



Profile of older people victims of domestic violence in an integrated center for protection and defense of rights in times of pandemic

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Abstract

Objective: to compare the profile of older people victim of intra-family violence attended at an Integrated Center for the Protection and Defense of Rights, in Manaus, Amazonas, Brazil, in 2019 and in the context of a pandemic. **Method:** Cross-sectional analytical study of care for older people victims of intra-family violence carried out from January 2019 to December 2020. Descriptive and comparative analysis was applied with the χ^2 test, at a significance level of 5%, in the distribution of characteristics of victims, occurrences and care provided. **Results:** There was an increase of almost 25% in the care provided to victims of intra-family violence in 2020 compared to 2019. The profile points to most of the female sex (58.9%), aged between 60 and 80 years (78.9%), widowed/married/stable union (60.0%), brown (71.0%), Catholic (56.0%), with elementary education (37.7%), retired/pensioners (55.6%) and residents in the northern (23.3%) and southern (19.9%) zones of Manaus. The violence that most affected the older people assisted was intimidation/disruption (34.5% in 2019 and 33.2% in 2020), perpetrated by their children (66.4% in 2019 and 69.0% in 2020) with about 7.0% of situations under alcohol and/or drug use. There was a reduction of almost 9.0% in face-to-face care provided in 2020 ($p < 0.01$). The occurrences demanded referral mainly to the specialized police station (40%). **Conclusion:** Significant differences were found in the characteristics of occurrences and care between years, which reinforces the influence of the pandemic and the importance of the performance of the system of guarantees of rights for older people.

Keywords: Aged. Violence. Elder Abuse. Public Policy.

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INTRODUCTION

The demographic transition is one of the most important structural phenomena that has marked the Brazilian economy and society since the second half of the last century¹. According to population estimates, there was an increase of almost 5.0% of the older people population in Amazonas in 2020, compared to the previous year. Manaus concentrates about 57.0% of the total older people residents in the state².

With the increase in the proportion of older people in the population, it is understood that a set of public policies are conditioned³ on the growth of social awareness, chronological age and its different stages, and these start to be used as guiding principles for new rights and duties, especially in the case of more vulnerable groups⁴.

According to Minayo and Souza⁵, social and age vulnerability makes older people more exposed to the occurrence of violence, and this can manifest itself in a: (a) structural way, that which occurs due to social inequality and is naturalized in the manifestations of poverty, of misery and discrimination; (b) interpersonal in forms of communication and daily interaction and (c) institutional, in the application or omission in the management of social policies by the State and by care institutions, a privileged way of reproducing asymmetrical relations of power, domination, contempt and discrimination.

For the World Health Organization (WHO)⁶, violence constitutes the intentional use of physical force or power, real or threatening, against oneself or against another person, group or community, resulting in or in the possibility of injury, death, psychological damage, developmental disability or deprivation, or all of these. As for its classification, violence can be classified as: physical, psychological, sexual, financial abuse, negligence, abandonment and self-neglect.

Intra-family violence is an issue of great breadth and complexity that involves professionals from different fields of activity, requiring, therefore, an effective mobilization of various sectors of government and

civil society. Such mobilization aims, in particular, to strengthen and enhance actions and services from the perspective of a new attitude, commitment and collaboration in relation to the problem⁷.

Social isolation resulting from the COVID-19 pandemic had an impact on the occurrence of domestic and family violence. Although information is still incipient, news in the media and reports from international organizations point to an increase in this type of violence. In China, police records of domestic violence tripled during the epidemic. In Italy, France and Spain, an increase in the occurrence of domestic violence was also observed after the implementation of mandatory home quarantine⁸. However, Moraes et al.⁹ state that this social isolation generates several negative repercussions, including the increase in intra-family violence against children, adolescents, women and older people.

To ensure access to the system for guaranteeing the rights of older people and to prevent the occurrence of such violence, it is essential to implement public policies that respond to the needs generated by rapid demographic changes. Unlike societies that have aged at a slower pace and have gradually adapted to this situation, Brazil is faced with the requirement to broaden its understanding of the demographic, economic and social implications of the aging process and organize policies to address them¹⁰.

Thus, given the above, and understanding the importance of paying attention to intrafamily violence against older people in times of pandemic, in order to understand how public institutions for the protection and guarantees of the rights of older people have acted in this context, the aim of this article is to compare the profile of older people victim of intrafamily violence assisted at an Integrated Center for the Protection and Defense of Rights, in Manaus, Amazonas, Brazil, in 2019 and in the context of the COVID-19 pandemic, in the year 2020.

METHOD

This is an analytical cross-sectional study of care provided to older people aged 60 years or over, victims of intra-family violence at the Integrated

Center for the Protection and Defense of the Rights of the Older Person (CIPDI) located in the city of Manaus, Amazonas, Brazil. The data used in the study refer to care provided between January 2019 and December 2020, generated by the Official Monthly Service Reports requested in October 2020.

CIPDI was implemented in 2007 to offer qualified and multi-sector care to older people who are victims of discrimination or violence, coordinated by the Human Development Council (CDH) and implemented by the State Secretariat for Public Security (SSP), in partnership with the Social Assistance Secretariat (SEAS). The assistance provided relies on the availability of security professionals, social workers and psychologists, in order to provide psychosocial support to older people victims of intra-family violence.

In order to trace the profile of care, the following variables were studied: characterization of victims (gender, age, marital status, race/color, religion, education, economic status and area of residence); characterization of the occurrence (type of violence, bond with the victim and whether at the time of the occurrence the aggressor was using psychoactive drugs); as well as the referrals and assistance provided to the older person in the highlighted institution.

In the comparative statistical analysis, the differences in the characteristics of victims, occurrences and care between the years of analysis 2019 (pre-pandemic) and 2020 (pandemic context) were tested by the chi-square test (χ^2), at the 5% level of significance.

The study was not submitted to the Research Ethics Committee for using secondary data, in the public domain, available on the Amazonas Government Information System (e-SIGA) website. As well as, access to the Official Service Reports was requested from the State Secretariat for Justice, Human Rights and Citizenship (SEJUSC) for scientific production purposes. It is added that the data do not present any information regarding the identification of the assisted cases, in line with the norms and guidelines of Resolution 510/2016 of the National Health Council.

RESULTS

During the period from January 2019 to December 2020, 5,365 cases of intra-family violence involving older people attended at the CIPDI were reported, being 2,385 in 2019 and 2,980 in 2020. There was an increase of 24.9% in cases in 2020, first year of pandemic compared to the previous year. The months with the highest frequency of occurrences in the year 2019 were January (9.5%) and July (11.7%), respectively. However, in 2020, the month of April presented a drop of almost 97% in occurrences compared to the same period of the previous year. Still in 2020, it was found that the care provided to older people victims of intra-family violence doubled between the months of October and December when compared to the same months in 2019 (Figure 1).

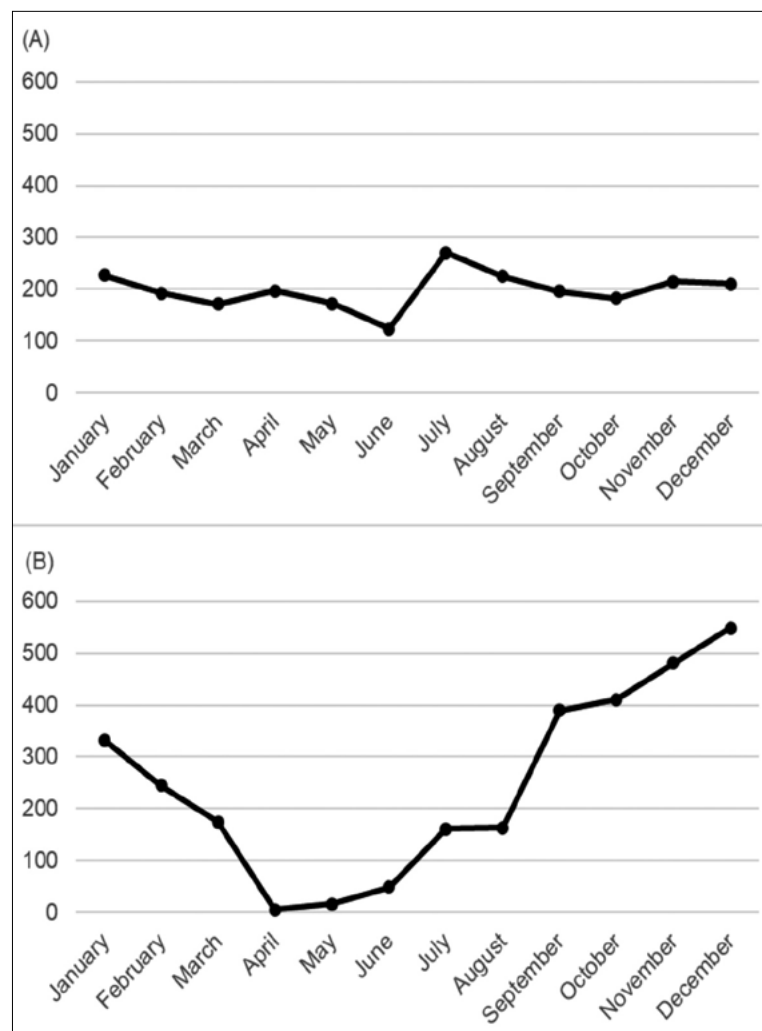
The description of the sociodemographic characteristics of cases of intra-family violence involving older people assisted by the CIPDI, according to the year of care, is presented in Table 1. Considering the set of occurrences, almost 60% of the cases were female. It was observed that in more than 80% of older people affected were under 80 years of age.

Also in Table 1, of the total number of cases of intra-family violence treated, 60% were widowed, married or in a stable relationship, with more than 70% of the cases of mixed race/color. Most older people declared themselves Catholics and in both years of analysis, elementary education (incomplete or complete) predominated among the victims' educational level. Among the assistance provided, more than 50.0% referred to retirees or pensioners. The area of residence of these victims was concentrated between the northern and southern regions of the capital of the state of Amazonas. Regarding the comparative analysis, there was a difference in the characteristics related to marital status, education, economic status and area of residence between the years of ($p < 0.05$).

The characteristics of the occurrences of intra-family violence are presented in Table 2. The main types of violence perpetrated against older people in both years of analysis were intimidation/disruption

and negligence, affecting more than 50% of the cases. However, there was a reduction in registered cases of abuse, financial abuse and verbal threats in the pandemic year. The occurrence of some unidentified violence in 2019, such as verbal and physical aggression, self-neglect, threat of death, abandonment and discrimination, were also identified and confirmed by the statistically significant difference between the years of analysis ($p < 0.05$). In more than 2/3 of the situations of intra-family violence monitored by the center, children were the main aggressors and the use of alcohol and other drugs by the perpetrators during the occurrence showed a slight increase in the year of the pandemic.

Table 3 presents the description of referrals and assistance provided to older people victims of intra-family violence by CIPDI. In the years 2019 and 2020, more than 50% of the consultations required some kind of referral, especially to the Specialized Police Office for Crime Against Older People. In 2020, the first year of the COVID-19 pandemic, there was a 54.2% increase in demand for other external assistance provided by CIPDI, with emphasis on home visits, mediation of conflicts and technical visits. However, it was found that services aimed at psychological assessment had their offer reduced to less than half in 2020, compared to the previous year.



Source: Amazonas Government Information System (e-SIGA).

Figure 1. Cases of intra-family violence against older people assisted by the Integrated Center for the Protection and Defense of the Rights of the Older Person. Manaus, AM, Brazil (A) 2019 – (B) 2020.

Table 1. Description of the sociodemographic characteristics of older people victims of intra-family violence assisted by an Integrated Center for the Protection and Defense of the Rights of the Older Person (N=5,365). Manaus, AM, Brazil, 2019 – 2020.

Variables	Total n (%)	2019 n (%)	2020 n (%)	<i>p</i> -value
Sex				
Female	3,159 (58.9)	1,431 (60.0)	1,728 (58.0)	<i>0.136</i>
Male	2,206 (41.1)	954 (40.0)	1,252 (42.0)	
Age group (years)				
60 – 70	2,555 (47.6)	1,184 (49.6)	1,371 (46.0)	<i>0.060</i>
71 – 80	1,679 (31.3)	725 (30.4)	954 (32.0)	
81- 90	924 (17.2)	388 (16.3)	536 (18.0)	
91 and over	207 (3.9)	88 (3.7)	119 (4.0)	
Marital status				
Widower	1,609 (30.0)	781 (32.7)	828 (27.8)	<i><0.01*</i>
Married/stable union	1,610 (30.0)	543 (22.8)	1,067 (35.8)	
Single	966 (18.0)	495 (20.8)	471 (15.8)	
Divorced/separated	1,180 (22.0)	566 (23.7)	614 (20.6)	
Race/color				
Brown	3,809 (71.0)	1,694 (71.0)	2,115 (71.0)	<i>0.980</i>
Not brown	1,551 (28.9)	689 (28.9)	862 (28.9)	
No information	5 (0.1)	2 (0.1)	3 (0.1)	
Religion				
Catholic	3,004 (56.0)	1,336 (56.0)	1,668 (56.0)	<i>1.000</i>
Evangelical	1,717 (32.0)	763 (32.0)	954 (32.0)	
Others	54 (1.0)	24 (1.0)	30 (1.0)	
No information	590 (11.0)	262 (11.0)	328 (11.0)	
Education				
Illiterate	1,019 (19.0)	453 (19.0)	566 (19.0)	<i><0.01*</i>
Literate	898 (16.7)	451 (18.9)	447 (15.0)	
Elementary school incomplete/complete	2,019 (37.7)	887 (37.1)	1,132 (38.0)	
High school incomplete/complete	1,020 (19.0)	453 (19.0)	567 (19.0)	
College incomplete/complete	357 (6.6)	119 (6.9)	238 (8.0)	
Others/ no information	52 (1.0)	22 (0.9)	30 (1.0)	
Economic situation				
Retired	2,447 (45.6)	1,076 (45.1)	1,371 (46.0)	<i><0.01*</i>
Pensioners	538 (10.0)	240 (10.1)	298 (10.0)	
BPC	1,166 (21.7)	510 (21.4)	656 (22.0)	
Autonomous	230 (4.3)	111 (4.6)	119 (4.0)	
No income	452 (8.4)	243 (10.2)	209 (7.0)	
Others	474 (8.8)	177 (7.4)	297 (10.0)	
No information	58 (1.1)	28 (1.2)	30 (1.0)	

to be continued

Continuation of Table 1

Variables	Total n (%)	2019 n (%)	2020 n (%)	<i>p</i> -value
Residence area				
North	1,253 (23.3)	538 (22.6)	715 (24.0)	0.02*
South	1,068 (19.9)	472 (19.8)	596 (20.0)	
East	1,001 (18.7)	465 (19.5)	536 (18.0)	
West	729 (13.6)	342 (14.3)	387 (13.0)	
South-Central	614 (11.4)	287 (12.0)	327 (11.0)	
West-Central	470 (8.8)	202 (8.5)	268 (9.0)	
Rural	141 (2.6)	52 (2.2)	89 (3.0)	
Other municipalities	89 (1.7)	27 (1.1)	62 (2.1)	

Pearson's chi-square test; **p*-value<0.05; BPC: Continuous Cash Benefit. **Source:** Amazonas Government Information System (e-SIGA).

Table 2. Description of the characteristics of the occurrence of intra-family violence against older people assisted by an Integrated Center for the Protection and Defense of the Rights of the Older Person (N=5,365). Manaus, AM, Brazil, 2019 – 2020.

Variables	2019 n (%)	2020 n (%)	<i>p</i> -value	
Type of intrafamily violence				
Abandonment	0 (0.0)	15 (0.5)	<0.01*	
Financial abuse	190 (8.0)	117 (3.9)		
Psychological aggression	218 (9.1)	268 (9.0)		
Verbal aggression	0 (0.0)	185 (6.2)		
Physical aggression	0 (0.0)	157 (5.3)		
Death threat	0 (0.0)	142 (4.8)		
Verbal threat	331 (13.9)	200 (6.7)		
Self-neglect	0 (0.0)	77 (2.6)		
Discrimination	0 (0.0)	10 (0.3)		
Intimidation/disturbance	823 (34.5)	989 (33.2)		
Mistreatment	107 (4.5)	74 (2.5)		
Negligence	716 (30.0)	746 (25.0)		
Bond with the victim				
Child	1,584 (66.4)	2,055 (69.0)		<0.01*
Self	343 (14.4)	341 (11.4)		
Other family members	458 (19.2)	584 (19.6)		
Use of psychoactive substances during the occurrence				
Alcohol	45 (1.9)	62 (2.1)	0.118	
Other drugs	23 (0.9)	50 (1.7)		
Alcohol and other drugs	76 (3.2)	105 (3.5)		
Not applicable	2,241 (94.0)	2,763 (92.7)		

Pearson's chi-square test; **p*-value<0.05. **Source:** Amazonas Government Information System (e-SIGA).

Table 3. Description of care provided to older people victims of intra-family violence attended by an Integrated Center for the Protection and Defense of the Rights of the Older Person (N=5.365). Manaus, AM, Brazil, 2019 – 2020.

Variables	2019 n (%)	2020 n (%)	p-value
Referrals			
Casa da Cidadania/DPE	484 (20.3)	387 (13.0)	
Specialized Center/DPE	487 (20.4)	566 (19.0)	<0.01*
Specialized Police/DECCI	486 (20.4)	596 (20.0)	
Other services	928 (38.9)	1,431 (48.0)	
Other services			
Home visits	155 (16.7)	464 (32.4)	
Conflict Mediation	127 (13.7)	252 (17.6)	
Psychological assessment	59 (6.4)	30 (2.1)	<0.01*
Technical visits	18 (1.9)	58 (4.1)	
No information	569 (61.3)	627 (43.8)	

Pearson's chi-square test; *p-value<0.05. DPE: State Public Defender; DECCI: Specialized Precinct for Crime against the Older Person; Source: Amazonas Government Information System (e-SIGA).

DISCUSSION

The present study showed an increase in the number of cases of intrafamily violence against older people in the first year of the COVID-19 pandemic in Manaus compared to 2019. The number of cases decreased dramatically in April and May of 2020, demonstrating the impact of government social isolation decrees on the records and care of these victims. In addition, it was found that the number of CIPDI consultations doubled in the last three months of the year 2020 when compared to the previous year, when the pandemic context had not yet been declared.

Moraes et al.⁹ state that in the context of the pandemic, or even outside of it, older people are one of the groups most vulnerable to the problem due to a set of reasons, among which stands out the usual social discrimination regarding aging and insufficiency of public policies to guarantee rights or due to the loss of purchasing power of families in the context of the economic crisis triggered by the pandemic. In addition, many victims of family violence may be currently facing the “worst case scenario”, as being stuck at home with a violent aggressor during a period of severely limited contact with the outside world is likely to trigger these actions¹¹.

The underreporting of cases of violence against older people in this context is a reality, considering the limitation of care given by government decrees on social distancing and the fact that many older people may never have been able to get care for the violence suffered. According to Ricca and Oliveira¹² despite the existence of legal protection for the older person victim of abuse, due to the fact that the aggressors are generally family members, it provides conflicts related to affection, dependence on the older person to report them to human rights and police agencies, directly contributing to the non-reporting of cases of violence against the older person within the family.

In general, the variables that characterized the victims, the occurrences and the assistance analyzed showed significant differences when comparing the pandemic context and the year 2019. The analyzed assistance shows that most violence against older people was perpetrated against women. This data corroborates most of the findings of other national studies, which indicate that older women are doubly fragile, due to the circumstances of aging, as they are generally sicker than men and even have more functional incapacities¹³. With regard to the age group of the older people assisted, it appears that the largest number of records of complaints occurred between 60 and 80 years old, reinforcing the findings of Pampolim et al.¹⁴.

Another highlighted point is the widowed older person, with greater predominance in the CIPDI care. The absence of a partner is identified as a factor potentially associated with situations of neglect in older people¹⁵. This characteristic corroborates the findings regarding one of the main types of violence perpetrated against older people in this study. Mainly due to dependence on other family members and how these losses can make them fragile to the point of feeling incapable of performing their own self-care.

There was also a low level of education among the older people assisted by the CIPDI. Nóbrega et al.¹⁶ reinforce that the fact that the older person is not educated is associated with an increase in the probability of suffering violence and the implications due to low education make it difficult to access information on ways to prevent violence or solve problems. There was a predominance of retired older people or those receiving some type of benefit. A study by Freitas et al.¹⁵ identified that the fixed income of older people was the main motivating factor for abuse. As for the majority of the older people self-declared brown, Souza et al.¹⁷ show that the black and brown older people are the most vulnerable to violence, as there is a social construction of domination-exploitation in relation to blacks, as a result of the slavery heritage, which brings with it prejudice and discrimination.

The place of origin predominates among the older people attended at the center point to the emphasis of the North and South zones, respectively. This finding is due to the fact that the North region is the region with the largest number of inhabitants in the Amazonian capital, and the South region corresponds to the location area of the CIPDI itself.

In Manaus, during 2019 and in the first year of the COVID-19 pandemic, both intimidation/disturbance and negligence were the most frequently recorded among the assistance provided by the defense and protection center. The predominance of neglect/abandonment and intimidation/disturbance as psychological violence reaffirms the findings of Lopes and D'Elboux¹⁸ in a study based on notifications of violence against older people in Campinas, São Paulo, in the last 11 years.

Still in the context of pandemic, the occurrence of more serious domestic violence such as physical aggression and threat of death and not identified in 2019, corroborates with Carmo et al.¹⁹ on the growing trend of mortality from external causes in older people in Brazil and in different Brazilian regions, mainly in the North, Northeast and Midwest regions. According to the Manual for Combating Violence against the Older Person²⁰, the nature of violence against older people can manifest itself in various ways and all these types of actions or omissions can cause serious physical and emotional injuries and death. The Older People Statute⁴ highlights that no older person will be subject to any type of negligence, discrimination, violence, cruelty or oppression, and any violation of their rights, by action or omission, will be punished in accordance with the law.

Regarding the characteristics of the aggressor and kinship with the older person, the results of this study are similar to those of other research²¹⁻²³, in revealing that the main aggressor is a family member, highlighting the children of the older person who were the main denounced and were under the influence of alcohol or other drugs at the time of the assault. It is noteworthy that older people often find it difficult to report the aggressor for different reasons, one of which is because they are a family member, the victim constantly insists on defending and justifying the aggressor's attitudes out of fear of harm or that the situation between them may be aggravated by the complaint. Minayo and Souza⁵ clarify that the aggressors usually live in the house with the victim, they are children dependent on the older person and the older person dependent on family members. Children or older people who abuse alcohol and drugs belong to families with little affection throughout their lives and are socially isolated.

The assistance directed to older people victims of intra-family violence carried out by the CIPDI showed that in more than 60% of the registered cases they required referrals to other points of the older people protection network, in particular the specialized police for crime against older people, denoting the need for a service network that is articulated and of prompt assistance to the victim. Wanderbroocke²⁴ states that a safety network cannot be considered

good or bad based only on its size, but that other characteristics must always be taken into account, such as density, composition, dispersion and types of functions performed by its members. It is at the confluence of their characteristics that their capacity to be a source of well-being can be established.

Some external face-to-face care provided by the center showed an increase in 2020, demonstrating the possible impact of the new coronavirus and the need to decree the temporary cancellation of services offered to this population in various sectors and the need to take the care to the homes of older people. Grilo and Lombardi Junior²⁵ emphasize that prevention and intervention must be carried out together with the older person who have suffered abuse, as in addition to developing strategies to encourage victims to talk about the episodes they have experienced, the assistance provided by these professionals makes it possible to raise their awareness about violence and how this can interfere with aging, which must be safe and dignified.

Despite the limitations found, those inherent in a research with secondary data are pointed out, in which researchers have little control over the data used to prepare the reports that served as the source of information, in addition to the absence of some information that would make it possible to describe in detail the profile of victims, aggressors and the care provided by the center.

CONCLUSION

The results found in this study show that, in the city of Manaus, intra-family violence against older people showed a significant increase after the declaration by the World Health Organization of a pandemic caused by the new coronavirus. The differences identified in the profile of the older

people assisted reinforce the extent to which the state decrees to guarantee social distance and control the spread of the disease had an impact on the record of occurrences of this type of violence, demanding the intensification of home and technical visits. In addition, the number of occurrences of these types of violence may have been much higher than officially recorded, resulting in underreporting of cases due to the difficulty in accessing the services offered by the integrated center during this period.

Knowing the profile of older people victims of intra-family violence assisted by the CIPDI, the occurrences and possible aggressors can contribute to future studies in this area, in addition to supporting the planning of actions at the center itself and other public policies for the protection of older people in the capital of Amazonas given the observation of the demographic transition that occurs in all states of Brazil and the importance of offering these services as the main way to intervene in the cycle of violence.

Thus, it is concluded that it is essential to provide older people with a comprehensive service network capable of ensuring the entire population, the basic rights, such as: health, transport, leisure, absence of violence both in the family space and in the public space. The pandemic scenario made older people population more vulnerable and exposed to intra-family violence and limited them in terms of constitutional rights. In this context, the Integrated Center for the Protection and Defense of the Rights of the Older Person through the services offered is characterized as a public policy necessary for access to the system of guarantees of rights that aim at more than preventing, confronting and enforcing the rights of the Older Person. It is hoped that this work will encourage the realization of new studies, dedicated to exploring other possibilities for analyzing the theme.

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REFERENCES

1. Brito F. Transição demográfica e desigualdades sociais no Brasil. *Rev Bras Est Popul.* 2008;25(1):5-26.
2. DATASUS: Departamento de Informática do SUS [Internet]. Brasília, DF: DATASUS; 1991-. Informações de Saúde, Demográficas e Socioeconômicas; [cited 2021 Aug. 16]; [2 screen]. Available from: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?popsvs/cnv/popbr.def>
3. Travassos GF, Coelho AB, Arends-Kuenning MP. The elderly in Brazil: demographic transition, profile, and socioeconomic condition. *Rev Bras Est Popul.* 2020;37:1-27.
4. Brasil. Lei No 10.741, de 1º de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Portal da Legislação. 2003. Available from: http://www.planalto.gov.br/ccivil_03/leis/2003/110.741.htm.
5. Minayo MCS, Souza ER. Violência contra idosos: é possível prevenir. In: Brasil. Ministério da Saúde. Impacto da violência na saúde dos brasileiros. Brasília, DF: MS; 2005. p.141-166.
6. Krug EG, Dahlberg LL, Mercy JA, Zwi AB, Lozano R. World report on violence and health. Geneva: WHO; 2002.
7. Brasil. Ministério da Saúde, Secretaria de Políticas de Saúde. Violência intrafamiliar: orientações para prática em serviço. Brasília, DF: Ministério da Saúde; 2001.
8. Vieira PR, Garcia LP, Maciel ELN. Isolamento social e o aumento da violência doméstica: o que isso nos revela? *Rev Bras Epidemiol.* 2020;23:E200033.
9. Moraes CL, Marques ES, Ribeiro AP, Souza ER. Violência contra idosos durante a pandemia de Covid-19 no Brasil: contribuições para seu enfrentamento. *Ciênc Saúde Colet.* 2020;25(supl. 2):4177-84.
10. Miranda GMD, Mendes ACG, Silva ALA. Desafios das políticas públicas no cenário de transição demográfica e mudanças sociais no Brasil. *Interface.* 2017;21(61):309-20.
11. Campbell AM. An increasing risk of family violence during the Covid-19 pandemic: strengthening community collaborations to save lives. *Forensic Sci Int.* 2020; 2:100089.
12. Ricca AETO, Oliveira B. Desvelando Caminhos: A subnotificação de acidentes e violência contra a pessoa idosa. *Rev Port Divulg.* 2012;23:64-76.
13. Pasinato MT, Camarano AA, Machado L. Idosos vítimas de maus-tratos domésticos: estudo exploratório das informações levantadas nos serviços de denúncia. Rio de Janeiro: IPEA; 2006. p.1-36.
14. Pampolim G, Pedroso MRO, Leite FMC. Análise dos casos notificados de violência física contra a pessoa idosa no Espírito Santo. *Estud Interdiscip Envelhec.* 2020;25(2):97-218.
15. Freitas MC, Queiroz TA, Sousa JAV. O significado da velhice e da experiência de envelhecer para os idosos. *Rev Esc Enferm USP.* 2010; 44(2):407-12.
16. Nóbrega IRAP, Leal MCC, Marques APO, Vieira JCM. Fatores associados à depressão em idosos institucionalizados: revisão integrativa. *Saúde Debate.* 2015;39(105):536-50.
17. Souza AS, Meira EC, Neri IG, Silva JA, Gonçalves LHT. Fatores de risco de maus-tratos ao idoso na relação idoso/cuidador em convivência intrafamiliar. *Textos Envelhecimento.* 2004; 7(2):1-14.
18. Lopes EDS, D'Elboux MJ. Violência contra a pessoa idosa no município de Campinas, São Paulo, nos últimos 11 anos: uma análise temporal. *Rev Bras Geriatr Gerontol.* 2021;24(6):e200320.
19. Carmo EA, Souza TS, Nery AA, Vilela ABA, Martins Filho IE. Tendência da mortalidade por causas externas em idosos. *Rev Enferm UFPE on line.* 2017;11(supl.1):374-83.
20. Brasil. Secretaria de Direitos Humanos da Presidência da República. Manual de enfrentamento à violência contra a pessoa idosa. É possível prevenir. É necessário superar. Brasília, DF: SDHPR; 2014.
21. Lopes EDS, Ferreira AG, Pires CG, Moraes MCS, D'Elboux MJ. Maus-tratos a idosos no Brasil: uma revisão integrativa. *Rev Bras Geriatr Gerontol.* 2018;21(5):652-62.
22. Pampolim G, Leite FMC. Negligência e violência psicológica contra a pessoa idosa em um estado brasileiro: análise das notificações de 2011 a 2018. *Rev Bras Geriatr Gerontol.* 2020;23(6):e190272.
23. Bolsoni CC, Coelho EBS, Giehl MWC, D'Orsi E. Prevalência de violência contra idosos e fatores associados, estudo de base populacional em Florianópolis, SC. *Rev Bras Geriatr Gerontol.* 2016;19(4):671-82.
24. Wanderbroocke ACNS. Idosas, rede social significativa e o enfrentamento da violência familiar. *Estud Interdiscip Envelhec.* 2017;22(1):99-116.
25. Grilo PMS, Lombardi Jr. I. Maus-tratos a idosos: perfil das vítimas, vínculo com o agressor e atuação dos profissionais. *Estud Interdiscip Envelhec.* 2015;20(2):611-24.