

Older adults abuse in three Brazilian cities

Violência contra idosos em três municípios brasileiros

Violencia contra personas mayores en tres municipios brasileños

Rosalina Aparecida Partezani Rodrigues¹, Edilene Araújo Monteiro², Ana Maria Ribeiro dos Santos³,
Maria de Lourdes de Farias Pontes², Jack Roberto Silva Fhon¹, Alisson Fernandes Bolina¹,
Fernanda Laporti Seredynskyj¹, Vanessa Costa Almeida¹, Suelen Borelli Lima Giacomini¹,
Giovanna Partezani Cardoso Defina¹, Luipa Michele Silva¹

¹ Universidade de São Paulo, Ribeirão Preto College of Nursing. Ribeirão Preto, São Paulo, Brazil.

² Universidade Federal da Paraíba, Department of Public Health Nursing. João Pessoa, Paraíba, Brazil.

³ Universidade Federal de Piauí, Health Sciences Center. Teresina, Piauí, Brazil.

How to cite this article:

Rodrigues RAP, Monteiro EA, Santos AMR, Ponte MLF, Fhon JRS, Bolina AF, et al. Older adults abuse in three Brazilian cities. Rev Bras Enferm [Internet]. 2017;70(4):783-91. [Thematic Edition "Good Practices: Fundamentals of care in Gerontological Nursing"] DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0114>

Submission: 02-15-2017

Approval: 04-03-2017

ABSTRACT

Objective: To analyze the police reports filed by older adults who suffered abuse in order to identify the socio-demographic characteristics of victims and aggressors, type of violence, location, as well as to compare rates in three Brazilian cities in the period from 2009 to 2013. **Method:** Ecological study, in which 2,612 police reports registered in Police Stations were analyzed. An instrument was used to obtain data from the victim, the aggressor and the type of violence. **Results:** Psychological abuse predominated and most cases occurred in the older adults own home. In the cities of Ribeirão Preto and João Pessoa, the older adults presented similar rates for both gender. Regarding the standardized rates, in João Pessoa, there was a rise of this type of abuse in the two first years, and later there was a certain stability. In the city of Teresina, there was an increase, also observed in the city of Ribeirão Preto in the three first years, followed by a decrease. **Conclusion:** Older adults abuse is a cultural phenomenon difficult to be reported by them, since it occurs in the family context.

Descriptors: Elderly; Elder Mistreatment; Domestic Violence; Geriatric Nursing; Violence.

RESUMO

Objetivo: Analisar os boletins de ocorrência registrados por idosos que sofreram violência, a fim de identificar características sociodemográficas das vítimas e dos agressores, tipo de violência, local, bem como comparar as taxas em três municípios brasileiros no período de 2009 a 2013. **Método:** Estudo ecológico, em que foram analisados 2.612 boletins de ocorrência registrados em Delegacias do Idoso. Utilizou-se um instrumento para obter dados da vítima, do agressor e tipo de violência. **Resultados:** Predominou a violência psicológica, na maioria dos casos na própria residência do idoso. Em Ribeirão Preto e João Pessoa, os idosos mais jovens apresentaram taxas semelhantes entre ambos os sexos. Na comparação das taxas padronizadas, em João Pessoa, houve ascensão deste tipo de violência nos dois primeiros anos, e, posteriormente, certa estabilidade. Em Teresina, houve ascensão, também observada em Ribeirão Preto nos três primeiros anos, seguida de decréscimo. **Conclusão:** A violência é um fenômeno cultural de difícil notificação pelo idoso, por ocorrer no contexto familiar.

Descritores: Idoso; Maus-Tratos ao Idoso; Violência Doméstica; Enfermagem Geriátrica; Violência.

RESUMEN

Objetivo: Analizar las denuncias policiales registradas por los ancianos que han sufrido violencia, con el fin de identificar las características sociodemográficas de las víctimas y de los autores, los diversos tipos de violencia y los lugares del suceso, así como también comparar el índice de violencia entre tres municipios brasileños durante el período comprendido entre 2009 y 2013. **Método:** Estudio ecológico, en el que se analizaron 2.612 denuncias registradas en Comisaría de Familia. Se utilizó un determinado instrumento para obtener datos de la víctima, del agresor y del tipo de violencia. **Resultados:** La violencia predominante es la psicológica y en la mayoría de los casos ocurre en la residencia de la persona mayor. En Ribeirão Preto y João Pessoa, el porcentaje de violencia contra los ancianos más jóvenes era igual entre ambos sexos. Comparando las tasas estándar, en João Pessoa el índice fue más alto en los dos primeros años, estabilizándose tras ese período. En Teresina y Ribeirão

Preto el porcentaje aumentó en los tres primeros años y luego fue disminuyendo. **Conclusión:** La violencia es un fenómeno cultural de difícil notificación de parte de la persona mayor, ya que ocurre en el contexto familiar.

Descriptores: Persona Mayor; Malos Tratos a la Persona Mayor; Violencia Doméstica; Enfermería Geriátrica; Violencia.

CORRESPONDING AUTHOR

Rosalina Aparecida Partezani Rodrigues

Email: rosalina@eerp.usp.br

INTRODUCTION

The human aging process causes an inherent reduction of physical and mental capacity⁽¹⁾, which, along with prejudice, disrespect and social inequality, might contribute to the occurrence of serious acts of abuse against older adults.

The World Health Organization (WHO)⁽²⁾ defines older adults abuse as “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.

Older adult abuse is considered an epidemic, and the effects on physical and mental health have turned it into a public health problem, on account of its high dissemination and severe consequences, which include physical, moral and psycho-emotional trauma. These damages can lead to incapacity, dependence and even death⁽³⁻⁴⁾.

Although it is an important social problem in all societies, it is often difficult to investigate, since the older adults are “afraid” of accusing their own family, often the main perpetrators. This type of abuse is also little investigated in researches, originating a gap in this area of knowledge, both in clinical practice and in studies for the implementation of public policies. Data shows that only one in four older adults who suffered abuse reported the case⁽⁵⁾.

Another difficulty in investigating older adults abuse is the use of different terminologies to address the issue⁽⁶⁾. In this study the terms “mistreatment” and “violence” will be used as synonyms of abuse, as defined by the following typology⁽⁷⁾: physical - use of physical force to harm, inflict pain, lead to incapacity or death or to compel the older adult to do something they do not want to; psychological - verbal or gesture aggression aiming at terrorizing, humiliating, restricting freedom or isolating the elder from social interaction; sexual- sexual acts or games of homosexual or heterosexual nature, using older adults to obtain arousal, sexual intercourse or engage in erotic practices through grooming, physical abuse or threats; financial - improper unauthorized exploitation of financial or property assets, illegal or otherwise; neglect - refusal or omission to provide the necessary care for the older adult; self-neglect - conduct of the older adult who threatens their own health or safety by refusing to provide themselves with necessary care; and abandonment - absence or desertion by the ones responsible for providing care to older adult in need of protection, which could be the government, an institution or family.

Despite the relevance of the topic, studies addressing this subject are scarce in national and international literature. Some factors might explain this: the difficulty experienced by the older adult to express themselves in conflict situations; family and social pressures; and fragility of the barriers of conflict with the family, given that the older adult is more vulnerable as a result of the process of senescence and senility.

Although often veiled, this type of abuse is unacceptable and requires special attention, involving even the area of health care, where nurses play a key role in identifying signs and symptoms of abuse. It is important that these professionals work together with others and with the legal sphere, in order to fight this type of situation.

In view of the above and with the purpose of identifying older adults abuse in different regions of the country, this study presents an analysis of the reports filed by older adults in the Police Stations of three Brazilian cities. The purpose of this study was to analyze the reports of older adults who have suffered abuse in order to identify the socio-demographic characteristics of victims and aggressors, the type of violence, the location, as well as to compare the rates in three Brazilian cities in the period from 2009 to 2013 (historical series).

METHOD

Ethical aspects

The project was sent to the officers responsible for the Police Stations of Ribeirão Preto (in the state of São Paulo), Teresina (in the state of Piauí) and João Pessoa (in the state of Paraíba), in order to request writing authorization to access the information contained in the police reports from 2009 to 2013. After approval, the project was submitted to the Research Ethics Committee from USP Ribeirão Preto College of Nursing and approved. Exemption from the Consent Forms was requested, since the source of information was secondary.

Design, study setting and period

Study with ecological design, analyzing historical series, carried out through information from the Police reports filed in the period from 2009 to 2013 on the Police Stations of three Brazilian cities: one in the Southeastern Region (Ribeirão Preto) and two in the Northeast (Teresina and João Pessoa).

Ribeirão Preto is located in the heartland of the state of São Paulo, northwest of the capital. Data from the Brazilian Institute of Geography and Statistics (IBGE) indicate a population of 604,682 inhabitants in 2010, of which 12.61% are older adults⁽⁸⁾. The second and third cities are located in the Northeast. Teresina, capital of the state of Piauí, has 814,230 inhabitants, 8.4% of them over 60 years old⁽⁸⁾. In João Pessoa, capital of the state of Paraíba, there are 723,515 inhabitants, of which 10.3% are older adults⁽⁸⁾.

Data were collected in the second semester of 2014 and in the first semester of 2015, by undergraduate and graduate students and researchers, previously trained by the study coordinator.

Study population

The police reports filed between January 2009 and December 2013 in the three cities were analyzed. Out of the 2,612

reports, 1,177 were from Ribeirão Preto, 880 from João Pessoa, and 555 from Teresina.

In order to select the subjects who participated in the study, the following inclusion criteria were adopted: aged 60 and older, of both genders, residing in the cities investigated.

Study protocol

An instrument based on the information contained in the reports and the variables of interest was elaborated for the data collection. The content was previously validated by the researchers.

The instrument contains three sections. The first one consists of information about the older adults: gender (male and female), age (years) - classified by the age ranges of 60 to 69 years, 70 to 79 years and 80 or over; marital status (single, married, widowed, divorced and living with partner); Education level (illiterate, incomplete and complete primary education, incomplete and complete secondary education, incomplete and complete undergraduate education and graduate education); retired (yes or no); and location of the abuse (at home, in a public space or in a private place).

The second section contained data on the perpetrator: gender (male and female), age (years) - classified by the age ranges of 10 to 29, 30 to 49, 50 to 69 and 70 or over; marital status (single, married, widowed, divorced and living with partner); level of education (illiterate, incomplete and complete primary education, incomplete and complete secondary education, incomplete and complete undergraduate education and postgraduate education); relative of the victim (yes or no); consumption of alcohol (yes or no) or drugs (yes or no); and living with the older adult (yes or no).

In the third section, the police reports were analyzed, classifying the abuse according to the typology: physical, psychological, sexual, financial, neglect, self-neglect and abandonment⁽⁷⁾.

Analysis of results and statistics

The data were coded in a spreadsheet in the Microsoft Excel®, using double entry processing to verify internal consistency between the two entries. Subsequently, they were exported to the Statistical Package for Social Sciences (SPSS), version 22.0.

In the first stage of the study, the absolute and relative frequency distributions of the variables that characterize the occurrence of violence, the type of abuse and the aggressor, were calculated based on the total of reports filed in the period from 2009 to 2013 in the three cities investigated. The study revealed a gap in socio-demographic information, that is, an incomplete record in the reports regarding data on the older adults and on the aggressors. Information not available in the reports was therefore considered absent.

In the second stage, rates by gender and age (x 10,000) were calculated for the three cities of the study, for the period from 2009 to 2013.

Calculation used data from the Brazilian Institute of Geography and Statistics (IBGE), available on the DATASUS website, regarding the population of the cities in the years of the study and in the five-year period of the reports⁽⁹⁾. Exceptionally for 2013, the rate was estimated based on the years 2011 and 2012, as those were the closest years, and the rate of growth observed in this period was applied for each age group and gender.

Age-standardized rates (x 10,000) were estimated using the direct method of standardization. The standard population consisted of the sum of the populations of the three cities as in the 2010 census⁽⁸⁾. Figures of the standardized rates by gender were elaborated for the three cities in the period from 2009 to 2013.

RESULTS

In the reports assessed, filed between 2009 and 2013, there was a predominance of older adults abuse in the age group of 60 to 69 years, female and in the "married" category in the three cities. In Ribeirão Preto, victims with "complete primary education" were more frequent, and in João Pessoa and Teresina "incomplete primary education" was highlighted. As for retirement, it was verified that most of the occurrences in Ribeirão Preto involved older adults who did not receive this benefit (Table 1).

Table 1 – Characteristics of abuse against older adults in the three cities of the study according to the police report, in the period from 2009 to 2013, Brazil

Variables	Ribeirão Preto		João Pessoa		Teresina	
	n	%	n	%	n	%
Age group						
60 to 69	575	48.9	409	46.5	268	48.3
70 to 79	436	37.0	292	33.2	201	36.2
80 or over	162	13.8	176	20.0	84	15.1
Not informed	4	0.3	3	0.3	2	0.4
Gender						
Male	515	43.8	321	36.5	189	34.1
Female	662	56.2	559	63.5	366	65.9
Marital status						
Single	126	10.7	120	13.6	52	9.4
Married	461	39.2	300	34.1	213	38.4
Widowed	317	26.9	243	27.6	152	27.4
Divorced	169	14.4	110	12.5	41	7.4
Living with partner	43	3.7	16	1.8	5	0.9
Other	0	0.0	4	0.5	0	0.0
Not informed	61	5.2	87	9.9	92	16.6
Level of education						
Illiterate	30	2.5	118	13.4	119	21.4
Incomplete primary education	169	14.4	235	26.7	187	33.7
Complete primary education	511	43.4	103	11.7	95	17.1
Incomplete secondary education	9	0.8	16	1.8	14	2.5
Complete secondary education	119	10.1	117	13.3	48	8.6
Incomplete undergraduate education	5	0.4	10	1.1	0	0.0
Complete undergraduate education	99	8.4	105	11.9	14	2.5
Graduate education	0	0.0	1	0.1	0	0.0
Not informed	235	20.0	175	19.9	78	14.1
Retired						
Yes	319	27.1	487	55.3	388	69.9
No	691	58.7	250	28.4	119	21.4
Not informed	167	14.2	143	16.3	48	8.6

Table 2 – Characteristics of data on the aggressor in the three cities of the study according to the police report, in the period from 2009 to 2013, Brazil

Variables	Ribeirão Preto		João Pessoa		Teresina	
	n	%	n	%	n	%
Age group						
10 to 29	142	12.1	153	17.4	120	21.6
30 to 49	340	28.9	411	46.7	228	41.1
50 to 69	156	13.3	209	23.8	50	9.0
70 or over	2	0.2	4	0.5	0	0.0
Not informed	537	45.6	103	11.7	157	28.3
Gender						
Male	757	64.3	474	53.9	419	75.5
Female	351	29.8	377	42.8	83	15.0
Not informed	69	5.9	29	3.3	53	9.5
Marital status						
Single	306	26.0	286	32.5	276	49.7
Married	173	14.7	287	32.6	83	15.0
Widowed	22	1.9	26	3.0	3	0.5
Divorced	104	8.8	73	8.3	24	4.3
Living with partner	75	6.4	75	8.5	35	6.3
Other	0	0.0	9	1.0	2	0.4
Not informed	497	42.2	124	14.1	132	23.8
Level of education						
Illiterate	2	0.2	17	1.9	13	2.3
Incomplete primary education	51	4.3	151	17.2	222	40.0
Complete primary education	140	11.9	112	12.7	68	11.9
Incomplete secondary education	8	0.7	37	4.2	25	4.5
Complete secondary education	70	5.9	200	22.7	37	6.7
Incomplete undergraduate education	6	0.5	51	5.8	9	1.6
Complete undergraduate education	51	4.3	115	13.1	16	2.9
Not informed	849	72.1	197	22.4	167	30.1
Family member of the victim						
Yes	580	49.3	370	42.0	382	68.8
No	565	48.0	486	55.3	170	30.6
Not informed	32	2.7	24	2.7	3	0.5
Use of alcohol						
Yes	93	7.9	78	8.9	110	19.8
No	1084	92.1	801	91.0	444	80.0
Not informed	0	0.0	1	0.1	1	0.2
Use of drugs						
Yes	188	16.0	37	4.2	215	38.7
No	989	84.0	842	95.7	340	61.3
Not informed	0	0.0	1	0.1	0	0.0
Lives with the elder						
Yes	409	34.7	219	24.9	335	60.4
No	728	61.9	647	73.5	219	39.5
Not informed	40	3.4	14	1.6	1	0.2

Table 3 – Characteristics of the occurrence of older adults abuse according to the location and type of abuse in the three cities of the study, according to the police reports in the period from 2009 to 2013, Brazil

Variables	Ribeirão Preto		João Pessoa		Teresina	
	n	%	n	%	n	%
Location of the abuse						
Home	925	78.6	668	76.0	415	74.8
Public space	144	12.2	125	14.2	125	22.5
Private space	108	9.2	86	9.8	15	2.7

To be continued

Regarding the data on the aggressors available in the reports, in the three cities male individuals between 30 and 49 years old predominated. In Ribeirão Preto, they were mostly single, with complete primary education, family members of the victim and did not live with the older adults. In João Pessoa, there were mostly married individuals, with complete secondary education, family members of the victim and who did not live with the older adult. And in Teresina, the aggressors were mostly single, with incomplete primary education, relatives and living with the victim. From the data collected, it was verified that the aggressors consumed alcohol and drugs, in a low proportion, in the three cities (Table 2).

Regarding the location of the abuse, the study indicated predominance that most abuses happened in their residences, and the most recurrent type of abuse was psychological. However, there were references in the reports to more than one type of abuse (Table 3).

In the cities of Ribeirão Preto and João Pessoa, younger older adults had similar rates of magnitude for both genders in all years of the historical period, except in 2013 in João Pessoa, when there was a greater number of younger older adults who were women in the reports. However, for those aged ≥ 70 years, the highest magnitudes were observed in males, in comparison to females. In the city of Teresina, female reports predominated in almost all ages (Table 4).

Regarding the standardized rates (according to Table 4 and Figure 1), both men and women observed in João Pessoa, showed a magnitude in the first two years of the historical series and, in subsequent

Table 3 (concluded)

Variables	Ribeirão Preto		João Pessoa		Teresina	
	n	%	n	%	n	%
Type of abuse						
Psychological	819	69.6	676	76.8	410	73.9
Physical	356	30.2	216	24.5	109	19.6
Financial	247	21.0	272	30.9	327	58.9
Neglect	28	2.4	40	4.5	32	5.8
Abandonment	26	2.2	28	3.2	17	3.1
Sexual	4	0.3	8	0.9	7	1.3
Self-neglect	4	0.3	0	0.0	0	0.0

years, a certain stability. In Teresina, there was a rise in the magnitude of the rates for both genders in the historical series. On the other hand, in Ribeirão Preto, there was a rise in the magnitude of both genders (2009 to 2011), despite a sharp decrease in the years 2012 and 2013.

Table 4 – Specific rates by gender, age standardized in the three cities in the study, from 2009 to 2013, Brazil

Year	City	Age group	Population		Police reports		Specific rates (x 10.000)		Standardized rates (x 10.000)	
			M	F	M	F	M	F	M	F
2009	Ribeirão Preto	60-69	16.655	21.689	33	42	19.81	19.36	29.16	19.44
		70-79	8.805	13.087	42	30	47.70	22.92		
		≥ 80	3.678	6.763	11	9	29.91	13.31		
	João Pessoa	60-69	14.577	21.159	9	18	6.17	8.51	10.03	8.32
		70-79	6.801	11.942	9	8	13.23	6.70		
		≥ 80	2.898	5.615	6	6	20.70	10.69		
	Teresina	69-69	14.059	18.579	4	9	2.85	4.84	3.56	6.86
		70-79	6.114	9.528	4	8	6.54	8.40		
		≥ 80	2.213	3.856	0	4	0.0	10.37		
2010	Ribeirão Preto	60-69	18.077	23.182	57	56	31.53	24.16	33.71	24.52
		70-79	9.539	14.077	31	41	32.50	29.13		
		≥ 80	3.852	7.545	18	13	46.73	17.23		
	João Pessoa	60-69	17.165	23.935	34	64	19.81	26.74	24.89	26.97
		70-79	8.166	13.854	25	40	30.61	28.87		
		≥ 80	3.671	7.844	13	19	35.41	24.22		
	Teresina	60-69	16.887	21.873	11	26	6.51	11.89	4.88	11.08
		70-79	8.102	12.113	2	11	2.47	9.08		
		≥ 80	3.590	6.557	1	8	2.79	12.20		
2011	Ribeirão Preto	60-69	18.306	23.475	73	100	39.88	42.60	46.40	42.07
		70-79	9.660	14.255	63	66	65.22	46.30		
		≥ 80	3.901	7.641	13	25	33.32	32.72		
	João Pessoa	60-69	17.394	24.254	32	38	18.40	15.67	22.54	18.80
		70-79	14.038	10.038	25	31	30.21	22.08		
		≥ 80	7.948	7.948	9	18	24.19	22.65		
	Teresina	60-69	17.056	22.092	23	30	13.48	13.58	17.02	17.18
		70-79	8.183	12.234	18	29	22.00	23.70		
		≥ 80	3.626	6.622	8	11	22.06	16.61		
2012	Ribeirão Preto	60-69	18.527	23.760	52	87	28.07	36.62	33.68	37.17
		70-79	9.777	14.427	39	66	39.89	45.75		
		≥ 80	3.948	7.733	18	18	45.59	23.28		
	João Pessoa	60-69	17.615	24.562	25	53	14.19	21.58	18.51	24.34
		70-79	8.380	14.217	18	40	21.48	28.14		
		≥ 80	3.767	8.050	12	21	31.86	26.09		
	Teresina	60-69	17.219	22.303	20	65	11.62	29.14	13.71	25.03
		70-79	8.261	12.351	9	32	10.89	25.91		
		≥ 80	3.661	6.686	11	7	30.05	10.47		

To be continued

Table 4 (concluded)

Year	City	Age group	Population		Police reports		Specific rates (x 10.000)		Standardized rates (x 10.000)	
			M	F	M	F	M	F	M	F
2013	Ribeirão Preto	60-69	18.751	24.048	27	48	14.40	19.96	19.50	22.78
		70-79	9.895	14.601	25	33	25.26	22.60		
		≥ 80	3.996	7.826	12	25	30.03	31.94		
	João Pessoa	60-69	17.839	24.874	53	83	37.71	44.45	16.82	24.69
		70-79	8.486	14.398	32	64	47.19	66.23		
		≥ 80	3.815	8.153	18	54	34.17	42.38		
	Teresina	60-69	17.384	22.516	25	55	14.38	24.43	26.36	30.09
		70-79	8.340	12.469	39	49	46.76	39.30		
		≥ 80	6.751	6.751	13	21	35.17	31.11		

Note: M – Male; F – Female.

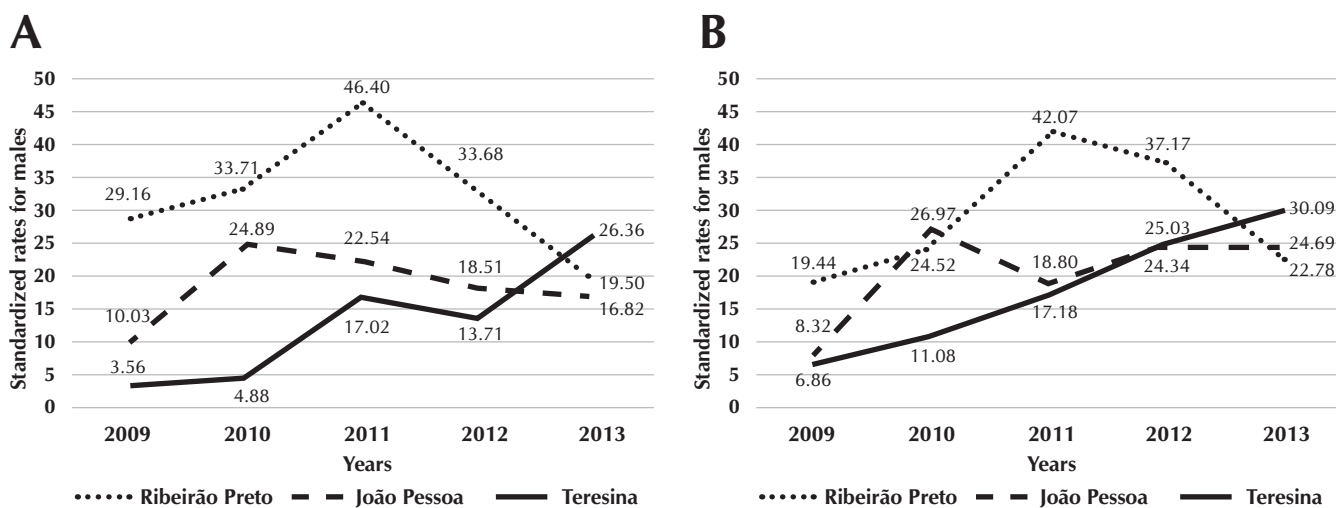


Figure 1 – Standardized rates of abuse against older adults according to gender and the cities in the study, in historical series - 2009 to 2013, Brazil

DISCUSSION

This study was conducted in three Brazilian cities, representing an important analysis for a better understanding of the research topic. Regarding the older adults victims of abuse, the results showed a predominant age of 60 to 69 years, mostly in women who were married. This result is consistent with other studies, such as one carried out in seven European countries, that identified male as under-recognized and under-reported, due to traditional and sexist social and cultural norms abuse that prevent older men from reporting abuse. The authors emphasize that increased age, financial strain and greater social support seemed linked with a decreased probability of being abused⁽¹⁰⁾. According to Lachs and Pillemer⁽¹¹⁾, an aggressor and an older adult sharing the living environment is a major risk factor for abuse.

Acierno et al.⁽¹²⁾ and Dong et al.⁽¹³⁾ studies also showed no significance in relation to age. Regarding the prevalence of females, these data are consistent with another study⁽¹⁴⁾.

As for the aggressors, those were mostly adult, men and family members of the victim. However, only Teresina presented cases in which the aggressor lived with the elderly.

Although Brazilian society is evolving, it remains sexist and, in this case, being female, older and more fragile increases the risk of suffering abuse. Residing with the victim and the dependency on the victim were the most frequent risk factors found in the study by Simone et al.⁽¹⁵⁾.

A multicenter study conducted in Canada, Colombia, Brazil, and Albania with 1,995 older adults aged 65 years and over concluded that 0.63-0.85% of the participants suffered physical abuse, and 3.2-23, 5% suffered psychological abuse, perpetrated by relatives and by the partner, mostly due to intergenerational conflicts arising from care, which may explain this negative behavior against the older adult⁽¹⁶⁾. Even though family members are the main supporters, they are also the most common perpetrators of abuse⁽¹⁴⁾.

In this study, the use of alcohol and drugs by the aggressors was highlighted, which indicates that the use of illicit substances damages their health and brings consequences to their relatives, and therefore it is an important risk factor in the analysis of abuse. Young's study⁽¹⁷⁾ demonstrated that having a caregiver with mental illnesses, such as depression, or lacking social support, also increases this risk.

As shown in Tables 1 and 2, important socio-demographic data on older adults and the aggressors were not complete, but recording this information gap was considered essential for the document analysis. In research on violence, several aspects are neglected, for example: lack of standardized tools for registration, incomplete data entry, difficulty for the older adult to tell what happened or even to go to the Police Station, fear of being judged by the aggressor, absence of social follow-up after the recording of the occurrence and, also, possible complications resulting from the abuse.

The records analyzed contained more than one type of abuse per older adult, but psychological abuse, perpetrated in their own home, was predominant. This allows a better understanding of the family relationships and the reasons for this abuse, which can contribute to the development of intervention projects for the older adults family members.

In Ribeirão Preto, the second most frequent type of abuse was physical, and in the two cities of the Northeast region, it was financial. This finding is relevant, since these two capitals have low-income population and most of the older adults receive social benefits and suffer this type of problem, even from members of their families.

A North American study has shown that people experience different types of abuse, and the aggressor can also perpetrate abuses of different natures against the same person⁽¹⁸⁾. Physical violence, also considered one of the most prevalent in the literature⁽¹⁷⁾, is alarming due to some of its consequences, such as burns, fractures and bruises.

It is worth noting that older adults⁽¹⁹⁾ may or may not suffer physical violence. Although some victims may survive this type of abuse at first, there are situations of death due to skin lesions, dehydration or even lack of basic health care. Therefore, in the area of health care, nurses need to be alert to this situation to identify signs of aggression, provide care for these patients and direct them to a more effective and dignified care.

Research on this topic reports that psychological abuse is the most frequent, as in a Swiss study⁽¹⁵⁾, in which this kind of abuse accounted for 47% of cases, followed by financial (35%) and physical abuse (30%). However, in Europe, the prevalence of psychological abuse was of 6.9-35.6%; financial abuse prevalence was of 1.7 to 9.6%; and physical abuse prevalence was of 0.3-2%⁽²⁰⁾. In the United States, verbal abuse reached 9%, financial abuse reached 3.4%, and physical abuse reached 0.2%⁽²¹⁾.

In Mexico, a study with a sample of 8,894 older adults reported abuse in the twelve months prior to the study, highlighting verbal abuse (62.9%), followed by physical aggression (32.3%), especially against women (18.7%). Although research indicates a predominance of psychological and/or verbal abuse, the evaluation of the other types depends on more refined instruments⁽²²⁾.

In a systematic review of the literature, Dong⁽²³⁾ found a variety of studies on the subject and identified the prevalence of some forms of abuse against the older adult depending on the population, location, definition and method of research. In North and South America, the prevalence of older adults abuse ranged from 10% in older adults with good cognitive

function to 47.3% in older adults with dementia. In Europe, the prevalence varied from 2.2% in Ireland to 61.1% in Croatia. In Asia, the prevalence reached 36.2% in China and 14.0% in India. Only two studies conducted in Africa found a prevalence ranging from 30% to 43.7%.

It should be noted, however, that the prevalence of some forms of older adults abuse differs from country to country. In addition, authors use different investigative methodologies, altering the place of occurrence of the abuse, the time of evaluation and/or follow-up, the type of instrument used, the degree of dependence of the older adult in relation to the aggressor and, above all, the approach used to address this theme.

Violence, considered a serious social problem, has victimized (through physical and psychological abuse) people who are more fragile, such as the older adult, as well as individuals with different problems who depend on others to provide care in their daily activities. It is also important to note that the studies carried out so far lack precise assessment tools that allow the apprehension of abuse risk factors in order to develop intervention programs⁽²³⁾.

A study investigated 3,159 Chinese older adults living in an American community and concluded that elder abuse was 15% - 61.55% against women; 71.2% against married women; and 23.4% against those with poor health conditions, of whom 9.1% felt uncomfortable to live with the aggressor. The authors found that the association between health status and abuse indicates that having a poor health condition increases the risk of suffering abuse⁽¹³⁾. Another study also demonstrated the association between abuse and health status, addressing issues such as depression, being older and female, social isolation, history of family violence, dependence on the aggressor and caregiver burnout⁽²⁴⁾.

In the present study, the health conditions of the older adults victims of abuse was not assessed, although it is possible to infer that the younger older adults are able to go to the police station and report the occurrences and, therefore, probably had a good or regular health condition.

Older adults abuse occurred in the three cities, but in order to analyze the standard orders of magnitude it is necessary to mention some aspects of the Police Stations where the occurrences were recorded. In Ribeirão Preto, as seen in Table 4 and Figure 1, there was a rise in the number of reports in the first years and, from 2011 to 2013, there was a decrease. In the other cities in the Northeast region, rates increased and remained the same in this period.

The police station of Ribeirão Preto was implemented in 2009 and remained in the same address until 2015. In João Pessoa, it was inaugurated in 2009, initially in the same building as the Women's and Homophobic Police Stations, and later in 2010, transferred to their own building, where it opens during business hours. In Teresina, the Office for Security and Protection of the Elderly (DSPI) was inaugurated in 2005 and changed its address in 2010. The creation and operation of the police stations were widely publicized in the media in each municipality. Therefore, some hypotheses can be considered in the analysis of the rates, such as the lack of accessibility of the older adults to the police station or the possibility

of the report being evaluated and solved by the investigator at the place of the occurrence, without filing a report.

It is possible to observe, in this study and in the national and international literature, that abuse has been discussed as a problem that is within social, cultural, gender and age spheres, and is also related to the most vulnerable people such as the older adults. For this reason, health professionals should be prepared to identify signs of abuse when providing care for the older adult, since they are most of times "afraid" to report it, because the abuse occurs in their own home and they live with the aggressor, who is commonly some family member. This situation can make their real needs go unnoticed and unattended by the health care team.

It is also important to mention the scarcity of specific health services to meet this demand and the lack of preparation of the professionals to identify the causes of abuse⁽²⁵⁾. Estimates indicate that one in ten older adults suffers some type of abuse, but only a few report it in specialized services⁽²⁶⁾.

Study limitations

The historical series for evaluation of older adult abuse in the five-year period (2009-2013) revealed some difficulties for recording this type of occurrence in the three cities investigated: different instruments; incomplete and manual records; lack of information about the health problems of the victims; the relationship between the victim and the aggressor; the incomplete filling of the data on the victim and the aggressor; and the lack of continuous training of the employees. It should be noted that this historical series must continue to be developed so that this social problem can be analyzed in detail.

Contribution to the area of nursing, health or public policy

This research presents important data about this type of abuse in different Brazilian regions, which can subsidize the elaboration of guidelines for health professionals who, articulated through the legal sphere, may propose interventions capable of preventing older adults' abuse.

CONCLUSION

According to the study conducted, older adults abuse occurred in the three cities, notably psychological abuse against women and younger older adults in the first age group, by a male aggressor, member of the family, who lives or does not live with the older adult.

The older adult's understanding of the abuse is associated with the cultural and private aspects of the family, considered by them as the most important bond, which may contribute to the under-report of the cases. The data found raise important reflections on work with intergenerational families, social and health determinants, the need to implement public policies committed to the cause, as well as on the importance of enabling researchers to identify the conditions experienced by the older adult, so that human rights can be ensured.

In this perspective, the articulation between researchers and social services, such as the Municipal Support Services, is fundamental to plan support programs for caregiving families and for victims of illegal substance use, such as alcohol and drugs. It is also necessary to develop research with the police and the stations to standardize instruments for recording occurrences and create a database that allows a better approach to social problem that affects the most vulnerable, so that it is possible to identify the risk factors and minimize them.

The use of a standardized and computerized instrument in the country will certainly provide a more detailed evaluation of abuse to aid the work of professionals in the areas of Social Services, Health and Law Enforcement. It is a problem that exists in all spaces, so nurses, as professionals and citizens concerned about elder abuse, must work hard to deal with this serious social issue.

FUNDING

This study was developed within the Universal project "Older adults abuse in three Brazilian cities", funded by the National Council for Scientific and Technological Development (CNPq) (No. 458701/2014-9).

REFERENCES

1. Friedman LS, Avila S, Tanouye K, Joseph K. A case-control study of severe physical abuse of older adults. *J Am Geriatr Soc* [Internet]. 2011 [cited 2017 Jan 13];59(3):417-22. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/j.1532-5415.2010.03313.x/abstract>
2. Organização Mundial de Saúde (OMS). Global status report on violence prevention [Internet]. 2014 [cited 2016 Dec 20]. Available from: http://www.who.int/violence_injury_prevention/violence/status_report/2014/en/.
3. Correia TMP, Leal MCC, Marques APO, Salgado RAG, Melo HMA. Profile of elderly in violence situation assisted at an emergency service in Recife-PE. *Rev Bras Geriatr Gerontol* [Internet]. 2012 [cited 2016 Dec 18];15(3):529-36. Available from: <http://www.scielo.br/pdf/rbgg/v15n3/v15n3a13.pdf>
4. Bellal J, Mazhar K, Bardiya Z, Narong K, Tahereh O, Viraj P et al. Prevalence of Domestic Violence Among Trauma Patients. *JAMA Surg* [Internet]. 2015 [cited 2016 Nov 23];150(12):1177-83. Available from: <http://jamanetwork.com/journals/jamasurgery/fullarticle/2432612>
5. Cooper C, Livingston G. Intervening to reduce elder abuse: challenges for research. *Age Ageing* [Internet]. 2016 [cited 2017 Jan 6];45(2):184-5. Available from: <https://academic.oup.com/ageing/article-lookup/doi/10.1093/ageing/afw007>
6. Castro APD, Guilam MCR, Sousa ESS, Marcondes WB. Violence in old age: the issue addressed in indexed national journals. *Ciênc Saúde Colet* [Internet]. 2013 [cited 2017 Jan 7];18(5):1283-92. Available from: <http://www.scielo.br/pdf/csc/v18n5/13.pdf>
7. Souza ERD, Minayo MCDS. The insertion of the violence against elderly theme at health care public policies in Brazil. *Ciênc Saúde*

- Colet [Internet]. 2010 [cited 2016 Nov 21];15(6):2659-68. Available from: <http://www.scielo.br/pdf/csc/v15n6/a02v15n6.pdf>
8. Brasil. Instituto Brasileiro de Geografia e Estatística (IBGE). Cidades [Internet]. 2014 [cited 2017 Jan 12]. Available from: <http://www.cidades.ibge.gov.br/v3/cidades/home-cidades>
 9. Brasil. Ministério da Saúde. Departamento de Informática do SUS (DATASUS). Indicadores e dados básicos [Internet]. 2015 [cited 2016 Dec 15]. Available from: <http://www2.datasus.gov.br/DATASUS/index.php?area=0201>
 10. Melchiorre MG, Rosa M, Lamura G, Torres-Gonzales F, Lindert J, Stankunas M et al. Abuse of older men in seven European countries: a multilevel approach in the framework of an ecological model. *PLoS One* [Internet]. 2016 [cited 2017 Jan 05];11(1). Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4718635/>.
 11. Lachs MS, Pillemer KA. Elder Abuse. *N Engl J Med* [Internet]. 2015 [cited 2016 Nov 18];373(20):1947-56. Available from: <http://www.nejm.org/doi/full/10.1056/NEJMra1404688>
 12. Acierio R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W, et al. Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: the national elder mistreatment study. *Am J Public Health* [Internet]. 2010 [cited 2016 Dec 28];100(2):292-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804623/>.
 13. Dong X, Chen R, Fulmer T, Simon MA. Prevalence and correlates of elder mistreatment in a community-dwelling population of US Chinese older adults. *J Aging Health* [Internet]. 2014 [cited 2016 Dec 28];26(7):1209-24. Available from: <http://journals.sagepub.com/doi/pdf/10.1177/0898264314531617>
 14. Ribot VC, Rousseaux E, García TC, Arteaga E, Ramos ME, Alfonso M. Psychological the most common elder abuse in a Havana neighborhood. *MEDICC Rev* [Internet]. 2015 [cited 2016 Dec 20];17(2):39-43. Available from: <http://www.medicc.org/mediccreview/index.php?issue=34&id=458&a=va>
 15. Simone L, Wettstein A, Senn O, Rosemann T, Hasler S. Types of abuse and risk factors associated with elder abuse. *Swiss Med Wkly* [Internet]. 2016 [cited 2017 Jan 5];146:w14273. Available from: [https://smw.ch/index.php?id=75&tx_ezmjournal_articledetail\[identifizier\]=smw.2016.14273](https://smw.ch/index.php?id=75&tx_ezmjournal_articledetail[identifizier]=smw.2016.14273)
 16. Guedes DT, Alvarado BE, Phillips SP, Curcio CL, Zunzunegui MV, Guerra RO. Socioeconomic status, social relations and domestic violence (DV) against elderly people in Canada, Albania Colombia and Brazil. *Arch Gerontol Geriatr* [Internet]. 2015 [cited 2017 Feb 02];60:492-500. Available from: [http://www.aggjournal.com/article/S0167-4943\(15\)00011-4/pdf](http://www.aggjournal.com/article/S0167-4943(15)00011-4/pdf)
 17. Young LM. Elder Physical abuse. *Clin Geriatr Med* [Internet]. 2014 [cited 2017 Jan 05];30(4):761-8. Available from: [http://www.geriatric.theclinics.com/article/S0749-0690\(14\)00075-5/abstract](http://www.geriatric.theclinics.com/article/S0749-0690(14)00075-5/abstract)
 18. Sumner SA, Mercy JA, Dahlberg LL, Hillis SD, Klevens J, Houry D. Violence in the United States. *JAMA* [Internet]. 2015 [2016 Nov 24];314(5):478-88. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4692168/pdf/nihms745385.pdf>
 19. Fulmer T, Rodgers RF, Pelge A. Verbal Mistreatment in the Elderly. *J Elder Abuse Negl* [Internet]. 2014 [cited 2016 Nov 29];26(4):351-64. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4051298/pdf/nihms475633.pdf>
 20. Lindert J, de Luna J, Torres-Gonzales F, Barros H, Ioannidi-Kopolou E, Melchiorre MG, et al. Abuse and neglect of older persons in seven cities in seven countries in Europe: across-sectional community study. *Int J Public Health* [Internet]. 2013 [cited 2016 Dec 16];58(1):121-32. Available from: <http://link.springer.com/article/10.1007%2Fs00038-012-0388-3>
 21. Laumann EO, Leitsch SA, Waite LJ. Elder mistreatment in the United States: prevalence estimates from a nationally representative study. *J Gerontol B Psychol Sci Soc Sci* [Internet]. 2008 [cited 2017 Feb 8];63(4):S248-S254. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2756833/pdf/nihms-133653.pdf>
 22. Ruelas-González MG, Duarte-Gómez MB, Flores-Hernández S, Ortega-Altamirano DV, Cortés-Gil JD, Taboada A, et al. Prevalence and factors associated with violence and abuse of older adults in Mexico's 2012 National Health and Nutrition Survey. *Int J Equity Health* [Internet]. 2016 [cited 2017 Jan 04];15(1). Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4769586/pdf/12939_2016_Article_315.pdf
 23. Dong XQ. Elder Abuse: Systematic Review and Implications for Practice. *J Am Geriatr Soc* [Internet]. 2015 [cited 2017 Jan 17];63(6):1214-1238. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/jgs.13454/abstract>
 24. Martín PM, González RMA, Vicente MN. Retos en la salud mental del siglo XXI en la atención primaria [Internet]. Madrid: Novartis; 2005 [cited 2017 Feb 05]. Available from: http://www.academia.edu/6686058/RETOS_EN_LA_SALUD_MENTAL_DEL_SIGLO_XXI_EN_ATENCI%C3%93N_PRIMARIA_Coordinadores_Autores
 25. Medina-Mora ME, Borges-Guimaraes G, Lara C, Ramos-Lira L, Zambrano J, Fleiz-Bautista C. Prevalence of violent events and post-traumatic stress disorder in the Mexican population. *Salud Pública Mex* [Internet]. 2005 [cited 2016 Dec 28];47(1):8-22. Available from: <http://www.scielo.org.mx/pdf/spm/v47n1/a04v47n1.pdf>
 26. Dong X. Elder Abuse: Research, Practice, and Health Policy. The 2012 GSA Maxwell Pollack Award Lecture. *Gerontol* [Internet]. 2014 [cited 2017 Feb 07];54(2):153-62. Available from: <https://academic.oup.com/gerontologist/article/54/2/153/636377/Elder-Abuse-Research-Practice-and-Health-Policy>