

Violence against the elderly in the Northeast region of Brazil from 2012 to 2018

Violência contra a pessoa idosa na região Nordeste do Brasil no período de 2012 a 2018

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ABSTRACT | OBJECTIVE: To describe violence against the elderly in the Northeast region of Brazil from 2012 to 2018. **METHODOLOGY:** Descriptive ecological time series study using secondary data from the Notifiable Disease Information System - SINAN for the period 2012 to 2018, available on the DATASUS website. The population consisted of elderly people aged 60 years and over. Variables were chosen: region of occurrence, year of notification, gender, race/color, education, place of occurrence, type of violence and characteristics of the aggressor. **RESULTS:** In the period, 18,357 cases of violence against the elderly were registered, with an increase, with the highest proportion in the state of Pernambuco (6668; 36.3%), with a predominance of females (9393; 51.2%), brown (11,250; 61.3%) and ≤ 3 years of education (4,238; 60.5%). It is observed that violence occurs predominantly in the elderly's own homes (11,174; 60.9%), with physical violence being the most frequent (28.0%), followed by neglect/abandonment (17.3%). Children committed the greatest number of cases of violence (5578; 43%). **CONCLUSION:** The number of cases of violence against the elderly increases every year in the Northeast region, with women with low education being the most affected. The data presented point to the need for specific interventions to prevent and control violence against the elderly.

DESCRIPTORS: Elder abuse. Violence. Seniors. Health Information System. Epidemiology.

RESUMO | OBJETIVO: Descrever a violência contra a pessoa idosa na região Nordeste do Brasil no período de 2012 a 2018. **METODOLOGIA:** Estudo descritivo ecológico de série temporal utilizando dados secundários do Sistema de Informação de Agravos de Notificação - SINAN no período de 2012 a 2018, disponíveis no site DATASUS. A população foi constituída por idosos na faixa etária de 60 anos e mais. Elegeram-se as variáveis: região de ocorrência, ano de notificação, sexo, raça/cor, escolaridade, local de ocorrência, tipo de violência e característica do agressor. **RESULTADOS:** No período foram registrados 18.357 casos de violência contra o idoso, ocorrendo aumento, com maior proporção no estado de Pernambuco (6668; 36,3%), com predominância no sexo feminino (9393; 51,2%), pardos (11.250; 61,3%) e ≤ 3 anos de estudo (4.238; 60,5%). Observa-se que a violência acontece predominantemente na própria residência dos idosos (11.174; 60,9%), sendo a violência física a mais frequente (28,0%), seguida por negligência/abandono (17,3%). Maior número de registro de casos de violência foi cometido pelos filhos (5578; 43%). **CONCLUSÃO:** O registro de casos de violência contra os idosos aumenta a cada ano na região Nordeste, sendo as mulheres com baixa escolaridade as mais acometidas. Os dados apresentados apontam à necessidade de intervenções específicas de prevenção e controle da violência contra o idoso.

DESCRITORES: Abuso de idosos. Violência. Idosos. Sistema de Informação em Saúde. Epidemiologia.

Introduction

Population aging is an evident phenomenon worldwide. This process involves changes in demographic aspects and epidemiological aspects represented by the emergence and increase of specific diseases of the elderly population.¹ In addition, one of the consequences of longevity is the increase in violence against the elderly, constituting a major challenge for public health, especially for developing countries, and demanding a comprehensive response of public policies.²⁻³

Worldwide, it is estimated that 1 in 6 elderly people have suffered some type of violence and that 15.7% of people aged 60 or older are subject to abuse and ill-treatment.⁴ However, despite the severity of its consequences, large gaps remain in estimating the prevalence of elder abuse.⁵

It should be emphasized that not all episodes of violence that occur with the elderly come to the knowledge of the health authorities, thus considering an underestimation of this estimate because the elderly are often afraid to report cases of abuse to family, friends, or authorities and because data on the extent of the problem in care institutions are scarce.⁶⁻⁷ According to the World Health Organization, the number of people affected is expected to increase even more, as many countries face a rapidly aging population without proper preparation for this demographic change.⁴

It is appropriate to highlight that changes resulting from age can lead to changes in the physiological process and lifestyle, including reducing the physical and mental capacity of the human being, leading them to become more vulnerable to violence as the degree of dependence increases.^{2,8} Moreover, in societies where there is no preparation for the phenomenon of longevity, people's exposure to illness and violence is even greater.

Violence against the older person can be defined as any act or lack of action that results in some unnecessary, purposeful, or thoughtless damage or suffering,

which may occur mainly within a relationship in which there is trust.⁹ That can be practiced inside or outside the family environment, by some family member or by other people who play a superior role over the older person, such as caregivers.⁹ Also, according to the WHO, a phenomenon of violence committed with the old person can bring physical and psychosocial consequences, such as hematomas, small scratches, isolation, anxiety, depression, hospitalizations, and disabilities, and may constitute relatively minor damage to serious and permanent damage, or even death.^{7,9}

The different ways in which violence against the old person usually appears can be distinguished into five categories. Physical violence, which is the intentional use of force or power in order to cause pain and suffering; sexual abuse, which may involve any unconsented sexual activity; psychological violence, which includes any conduct that causes emotional damage; financial abuse, which involves an unlawful appropriation of property and personal and monetary gains of an elderly person; finally, neglect and abandonment, one of the most frequent forms of violence, usually on the part of a caregiver, interfering in the physical and mental health needs of an elderly person.⁹⁻¹⁰

In Brazil, cases of suspected or confirmed violence against the elderly have been the subject of compulsory notification since the implementation of the Elderly State in 2003¹¹, and this notification is also an obligation for care provided in health services with Law no 12,461, of July 26, 2011.¹² Thus, with support in the legislation, the fight against violence against the elderly gained more effective tools to identify the problem.

Also, concerning the protection and care of the elderly, the Statute of the Elderly through Law no 10,741, of October 1, 2003, assumes a fundamental role in how old age is seen and treated in Brazilian society. It determines that everyone (family, community, society, and public power), with absolute priority, should guarantee the old person, among several other rights, the right to health, food, respect, and finally to a dignified life in their family and community coexistence.¹³

In this context, health professionals, including nursing professionals, play an important role in coping with this problem through sensitive listening and attentive observation of communication, behavior, expressions, and risk factors.^{3,14} Even though it is a challenge, coping with violence against the elderly, many cases could be avoided if there were greater commitment and intervention and education actions directed at family members and caregivers of the elderly.¹⁴

Given the epidemiological and social severity of violence committed against the elderly, it is relevant to know how this disease has occurred in some regions of the country, contributing to expand information about this problem and thus subsidize prevention strategies. Unfortunately, in the Northeast region, there is a scarcity of research on this problem.

Thus, the investigative question was "What is the profile of violence against the elderly in the Northeast region of Brazil from 2012 to 2018?". Thus, this study aims to describe violence against the old person in the Northeast region of Brazil from 2012 to 2018.

Method

This is a descriptive, ecological study of time series carried out with secondary data obtained through consultations with SINAN (Notifiable Diseases Information System), made available by the Department of Informatics of the Unified Health System (DATASUS), at the e-mail address www.datasus.gov.br, health information (TABNET)/epidemiological and morbidity. SINAN is nourished by the notification and verification of diseases and diseases of compulsory notification from health services, which forward a route of notification to the Epidemiological Surveillance of the Municipal Health Departments, following to the State Department (SESA) and the Ministry of Health.

The study population consisted of cases of violence against the elderly in the Northeast region of Brazil, registered notifiable diseases information system – SINAN from 2012 to 2018. The data were accessed in September/October 2020. Elderly aged 60 and over were included. The cases recorded as ignored for any selected variables were excluded from the analysis.

The variables selected for analysis were those already existing in the system: region of occurrence, year of notification, gender, race/color, schooling, place of occurrence, type of violence, and characteristic of the aggressor.

For data analysis, tables were elaborated using the Excel and Word program of the Microsoft Office 2016 software and the DATASUS Tabnet Program. The information related to the variables of interest was analyzed through absolute frequency and relative frequency and presented in tables and graphs.

The study followed Resolution 466/12 of the National Council of Ethics in Research and used secondary data from the public domain. Thus, it has no ethical and moral implications and does not require the authorization of the research ethics committee.

Results

In the period analyzed from 2012 to 2019, 18,357 cases of violence against the old person were recorded, evidencing Pernambuco as the state with the highest number of cases (6,668 cases), representing 36.3% of the total. Regarding the year of notification, it can be observed that 2018 was the year in which the most violence against the older person was recorded (Table 1). There was a 158% increase in case registration between 2012 and 2018.

Table 1. Domestic, sexual and other violence against the old person per year of notification and State of occurrence in the Northeast region from 2012 to 2018

Year of notification	States									Total
	MA	PI	CE	RN	PB	PE	AL	SE	BA	
2012	175	106	94	91	356	350	129	45	259	1605
2013	188	193	125	132	486	536	127	80	375	2242
2014	120	73	201	120	135	533	162	68	415	1827
2015	113	101	302	123	150	712	169	83	414	2167
2016	73	157	482	138	65	1173	184	42	479	2793
2017	104	141	595	158	170	1547	241	79	542	3577
2018	144	166	744	183	172	1817	208	105	607	4146
Total	917	937	2543	945	1534	6668	1220	502	3091	18357

Source: Ministry of Health/SVS - Notifiable Diseases Information System - Sinan Net.

Table 2 shows data on violence against the old person according to gender, race/color, schooling, and notification states in the Northeast region. Regarding gender, the data showed that violence was higher in females (9393; 51.2%) than in males (8963; 48.8%) Cases. Regarding color/race, violence cases were markedly higher in elderly people who declared themselves brown (11250; 61.3%). Regarding schooling, the data reveal that violence occurs more among the elderly with less schooling from 1 to 3 years of schooling (2167; 30.9%) and for those who do not have education or less than one year of study (2071; 29.6%). The latter two total 60.5% of the total. It is observed that for the elderly who have 15 years or more of study, a lower frequency of violence is recorded (228; 3.3%).

Table 2. Domestic, sexual and other violence against the old person according to gender, race/color, schooling and reporting region in the Northeast region in the period 2012 and 2018

Variables	States									Total
	MA	PI	CE	RN	PB	PE	AL	SE	BA	
Gender										
Male	406	509	1320	543	724	2667	752	229	1813	8963
Female	511	428	1223	402	810	4000	468	273	1278	9393
Race/color										
White	110	145	434	226	146	907	117	95	290	2470
Black	105	85	120	46	31	373	52	50	343	1205
Brown	562	528	1853	541	1247	4546	485	153	1335	11250
Yellow	7	17	3	2	3	38	12	2	20	104
Indigenous	3	1	8	-	8	12	11	-	7	50
Ignored	130	161	125	130	99	792	543	202	1096	3278
Schooling (years of study)										
Without instruction and < 1 year	146	163	547	86	222	430	170	34	273	2071
1 - 3 years	165	177	614	103	104	556	104	29	315	2167
4 - 7	142	103	289	43	193	346	46	20	209	1391
8 - 10	55	39	89	23	88	144	27	9	119	593
11 - 14	31	53	82	27	64	160	22	6	108	553
≥15	14	11	26	12	48	74	13	6	24	228
Not determined	363	390	893	648	813	4938	838	398	2036	11317

Source: Ministry of Health/SVS - Notifiable Diseases Information System - Sinan Net

According to the data in Table 3, it is observed that violence occurs predominantly in the residence of the elderly (11174; 60.9%), and then on public road (2446; 13.3%).

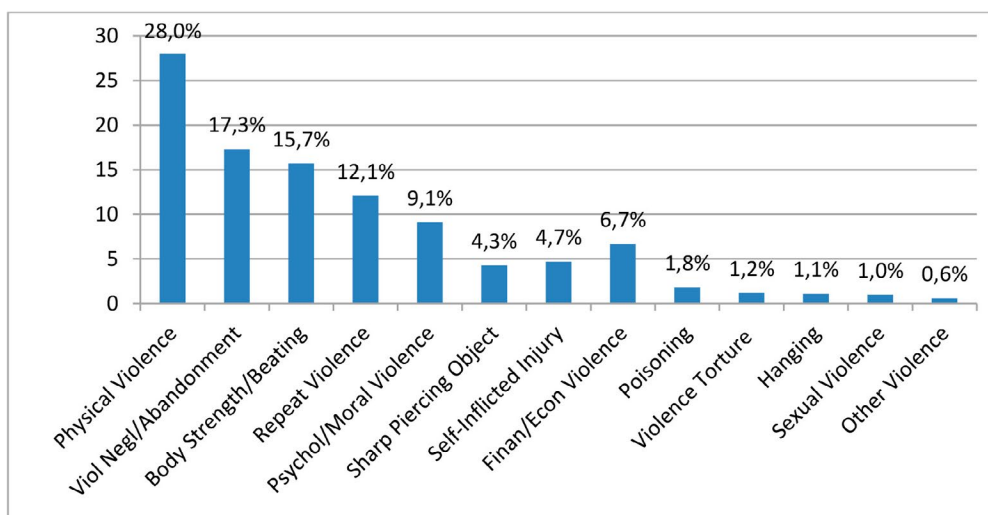
Table 3. Domestic, sexual and other violence against the old person according to place of occurrence and reporting region in the Northeast region, from 2012 to 2018

Local occurrence	State									Total
	MA	PI	CE	RN	PB	PE	AL	SE	BA	
Residence	636	557	1562	479	1010	4675	520	302	1433	11174
Public Road	147	111	514	97	264	558	169	35	548	2443
Bar Or Similar	14	32	33	10	26	52	10	4	61	242
Trade/Services	12	25	25	8	5	55	8	8	22	168
Collective Housing	3	6	13	7	9	47	9	7	19	120
School	2	1	7	-	2	3	2	1	5	23
Industry/Construction	4	-	3	1	-	7	1	-	2	18
Sports Venue	-	-	2	-	-	7	3	-	-	12
Other	41	21	265	26	32	335	34	15	81	850
Ignored/White	58	184	119	317	186	929	464	130	920	3307
Total	917	937	2543	945	1534	6668	1220	502	3091	18357

Source: Ministry of Health/SVS - Notifiable Diseases Information System - Sinan Net

Regarding the nature of violence (Figure 1) the most frequent were physical violence (28.0%), followed by violence by negligence and abandonment (17.3%). Sexual violence presented the lowest percentage (1.0%).

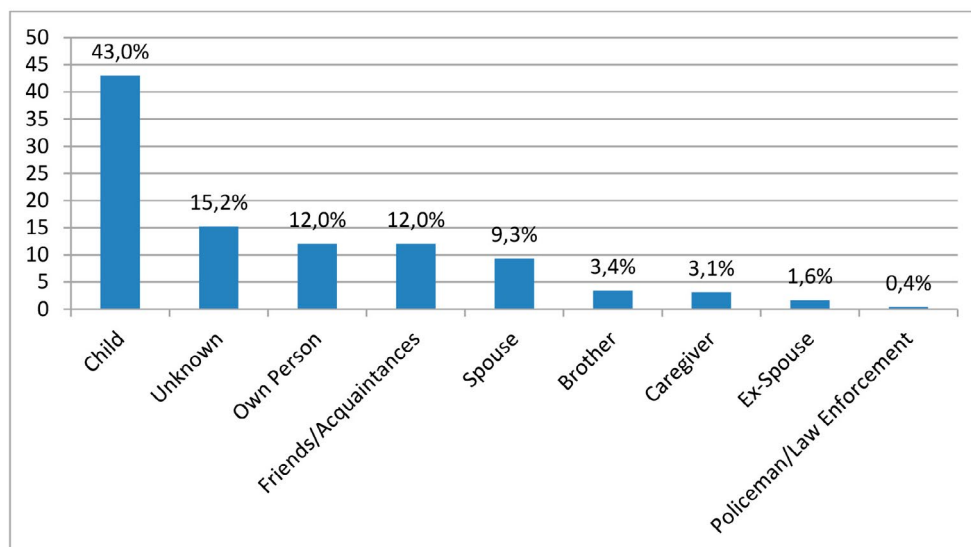
Figure 1. Percentage of reported cases of violence against the old person according to the type of violence in the Northeast region, from 2012 to 2018



Source: Ministry of Health/SVS - Notifiable Diseases Information System - Sinan Net

Regarding the profile of the aggressor, it is observed that the highest number of cases of violence was committed by the children (43.0%), followed by unknown (15.2%) (Figure 2).

Figure 2. Frequency of recorded cases of violence against the old person according to the profile of the aggressor in the Northeast region, from 2012 to 2018



Source: Ministry of Health/SVS - Notifiable Diseases Information System - Sinan Net

Discussion

As pointed out in the introduction, violence against the elderly is a large and complex public health problem, consisting of several interconnected factors related to the family environment, the victim, and the perpetrator of the aggression.¹⁵⁻¹⁶

According to the data presented, the study shows that the number of violence cases against older people was higher in 2018, with the Pernambuco region being the largest number in all years. A survey on violence against the elderly in Recife in the capital of Pernambuco shows an increase in notifications by health services, from 1.46% in 2009 to 3.37% in 2012.¹⁷

Although the increase in the prevalence of violence against the healthy, studies dealing with the subject are still scarce, making it difficult to make differences between the various regions of the Brazilian territory. The literature considers insufficient information on the nature and extent of elder abuse in low-income countries, and most existing studies have been conducted in high-income countries, making prevention and treatment strategies incipient.³

The profile identified in the study revealed that most of the elderly who are victims of violence are women. Studies indicate that elderly women are more likely than elderly men to experience emotional and financial abuse.^{3,18} Greater probability of women suffering violence can be explained by greater longevity and consequently greater loss of independence in activities of daily living and greater cognitive impairment.¹⁸ However, for the authors, there is still the fact that it represents a continuation of the violence practiced by the partner and that in some cultures, women are more socially trained to endure mistreatment.

Results of a study conducted with data obtained in police stations of the elderly in three municipalities, Ribeirão Preto (São Paulo), Teresina (Piauí), and João Pessoa (Paraíba), in the period from 2009 to 2013, also found that violence against the elderly is higher in females and that the victims' relatives are the main aggressors, even when family members did not live with the victim.¹⁹

The finding of a higher frequency of violence against the elderly with fewer years of schooling is justified by the fact that low schooling is linked to precarious social conditions and poverty. An elderly person living in a context of personal and family poverty is much less likely to escape this situation than older people who have better financial conditions.²⁰⁻²¹ These data also reveal important social inequalities in the occurrence of violence against the elderly.

Regarding the place of occurrence of violence against the elderly, it was possible to identify that they happen in the vast majority in their own homes. Explanations for this fact refer to the quality of the victim's relationships with their families and the degree of dependence, aspects that can determine the way the caregiver will conduct the situation, acting positively or negatively.¹⁶ For these authors, the elderly suffer a higher risk of abuse when they are more dependent on performing daily activities, when the aggressors are more dependent on the elderly, especially young people who need housing and financial assistance, reaffirming that there is a relationship of interdependence between the aggressor and the victim.

Although the family should be the site of the main support system of the elderly in society, the unpreparedness of family members and caregivers, the history of violence among relatives, and economic neediness are considered factors that can lead the family to commit ill-treatment against the elderly²², and thus transform the residence itself into a risk environment for the occurrence of violence. A recent integrative review shows that those who live alone or with children are ten times more likely to suffer violence. For the study's authors, discussing and living in conflict with family members or friends is considered a risk factor for violence.¹⁷

Other structural changes that have occurred in society regarding family relationships (divorces and new unions), valuing the elderly, women's insertion in the labor market, migratory movements, population aging, and accelerated urbanization may also influence the higher frequency of violence against the elderly in the family environment.²³ Thus, it can be affirmed that there are several factors for domestic violence, not only socioeconomic factors.

The old person is the victim of several types of violence simultaneously, both verbal and physical.¹⁵ In the present study regarding the nature of violence, the most prevalent was bodily injury, followed by negligence/abandonment. These subtypes of violence are also observed in a recent meta-analysis that analyzed the results of population-based studies.¹⁷ These findings can be justified by the fragility and dependence of the old victim in front of their aggressor because this type of violence usually occurs in nursing homes or institutions.²²

Individual, family, social or institutional neglect in relation to the needs of the elderly represents a cruel form of violence. Often this type of violence is veiled, but they are present in the family that abandons its elderly, in public institutions and services through inadequate facilities, the isolation of elderly people in their rooms, lack or precariousness of health care.²⁰

Regarding the profile of the aggressor, it is worth mentioning that in this study, the largest number of cases of violence was committed by the children, and that added to the other family members like spouse and siblings, it is evident that the family members are the greatest perpetrators of these acts of ill-treatment. These data agree with a study that shows that the aggressors were mainly family members (partner in 28%, son in 20% and daughter in 12%) about victims living at home, and the most common risk factors related to aggressors were feeling overwhelmed and cohabiting with the victim (33% each).²⁴ Due to this context, caregivers' family members must be prepared and receive support to cease such situations.²¹

An integrative review to provide a broad view of violence against the elderly and to help map similarities, themes, and gaps in the literature on the subject, states that this is a growing international problem with different manifestations in different countries and cultures.³ The authors also claim that physical violence is the type of mistreatment found more consistently in the studies analyzed.

The resources available to prevent and intervene in the abuse of the elderly, and the degree to which

they are coordinated, vary considerably throughout the world. However, awareness campaigns may take precedence over intervention and prevention efforts in some countries, given limited public knowledge of the problem.³ Therefore, an effective and efficient support network is of fundamental importance.

About health care, identifying cases of the elderly who experience any violence is fundamental. To this end, the health professional must maintain an observer posture and be attentive to any indication of ill-treatment or suffering resulting from a violent situation to solve this problem or even favor prevention.²⁵ The authors emphasize that nurses inserted in primary care have a bond with this public, and, thus, they should use this favored position to act in the care of the elderly with a view to such problems.

It is noteworthy that although violence is often described as a problem of younger people, it persists in adulthood and greatly impacts older adults. However, violence against this population has also received insufficient attention from researchers, health professionals, managers, public policies, and criminal justice so far. Thus, it emphasizes that the rates of violence against this population should be underreported, since the elderly fear to reveal that they are in a situation of violence, considering that most of the time, the perpetrators are the relatives themselves and, therefore, they fear exposing the circumstance in which they live.²¹

It is noteworthy that in Brazil, there are no programs aimed at rehabilitating aggressors, and their arrest may not always prevent future aggression. Thus, depending on the relationship that the elderly have with the aggressor, they can ignore their own safety to protect the aggressor by fear or even by the desire to change the same behavior, leading to not denouncing him and increasing the existing invisibility of this type of violence.

Further research on this theme can help elucidate the context of violence and its associated factors to implement interventions directed to victims and aggressors. In addition, the development of support services for the victims of violence as shelters, referral to other professionals, social, financial, and emotional support can be of great relevance.

The present study presents limitations specific to studies using secondary data, such as cases of possible underreporting and incompleteness of information, which may compromise the analysis. Another factor that may imply the reliability of data on violence that requires health care is that the scope of the system is limited to notifications within the SUS, thus excluding those attended directly by health insurance or individuals.

Conclusion

The results indicate an increase each year in the record of violence against the elderly in the Northeast region from 2012 to 2018, highlighting the state of Pernambuco as the largest number of cases. The present study also identified some characteristics of the elderly who suffered violence showing that the victims are mostly female, brown, and with low schooling. Regarding this situation, it is worth mentioning that these data are like those in the literature. These findings show that social inequalities mainly influence the morbidity profile due to violence against the elderly in the Northeast.

Considering that the place where the violence occurred the most was in residence itself and the most frequent nature was represented by physical aggression, it denotes that the home is the place of greatest risk, where it should be a place of reception and refuge for the elderly.

Violence against the older person is an occurrence of low notification in Brazil, so more studies must be done that work with this theme to increase the visibility of the problem and develop effective prevention and care strategies.

It is believed that the results of this study can be used to develop prevention strategies based on educational measures for the population that contribute to the construction of a network that is supportive of the elderly, seeking motivations to break the silence and stimulate notifications, to reduce cases of violence against this public.

Author contributions

Lima IVS and Palmeira CS participated in the project's design, search, organization, analysis of the data, interpretation of the results, writing the scientific article, and final approval of the version to be submitted for publication. Macedo TTSM participated in interpreting the results, writing the scientific article, and final approval of the version to be submitted for publication.

Conflict of interest

No financial, legal, or political conflict involving third parties (government, companies and private foundations, etc.) has been declared for any aspect of the work submitted (including, but not limited to grants and financing, participation in the advisory board, study design, manuscript preparation, statistical analysis, etc.).

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