



Violence against the elderly: a documentary study

Violência sobre a pessoa idosa: um estudo documental

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Objective: to associate the sociodemographic characteristics of elderly victims of violence and of the aggressors with types of violence. **Methods:** this is a cross-sectional, analytical, retrospective study developed in a police station. A total of 346 police reports were analyzed, and the statistical analyses of comparisons were made in the Statistical Package for the Social Sciences version 25.0.0.0. **Results:** type of violence was positively associated with area of the city, sex, marital status, schooling, age, place of occurrence, legal basis, and form of notification of the victim. There was a predominance of financial violence among men, while other types of violence, white skin, presence of a partner, and the victim's home as the place of occurrence predominated among women. There was a predominance of male aggressors. **Conclusion:** the police reports indicated the association of different sociodemographic data of victims and aggressors with the types of violence.

Descriptors: Aged; Aging; Violence; Health of the Elderly; Aged Rights.

Objetivo: associar as características sociodemográficas de idosos vítimas de violência e dos agressores com os tipos de violência. **Métodos:** trata-se de um estudo transversal, analítico, retrospectivo, desenvolvido em uma Delegacia. Foram analisados 346 boletins de ocorrência, sendo que as análises estatísticas relativas às comparações foram realizadas com o *software Statistical Package for Social Sciences* versão 25.0.0.0. **Resultados:** observou-se associação positiva entre região da cidade, sexo, estado conjugal, escolaridade, idade, local de ocorrência, embasamento legal e forma de notificação da vítima com o tipo de violência, com predomínio da violência financeira em homens e das mulheres nos outros tipos, de cor de pele branca, com companheiro, no domicílio da vítima. Houve predomínio de agressores do sexo masculino. **Conclusão:** os boletins de ocorrência indicaram a associação de diferentes dados sociodemográficos da vítima e do agressor com os tipos de violência. **Descritores:** Idoso; Envelhecimento; Violência; Saúde do Idoso; Direitos dos Idosos.

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Introduction

Brazil is a country with a significant increase of the elderly population with consequent emergence of complex and persistent health needs⁽¹⁾. Population aging is an impacting phenomenon as it promotes imbalances among the various age groups that lead the existing policies and social resources to inconsistencies, and creating the need of the younger population to become more aware of the importance of their participation in the care of the elderly⁽¹⁻²⁾.

The probability of families having to live with an elderly relative has been growing⁽³⁾. This relationship is permeated by different contexts, such as the existence of psychiatric problems, alcohol/drug use, and other factors that lead to an imbalance in intergenerational relationships and make older people vulnerable to abuse, whether physical, psychological and/or financial, especially when the elderly have some degree of dependence on care^(2,4).

Manifestations of violence against older individuals can be classified as physical/sexual, psychological, financial, negligence, and violation of individual rights. Physical abuse includes actions intended to cause physical pain or injury, such as pushing, pounding, hitting, and assaulting with weapons or objects, while sexual abuse includes offensive sexual behavior as well as physical contact of a sexual nature. Psychological violence is related to actions intended to cause emotional pain, anguish and distress⁽⁵⁾.

Negligence is characterized by the refusal or failure of the responsible people to provide for the elderly who depend on care and assistance in daily life tasks, including food, clothing, shelter, health and medical care, or abandonment. Financial/material exploitation is described as the misuse of money or material goods belonging to the elderly by caregivers or family members⁽⁵⁾. Due to specificities of its action, primary health care is indispensable for the elderly. Primary health care professionals must be prepared to develop the care and embracement strategies with these elderly people⁽⁶⁾.

However, the lack of preparation of health pro-

professionals to deal with the violence against the elderly, either due to difficulties in understanding the situation or the considerable exposure of these professionals in the territory, is noticeable. From this perspective, health services need to address the issue by promoting and preventing situations of violence, and instructing professionals to identify not only the signs of violence, but also the risk situations to which the elderly are exposed. Thus, as nurses have a role in direct care and supervision of the nursing staff and other professionals, their attitude is essential for the comprehensive care to be offered to elderly victims of violence⁽⁶⁾.

By associating the context presented with the trivialization of violence in the daily routine of family relationships and in the forms of social neglect, as well as the professionals' lack of preparation to deal with situations of violence, the importance of deepening the considerations on the theme of violence against the elderly population becomes evident⁽⁷⁾. In this sense, the following research question was raised: What are the sociodemographic conditions and the types of violence to which elderly people are subjected in a city in the countryside of São Paulo?

The present study, therefore, aimed to associate the sociodemographic characteristics of elderly victims of violence and of aggressors with the types of violence.

Methods

Cross-sectional, analytical, retrospective study conducted at the Women's Police Station of the Judicial Police Center of the Civil Police of the State of São Paulo of a medium-sized municipality in the countryside of São Paulo, Brazil, whose elderly population represents 13.6%⁽⁸⁾.

The Judicial Police Center of the Civil Police of the State of São Paulo is organized in the municipality in ten units distributed in five police districts, four specialized police stations that meet the demands of the entire municipality (Homicide Police Station, Women's Police Station, Narcotics Investigations Office, and Special Criminal Unit) and a Civil Police Sta-

tion on duty. As there is no police station specialized in assisting elderly victims of violence in the municipality, the Women's Police Station addresses all cases of abuse against the elderly⁽⁹⁾.

The police reports from October 2016 to March 2017 of the women's police station were analyzed. There was a total of 346 occurrences of violence against elderly men and women. The data collection script, included information regarding sociodemographic characteristics (sex, age, marital status, schooling, skin color) and type of violence. Sociodemographic data of the aggressor and referrals/legal and social outcomes of the complaints were described. The police reports were made available to researchers in a room in the police headquarters.

The variables categorized as dependent were the types of violence (physical; physical/sexual; psychological/moral; neglect/abandonment; financial), and as independent were sex, age, skin color, marital status, schooling. The aggressor was characterized as to sex, age, skin color, profession, marital status, education, relationship with the victim. The relationship between victim/aggressor, place of occurrence, legal basis and form of complaint were also described. It is worth noting that there were data losses due to lack of information in the reports, especially regarding the characteristics of the aggressor.

The inclusion criteria were reports of violence suffered by elderly individuals, who as defined here as persons aged 60 years or over, of both sexes, and residing in the municipality of data collection. The exclusion criteria were residence out of the municipality studied; police report without information about the age of the victim; police reports that did not fit as violence against elderly people.

Data were entered into a spreadsheet, and statistical analyses were made in the Statistical Package for the Social Sciences version 25.0.0.0. The analysis used the Pearson's chi-square test and the extension of Fisher's exact test. The conclusions were obtained by inferential analyses with significance level α equal to 5% ($p \leq 0.050$).

The project was approved by the Research Eth-

ics Committee of the Faculty of Medicine of Marília, under Presentation Certificate for Ethical Appraisal n^o 73664417,1,0000,5413, respecting the standards established for research involving humans by the National Health Council in the Resolution 466/2012, according to the opinion n^o 2,253,887/2017.

Results

Table 1 shows the distribution of the type of violence and the dependent variables of the elderly victims of violence registered at the police station.

Table 1 – Distribution of type of violence and dependent variables of victims registered at the police station

Variables	Types of violence					Total	p*
	Finan- cial	Physi- cal	Psycho- logical/ Moral	Se- xual	Associated violence forms		
Gender							<0.010
Male	103	15	35	1	4	158	
Female	90	16	57	3	22	188	
Age (years)							<0.010
60-69	113	20	62	1	9	205	
70-79	54	10	25	3	9	101	
> 80	26	1	5	0	8	40	
Skin color							<0.050
White	167	25	75	4	16	287	
Black	3	0	6	0	0	9	
Brown	15	5	9	0	4	33	
Yellow	6	0	2	0	2	10	
Not informed	2	1	0	0	4	7	
Marital status							<0.010
With partner	98	18	39	2	7	164	
Without partner	74	10	46	1	6	137	
Not informed	21	3	7	1	13	45	
Schooling							<0.010
Illiterate	1	0	7	0	1	9	
Primary school	64	11	41	2	4	122	
High school	36	5	22	1	3	67	
Higher education	38	4	8	0	1	51	
Not informed	54	11	14	1	17	97	
Total	193	31	92	4	26	346	

*Pearson's chi-square test and extension of the Fisher's exact test

Regarding the socioeconomic characteristics of the victims, there was a positive association ($p < 0.050$) between sex and type of violence; financial violence predominated among men and other types among women. There was a positive association between the victim's schooling and the type of violence, with primary school level predominating in all types of violence, and illiterate level in psychological/moral violence.

Table 2 – Distribution of the relationship between type of violence, independent variables of the aggressor, and aggressor/victim relationship registered at the police station

Variables	Types of violence					Total	p*
	Finan- cial	Physi- cal	Psycho- logical/ Moral	Se- xual	Associated violence forms		
Gender							<0.010
Male	31	15	63	2	13	124	
Female	13	9	20	1	6	49	
Not informed	149	7	9	1	7	173	
Age							0.510
≥17	0	1	1	1	0	3	
18-59	11	11	35	1	7	65	
> 60	1	3	5	0	1	10	
Not informed	181	16	51	2	18	268	
Occupational status							<0.050
Employed	14	4	17	0	2	37	
Unemployed	2	2	5	0	0	9	
Not informed	177	25	70	4	24	300	
Skin color							<0.010
White	22	17	51	3	10	103	
Black	1	1	5	0	0	7	
Brown	14	3	19	0	2	38	
Yellow	0	0	1	0	0	1	
Not informed	156	10	16	1	14	197	
Schooling							<0.010
Illiterate	0	0	0	1	0	1	
Primary school	5	4	9	1	0	19	
High school	3	0	3	0	0	6	
Higher education	0	0	3	0	0	3	
Not informed	185	27	77	2	26	317	
Aggressor/victim relationship							<0.010
Family member	7	14	41	1	17	80	
Professional	1	0	2	0	0	3	
Non-relative	13	8	33	0	2	56	
Unknown	172	9	16	3	7	207	
Total	193	31	92	4	26	346	

*Pearson's chi-square test and extension of the Fisher's exact test

Table 2 shows the distribution of the relationship between type of violence, independent variables of the aggressor, and the aggressor/victim relationship registered at the police station.

There was a positive association ($p < 0.010$) of the predominance of the male sex, employed situation, self-declared white color, and elementary education with psychological/moral violence. However, information about the aggressors was incomplete in the police reports, or was not collected. Regarding the aggressor/victim relationship, unknown aggressors present a tendency to engage in financial violence, while family members in psychological/moral violence.

Table 3 shows the distribution of the types of violence registered at the police station in relation to the place of occurrence, legal basis, and form of complaint.

Table 3 – Distribution of types of violence registered at the police station

Variables	Types of violence					Total	p*
	Finan- cial	Physi- cal	Psycho- logical/ Moral	Se- xual	Associated violence forms		
Place of the occurrence							<0.010
Home	109	24	81	2	24	240	
Trade and services	54	5	6	1	0	66	
Rural unit	11	0	0	0	0	11	
Public service	19	2	5	1	2	29	
Legal foundation							<0.010
Criminal code	188	18	56	4	10	276	
Statute of the elderly	2	2	3	0	14	21	
Maria da penha	2	11	28	0	2	43	
Not informed	1	0	5	0	0	6	
Form of complaint							<0.010
In person	193	28	89	4	10	324	
Not in person	0	3	3	0	16	22	
Total	193	31	92	4	26	346	

*Pearson's chi-square test and extension of the Fisher's exact test

The aggressions occurred predominantly in the victim's home, with legal basis in the penal code, in person, and were positively associated ($p < 0.05$) with financial violence, which was the most reported.

Discussion

The lack of information in the records was the main limiting factor of this study, especially hindering the characterization of the aggressors. Another limitation was the realization of the study in a single municipality. This shows the need to properly register the reports of abuse against the elderly, especially data about the aggressor, in order to contribute with information so that professionals from the areas involved in the assistance (social, legal and health) to these victims may intervene more effectively.

However, the data presented made it possible to show the extent of the problem and its complexity. Financial violence, the type of violence most commonly found among the analyzed events, leads the elderly to suffer consequences such as low self-esteem, sadness and depression, among other health problems. Health professionals need to be prepared to identify this type of violence, so as to propose interventions⁽¹⁰⁾. The risk factors for violence against the elderly demonstrated that acts of violence occur due to cognitive problems, frailty, needs related to physical health, and widowhood of the elderly. In addition, caregiver stress and generational transmission of violent behaviors are common⁽¹¹⁾.

According to the literature, 78.9% of elderly victims of violence are female⁽¹²⁾, which is line with the findings of the present study. This fact can be explained by the representation of women in society, marked by prejudice and reprisals in various areas and various age groups, worsening in old age⁽¹³⁾.

Regarding the age of the victim, the present study meets findings that show a predominance of the age group 60-65 years, indicating that independence and autonomy of elderly individuals facilitate the process of denunciation of the violence⁽¹⁴⁾. Older seniors often find it difficult to seek out help in specialized organs. Thus, due to obstacles in terms of access and fears and concerns that surround their daily lives, they sometimes avoid to speak up and report the acts of violence⁽⁵⁾.

Furthermore, the fear of being abandoned or retaliated by their relatives, of being taken to nursing homes, as well as low self-esteem due to their state of physical and economic dependence and even the contradictory feelings that involve denouncing the people around them, legally damaging them, increase the likelihood of these elderly people omitting situations of abuse^(12,15).

A study conducted in the Northeast of the country confirms that elderly people who were accompanied suffered more violence than those who lived alone⁽⁷⁾. In this research there was also a higher prevalence of elderly individuals living with partners, except when it comes to psychological/moral violence.

The level of education was also related to their ability to understand the abuse and to do something to combat or even prevent it. In rural areas, it is possible that the low level of education increases the chance of the elderly to suffer violence⁽¹⁶⁾. Thus, low education and lack of company form a set of risk factors for situations that lead to abuse, especially neglect⁽¹⁷⁾.

A study on the sociodemographic characterization of aggressors showed that most of them were male, had a family kinship with the victim, were mostly children (66.4%) and aged on average 46 years⁽¹²⁾. This data is similar to what was reported here, although the majority of aggressors were not identified in the present survey.

According to a Wall Street Journal report, there has been a significant increase in unemployed young people seeking to return to their former homes, living again with older parents or relatives⁽¹⁰⁾, and possibly raising cases of abuse against the elderly⁽¹¹⁾.

Due to retirement or the condition of decreased functional capacity cause elderly people to tend to stay most of the time at home. It is understandable therefore that there were more occurrences in this space. This also corroborates findings that showed that 84.6% of the occurrences of violence against elderly individuals occurred in their own homes and 9.6% in commercial establishments⁽¹²⁾.

It is also emphasized that the changes typical

of the senescence process make these elderly vulnerable to suffering violence by unknown people in public places. In the light of the issue of cognitive decline, it is possible to realize that many older people can easily be persuaded by ill-intentioned sellers, becoming vulnerable to financial scams, as they have techniques that psychologically influence the victim, confusing the cognitive process of the elderly when taking a decision⁽¹⁸⁾.

In this context, it is possible for the elderly to be easily exposed also to interventions by people who, at first, represent a source of some benefit, especially in the emotional sense, and then take advantage of the physical and cognitive fragility so as to easily practice this type of violence. Although to a lesser extent, the occurrence of violence against the elderly in commercial establishments also draws attention and reinforces the vulnerability of these people to the numerous offers of loans or other forms of financing linked to their retirement.

It is up to health professionals to deal with situations of care to victims of aggression, always seeking to create an atmosphere of trust and tranquility. They must emphasize the fact that they always respect the will of the elderly, but always taking into account the cognitive/mental capacity of these persons, performing the necessary referrals to improve the quality of care of these victims of violence⁽¹⁹⁾.

According to article 19 of Law nº 10,741, health professionals must notify cases of violence against the elderly when they confirm or suspect their occurrence. Besides receiving health care, elderly victims should be referred to care in other sectors, such as those of legal and/or social care, with a view to making the aggressor accountable and mitigating their suffering⁽⁶⁾.

Challenges in the effectiveness of care and support for elderly victims of violence may be associated with work overload, lack of safety of professionals, and disarticulated work dynamics with the security network, in addition to the deficient training of these professionals on this theme. Thus, it is necessary to reorganize the care networks and training courses considering the importance of this problem.

Conclusion

It was observed in the present investigation that in most cases, the victims of aggressions were at home, had completed elementary school, had suffered financial violence in the case of men and psychological/moral in women, and victims with partners predominated in all types of violence, with exception of psychological/moral violence. As for the perpetrator, there was a predominance of males. Unknown people had a tendency to engage in financial violence, while family members in psychological/moral violence. The cases were notified in person, based on the penal code, thus indicating that there is underutilization of crimes listed by the statute of the elderly. It was also observed a lack of information about the aggressors in the police reports, making it difficult to characterize their profiles.

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Collaborations

Alarcon MFS, Damaceno DG and Marin MJS contributed to the conception, design of the project, analysis, interpretation of data, and writing of the article. Lazarini CA collaborated with the analysis and interpretation of data. Braccialli LAD and Sponchiado VBY collaborated with relevant critical review of the intellectual content and final approval of the version to be published.

References

1. Miranda GMD, Mendes ACG, Silva ALA. Population aging in Brazil: current and future social challenges and consequences. *Rev Bras Geriatr Gerontol.* 2016; 19(3):507-19. doi: <http://dx.doi.org/10.1590/1809-98232016019.150140>

2. Martins R, Neto MJ, Andrade A, Albuquerque C. Abuse and maltreatment in the elderly. *Atenç Prim*. 2014; 46(5):206-9. doi: [http://dx.doi.org/10.1016/S0212-6567\(14\)70093-9](http://dx.doi.org/10.1016/S0212-6567(14)70093-9)
3. Pedro WJA, Mena-Chalco JP. O envelhecimento na Sociologia brasileira contemporânea: notas preliminares. *Rev Kairós [Internet]*. 2015 [citado 2019 jun 13]; 18:31-47. Disponível em: https://www.researchgate.net/publication/300185183_O-envelhecimento_na_Sociologia_brasileira_contemporanea_notas_preliminares
4. Couto AM, Castro EAB, Caldas CP. Experiences to be a family caregiver of dependent elderly in the home environment. *Rev Rene*. 2016; 17(1):76-85. doi: <http://dx.doi.org/10.15253/2175-6783.2016000100011>
5. Brownell P. A reflection on gender issues in elder abuse research: Brazil and Portugal. *Ciênc Saúde Coletiva*. 2016; 21(11):3323-30. doi: <http://dx.doi.org/10.1590/1413-812320152111.23142016>
6. Oliveira KSM, Carvalho FPB, Oliveira LC, Simpson CA, Silva FTL, Martins AGC. Violence against the elderly: the conceptions of nursing professionals regarding detection and prevention. *Rev Gaúcha Enferm*. 2018; 39:e57462. doi: <http://dx.doi.org/10.1590/1983-1447.2018.57462>
7. Nogueira CF, Freitas MC, Almeida PC. Violência contra idosos no município de Fortaleza, CE: uma análise documental. *Rev Bras Geriatr Gerontol*. 2011; 14(3):543-54. doi: <http://dx.doi.org/10.1590/S1809-98232011000300014>
8. Instituto Brasileiro de Geografia e Estatística. Censo demográfico [Internet]. 2010 [citado 2019 jun. 10]. Disponível em: <https://cidades.ibge.gov.br/brasil/sp/marilia/panorama>
9. Plassa BO, Alarcon MFS, Damaceno DG, Sponchiado VBY, Braccialli LAD, Silva JAVE, et al. Flowchart of elderly care victims of abuse: an interdisciplinary perspective. *Esc Ana Nery*. 2018; 22(4):e20180021. doi: <http://dx.doi.org/10.1590/2177-9465-ean-2018-0021>
10. Sampaio TSO, Sousa WP, Sampaio LS, Ferreira MJS, Prado APS. Violência financeira em idosos. *C&D - Rev Eletr FAINOR [Internet]*. 2017 [citado 2019 mar. 5]; 10(3):363-75. Disponível em: <http://srv02.fainor.com.br/revista/index.php/memorias/article/view/665>
11. Gil AP, Santos AJ, Nicolau R, Santos C. Fatores de risco de violência contra as pessoas idosas: consensos e controvérsias em estudos de prevalência. *Configurações*. 2015; 16:75-95. doi: <http://dx.doi.org/10.4000/configuracoes.2852>
12. Irigaray TQ, Esteves CS, Pacheco JTB, Grassi-Oliveira R, Argimon IIL. Maus-tratos contra idosos em Porto Alegre, Rio Grande do Sul: um estudo documental. *Estud Psicol*. 2016; 33(3):543-51. doi: dx.doi.org/10.1590/1982-02752016000300017
13. Silva ACLG, Coelho EBS, Moretti-Pires RO. O que se sabe sobre o homem autor de violência contra a parceira íntima: uma revisão sistemática. *Rev Panam Salud Pública [Internet]*. 2014 [citado 2019 mar. 5]; 35(4):278-83. Disponível em: <https://apps.who.int/iris/handle/10665/295893>
14. Garbin CAS, Joaquim RC, Rovida TAS, Garbin AJI. Elderly victims of abuse: a five year document analysis. *Rev Bras Geriatr Gerontol*. 2016; 19(1):87-94. doi: dx.doi.org/10.1590/1809-9823.2016.15037
15. Castro VC, Rissardo LK, Carreira L. Violence against the Brazilian elderlies: an analysis of hospitalizations. *Rev Bras Enferm*. 2018; 71(suppl 2):777-85. doi: <http://dx.doi.org/10.1590/0034-7167-2017-0139>
16. Tonezer C, Trzcinski C, Dal Magro MLP. As vulnerabilidades da velhice rural: um estudo de casos múltiplos no Rio Grande do Sul. *Desenvolv Quest*. 2017; 15(40):7-38. doi: <https://doi.org/10.21527/2237-6453.2017.40.7-38>
17. Skirbekk V, James KS. Abuse against elderly in India - the role of education. *BMC Public Health*. 2014; 14:336. doi: <http://dx.doi.org/10.1186/1471-2458-14-336>
18. DeLiema M, YonY, Wilber KH. Tricks of the trade: motivating sales agents to con older adults. *Gerontologist*. 2016; 56(2):335-44. doi: <https://doi.org/10.1093/geront/gnu039>
19. Camacho ACLF, Alves RR. Mistreatment against the elderly in the nursing perspective: an integrative review. *Rev Enferm UFPE on line [Internet]*. 2015 [cited Jun 13, 2019]; 9(2):927-35. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10418/11201>