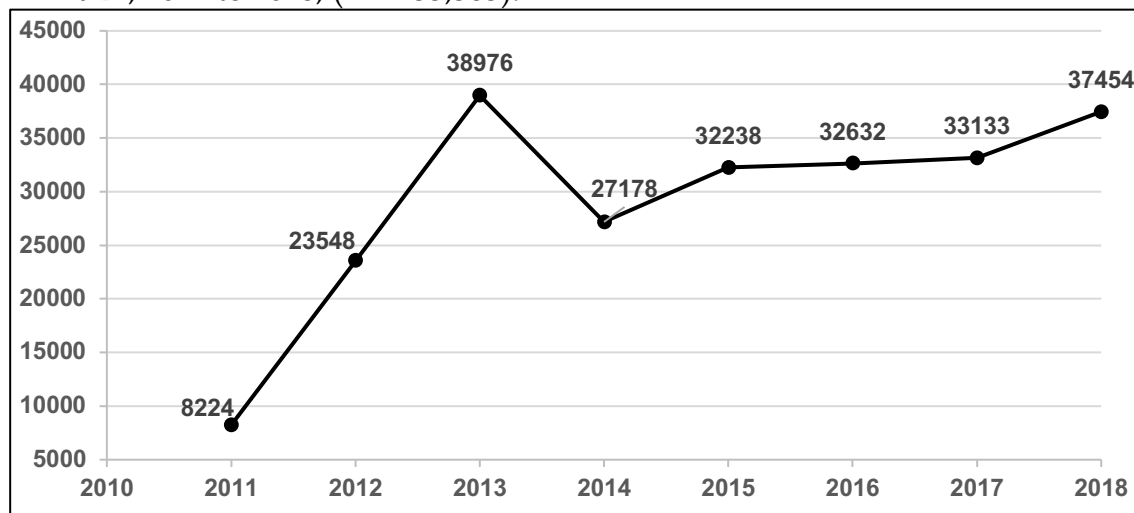
Articles from scientific journals, legislation, official manuals, among other related literature, were also used to build this research, acquired after electronic bibliographic search with national and international computerized databases, such as the Virtual Health Library (VHL), the Cuiden®, Saber-USP, Minerva-UFRJ, Theses-FIOCRUZ. After the acquisition of the necessary subsidies for the construction of this research, the data were organized using Microsoft Excel 2016® software, which belongs to the Microsoft Office 2016® for Windows® package.

The descriptive statistical analysis process was implemented, with percentages (%), arithmetic mean and standard deviation (SD) calculations. The results were presented in the form of a (01) graphic, a (01) figure, and three (03) explanatory tables. The authors declare no conflicts of interest.

Results

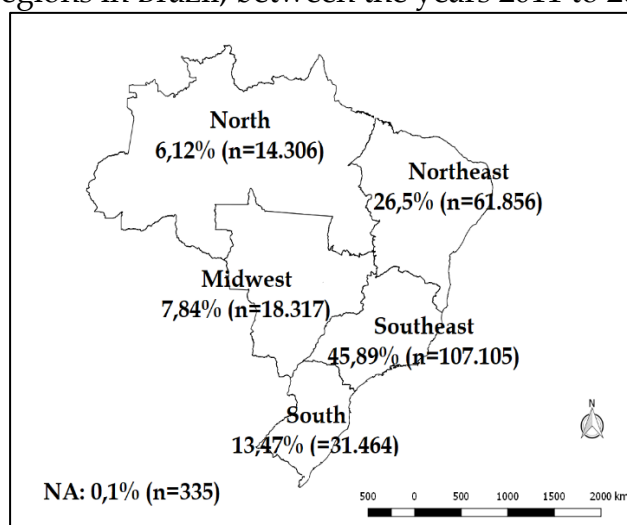
In the process of organizing and analyzing the data, it was possible to identify the universe of 233,383 records of complaints of violence against elderly people in the analyzed geographical and historical context, with a mean and standard deviation of $(29,172.9 \pm 9,828.5)$. The year 2013 registered the highest preponderance with 16.7% ($n = 38,976$) and the year 2011 the lowest with 3.5% ($n = 8,224$) as shown in Figure 1.

Figure 1 - Distribution of records of complaints of violence against the elderly in Brazil, 2011 to 2018, ($n = 233,383$).



Source: Adapted by the authors of MMFDH, 2020.

In relation to the highest number of records of complaints of violence against the elderly, it was possible to verify that the highest prevalence was identified in the Southeast (SE) with 45.89% ($n = 107,105$), and the smallest North (N) with 6.12% ($n = 14,306$), as shown in Figure 2.

Figure 2 - Distribution of records of registered complaints of violence against the elderly by regions in Brazil, between the years 2011 to 2018 (n = 233,383).

Source: Adapted by the authors of MMFDH, 2020.

When analyzing the number of complaints of violence against the elderly by federative units (UFs), it was found that the state of São Paulo (SP) had the highest prevalence with 19.9% (n = 46.372) and the state of Roraima (RR) the lowest with 0.1% (n = 189) as shown in Table 1.

Table 1 - Distribution of records of complaints of violence against the elderly by federative units (FUs) in Brazil, 2011 to 2018 (n = 233,383):

FUs	f	%	Minimum	Maximum	Mean	SD*
Sao Paulo	46.372	19.9	1.070	9.010	5796.5	2573.1
Rio de Janeiro	31.908	13.7	1.103	6.049	3988.5	1425.6
Minas Gerais	23.990	10.3	615	5.379	2998.8	1495.8
Rio Grande do Sul	13.833	5.9	417	2.437	1729.1	391.3
Bahia	13.509	5.8	803	2.631	1688.6	501.7
Ceara	10.589	4.5	450	1.793	1323.6	434.5
Parana	10.210	4.4	342	1.768	1276.3	442.2
Pernambuco	9.323	4	462	1.531	1165.4	333.2
Santa Catarina	7.421	3.2	188	1.230	927.6	358.2
Rio Grande do Norte	7.100	3	324	1.297	887.5	279.4
Goiias	6.610	2.8	191	1.212	826.3	295.2
Paraíba	6.454	2.8	265	1.077	806.8	253
Maranhao	6.297	2.7	408	1.177	787.1	222.1
Federal District	5.946	2.5	313	1.088	743.3	215.3
Amazonas	5.730	2.5	171	1.018	716.3	273.2
Pará	5.062	2.2	221	1.010	632.8	213.7
Espírito Santo	4.835	2.1	165	789	604.4	196.8
Piauí	4.126	1.8	199	626	515.8	143.8
Mato Grosso do Sul	3.924	1.7	128	722	490.5	169.5
Alagoas	2.620	1.1	129	494	327.5	99.7
Sergipe	1.838	0.8	64	321	229.8	83.6
Mato Grosso	1.837	0.8	65	350	229.6	81.5
Rondônia	1.319	0.6	53	225	164.9	52.5
Acre	896	0.4	21	165	112	44.6

Tocantins	789	0.3	45	160	98.6	37
Amapa	321	0.1	8	57	40.1	16
Roraima	189	0.1	4	45	23.6	11.8
Not applicable	335	0.1	0	166	41.9	68.3
Total	233.383	100	8.224	38.976	29172.9	9828.5

Source: Adapted by the authors of MMFDH, 2020.

*Standard Deviation

Regarding the socioeconomic and sociodemographic profile of the elderly who were victimized and had a record of reporting violence, it was found that the largest preponderances were 63% (n = 165,105) were female, 32.8% (n = 85,844) were between 71 and 80 years old, 36.8% (n = 96,474) were of white race / color, 73.4% (n = 199,225) did not have any type of disability and 11.6% (n = 31,443) had a type of physical disability, as shown in Table 2.

Table 2 - Distribution of records of complaints of violence against the elderly, by sex, age group, race / color, type of disability, in Brazil, 2011 to 2018.

Sex	f	%
Female	165.105	63
Male	79.216	30.2
Uninformed	17.762	6.8
Total	262.083	100
Idade		
71 to 80 years	85.844	32.8
61 to 70 years	79.394	30.3
81 to 90 years	58.441	22.3
91 years or older	13.577	5.2
Uninformed	24.827	9.5
Total	262.083	100
Race/Color		
White	96.474	36.8
Parada	68.369	26.1
Black	22.986	8.8
Yellow	1.266	0.5
Indigenous	848	0.3
Uninformed	72.140	27.5
Total	262.083	100
Deficiency *		
No disability	199.225	73.4
Physics	31.443	11.6
Mental	21.363	7.9
Visual	10.641	3.9
Intellectual	3.900	1.4
Hearing	3.823	1.4
Uninformed	1.089	0.4
Total	271.484	100

Source: Adapted by the authors of the MMFDH, 2020. * All types of victim's disabilities are being considered, with each elderly person having more than one disability.

When analyzing the type of violence implemented against the elderly, it was found that negligence registered the highest preponderance with 37% (n = 176,019), followed by psychological violence with 27% (n = 128,558) and in third place with 20.3 % (n = 96,508) financial abuse was found, as shown in Table 3. In the fourth, fifth and sixth places, crimes of physical violence, institutional violence and sexual violence were identified, which respectively registered the values of 14% (n = 66,601), 0.9% (n = 4,387) and 0.3% (n = 1,619).

Table 3 - Distribution of records of complaints of violence against the elderly by type committed, in Brazil, 2011 to 2018 (n = 475,528).

Type (*)	f	%
Negligence	176.019	37
Psychological violence	128.558	27
Financial abuse	96.508	20.3
Physical violence	66.601	14
Institutional violence	4.387	0.9
Sexual violence	1.619	0.3
Discrimination	1.006	0.2
Other unidentified violations	830	0.2
Total	475.528	100

Source: Adapted by the authors of MMFDH, 2020.

* All types of violence are being considered, so victims may have suffered more than one.

Discussion

In relation to the increase in the frequency in the number of complaints of violence against the elderly, a correlation was found with regard to the scientific literature when it is argued that this number may be even greater over the years, due to reduced planning and prevention in several countries.^{10,15} In this way, the fact is compared with the violence policies directed at women and children, and the situation of the elderly is in less political development.^{10,14}

Thus, observing from the point of view of health, mistreatment compromises the health of the elderly person as a whole, obtaining as a result, the emergence or triggering including psychological disorders, social isolation, depression and trauma.^{3,14-15} Thus, we need to approach the aging process and its peculiarities with the population under analysis, emphasizing the fact that old age is a phase in which the person is more fragile and needs more quantitative and qualitative care and attention.¹⁴⁻¹⁵

In this way, it is understood that violence is a highly complex, multifactorial phenomenon that affects people belonging to any socioeconomic class, ethnicity, religion or ideology, however, domestic violence and mistreatment of the elderly, should not be understood outside the context of social and structural violence, in which people and communities are inserted.^{4,15-16} Thus, there are different views of how abuse and violence actually affect older people, and it varies across cultures and different societies.^{4,9-10,15-16}

In some situations, the elderly can also influence the occurrence of abuse, for example, through the demands they make, or sometimes, because of great impatience or even because of a possible dementia or mental illness that is not understood by your family members.^{4,9-10} However, it is perceived that these facts and phenomena do not fully transmit the feeling of guilt of violence to the elderly, as they only normally demonstrate that those who are in these conditions are more likely to suffer mistreatment and abuse in various ways. and mechanisms.^{9,11,16}

Thus, it is perceived that society lives in a culture that is passed down through generations and, influencing and being strongly influenced in everyone's life, where, clearly, society condemns violence in all its forms and representations, however, the cases only increase as time goes by and they keep coming up.¹⁵⁻¹⁷ In this way, a true "cycle of social and silent tolerance" is demonstrated, quite complex to break and, in this way, in addition to the motivations related to victims and suspects of violence, there are several circumstances associated with socio-cultural, economic and religious issues, that exemplify the reasons for a person to be raped, or to be silent, regarding this noisy and criminal fact.^{4,15-17}

Such findings are in agreement with the national planning made by the Ministry of Human Rights, developing as a way of combating the referred issue, the National Campaign to confront Violence against the Elderly.¹⁸ This campaign was based on the production and dissemination of various materials on such situations, in which the elderly, family members and society could more strongly come to face this crime and, in this way, it was possible to achieve social awareness about the mistreatment and violence phenomena.¹⁶⁻¹⁸

When analyzing the frequency of records of complaints of violence against elderly people and their greater preponderance in the Southeast (SE), a relationship was identified with what refers to the scientific literature, when it is maintained that in the aforementioned geographical location, the largest amount of people aged 60 or over, as verified in the National Household Sample Survey (PNAD), developed by the Brazilian Institute of Geography and Statistics (IBGE), now an organ of the Ministry of Economy.¹⁹ In this way, the SE region is characterized as the most populous, industrialized, and in this way, more equipped to carry out records and violence against elderly people in relation to the phenomenon of violence, when compared with the others.^{4,15-16,19}

As for the frequency of reporting complaints of violence against elderly people and their greater preponderance in the state of São Paulo (SP), a correlation with the scientific literature was identified, when it is proposed that the said federative unit (FU) constitutes itself as the most population, when compared to other states, also with the highest number of elderly people.^{14-15,19} The state of SP is also constituted as the one that registers the highest number of records of this phenomenon under analysis.^{4,16-17}

In other studies, it is also identified a high frequency of records of complaints of violence against elderly people, computed in a municipality based in the state of Minas Gerais (MG).²⁰ When analyzing the frequency of violence complaints reports against the elderly and their greater preponderance in females, a correlation with the scientific literature was identified, when it is proposed that women are more populationally in Brazil.¹⁸⁻²⁰

In a survey implemented at the municipal level in Minas Gerais (MG), predominantly records of violence against female persons, white, aged 70-79 years.²⁰ In another study, it was found that in hospital admissions for violence, it was evidenced that men were the most hospitalized for physical violence and other various types of aggressions, prevailing in hospitalizations of elderly women.²¹

When analyzing the greater preponderance of records of violence against elderly people aged between 71 and 80 years, agreement was identified with what is exposed in the scientific literature, when the predominance of victims aged 75 years or more, widows, physically dependent or emotional and living with family members.²² This issue is evidenced in several literature, when it is exposed that the elderly aged 70 years or more, commonly have functional and cognitive limitations due to the increase in their dependence degree.^{20,22-23}

For other researchers, variations for other age groups are also identified, for example, 60 to 69 years old.^{22,24} On the other hand, it is also defended in some researches that, women end up suffering more, in relation to situations of violence, in all age groups, and also, they are more vulnerable to violence, a situation that gets worse, account of the aging process.²⁴⁻²⁵ In this way, violence against female people occurs, for example, due to the prejudiced social thinking of men and women, who identify the female being, while being an inferior being to the man, however, such evidence comes accompanied by questioning in men suffer less violence, or denounce this phenomenon less.²⁶

In relation to the greater preponderance of violence records, aimed at elderly people with some type of disability, agreement was also identified with what is exposed in the scientific literature when it is argued that these elderly people become more dependent on care, treatments, therapies, constituting themselves as patients with their reduced functionality, weakened or not yet accessible for normal use and with quality.²⁵⁻²⁷ Thus, some elderly people are more likely to become a possible victim of abuse or violence, especially those who have some type of dementia, physical disability, or who have an aggressive temperament, or have depression.²⁶⁻²⁷

In this sense and, according to some researchers, it is clarified that the relevance in reporting the main characteristics of the elderly and the aggressors, consists in helping to create a profile of people with a higher risk of situations of violence, serving as an alert for the population and for professionals belonging to multidisciplinary health teams, for greater coverage of the notification and for its prevention.^{21,23,27} About the aggressors, the scientific literature points out that most of the complaints have family members while the main agents mentioned, and more than half of the records, are of the children, followed by the partner or son-in-law / daughter-in-law.²³

This phenomenon is present because the elderly family members assume the caregivers role in a voluntary and informal way, without any preparation or theoretical-scientific knowledge to exercise this role, however, the reduced knowledge about the aging process, associated with difficulty in exercising assistance, most of the time, even in an intuitive way, can generate consequences such as neglect and abandonment.^{8,22-23} The scientific literature points out that most of children are financially dependent, living in the same household, however, relatives and spouses are also among the main aggressors of elderly people.^{4,9}

In this way, it is possible to observe that the proximity to the victim is identified in most cases of violence against the elderly, and in a way, makes family ties and fear the main factors for silence and, thus, allow the appearance of the omission of the complaint.^{4,9,16} According to the results of research that exposes the profile of the suspects of committing abuse or even violence against the elderly, there is an unprecedented finding, as it was found that the greatest preponderance was seen in women, registering approximately 43.16%, while in males, the amount of 38.46% is identified, these values being among the most reported.^{4,28}

In this way, the justification for the high number of women suspected of violence towards the elderly can be inferred, due to the fact that they assume responsibility for the elderly, in terms of providing care and comprehensive care.^{4,23,29} Family structures are constantly being altered for various reasons and in this sense, some reasons such as separations, divorces and new unions, the phenomenon of generations living longer, in addition to the increase in the number of widows, who generally live alone, children who return to live with their parents, are some of the factors related to family conflicts, which generate violence with the elderly.^{14-15,20,22,29}

For other researchers, some events in the past can affect the quality of the relationship between father and son, so that even when the aggressor recognizes the frailty of the elderly, there is a huge psychological and emotional barrier, which corroborate the generation of abuse or violence.³⁰ In this way, small gestures or comments by the elderly person can trigger, in the memory, painful experiences of the child who was ignored, disrespected or mistreated previously in his life.³⁰⁻³¹ On the other hand, one of the arguments that clarify the greater frequency of situations of violence at home, would be the phenomenon of the shock of generations, brought on by disputes over physical space, or also by financial difficulties.^{30,31,32} Regarding the place where violence against the elderly person occurs, there is a high frequency of records identified at the victim's, suspect's or third party's residence.^{8,32}

In this context, the phenomenon of domestic violence constitutes a serious public health problem, which causes serious impacts on the lives of the elderly, affecting their quality of life (QOL), autonomy and the exercise of freedom..^{14,30-31} In relation to the greater preponderance of records of violence against the elderly in relation to negligence, a scientific correlation was identified with the literature, when it is proposed that there are several types of standardized manifestations, which were classified internationally through the typology proposed by the World Health Organization - WHO.³³

Types of abuse can be classified as (1) physical abuse, assaults or inappropriate drug use, (2) psychological / emotional abuse, insults, threats, humiliation, behavior control, confinement, isolation, (3) sexual abuse, contact sexual abuse without consent, (4) financial abuse, misuse or theft of money or goods, (5) neglect, not providing food, housing or medical care, (6) self-neglect, neglect of the elderly person in caring for themselves, which can threaten your health, safety or even life.³³

For other researchers, the most prevalent type was physical violence, followed by neglect / abandonment, justifying that physical violence is more easily detectable.^{20,30,34} In this way, violence can be detected by the health professional, through physical examination, collecting information during the anamnesis in order to remedy whether it was an isolated situation or if it is practiced routinely, for proper planning and intervention.³⁵⁻³⁶

Regarding the types of violence of a psychological and invisible nature, such as the example, verbal and emotional abuse, affect the elderly more negatively, stimulating the emergence of depression, when compared to other visibly perceived naus types.³⁷ For other researchers, the psychological suffering caused can be even worse than the situation of violence itself, leaving deep marks on the victim and on those who observe it, and abuse against elderly people with depression tends to gradually lower QOL or provoke thoughts suicidal.^{31,37}

In relation to what was identified, regarding the underreporting of cases of violence against the elderly, the correlation with what is enshrined in the scientific literature was also identified, when it is argued that the main barrier that makes it difficult to detect violence, is due to the victim's failure to report.¹⁵ In this sense, the reason for this to occur, can be generated by several factors, however, fear is one of the most common causes, as many elderly people are afraid to admit abuse, for fear that the situation may get worse, or else, there is a dependence on the victim associated with the aggressor, or even, difficulty in reporting, related to some type of dementia, fear of distancing from the aggressor, who most of the time is a close person or the family itself.^{15,21,33}

When analyzing the other variables, for example, "age and race / color" of suspected violence, it is noted the difficulty that victims find in registering cases of violence, where the highest percentage of records point to "not informed" , and in this sense, this phenomenon constitutes itself as a hindrance in establishing the profile of the suspects of aggression with excellence and quality.^{15,21,38} Complaints by the elderly person become quite complex, due to the extreme difficulty in penetrating the family's intimacy, where, when compared to the various difficulties that women face in denouncing aggressions made by their own husbands, it is It is possible to observe that this difficulty is greatly extended to the elderly.^{23,39}

In this way, one can raise what leads many elderly people to suffer in silence, and yet, blame themselves for the violence they suffered, for thinking that this issue is normal, because of their age.^{21,39} As previously mentioned, mistreated elderly people are often insecure, fragile and still "impotent" and, for this reason, do not seek specialized public services, where, thus, without having the necessary support from family members, or friends and acquaintances. , it becomes much more difficult and still embarrassing to seek the competent bodies alone.³⁸⁻³⁹

The complexity of this problem is such that, it is proposed by the scientific literature that the subject is inserted in this context, it seems to explain some of the differences in prevalence between countries, and there are still other factors that can be considered, as related phenomena such as, for example , local culture, type of government structure, involvement with religiosity, legislation against violence, the availability of support services for the elderly and institutions that support situations of violence.²⁹⁻³² For other researchers, family

income can also be understood as a related factor, since violence is more prevalent in low-income families, and is even considered a risk factor in some national and international studies.²⁸⁻²⁹

Regarding the education of the abused elderly person, most of the studies show the situations associated with this factor, however, the existence of a consensus based on scientific literature, in which it is correlated, was not identified.⁴⁰ In this sense, the level of education is important in all these situations, because it can affect the elderly, in terms of recognizing their own rights and having the necessary knowledge to register the violence(s) suffered(s).⁴⁰⁻⁴¹

Regarding the fight against the crime of violence against the elderly, it is observed that in the health scenario, compulsory notification was soon stipulated and in 2011, violence was included in the system of diseases and conditions of compulsory notification (SINAN) throughout that is, any health service is obliged to identify and report the cases of violence treated.^{3,42} Such a tool is of great importance in the scope of health, because in this way, it is possible to create the profile of the victims of each location and carry out the necessary preventive measures to directly serve this public.⁴²

In addition, social assistance services, such as the Specialized Social Assistance Reference Center (CREAS), can provide the necessary assistance to these elderly people, who are in situations of vulnerability, and the family who also face this context.³ On the other hand and according to some authors, the Civil Police also plays a fundamental role in relation to elderly victims, being responsible for registering the police report (BO), as well as, in the active search process, about the information collected in the police complaints made through the "Dial 100" service.⁴³

However, despite the denunciations being an important differential for the prevention of violence against the elderly and the promotion of public policies, there are still many problems and existing situations, for the improvement in the effectiveness of the fight and control of this crime.⁴³⁻⁴⁵ The development and expansion of public policies to combat and control violence against the elderly can contribute to tackling it, in a way that identifies this problem as a public health problem.⁴²⁻⁴⁵

The fight against the problem of violence against the elderly is also represented and presents itself as a necessary activity, in the process of greater encouragement for health professionals and institutions, in providing assistance to victims of abuse, assuming more strongly this important responsibility.^{41-42,44} The creation of the Elderly Statute constituted itself as a true milestone in the fight against violence, providing legal support and favoring greater visibility of the various crimes against this population.^{14,43-44}

In this sense, one of the ways to minimize the cases of violence, would be combating the causes and changing the circumstances that favor the mistreatment, not being enough to register the complaint, because the aggressor when close, will always keep in touch with the victim, which can again lead to a situation of violence.⁴³⁻⁴⁵ Therefore, it is necessary to implement a social protection network, capable of supporting the elderly victim and all the people who are also victims in this process.^{41,43,45-46}

Among the various policies to be implemented to combat and control violence against the elderly, the health education and communication process can be suggested as a form of intervention, allowing the construction of a more holistic view of the aggressor, the family and society about the elderly.⁴¹ It is of fundamental importance to expand research programs in this area, focusing on the main characteristics and contexts of abuse situations, so that, in this way, preventive actions are planned, including this theme with schools and health services.^{17,41}

Thus, violence against the elderly presents itself in several ways, whose consequences are often masked by the signs and symptoms of various pathologies that affect this population group and, in this way, the critical and systematic view of the health professional, can save life of a victimized elderly person.^{17,20,25,40,44} As a way of looking at combating all forms of violence directed at the elderly, it is important to remember what is prescribed by the Elderly Statute (EI), in its third article (art. 3), when it is maintained that, it is the obligation of the family, society and the Public Power, to guarantee the elderly the right to life, health, food, education, culture, sport, leisure, work, citizenship, freedom, dignity, respect and family and community coexistence.⁵

Conclusion

Through this research, there was an increase in the frequency of records of cases of violence against the elderly in the analyzed geographical and historical context. As it constitutes a complex national and international phenomenon and, even a public health problem, other studies and research should be encouraged, as a way of better elucidating this social fragility.

Although the present research has weaknesses, it offers a genuine contribution to a better elucidation of this problem, being able to subsidize other productions that analyze issues related to the analyzed theme. The reduced amount of literature that addressed the subject under analysis, in its various fields that make up this noisy phenomenon, may have hampered the development of this research.

On the other hand, the underreporting of the records of cases of violence against the elderly, was also identified in the process of organizing and analyzing the acquired data, making it difficult to better understand the magnitude of the analyzed issue and still generating limitations. As these are complaints of violence against the elderly, it is understood that the frequency of this phenomenon is much higher than what was exposed in the analyzed data, compromising a more robust and holistic analysis of the researched phenomenon.

Other policies and strategies aimed at combating and controlling the crime of violence directed at the elderly need to be developed, aiming at mitigating the frequency of case records. On the other hand, family members of the elderly, associations and defense and support bodies at the district, municipal, state and national levels, in addition to political institutions, need to join forces to ensure that crimes of abuse and violence are brought to bear, rejected and combated in all its instances.

References

1. Miranda GMD, Mendes ACG, Silva ALA. O envelhecimento populacional brasileiro: desafios e consequências sociais atuais e futuras. *Revista Brasileira Geriatria e Gerontologia*. 2016; 19(3):507-519. doi: <http://dx.doi.org/10.1590/1809-98232016019.150140>.
2. Myrrha LJD, Turra CM, Wajnman S. A contribuição dos nascimentos e óbitos para o envelhecimento populacional no Brasil, 1950 a 2100. *Revista Latino-americana de Población*. 2017;11(20): 37-54. doi: <https://doi.org/10.31406/relap2017.v11.i1.n20.2>.
3. Mallet SM, Côrtes MCJW, Giacomini KC, Gontijo ED. Violência contra idosos: um grande desafio do envelhecimento. *Revista Médica de Minas Gerais*. 2016;26(Supl 8):S408-S413.
4. Minayo MCS, Almeida LCC. Importância da política nacional do idoso no enfrentamento da violência. In: Alcântara AO; Camarano AA; Giacomini KC. *Política nacional do idoso: velhas e novas questões*. Rio de Janeiro: Ipea; 2016. 435-456.
5. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 10.741, de 1 de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/2003/10/741.htm. Acesso em: 21 ago 2020.
6. Brasil. Presidência da República. Casa Civil. Subchefia para Assuntos Jurídicos. Lei nº 8.842, de 4 de janeiro de 1994. Dispõe sobre a política nacional do idoso, cria o Conselho Nacional do Idoso e dá outras providências. Disponível em: http://www.planalto.gov.br/ccivil_03/leis/18842. Acesso em: 21 ago 2020.
7. Almeida CAPL, Neto MCS, Carvalho FMFD, Lago EC. Aspectos relacionados à violência contra o idoso: concepção do enfermeiro da Estratégia Saúde da Família. *Revista de Pesquisa: Cuidado é Fundamental*. 2016;11(2):404-410. doi: <http://dx.doi.org/10.9789/2175-531.2019.v11i2.404-410>.
8. Lopes EDS, Ferreira AG, Pires CG, Moraes MCS, D'elboux MJ. Maus-tratos a idosos no Brasil: uma revisão integrativa. *Revista Brasileira de Geriatria e Gerontologia*. 2018;21(5): 628-638. doi: <http://dx.doi.org/10.1590/1981-22562018021.18006>.
9. Silva CFS, Dias CMSB. Violência contra idosos na família: motivações, sentimentos e necessidades do agressor. *Psicologia, Ciência e Profissão*. 2016; 36(3):637-652. doi: <http://dx.doi.org/10.1590/1982-3703001462014>.
10. Yon Y, Mikton CR, Gassoumis ZD, Wilber KH. Elder abuse prevalence in community settings: a systematic review and meta-analysis. *Lancet Global Health*. 2017;5:147-156. doi: [http://dx.doi.org/10.1016/S2214-109X\(17\)30006-2](http://dx.doi.org/10.1016/S2214-109X(17)30006-2).
11. Minayo MCS. Violência contra idosos: o avesso do respeito à experiência e à sabedoria. 2 ed. Brasília: Secretaria Especial dos Direitos Humanos. 2004. 48p. Disponível em: http://www.observatorionacionaldoidoso.fiocruz.br/biblioteca/_livros/18.pdf. Acesso em: 21 ago 2020.
12. Brasil. Ministério da Mulher, da Família e Direitos Humanos. Disque Direitos Humanos Relatório 2018. [livro online]. Brasília: Ouvidoria Nacional dos Direitos Humanos. 2019. Disponível em: https://www.gov.br/mdh/pt-br/acao-a-informacao/ouvidoria/Disque_Direitos_Humanos.pdf/view. Acesso em: 15 abr 2020.
13. Medeiros MS. Disque 100: uma análise da eficácia ao longo do tempo. Brasília: Universidade de Brasília, 2014. Trabalho de Conclusão da Disciplina de Residência em Políticas Públicas. Disponível em https://bdm.unb.br/bitstream/10483/9295/1/2014_MatheusdeSousaMedeiros. Acesso em: 21 ago 2020.
14. Oliveira MLC, Gomes ACG, Amaral COM, Santos LB. Características dos idosos vítimas de violência doméstica no Distrito Federal. *Revista Brasileira de Geriatria e gerontologia*. 2012;15(3): 555-566. doi: <https://doi.org/10.1590/S1809-98232012000300016>.
15. Machado DR, Kimura M, Duarte YAO, Lebrão ML. Violência contra idosos e qualidade de

- vida relacionada à saúde: estudo populacional no município de São Paulo, Brasil. *Ciência e saúde coletiva*. 2020; 25(3): 1119-1128. doi: <https://doi.org/10.1590/1413-81232020253.19232018>.
16. Magalhães T. *Violência e abuso Respostas simples para questões complexas*. Coimbra: Imprensa da Universidade de Coimbra; 2010. p.77-88. Disponível em: [<https://books.google.com.br/books?hl=ptBR&lr=&id=mhrdDwAAQBAJ&oi=fnd&pg=PA7&dq=viol%C3%Aancia+contra+o+idoso&ots=NbvUO9hWZr&sig=etJWW9mNGULg8ur0inVjNNDtWYU#v=onepage&q&f=false>]. Acesso em: 21 ago 2020.
 17. Apratto Junior PC. A violência doméstica contra idosos nas áreas de abrangência do Programa Saúde da Família de Niterói (RJ, Brasil). *Ciência e saúde coletiva*. 2010;15(6): 2983-2995. doi: <https://doi.org/10.1590/S1413-81232010000600037>.
 18. Brasil. Presidência da República. Secretária dos Direitos Humanos. Manual de enfrentamento à violência contra a pessoa idosa. É possível prevenir. É necessário superar. Brasília: SDH/PR. 2013. Disponível em: <http://www.cedi.pr.gov.br/arquivos/File/CEDI/ManualViolenciaIdosogovfedweb.pdf>. Acesso em: 27 abr 2020.
 19. Brasil. Ministério da Economia. Instituto Brasileiro de Geografia e Estatística. Diretoria de Pesquisas Coordenação de Trabalho e Rendimentos. Pesquisa Nacional por Amostra de Domicílios Contínua. Rio de Janeiro: IBGE. 2019. Disponível em: https://biblioteca.ibge.gov.br/visualizacao/livros/liv101651_notas_tecnicas.pdf . Acesso em: 17 jul 2020.
 20. Silva GCN, Almeida VN, Brito TRPP, Godinho MLSC, Nogueira DA, Chini LT. Violência contra idosos: uma análise documental. *Aquichan*. 2018;18(4): 449-460. doi: 10.5294/aqui.2018.18.4.7.
 21. Castro VC, Rissardo LK, Carreira L. Violência contra os idosos brasileiros: uma análise das internações hospitalares. *Revista Brasileira de Enfermagem*. 2018;71(2): 777-785. doi: <http://dx.doi.org/10.1590/0034-7167-2017-0139>.
 22. Sousa DJ, White HJ, Soares LM, Nicolosi GT, Cintra FA, D'elboux MJ. Maus-tratos contra idosos: atualização dos estudos brasileiros. *Revista Brasileira de Geriatria e Gerontologia*. 2010;13(2):321-328. doi: <https://doi.org/10.1590/S1809-98232010000200016>.
 23. Duque A.M, Leal MCC, Marques APO, Eskinazi FMV, Duque AM. Violência contra idosos no ambiente doméstico: prevalência e fatores associados (Recife/PE). *Ciência & saúde coletiva*. 2012;17(8): 2199-2208. doi: <https://doi.org/10.1590/S1413-81232012000800030>.
 24. Rizzieri TL, Barbosa A. Maus tratos ao idoso: Revisão de literatura. *Revista Saúde em Foco*. 2017;9: 394-401. Disponível em: http://portal.unisepe.com.br/unifia/wpcontent/uploads/sites/10001/2018/06/047_maus . Acesso em: 21 ago 2020.
 25. Bolsoni CC, Coelho EBS, Giehl MWC, D'orsi E. Prevalência de violência contra idosos e fatores associados, estudo de base populacional em Florianópolis, SC. *Revista Brasileira Geriatria e Gerontologia*. 2016;19(4):671-682. doi: <http://dx.doi.org/10.1590/1809-98232016019.150184>
 26. Santana IO, Vasconcelos DC, Coutinho MPL. Prevalência da violência contra o idoso no Brasil: revisão analítica. *Arquivos Brasileiros de Psicologia*. 2016;68(1):126-139.
 27. Hildreth CJ, Burke AE, Golub RM. Elder abuse. *JAMA Network*. 2011;306(5):568. doi: <http://dx.doi.org/10.1001/jama.306.5.568>.
 28. Santos MAB, Moreira RS, Faccio PF, Gomes GC, Silva VL. Fatores associados à violência contra o idoso: uma revisão sistemática da literatura. *Ciência & Saúde Coletiva*. 2020; 25(6): 2153-2175. doi: <https://doi.org/10.1590/1413-81232020256.25112018>.
 29. Fraga S, Lindert J, Barros H, Torres-González F, Ioannidi-Kapolou E, Melchiorre MG, Stankunas M, Soares JF. Elder abuse and socioeconomic inequalities: a multilevel study in 7 European countries. *Preventive medicine*. 2014;61:42-47. doi: <http://dx.doi.org/10.1016/j.ypmed.2014.01.008>.

30. Pinto FNFR, Barham EJ, Albuquerque PP. Idosos vítimas de violência: fatores sociodemográficos e subsídios para futuras intervenções. *Estudos e Pesquisas em Psicologia*. 2013;13(3): 1159-1181.
31. Maia PHS, Ferreira EF, Melo EM, Vargas AMD. A ocorrência da violência em idosos e seus fatores associados. *Revista Brasileira de Enfermagem*. 2019; 72(2):64-70. doi: <https://doi.org/10.1590/0034-7167-2018-0014>.
32. Rodrigues RAP, Monteiro EA, Santos AMR, Pontes MLE, Fhon JRS, Bolina AF, Seredynskyj FL, Almeida VC, Giacomini ABL, Defina GPC, Silva LM. Violência contra idosos em três municípios brasileiros. *Revista Brasileira de Enfermagem*. 2017; 70(4): 783-791. doi: <https://doi.org/10.1590/0034-7167-2017-0114>.
33. World Health Organization. Elder Abuse. WHO, 2016. Available in: [https://www.who.int/violence_injury_prevention/violence/elder_abuse/EA_infographic_E N_Jun_18_final]. Access in: 21 ago 2020.
34. Santos CA. Idoso e violência: características e tendências atuais. Natal: Universidade Federal do Rio Grande do Norte, 2018. Trabalho de Conclusão de Curso Ciências Sociais. Disponível em: https://monografias.ufrn.br/jspui/bitstream/123456789/8122/1/IdosoeViol%c3%aancia_Santos_2018. Acesso em: 21 ago 2020.
35. Valente Alves AL. A evolução no número de casos de violência doméstica contra idosos na região norte do Brasil entre 2009 e 2014. Manaus: Universidade do Estado do Amazonas, 2018. Trabalho de Conclusão de Curso (Graduação) – Escola Superior de Ciências da Saúde. Disponível em: <http://177.66.14.82/bitstream/riuea/1009/1/A%20evolu%c3%a7%c3%a3o%20do%20n%c3%bamero%20de%20casos%20de%20viol%c3%aancia%20dom%c3%a9stica%20contra%20idosos%20na%20regi%c3%a3o%20Norte%20do%20Brasil%20entre%202009%20e%202014>. Acesso em: 21 ago 2020.
34. Paraíba PMF, Silva MCM. Perfil da violência contra a pessoa idosa na cidade do Recife-PE. *Revista Brasileira de Geriatria e Gerontologia*. 2015;18(2):295-306. doi: <https://doi.org/10.1590/1809-9823.2015.14047>.
35. Park EO. Tipo mais prevalente de abuso aos idosos e sua correlação com depressão do idoso. *Acta Paulista de Enfermagem*. 2019;32(1):95-100. doi: <http://dx.doi.org/10.1590/1982-0194201900013>.
36. Santos ACPO, Silva CA, Carvalho LS, Menezes MR. A construção da violência contra idosos. *Revista Brasileira de Geriatria e Gerontologia*. 2019;10(1):115-128. doi: <http://dx.doi.org/10.1590/1809-9823.2007.10019>.
37. São Paulo. Secretária Municipal de Saúde. Coordenação de Desenvolvimento de Programas e Políticas de Saúde. Violência doméstica contra a pessoa idosa: orientações gerais. São Paulo: SMS, 2007. Disponível em: http://midia.pgr.mpf.gov.br/pfdc/15dejunho/caderno_violencia_idoso_atualizado_19jun. Acesso em: 21 ago 2020.
38. Alencar Junior FO, Moraes JR. Prevalência e fatores associados à violência contra idosos cometida por pessoas desconhecidas, Brasil, 2013. *Epidemiologia e Serviços de Saúde*. 2018; 27(2): e2017186. doi: <https://doi.org/10.5123/s1679-49742018000200009>.
39. Silva CFS, Dias CMSB, Costa EG, Vilela DSD. Violência contra o idoso na família: há solução? *Brazilian Journal of Development*. 2020;6(5):23278-23289. doi: <http://dx.doi.org/10.34117/bjdv6n5-035>.
40. Mascarenhas MDM, Andrade SSCA, Neves ACM, Pedrosa AAG, Silva MMA, Malta DC. Violência contra a pessoa idosa: análise das notificações realizadas no setor saúde - Brasil, 2010. *Ciência e Saúde Coletiva*. 2012;17(9): 2331-2341. doi: <http://dx.doi.org/10.1590/S1413-81232012000900014>.
41. Plassa BO, Alarcon MFS, Damaceno DG, Sponchiado VBY, Braccialli LAD, Silva JAVE, Marin

MJS. Fluxograma descritor no atendimento à pessoa idosa vítima de violência: uma perspectiva interdisciplinar. Escola Anna Nery. 2018;22(4): e20180021. doi: <http://dx.doi.org/10.1590/2177-9465-EAN-2018-0021>.

42. Camacho ACLF, Alves RR. Revisão integrativa sobre maus tratos contra os idosos na perspectiva da enfermagem. Journal of Nursing UFPE. 2014;9(2): 927-935. doi: <https://doi.org/10.5205/1981-8963-v9i2a10418p927-935-2015>.

43. Distrito Federal. Tribunal de Justiça do Distrito Federal e dos Territórios. O mapa da violência contra a pessoa idosa no Distrito Federal. Brasília: Central Judicial do Idoso, 2013. Disponível em: https://www.tjdft.jus.br/informacoes/cidadania/centraljudicialdoidoso/publicacoes/mapadaviolencia1/mapa_violencia_pessoa_idosa_df_4a_edicao_2019-7. Acesso em: 18 abr 2020.

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