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REFLECTIVE ANALYSIS ARTICLE

ASSESSMENT OF THE PUBLIC POLICIES TO COPE WITH VIOLENCE AGAINST THE ELDERLY

ANÁLISE SOBRE AS POLÍTICAS PÚBLICAS DE ENFRENTAMENTO A VIOLÊNCIA CONTRA O IDOSO

ANÁLISIS DE LAS POLÍTICAS PÚBLICAS DE ENFRENTAMIENTO A LA VIOLENCIA CONTRA LAS PERSONAS MAYORES

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ABSTRACT

Objective: to reflect on the public policies to cope with violence against the elderly in Brazil. **Method:** Descriptive theoretical-reflexive study, with previous review of the literature specialized on the topic. The information was assessed, and brought up two theme axis as reflexion guides: Epidemiology of the violence against the elderly and Public policies to cope with violence against the elderly in Brazil. **Results:** it is shown that Brazil currently has sufficient legal resources to cope with violence against the elderly. However, only producing legal instruments is not enough to change the violence situation to which the elderly population in country is submitted. **Conclusion:** violence against elderly constitutes, therefore, a Human Rights violation and requires strategic actions by the public power and the society, in prevention and coping areas, in order to rescue and ensure the dignity of this segment. **Descriptors:** Public Healthcare Policies; Violence; Abuse; Elderly.

RESUMO

Objetivo: refletir sobre as políticas públicas de enfrentamento a violência contra o idoso no Brasil. **Método:** estudo descritivo de cunho teórico-reflexivo, com prévia revisão da literatura especializada na temática. As informações foram analisadas possibilitando com que emergissem como pontos norteadores de reflexão, dois eixos temáticos: Epidemiologia da violência contra a pessoa idosa e Políticas públicas de enfrentamento a violência contra idosos no Brasil. **Resultados:** evidencia-se que o Brasil, atualmente possui suficientes recursos legais para o enfrentamento da violência contra o idoso. Contudo, apenas a produção de instrumentos legais não é suficiente para mudar a situação de violência a que está submetida a população idosa no país. **Conclusão:** a violência contra pessoa idosa constitui, portanto, uma violação dos Direitos Humanos e requer ações estratégicas por parte do poder público e da sociedade, tanto no âmbito da prevenção quanto do enfrentamento, a fim de resgatar e garantir a dignidade desse segmento. **Descritores:** Políticas Públicas de Saúde; Violência; Maus-Tratos; Idoso.

RESUMEN

Objetivo: reflexionar sobre las políticas públicas de enfrentamiento a la violencia contra las personas mayores en Brasil. **Método:** estudio descriptivo de cunho teórico-reflexivo, con previa revisión de la literatura especializada en el tema. Las informaciones se analizaron, posibilitando la emergencia de puntos rectores de reflexión, dos ejes temáticos: Epidemiología de la violencia contra la persona mayor y las políticas públicas de enfrentamiento a violencia contra las personas mayores en Brasil. **Resultados:** se evidencia que Brasil, en la actualidad, dispone de recursos legales suficientes para el enfrentamiento de la violencia contra las personas mayores. Sin embargo, apenas la producción de instrumentos legales no es suficiente para cambiar la situación de violencia a que está sujeta da población anciana en el país. **Conclusión:** la violencia contra la persona mayor constituye, así, una violación de los Derechos Humanos e requiere acciones estratégicas de lo poder público e de la sociedad, en materia de prevención y enfrentamiento, con el fin de rescatar y garantizar la dignidad de este segmento. **Descriptores:** Políticas Públicas de Salud; Violencia; Malos Tratos; Anciano.

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INTRODUCTION

The discussion about violence as a subject associated to healthcare starts in the second half of the twentieth century, through the denunciation of professionals in the area of the abuses against children, teenagers and women. Violence against the elderly was the last to be contemplated in politics and healthcare agendas in most of the countries. However, due to the increasing elderly population in the world, the concern with this population has also been increasing.¹

The United Nations/UM considers the period between 1975 and 2025 as the Age of Ageing. In the developing countries, this population ageing process has been more significant and accelerated; while in the developed nations, between 1970 and 2000, the growth observed was 54%, and, in the developing countries, this growth reached 123%.²

In Brazil, a developing country, the number of elderly people has been increasing. Such increase indicates, according to the last census, that the elderly represent around over twenty million people, which means 11,3% of the Brazilian population. In the State of Piauí, this percentage reaches 11,4% of the population, a number considered very significant.³ These numbers are intimately linked to the increase of violence against the elderly, because, since the population is living longer, it becomes more vulnerable to abuse.

The World Health Organization (WHO) defines violence as the intentional use of physical force or power, actual or threat, against oneself, against a third party or against a group or community, that results in or has great probability of causing injury, death, psychological damage, development impairment or deprivation.

The International Network for the Prevention of Elder Abuse has adopted the following definition, in 1995, in England, for violence against the elderly: "the elderly abuse is an act (unique or repeated) or omission that causes damage or affliction and that is produced in any relationship in which there is expectation of trust". This act refers to the physical, psychological, sexual abuse, abandonment, negligence, financial abuse and self-negligence.

Often, several types of abuse can occur, at the same time. A more general point of view, the forms of violence against the elderly arise from a conflict of interest between younger and older generations. The fact that the elderly is considered a non-productive

individual in society, dependent on several aspects (economical, family, health) and obsolete, on the cultural point of view (the one who does not follow the new forms of behavior vision of the world), he/she becomes an isolated individual, excluded from the events and causes, in the younger individuals, an unconscious collective wish of their death.⁴

A study on the print communication media, social representations and violence against the elderly shows that the construction of the social representations of violence, abuse and negligence against the elderly is anchored on the gains obtained by this population, with the rule of the Statute of the Elderly. These gains were aimed at the social actions by the political power, on the precepts of Science, the dimensions of the violent acts and the conquests, defense and assistance to the elderly.⁵

About the rehabilitation assistance to the elderly individual victim of accidents and violence, the study shows great fragilities in the implementation of public policies in the elderly care. Few healthcare facilities have resources to respond to the specifics of elderly individuals victim of accidents and violence, some healthcare professionals do not consider themselves responsible for listening, supporting, assisting and guiding the elderly with history of abuse; they believe that they should act only on the physical injury and let their team colleagues, psychologist and social worker, respond to the abuse situation.⁶

Thus, considering that violence against the elderly is a violation to human rights and one of the most important causes of injuries, diseases, loss of productivity, isolation and hopelessness, reflecting on this topic is thinking about the prejudice suffered by the elderly individuals in all sectors of the society, which makes this an enormously severe issue, especially in third world countries. Therefore, this study has the purpose to reflect on the public policies to cope with violence against the elderly in Brazil.

METHOD

This is a descriptive study of the reflexive analysis type that addresses the topic of violence against the elderly. Scientific papers in the LILACS (Literature in the Health Sciences in Latin America and the Caribbean), SciElo (Scientific Electronic Library online) virtual library and the Ministry of Health homepage were consulted. After reviewing the information, the study brought up two theme axis as reflexion guides: Epidemiology

of violence against the elderly and public policies to cope with violence against the elderly in Brazil.

RESULTS

Epidemiology of violence against the elderly

Violence against the elderly is a phenomenon of recent notification in the world and in Brazil; however, it is a cultural problem with secular roots, and its manifestations are easily recognizable, from the oldest epidemiological statistics.⁴

During the last few years, the degree of social sensitivity for the phenomenon of violence and abuse has increased. At first, the attention was focused on violence against the child, then domestic violence, and, recently, abuse and negligence against the elderly have attracted interest.

To designate the most frequent forms of violence practiced against the elderly population, the National Policy for the Reduction of Injuries and Violence (PNRMAV) of the Ministry of Health designates internationally known typologies: abuse, physical violence or abuse; sexual abuse and violence; abandonment and negligence; financial and economical abuse; self-negligence (elderly behavior that threatens their own health or safety).⁷

The specialized literature classifies violence against the elderly in seven types: **physical**: repeated unjustified injuries, burns, wounds, erosions, bruises, fractures and others that could even lead to death. It teaches that physical violence “refers to the use of physical force to compel the elderly to do something they do not wish to do, to hurt them, causing them pain, disability or death”; **psychological**: “verbal aggressions or insults, silence as cause of damage, threats or criticism, contempt and isolation of the individual, their ideas and wishes, with the purpose to terrify the elderly, humiliate them or isolate them from the social interaction”; **economical**: theft of goods and real estate, withdrawal of money with pin number provided by the elderly, deprivation of their own belongings, misuse of the elderly’s properties; **sexual**: refers to the “sexual act or game of homo or heterosexual nature using elderly individuals, with the purpose of achieving arousal, sexual intercourse or erotic practices through grooming, physical violence or threats”; **abandonment**: “is a form of violence that manifests through the absence or desertion of the governmental, institutional or family responsible individuals to provide

relief to an elderly individual who needs protection”; **negligence**: “refers to the refusal or omission of care due and necessary to the elderly, by the family or institutionally responsible individuals”; and **self-negligence**: “refers to the behavior of the elderly individual who threatens their own health or safety by refusing to provide the necessary care to themselves”.⁸

Violence against the elderly, regardless of the type, most frequently occurs within the family, i.e., physical, psychological, economical violence and abandonment, negligence and self-negligence situations, and often more than one type, most commonly occur in the family environment. A research conducted in 2007 in all Brazilian states collected the following data: in the 27 Brazilian states, 61.930 reports of violence against the elderly were accounted; of these, 15.803 occurred within the family. Most of the victims were females. In 17 capitals, 60% of the victims are females. In 6 capitals, especially in the North, men are the greatest victims, maybe because they lived in mining regions, with no protection of close individuals. There are victims in all elderly age groups, from 60 to over 80, with several expressions. In some capitals, there are reports of violence against individuals over 100 years old. The great majority of the aggressors are sons and daughters, corresponding to 54,7% of the aggressors. Grandchildren are the second, and the proportion of aggressors with this degree of relatedness ranges between 8% and 15%, according to the capital. Most of the reports are anonymous, and the referrals are made to the Prosecutor’s Office and to the healthcare and social assistance areas. The number of reports also varies, but it is very low, representing only a tip of the violence iceberg.⁹

The data exposed above draws attention to the fact that the several types of violence against the elderly are not exclusive, and can accumulate, even leading to the victim’s death. It is observed that violence against the elderly is a violation of the human rights and one of the most important causes of injuries, diseases, loss of productivity, isolation and hopelessness.

The violence suffered by the elderly throughout the world is characterized for being generalized, usually not reported and of high economical and human costs, very difficult to be paid by the governments. There are many reasons for individuals to suffer violence, and among the most frequent are the deterioration of family relations. Other

causes are associated to the caregiver stress, social isolation, and also, power imbalance between victim and aggressor. The care of a sick and dependent individual is a weight for any individual. When the caregivers have little community support, they can suffer stress and have behaviors that lead to abuse and violence.¹⁰

Discussing the vulnerability of the elderly to violence, researchers emphasize that the disadvantages of this social segment are countless and uneven, which tends to undermine and reduce the cognitive functions and the body defenses.¹¹ In this context, the violence against the elderly arises, as a form of life denial, which, in spite of the existence of a specific legislation to protect the elderly, has been increasing alarmingly, and may manifest itself in the social environment or even in the home. Although we have a National Policy for the Elderly Healthcare, Brazil does not have a specific governmental program directed to the dependent elderly population, which makes it clear that the task of supporting these individuals is uniquely of the families.

The affirmative above can be substantiated with a study conducted in the Police Reports in the Police Stations in Ribeirão Preto, State of São Paulo, in 1999, in which elderly individuals, victim of domestic violence, were interviewed. In the study, the authors verified that the culture of domestic violence against the elderly can be seen under three main aspects: in relation to the elderly, the violence and the authors.¹¹

Epidemiological data from the Ministry of Health show that, in Brazil, 27% of the hospital admissions, of the 93 thousand elderly individuals, occur because of violence and abuse. The abuse that arrive in the Brazilian Public Health System (SUS) are mainly the explicit, but there also non discriminated cases, such as the ones that take place in the home, that are very complex, delicate and hard to break the silence, because they involve relationships and feelings of insecurity, fear, inbreeding conflicts, closeness, affectivity, love and protection instinct towards the abuser.¹²

Specifically in the Brazilian Northeast, negligence is one of the most frequent forms of violence, at home and in institutions, frequently resulting in physical, emotional and social injuries and traumas to the elderly. Among the reports to the "Disque-Idoso" (Toll-Free Elderly Line), in the Northeast, in 2004, 32% were physical violence, 20% abandonment, 16% misappropriation of pension and 13% negligence.¹²

In Brazil, the information about diseases, injuries and trauma of violent causes in elderly individuals are vague, and this is also observed in the international literature, which emphasizes the high sub-reporting throughout the world, with estimates that describe that 70% of the injuries and traumas suffered by the elderly do not constitute the actual statistics.¹¹

The hospital admissions and deaths for external causes comprise a social issue. The abuses that result in death or fracture are often result of falls, traffic incidents and negligence. The frequent relation between deaths and injuries are usually also expression of several concurrent types of abuse by family members or care givers. One third of the elderly individuals that live at home and half of those who live in institutions suffer at least one fall per year. According to data from DATASUS, in hospital admissions, falls are the main type of cause, while traffic incidents are a specific cause of death.⁷

It is difficult to estimate in numbers the weight of the violence against the elderly, because the data sources are scarce, unexpressive and unreliable. This occurs because the fact is hidden by the families and also because the healthcare professionals still do not have the clinical eye to detect the problem, generating inaccurate reports in the hospital records. This disparity related to sub-reporting of the cases is increased by the fact that the elderly individuals do not formally report against his/her aggressors, because of feelings of insecurity and lack of protection.

Violence, under the aspect associated to the elderly, has revealed that the victims were mostly financially independent, of all social classes, living in their homes, physically independent to develop their daily activities, female and aged 62-82. All types of violence were evident, from verbal abuse to homicide, but violence with the purpose of extortion and misappropriation were the most frequently described. As regards the authors of violence against the elderly, the same study emphasizes that the perpetrators were of the same family as the elderly or known to them, mostly children of the victims, male, and at the moment financially dependent of them; alcohol and drug use by the abusers was also observed in most of the cases; finally, social isolation was also identified as risk factor for violence.¹¹

♦ Public policies to cope with violence against the elderly in Brazil

Ageing is a latent process throughout society and a natural right of the human

being. However, the State is responsible for ensuring that this process happens worthily and healthily. The ageing of the Brazilian population is an irreversible fact that will only increase with time, with an enormous impact, and, however, when we observe that the facts associated with sub-development will continue to manifest for a period that is difficult to be defined.¹³

It should be noted that in Brazil, however, the concern with the demographic aspects of the population ageing is relatively recent, started after the impact on government costs with healthcare and welfare that increased with the population ageing, which motivated scientific studies on the topic, to search for solutions for this age group, that demands long-term care, which is always the burden of the family.¹⁴

Considering the affirmation above, we observe that Brazil ages very rapidly, in part because of the improvement in the work conditions, urbanization of the living locations and also the access to drugs, early diagnosis and disease prevention technologies, especially through immunization offered by vaccines.

Before the population ageing process, the UN, of which Brazil is a member, has conducted, in 1982, the First World Conference on Ageing, in Vienna, the first to discuss and address the population ageing topic, that resulted in 66 recommendations to the member nations, aimed at the well-being of the elderly.²

In order to defend the elderly, population age group in highest growth, reaffirming in national territory the UM recommendations, in 1994, Law N° 8.842/94 was enacted, which created the National Elderly Policy, which was a maturation of the elderly policy. The National Elderly Policy directives are as follows:

Law 8.842/94. Art. 3. Prioritization of family care to the elderly individual and not his/her admission in nursing homes, except when the individual is alone; search for integration options between the elderly and other generations; participation of the elderly in the planning, development, implementation and assessment of policies, projects, plans and programs of his/her interest; administrative political decentralization; retraining and capacitation of new professionals in the geriatrics, gerontology and service provision areas; implementation of information systems that divulge the bio-social aspects of ageing in an educational manner; prioritization of public services and private service providers; support to studies and

*researches on issues associated with ageing.*¹⁵

The national elderly policy has created standards for their social rights, ensuring the autonomy, integration and effective participation as an instrument of citizenship. However, it has not been effectively applied. According to the Prosecutor's Office, some of the deficiencies of the National Elderly Policy are the lack of specification of the law to establish the criminal offense of individuals that use prejudice against the elderly.

The National Elderly Policy does not bring any discussion about the violence topic. This invisibility of the subject must have occurred because the document dates of the past decade, when issues associated to the violation of rights of the elderly were not in the agenda or the Human Rights Policy and were only incipient in the healthcare area. What approaches the topic the most is in the item that addresses the pre-hospital care. There, we can observe the preventive vision, but there is no mention to abuse. Thus, article 10 of the National Elderly Policy emphasizes the need to ensure care at all levels of SUS service, points to the implementation of prevention, promotion and recovery actions of the elderly's health, through preventive programs and measures. This article also emphasizes the need to create alternative healthcare services for the elderly. As concerns hospital care, the policy also recommends, in article 10, the development of standards for geriatric services.¹

Violence against the elderly is a violation of Human Rights and requires strategic actions by the public power and the society, in prevention and coping, in order to rescue and ensure their dignity.

Violence against the elderly is a phenomenon that still needs to be studied, under several aspects. The open debate with the society about the topic, abuse prevention, correct identification and referral of the cases are crucial for the respect for the victimized elderly to be reinstalled, so that he/she can easily live through his/her ageing, fully using the physical and mental capacities that are still preserved, without fear, oppression or sadness.

In order for actions of prevention and coping with violence against the elderly to be taken, it is necessary to correctly identify when the elderly individual is being subject to abuse and/or negligence situations, which is important in the maintenance of their health and prevention of abuse.

This identification is necessary for the public actions, already anticipated in the

national legislation, are put into practice. The actions with legal provision started in 2000, with the launching of PNRMAV, that emphasizes the health promotion to achieve quality of life, prioritizes cross-sectional preventive actions and community action. Their main directives are the promotion of the adoption of safe and healthy behaviors and environments; the monitoring of the occurrence of injuries and violence; systemization, expansion and consolidation of pre-hospital care; cross-sectional and intersectorial care to the victims of accidents and violence; structuring and consolidation of care oriented to rehabilitation; capacitation of human resources; support to the development of studies and researches.¹⁶

The PNRMAV directives determine how the public actions of coping with violence against the elderly must be oriented, which was reinforced in 2002, with the launch, by the UN, of the II Action Plan for Ageing, which served as Basis for the creation of the Action Plan for Coping with Violence against the Elderly (PAEVPI), by the Undersecretary of Human Rights of the General Secretary of the Presidency of the Brazilian Republic.

In 2002, the National Elderly Council was created through the Decree Nº 4.227, an important instrument of elderly protection and defense, in addition to give general directions of protection of the Brazilian elderly, through the Elderly Booklet.

Almost 10 years later the enactment of the National Elderly Policy, Law Nº. 10.741, of October 1, 2003, was enacted, which defines the elderly as “individual with age equal or superior to sixty (60) years, safeguarding similar rights to those provided to children and teenagers, including the right to full protection”. Thus, with the purpose to protect the elderly, the Federal President, Luís Inácio Lula da Silva, has approved the Statute of the Elderly, in 2003, which regulates, ensure rights and stipulate duties to improve the lives of individuals with age equal or superior to sixty years in the country.

The legal instrument demands the fulfillment of the public policies of the elderly, because it has increased the rights of citizens aged over 60. More comprehensive than the National Elderly Policy, the Statute institutes severe penalties for those who disrespect or abandon senior citizens.¹⁷

The Plan has the purpose to promote actions that lead to the fulfillment of the Statute of the Elderly (Law Nº 10741/2003), in agreement with the Madrid Plan, that address the coping with social exclusion and all forms of violence against the elderly, as well as

ensures the fundamental rights. PAEVPI equally anticipates actions for combatting and preventing all forms of violence already identified against the elderly, with responsibilities, attributions and strategies divided for the collective, public, family and nursing institutions cultural spaces. Among the several strategic actions mentioned in the plan, for each of these sectors, a few have already been implemented, such as: the creation of Police Stations Specialized for the elderly; creation of specific court houses; creation of reporting system; of attorney's office and public defenders, and of City and State Councils of the Rights of the Elderly; capacitation of healthcare, legal, social work professionals, counselors, elderly, society and managers of nursing institution professionals, among other actions.¹⁶

The legislation that enacted the Statute of the Elderly represents a milestone in the political and social awareness on the need of realization of the fundamental rights of the elderly. The ideal would be if there was no need of a law to regulate something that is of undebatable interest of all, integral part of human sensitivity, such as the respect for the older individuals. It seems strange to have to punish individuals so that the society is aware of the need to give minimum protection to the elderly; but it is necessary, since the power of selfishness that rules in society has been transforming the elderly in hostages of all types of abuse.¹⁸

The Statute of the Elderly is of great importance to regularize the respect to the elderly, and the public policies are crucial for this. However, the distance between the law and the reality of the elderly in Brazil is still enormous; and, for this situation to change, it needs to continue to be discussed and claimed in all possible spaces; because only the permanent mobilization of the society can configure a new look on the ageing process of the Brazilian citizens.¹⁹

According to data from the World Health Organization (WHO), until 2025, Brazil will be the sixth country with the largest number of elderly individuals, hence the need for social policies that prepare the society for this reality and change how the elderly are treated. The Statute of the Elderly is of great importance to regularize the respect to the elderly, but public policies are crucial for this.

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established severe penalties for those who disrespect or abandon senior citizens.

CONCLUSION

It was noticed that violence against the elderly is a violation to human rights, and, so that there prevention and coping actions, it is necessary to properly identify when an elderly is being submitted to abuse and/or negligence situations. This is important for public actions, already anticipated in the national legislation, to be put into practice.

It was evidenced that, currently, Brazil has sufficient legal resources to cope with violence against the elderly. However, only the production of legal instruments is not enough to change violent situation to which the elderly population is submitted in the country. Thus, in addition to the legal measures, a change of perspective of the society towards the elderly is necessary, such as, for example, that change that goes through education in a broader sense, and, specifically, the training of professionals, associated to the influence and power that the State must have to enforce the laws created by it.

The training of if healthcare professionals that deal directly with this population is also necessary, so that the care and protection are really effective in identifying violence at home, in the institutions and on the streets. It should also be noted that the Constitution and the Statute of the Elderly mean a great advance in the promotion of the Rights of the Elderly, with penalties for the cases of noncompliance with the statutory provisions and the obligation to report abuse by healthcare professionals and all other citizens, but these are still not well divulged in the media and healthcare facilities.

Violence against the elderly is, therefore, a violation of the Human Rights, and requires strategic actions by the public power and the society, in the prevention and coping areas, in order to rescue and ensure the dignity of this segment.

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