



ORIGINAL ARTICLE

VIOLENCE AGAINST THE ELDERLY PERSON
VIOLÊNCIA CONTRA A PESSOA IDOSA
LA VIOLENCIA CONTRA LAS PERSONAS MAYORES

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ABSTRACT

Objective: to evaluate the occurrence of violence suffered by the elderly person. **Method:** a quantitative, epidemiological, cross-sectional, descriptive study. The study population consisted in the totality of the data obtained/reported of cases suspected or confirmed, from the Information System for Notifiable Diseases (SINAN), by means of the confirmed in the forms of notification of individuals aged 60 or older, who suffered violence in the period from 2009 to 2015. **Results:** the cases of violence, in its entirety (231), which refers to the location of occurrence, there were prevalent: the residence (80.5%), with victims of not self-inflicted injuries (83.1%) and physical violence predominated (93.5%). The most common means of aggression was the beating (44.1%) with two or more involved (68.8%). The aggressor, in his majority, was the son (47.6%); the gender ignored/in blank prevailed (79.7%) followed by the male (17.3%), and as evolution, the majority (89.6%) of the patients was discharged. **Conclusion:** to be an unpublished study in the city of Caruaru, the data presented may serve as a basis for the implementation of interventions required in the level of health promotion and prevention of this segment of the population that is growing and requires actions that will ensure a better quality of life. **Descriptors:** Aged; Mandatory Reporting; Violence; Health Information Systems; Public Health; Health of the Elderly.

RESUMO

Objetivo: avaliar a ocorrência da violência sofrida pela pessoa idosa. **Método:** trata-se de estudo quantitativo, epidemiológico, de corte transversal, descritivo. A população do estudo consistiu na totalidade dos dados obtidos/notificados de casos suspeitos ou confirmados, a partir do Sistema de Informação de Agravos Notificáveis (SINAN), por meio do consolidado das fichas de notificação dos indivíduos com idade de 60 anos ou mais, que sofreram violência no período de 2009 a 2015. **Resultados:** os casos de violência, em sua totalidade (231), no que se refere ao local da ocorrência, foram prevalentes: a residência (80,5%), com vítimas de lesões não autoprovocadas (83,1%) e a violência física predominou (93,5%). O meio de agressão mais comum foi o espancamento (44,1%) com dois ou mais envolvidos (68,8%). O agressor, em sua maioria, era o filho (47,6%); o sexo ignorado/em branco prevaleceu (79,7%) seguido do masculino (17,3%) e, como evolução, a maioria (89,6%) dos internos recebeu alta. **Conclusão:** por ser um estudo inédito na cidade de Caruaru, os dados apresentados poderão servir de base para a realização de intervenções necessárias em nível de promoção e prevenção da saúde desse segmento populacional que está em crescimento e necessita de ações que lhe garantam mais qualidade de vida. **Descritores:** Idoso; Notificação Compulsória; Violência; Sistema de Informação em Saúde; Saúde Pública; Saúde do Idoso.

RESUMEN

Objetivo: evaluar la incidencia de la violencia sufrida por la persona de edad avanzada. **Método:** estudio cuantitativo, epidemiológico, transversal, descriptivo. La población del estudio consistió en la totalidad de los datos obtenidos/informados de casos sospechados o confirmados, a partir del Sistema de Información para Enfermedades de Declaración Obligatoria (SINAN), por medio de la confirmación en las hojas de notificación de individuos de 60 años o más que han sufrido violencia en el período de 2009 a 2015. **Resultados:** los casos de violencia, en su totalidad (231), en lo que se refiere al local de la ocurrencia, fueron prevalentes: la residencia (80,5%), con las víctimas de lesiones no auto provocadas (83,1%) y la violencia física predominó (93,5%). El ataque más común fue la paliza (44,1%) con dos o más implicados (68,8%). El atacante, en su mayoría, era su hijo (47,6%); sexo ignorado/en blanco prevaleció (79,7%) seguido por el hombre (17,3%) y, como evolución, la mayoría (89,6%) de los pacientes recibió alta hospitalaria. **Conclusión:** porque se trata de un estudio no publicado en la ciudad de Caruaru, los datos presentados podrán servir de base para las intervenciones necesarias en el nivel de promoción y prevención de la salud de este segmento de la población que está creciendo y requiere acciones que garanticen más calidad de vida. **Descriptor:** Ancianos; Notificación Obligatoria; Violencia; Sistema de Información de Salud; Salud pública; Salud de los Ancianos.

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INTRODUCTION

It turns out that, according to the United Nations Organization, from 1975 to 2025 it shall be known as the era of aging. Such a process is faster in developing countries and affects the growth of 123%, while in developed countries, the value observed was 54%.²

You will notice that the Brazilian elderly population is following the world trend and already shows considerable growth in relation to young people, which is decreasing in the level of fertility. Data from the Brazilian Institute of Geography and Statistics (IBGE), the census of 2000, showed a population of 60 or older, around 14 million and 500 thousand elderly people, against ten million 700 thousand in 1991. In the census of 2010, these values were around 20 million and 600 thousand, what represents 10.8% of the total population, against 8.6% in the previous census throughout the country.³

There is a very peculiar and that is not characterized by being a new event: the violence against the elderly, thematic yet little discussed and scored. The World Health Organization (WHO) believes the term violence as the action of physical strength, power and/or the threat against itself, other groups and community or as a result or possibility of generating injury, death, psychological harm, disability or deprivation. In its classification, violence can be of origin: physical, psychological, sexual, and financial, for negligence, abandonment and self-neglect.⁴

It is, therefore, that it is known that violence against the elderly person configures himself today as a public health problem, and even so, the scientific production in Brazil on this subject are scarce. To know who the victims are, what means what they are and their peculiarities, both as regards the type of violence, such as the identification of the aggressors, are essential information for the action from the State, the creation of public policies and even to ensure an adequate health care on the part of the professionals in this area.^{5,6}

It is understood that a mess that accentuates the deficiency in the generation of such information is the fragility of the courses in the area of health, in which the subjects do not address menus related to violence, as well as many of continuing education programs for these professionals, which contributes to the understanding that this impact can generate in the quality of life of the victims.⁶

It is a socially constructed phenomenon; therefore, violence and ill-treatment are represented differently between individuals and between groups within the same society. This statement leads to the understanding that the social approach to this theme can bring important developments in the production of knowledge and intervention in various segments studied within a psychosociological perspective distancing itself; therefore, only of purely sociodemographic and epidemiological approaches.⁷

It is fundamental to the creation of public policies to ensure legal contributions and they have been an important achievement for the elderly population, since these policies advocated, among other issues, the promotion of active aging, the right to integral health interaction, through the SUS, the training of human resources and the orientation of family caregivers to ensure the quality of the care offered, the obligation of notification of suspected cases or confirmation of violence to public bodies and the actions of prevention of these diseases.⁵⁻⁷

Considers that health professionals who deal with the public in their daily services have responsibility to act in the face of this reality or reporting, as well as denouncing, in seeking to cover the citizenship of the elderly, not allowing or not being omitted from such act. The triad health/age/violence reinforces the need and the ability to work such issues in public health so profitable and less costly.⁸

Hinder, by means of violence present in expanded contexts, often not revealed, many processes not only organic, but social and, when this issue affects the elderly, often becomes fatal. In addition, the study has as conductive question: <What is the occurrence of violence suffered by the elderly and associated factors in the municipality of Caruaru/PE?>. Considering that it is aware of research on this theme in that region and that, Caruaru is a city in the interior of the State more violent, leaving behind only the capital (Recife), learn how this phenomenon behaves is crucial for, then, subsidise and improve prevention and protection.

OBJECTIVE

- To assess the occurrence of violence suffered by the elderly person.

MÉTODO

It is a quantitative, epidemiological, cross-sectional, descriptive study¹¹. It elected, as

the study area, the city of Caruaru, located in the state of Pernambuco and situated in the northeastern region of the country. It is part of the mesoregion of the Wild Pernambucano and of the microregion of the Valley of the Ipojuca and is located to the west of the capital of the State. The city occupies an area of 920.611 km², of which 16.65 km²) are part of the urban perimeter and the remaining 903.961 km², the rural area.⁹

It is pointed, according to data from the Demographic Census of 2010, which Caruaru

account with a population of 314,192 inhabitants, being the largest of the interior of the State. Of these, 31,626 are elderly, with a higher predominance of females, with 18,458 elderly, against 13,168 elderly.¹²

He adds that the Municipal Secretary of Caruaru also made part of the scenario of this study, once the information was obtained by means of a system of notification and information provided by the secretariat.

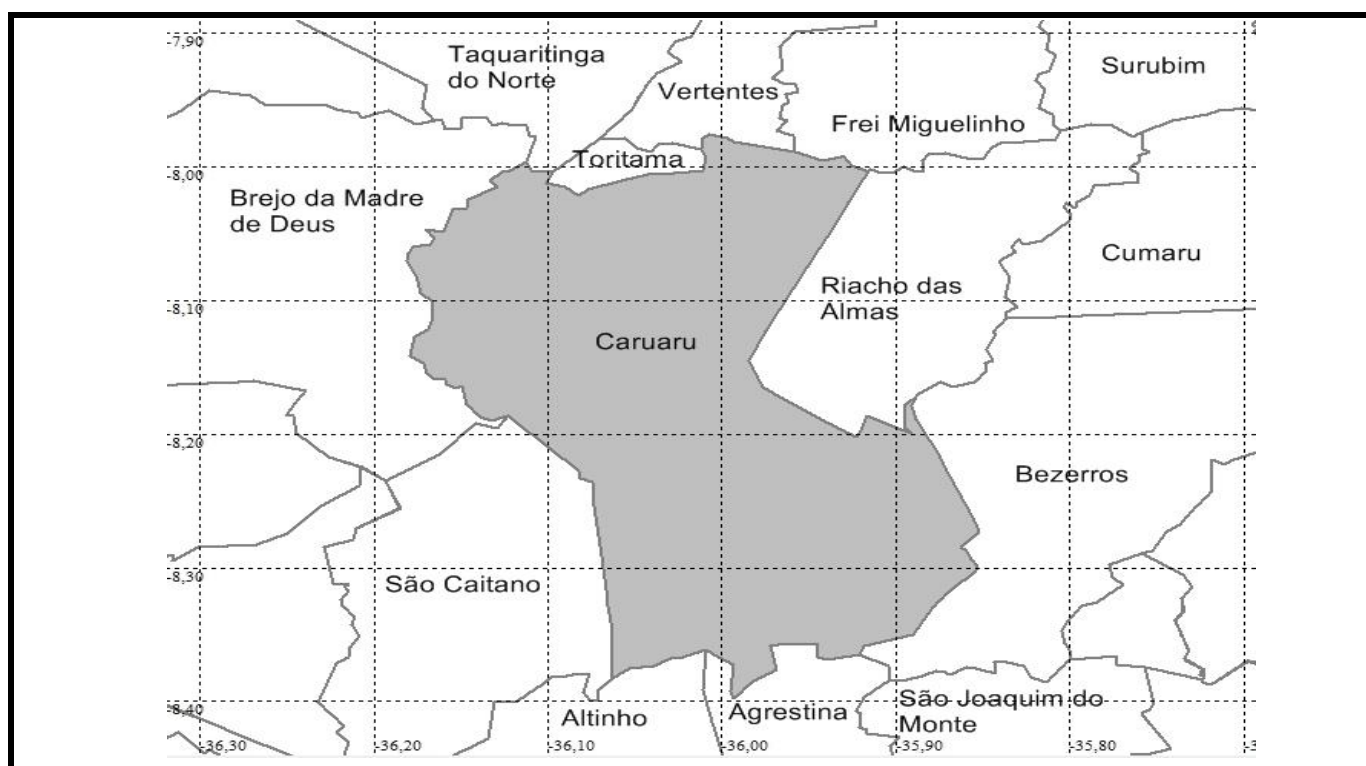


Figure 1. Map of the city of Caruaru and neighboring cities. Caruaru (PE), Brazil, 2016.

It should be emphasized that the study population consists in the totality of the data obtained/notified cases of suspected or confirmed, from the Information System for Notifiable Diseases (SINAN), by means of the sheet of the connectors for the notification of individuals aged 60 years or older who suffered violence in the period from 2009 to July 2015.

It was used, as inclusion criteria, all notifications or suspicions, held in the city of Caruaru, in the period from 2009 to July 2015. And as exclusion: connectors that were not properly filled out with the information necessary for the consolidation in the SINAN.

It defined all the variables as listed in the notification form of violence, according to the database of SINAM.

Dependent variable

- Violence: violence against the elderly is any action or omission, practiced in public or private, which cause death, harm or physical or psychological suffering (Statute of the elderly, cap. IV, art. 19, §1).

Independent variables: Gender-male or female; Age group 60 to 69 - 70 to 79, 80 or

older; Race - ignored, white, black, Brown, native; Marital status-single, married, consensual unions, divorced/separated, widowed or another; Type of violence-physical, psychological, sexual, financial, neglect; Place of residence - consists in the area (urban or rural) in which the victim resided when it was notified to violence; Location of occurrence-consists in the place where the victim was subjected to aggression; Numbers of involved in violence-ignored, one, two or more; Self-provoked injury-Yes or no; Suspicion of alcohol use-Yes or no; Sex of the attacker-described as "male" or "female"; Link with the aggressor-child, grandchild, partner, brother, son-in-law/daughter-in-law, another family member, neighbor, caregiver, or another; Evolution-evasion, escape, death and means of aggression - object used.

The data were obtained by means of the Information System of Reportable Diseases (SINAN), which is an information system supplied mainly by the notification and investigation of cases of diseases and injuries that appear on the national list of notifiable diseases in which violence is part.⁹

It implanted, initially, by the Ministry of Health, in 2006, the Surveillance System of Violence and Accidents by Sentinel Services (VIVA), by means of Decree MS/GM N 1,356, of 23rd June 2006, based on two components: Continuous surveillance and monitoring by investigation (timely), in the continuous surveillance captured data on violence in health services, by means of a standardized questionnaire, drawn up by the Technical Area of Surveillance of Violence and Accidents (VIVA), which lasted until 2008.¹⁴

Changed from the second half of 2008, by DATASUS, in partnership with the technical area of surveillance of violence and accidents and with the technical management of the SINAN, the standardization of continuous surveillance, which went to notify cases of violence in the Information System of Reportable Diseases - SINAN Net by means of "individual research/notification of violence".

It grounded this change in national coverage with a same language throughout the country, causing the expansion of the alive and the universalization of continuous surveillance. In view of the thematic universality, in 2009, was published the decree GM/MS N 104, of 25th January 2011, which included the violence and its broad classification in relation to diseases and diseases of compulsory notification assuming universal character.⁹

It should be emphasized that this same ordinance was recently repealed by decree GM/MS N 1.271/2014, which changed some items, starting with the name of the connector, that now it is called: Individual Notification of interpersonal violence/self-provoked, being released his version on the SINAN from October 2014 and effective in the SINAN 5.0. In addition, were included other fields on the connector, which stands "sexual orientation", expanding the object of the notification and incorporating the violence by motivation homo/lesbian/transfobic.⁹

It should be emphasized, in the case of flow carried out, that the SINAN can be operationalized in health units, according to the guidance of decentralization of SUS, the effect of the Individual Notification Form (FIN) entered in the Municipal Secretariat of Health. This instrument should be forwarded to the services of epidemiological surveillance of municipal departments.

It tabulated for the analysis of the data, the information about the violence against the elderly in the city of Caruaru-PE, from 2009 to July 2015, in Microsoft Excel spreadsheet. To evaluate the personal profile of the elderly, victims of aggression, the characteristics of the violence suffered, the profile of the aggressor and the evolution of the case, we calculated the percentage frequencies and built the frequency distributions of cases of violence.

It was calculated, still, the prevalence of cases of violence in elderly residents in Caruaru among the cases reported from 2009 to 2015 (July).

The project was analyzed in this study by the Municipal Secretariat of Health of Caruaru and held up their authorization through the release of the letter of consent.

Submitted and approved this study by the Committee for Ethics in Research (CEP) of the Federal University of Pernambuco (UFPE), with the CAAE N 50813715.0.0000.5208, according to the norms of Resolution N 466 of 12nd December 2012, of the National Committee for Ethics in Research (CNS). The data were stored in a database under the responsibility of the researcher, who kept it. The collection was started after approval by the Ethics Committee.

RESULTS

It has, in Table 1, the personal profile of the elderly, victims of violence and verifies that the majority of the cases of violence against the elderly person occurs with people of the male sex (77.5%), ranging in age from 60 to 69 years old (56.7%), brown color (34.6%), residing in the urban area (63.6%) and married or in a stable union (32.5%). Still it is observed that the test for comparison of proportions was significant in all the factors evaluated (p -value < 0.001 for both) indicating that there is level of the variable under study with a frequency significantly higher. In addition, there were intersections of confidence intervals in factors of race, area of residence and marital status indicating that some of the levels of these factors have similar prevalence.

Table 1. Distribution of the personal profile of the elderly person victim of violence (N = 231). Caruaru (PE), Brazil, 2016.

| Rated factor | Total | % | IC (95%) | p-value 1 |
|--------------------------|-------|------|-------------|-----------|
| Sex | | | | |
| Male | 179 | 77,5 | 71,7 - 82,4 | <0,001 |
| Female | 52 | 22,5 | 17,6 - 28,3 | |
| Age | | | | |
| 60 - 69 | 131 | 56,7 | 50,3 - 62,9 | <0,001 |
| 70 - 79 | 76 | 32,9 | 27,2 - 39,2 | |
| 80 and older | 24 | 10,4 | 7,1 - 15,0 | |
| Race | | | | |
| Ignored/White | 114 | 49,4 | 43,0 - 55,8 | <0,001 |
| Pardo | 80 | 34,6 | 28,8 - 40,1 | |
| White | 33 | 14,3 | 10,4 - 19,4 | |
| Black | 3 | 1,3 | 0,4 - 3,8 | |
| Indigenous | 1 | 0,4 | 0,1 - 2,4 | |
| Area of residence | | | | |
| Ignored/White | 7 | 3,0 | 1,5 - 6,1 | <0,001 |
| Urban | 147 | 63,6 | 57,3 - 69,6 | |
| Rural | 75 | 32,5 | 26,8 - 38,8 | |
| Periurban | 2 | 0,9 | 0,2 - 3,1 | |
| Marital status | | | | |
| Ignored/White | 66 | 28,6 | 23,1 - 34,7 | <0,001 |
| Single | 54 | 23,4 | 18,4 - 29,2 | |
| Married/Consensual Union | 75 | 32,5 | 26,8 - 38,8 | |
| A widower | 25 | 10,8 | 7,4 - 15,5 | |
| Separated | 11 | 4,7 | 2,7 - 8,3 | |

There is evidence of statistical Association in cases where the P-value is less than 0.05. 1We used the Chi-square Test.

It composed, in Table 2, the characteristics of the cases of violence against the elderly person. Through them, it appears that the place where more violence occurs is in the victim's residence (80.5%) with lesions that are not self-inflicted (83.1%). Even the type of violence more evident is the physical violence (93.5%), by means of bodily strength/beatings (44.1%), and, typically, two or more people are practitioners of such violence (68.8%). It is

observed that the test for comparison of proportions was significant in all the factors evaluated (p-value < 0.001 for both) indicating that there is level of the variable under study with a frequency significantly higher. In addition, there were intersections of confidence intervals in all the factors evaluated, indicating that some of the levels of these factors have similar prevalence.

Table 2. Characteristics of cases of violence against the elderly person (N = 231). Caruaru (PE), Brazil, 2016.

| Rated factor | Total | % | IC (95%) | p-value ¹ |
|---|-------|------|-------------|----------------------|
| Location of occurrence | | | | |
| Residence | 33 | 80,5 | 65,9 - 89,8 | <0,001 |
| Public path | 7 | 17,1 | 8,5 - 31,2 | |
| Trade/Services | 1 | 2,4 | 0,4 - 12,6 | |
| Self-provoked injury | | | | |
| Ignored/White | 15 | 6,5 | 4,0 - 10,4 | <0,001 |
| Yes | 24 | 10,4 | 7,1 - 15,0 | |
| No | 192 | 83,1 | 77,8 - 87,4 | |
| Type of violence | | | | |
| Physical | 217 | 93,5 | 89,6 - 96,0 | <0,001 |
| Sexual | 6 | 2,6 | 1,2 - 5,5 | |
| Neglect and abandonment | 5 | 2,2 | 1,2 - 5,5 | |
| Psychological/moral | 4 | 1,7 | 0,6 - 4,3 | |
| Means of aggression | | | | |
| Body strength/spanking | 98 | 44,1 | 37,8 - 50,7 | <0,001 |
| Fire weapon | 52 | 23,4 | 18,3 - 29,4 | |
| Sharp object | 49 | 22,1 | 17,1 - 28,0 | |
| Poisoning | 16 | 7,2 | 4,5 - 11,4 | |
| Blunt object | 4 | 1,8 | 0,7 - 4,5 | |
| Substance or hot object | 2 | 0,9 | 0,2 - 3,2 | |
| Threat | 1 | 0,5 | 0,1 - 2,6 | |
| Number of involved in aggression | | | | |
| Ignored/White | 34 | 14,7 | 10,7 - 19,9 | <0,001 |
| One | 38 | 16,5 | 12,2 - 21,8 | |
| Two or more | 159 | 68,8 | 62,6 - 74,5 | |

There is evidence of statistical association in cases where the P-value is less than 0.05. ¹We used the Chi-square Test.

It had aligned themselves, in Table 3, the practitioners of violence against the elderly person. Through her, verifies that the information on the aggressor are quite failures. In the variable bond of the aggressor, there was information of only 42 cases of 231 notified (only 18.2%), and of which contained information, the majority presented the son as aggressor (47.6%). Regarding the sex of the author, were without information or ignored 78.4% of notified cases and 17.3% were committed by a person of the male sex. About the possibility of the aggressor have ingested alcohol moment before the aggression, the majority had not ingested any alcohol (52.8%).

It is important to emphasize that this factor, there was also a great loss of information (42.0% ignored or blank) indicating a high underreporting of information about the aggressor.

It was also observed that the proportion comparison test was significant in all the factors evaluated (p-value < 0.001 for both) indicating that there is level of the variable under study with a frequency significantly higher. In addition, there were intersections of confidence intervals in factors bond of the aggressor and suspicion of alcohol use, indicating that some of the levels of these factors have similar prevalence.

Table 3. Profile of the practitioner of violence against the elderly person. Caruaru (PE), Brazil, 2016. (N=231).

| Rated factor | Total | % | IC (95%) | p-value ¹ |
|---------------------------------|-------|------|-------------|----------------------|
| Attacker's link | | | | |
| Spouse | 7 | 16,7 | 8,3 - 30,6 | <0,001 |
| Son/daughter | 20 | 47,6 | 33,4 - 62,3 | |
| Friends | 3 | 7,1 | 2,5 - 19,0 | |
| Unknown | 6 | 14,3 | 6,7 - 27,8 | |
| Own person | 6 | 14,3 | 6,7 - 27,8 | |
| Sex of the author | | | | |
| Ignored/White | 184 | 79,7 | 74,0 - 84,3 | <0,001 |
| Male | 40 | 17,3 | 13,0 - 22,7 | |
| Female | 7 | 3,0 | 1,5 - 6,1 | |
| Suspicion of alcohol use | | | | |
| Ignored/White | 97 | 42,0 | 35,8 - 48,4 | <0,001 |
| Yes | 12 | 5,2 | 3,0 - 8,9 | |
| No | 122 | 52,8 | 46,4 - 59,2 | |

There is evidence of statistical association in cases where the P-value is less than 0.05.

¹We used the Chi-square Test.

It was determined, in Table 4, the evolution of cases of violence against the elderly person. Through it, we found that the majority of elderly people, victims of aggression were discharged from the hospital (89.6%). Yet it is important to highlight that 3.9% of the elderly do not resist the violence suffered and came to death.

It was noted, moreover, that the proportion comparison test was significant for the development factor (p -value < 0.001) indicating that there is level of the variable under study with a frequency significantly higher. In addition, there were intersections of confidence intervals indicating that some levels of this factor have similar prevalence.

Table 4. Evolution of cases of violence against the elderly person (N = 231). Caruaru (PE), Brazil, 2016.

| Evolution | Total | % | IC (95%) | P-value ¹ |
|-------------------|-------|------|-------------|----------------------|
| Ignored/White | 14 | 6,1 | 3,6 - 9,9 | <0,001 |
| High | 207 | 89,6 | 85,0 - 92,9 | |
| Escape | 1 | 0,4 | 0,1 - 2,4 | |
| Death by violence | 9 | 3,9 | 0,1 - 2,5 | |

There is evidence of statistical association in cases where the P-value is less than 0.05. ¹We used the Chi-square Test.

DISCUSSION

We present the data by topics in order to develop a more concise and objective discussion of the results found.

- Cases of violence, according to the occurrence and demographic profile of the elderly person victim of violence reported in the city of Caruaru-PE.

It follows that, in Brazil, the aging has a greater importance due to increased life expectancy of the population, which is already a reality, although investments in public policies that guarantee quality at this age, they are still incipient. A point which generates victims daily, in this population, is the violence, which in many cases is omitted, many times due to the relationship aggressor-aggrieved or even fear, on the part of the victims, to inform or have some attitude directed to the perpetrator.¹⁰

We need, by means of epidemiological information, reflect not only on the numbers, but, above all, about the consequences of such findings, especially in the elderly population, which are on the rise. Based on compulsory reporting data from the SINAN, all reported cases occurred in the city of Caruaru, being the residence of the victims not necessarily. Notifications are represented since 2009 until the first half of 2015, having, as total, all the violence suffered by the elderly in 231 compulsory notifications. It is important to emphasize that this study is unpublished and may serve as a basis for future interventions.

It held in Brazil, a survey with the bank of the SINAN data about the analysis of violence against the elderly person, in the year 2010, totaling a finding of 3,593 notifications. As stated in the same, there are few studies that estimate the prevalence of violence against

the elderly, mainly based on epidemiological data.¹¹

It was registered, in Aracaju, 120 notifications, in the period from 2011 to 2013, underscoring that the city has commenced the work of monitoring the violence against the elderly through the core of the Prevention of Accidents that feeds the SINAN.¹⁰ In Recife, was not analyzed the profile of violence against the elderly person in the years 2009 to 2012, also by means of epidemiological data present in the SINAN, where they were registered, during this period, 242 cases.¹¹ In any case, it is important to emphasize that the process of compulsory notification is liable for shortcomings and, certainly, it covers a whole absolute, being the underreporting an *Imbroglia* rooted there is, then, the need for educational and informative regarding the notification process and its purpose,¹² which allows us to infer that, despite high numbers, probably still are far greater in its entirety.

It reinforces the above the importance of emphasizing that, when the victim is a more advanced age, i.e., elderly, the underreporting progresses, especially in the family environment, because, often, the actual process of demographic transition and social, as well as the coexistence of different generations where they live in family will not necessarily be a supposed life in peace.⁷

It presents a feminization of the elderly population in the city of Caruaru, according to national data, counting, including, according to projections of IBGE, with a population of 31,626 elderly people, being 58.36% of females and 41.64% of the opposite sex. With regard to the profile of the victim, it was found that there is a predominance of elderly males (77.5%).¹²

It remains that the horizontality of the study conducted in the city of Recife, the Institute of Legal Medicine, which

corroborates with these findings, presenting a value of 75%.¹³ Another research, where there is a predominance of violence against elderly males, was held in the Federal District,⁷ as well as an analysis on violence in the home reveals that the frequency affects, in greater proportion, the males, with 58.6% of the cases measured.¹³

Tune in with the findings aligned above a study carried out in Rio de Janeiro, about violence against the elderly, which also implies that the elderly males are more vulnerable to suffering attitudes of violence than the elderly women of more advanced age.¹²

It stands out, however, that a large number of current analysis, performed in Brazil, which measures the violence against the elderly, not corroborates the findings of this research, because it brings that elderly women are too more victims of violence, especially domestic violence.^{6, 12-4}

Research carried out in Canada, Netherlands and United States that reinforce such surveys regarding sex, whichever is the male. Already in Finland and in Brazil, as previously stated, predominates the violence against females.^{8, 11}

It is understood that the feminization of old age is a global reality, characterized by an increase in life expectancy, where the elderly women live approximately five to seven years longer than men. However, this increase in years of elderly woman comes coupled to inequalities, whether by structural conditions or socioeconomic status, which does not guarantee quality to those years of life.¹⁵

It stands out as another important point, and that can interfere in such above data of the research, in relation to the sex prevalent, the issue of underreporting of violence against women, which is often taken as something common, resulting in a process of trivialization justified by some health professionals due to the fact that the victim refuses to talk about the subject not allowing, thus, that the professionals interfere and making invisible such act.¹²

Clarifies how important, on the other hand, before miscellaneous analyzes, in relation to the gender of the elderly, that both sexes are subject to this imbroglio social and, therefore, an equivalence.¹³ That is, the phase of life in which are inserted by itself, along with the physiological stages inherent to the natural process of aging, generates vulnerability and, consequently, the bankruptcy of defense and reaction to the extinction of such acts.

It arose, in relation to age, that the elderly aged 60 to 69 were more victims of violence. Regarding ethnics, there was a large part of the sample ignored/blank (not answered), which makes the clarity and accuracy of such data, totaling 49.4%, followed by the brown color (34.6%), which presents a high quantitative, since that is predominant in the Northeast region, in virtue of the process of miscegenation as, also, is strengthened by other studies cited below. However, the ethnic group is not a crucial point due to the large amount of data in white. Referring to the area of residence and marital status, most of the victims belong to the urban area (63.6%) and married (32.5%).¹³

It is pointed, in a study conducted in 2010, from the SINAN (NET), the age range from 60 to 69 is predominant (50.2%).¹⁴ Corroborating, Abath et al. (2010) Infer very similar data, where the predominant age range is 60-69 (71.6%), brown color (83.5%), with the elderly married prone to a greater degree of violence (44.2%) and where the urban area is also featured in the prevalence (95.7%). Still in the horizontal path and complement, the description of cases of violence against the elderly, in the city of Aracaju, Sergipe, also shows that the most affected age is the same as above (50.9%) and the color of skin, for self, it is predominantly mulatto (51.8%).¹⁵

It is noticeable when the functional capacity of the elderly is not impaired by the aging process, this fact is common between the ages of 60-69 years, that they are able to interact more with people, usually equitably, and its power of God on your life is proportional to its adaptation to the limits imposed by everyday problems, thus decreasing the chances of being the targets of maltreatment,¹⁶ which justifies the high notification for this age group.

Lists by means of literature, in congruence, that people aged ranging from 60 to 69, identified as the most affected, may be directly linked to the fact that, at this stage, the elderly still maintain the ability to perform activities of daily life, autonomy in the demand for health services, when they are victims of violence, thus allowing the notification is more detected and investigated, what comes to justify the findings.¹³

Oppose, in relation to the statement above, the elderly of more advanced age, for various reasons, since the physical barriers, which generate their own perpetuation and restriction to the domestic environment, until the health complications, which cause the inability to seek help at health services, thus

hindering the detection and diagnosis of violent practices and, consequently, the notifications are more scarce.¹⁵

It is, in which consists of the area of residence, that a large part of the cases of violence occurred in the urban area (63.6%) followed by the rural area (32.5%). So much applicant, many studies are based on the prospect of violence in the capital or in the interior, but not always, distinguish the areas of housing, whether rural or urban.^{6, 17}

It is difficult, therefore, the formation of parameters due to the bankruptcy of notifications in rural areas and studies that present such findings. It is known that the notification process itself is vulnerable in large urban centers and that the imbrolios for non-notification/underreporting involve from factors related to the knowledge of health professionals until the total omission of the victims, being more difficult to be measured this process in rural areas, especially when violence is domestic.

There is, on the marital situation, that 32.5% of elderly individuals who suffered violence were married/consensual union, representing the majority. Soon afterwards, however, the data ignored/blank correspond to 28.6%, which does not allow you to have a reliable parameter. In consonance, research conducted in Rio de Janeiro, about domestic violence among the elderly, points out that the most affected are also married (49.8%).¹⁸ It can be inferred from the literature, that this aspect comes from conjugal relations already tumultuous since the beginning of the Union, because, when this is stable and harmonious, there is what is called a protection factor in marriage, which eliminates this type of violence directly encouraging protective actions by the couple and family that are inserted in this nucleus.¹³

It has, on the other hand, that a survey carried out in Fortaleza, on the profile of the elderly registered in a Family Health Unit, scores that the elderly men, when they lose their wives or separate, tend to have another partner, generally, more new,¹⁷ which directly can provide conflicting situations and violent actions.

- Characteristics of cases of violence against the elderly person in the city of Caruaru-PE.

It appears that the violence occurred with greater frequency in the residence (80.5%). In the same way, a study carried out in Fortaleza (CE) affirms that the violence occurs predominantly in the domestic environment.¹⁰ The World Report on Violence and Health points out that 4% to 6% of the elderly are

victims of domestic violence, being that studies that guided this theme are still scarce, which generates a deficit on the concrete reality of this problem.¹⁸

It is believed that, in line with the above, that domestic violence is very present, and also difficult to be diagnosed, for various reasons, among them, the concealment of the victim. To have been assaulted by a member of the family, many times, this is apathetic or is silent in the face of this situation and to justify the aggression suffered, which may be why few data to conduct more in-depth research.¹⁹

It adds up, in terms of the type of violence, that physical violence was the most affected the elderly in the period studied, corresponding to 93.5%. As regards the nature of the lesion (83.1%), they are not self-inflicted injuries and the means of aggression was the most common body strength/beatings (44.1%), followed by firearms (23.4%) and piercing object (22.1%), with more than one involved in the aggression (68.8%). These findings corroborate a study conducted in 2010, from the SINAN NET, where were similar: regarding the type of violence, physical prevailed (67.7%); not self-inflicted injuries (89.2%); in the household (78.8%); with the strength index (47.8%).²⁰ The physical ill-treatment in the elderly are more common and present among various online study analyzed, usually followed by psychological aggression, which has as a complicating factor the ability to measure,²¹ a fact that closes with the data mentioned above.

It is known, in virtue of the type of violence most prevalent, that the means of aggression is justified, given that physical violence is summarily more characterized by action from the bodily strength/beatings having, as an example, actions to push, buffet, hitting,²² which characterizes that injuries are not self-inflicted and, yes, suffered for more than an aggressor, these being mostly children and spouses.

It is stressed, with regard to the means of aggression, that the beating/body strength prevailed. As regards the nature of the lesion, this study also shows that injuries resulting from violence against the elderly have more character than mild reaching more certain body regions, such as arms and shoulders, and plaguing both sexes.²²

- Profile of the attackers

It shows that, through this study, regarding the profile of the aggressor, children are the most harm the elderly (47.6%) followed by the

spouses (16.7%). This demonstrates that families are not prepared to give support to the elderly and do not have structures necessary to care and relate to the same, even reinforcing the feeling of superiority of more young people on the older, which often gain sustenance by the silence of their own family.^{23, 24}

Joins the first given that, in Brazil, 626 notifications of violence against elderly analyzed in a health service of reference, approximately 338 were performed by children, and the scenario of such act was the residence.²⁵

It is inferred that inside the house is where it occurs in large numbers, the violence against the elderly. Some studies claim that the offender is the son himself males followed the daughters and quantitative, slightly smaller, spouse, who comes to collude directly with the reality of this research.^{26,27} With relation to the sex of the aggressor, 79.7% were ignored/white, hindering the real characterization, followed by the male sex (17.3%), the latter being then more notified that the females (3.0%), what comes to converge with the above.

Held in Recife, a study on domestic violence against elderly bringing that degree of kinship of aggressors was predominantly of children (46.15%). A fact is that the majority of the perpetrators made use of alcoholic drinks.¹⁸ It is known that the use of alcohol and drugs acts directly on this theme, being a potentiating factor of aggressiveness and maltreatment, what comes to differ from this study, where the majority of the perpetrators did not make use of alcohol (52.8%). In contrast to such an assertion, 42% of the notifications, in relation to the consumption of the aggressor, were answered as ignored/white.

Follow soon after the greatest notification of children as perpetrators, the spouses (16.7%) as responsible for generating violence against the elderly. However, it is essential to understand the difference between a marital conflict, which is something common to the whole relationship, and may have as a product of transformations in the lives of the people involved, and violence, that would be the way to respond to conflict or not being adopted by the couple.²⁶

It sees more solid and holistic way since the decade of 90, the conjugal violence, when it was realized to be utopia inferring only the man as being the aggressor and the woman always in the role of victim. Even today, talk about the bond of conjugal violence, being the victim, man is something unusual, mainly

because it is a subjective matter and that, coupled to it, pervades issues of various genesis as, for example, humor, personality traits, beliefs, and yet, differences in the current family setting.²⁷ When it comes to elderly, the issue becomes more scarce.

- Evolution of cases of violence against the elderly person according to the year of occurrence.

It connects intimately the severity of violence to the routing of the elderly to hospitals and the definition of the case in relation to the discharge or death. In Niteroi, Rio de Janeiro, initiated an investigation showed a prevalence of physical violence in 10.1% of the elderly, what comes to converge with this research, there are variations in the type: severe (6.3%) and more severe (7.9%) of the previous year of research.²⁸

There are the following findings as results in which consists the consequences and the evolution of cases: the actions of violence, 89.6% of elderly patients who were hospitalized were discharged from the hospital, which implies connecting such an act of physical violence to non-severe type and 3.9% evolve to death, resulting in greater severity, in addition to all the suffering on the part of the victim. A question macro if perpetuates the health system: the high rate of hospitalization of the elderly victims of violence.

It presented in Brazil in 2012, 169,673 hospitalizations of older people resulting from violence and accidents. Of these, 6.5% were from beatings, reality in this research. Spending on hospitalization of the elderly is three times higher than in the general population, and the average rate of deaths of people who are hospitalized due to external causes, among them, the violence, is 2.48 per 100 thousand inhabitants. Already in the elderly, this value is almost twice as 5,5/100 thousand, which demonstrates that the violence in this group generates high costs for the health sector and acts in a negative way on the quality of life of this population, being necessary measures of measurement and, above all, promotion and prevention in the quest to reduce such acts that today are taken as a public health problem.²⁹

CONCLUSION

Proved to be, in this study, data are extremely important, since the sex that has been most affected, the male, aged between 60-69 years, with the majority formed by elderly married, until the type of violence more present, which was physical, usually by self-inflicted injuries not, where the

aggressors were mostly children followed of spouses and the use of alcoholic drinks made no direct link to the profile of the aggressor.

It explained that a large part of the elderly victims of violent acts (89.6%), when admitted, evolves to the hospital and a small portion, but widely considered, arrives to death (3.9%). These numbers are called to reflect on several points, among them, the drop in the quality of life of this population, as well as the situation of vulnerability that is exposed, especially in the home environment, this requires safety and coziness. Another characteristic point are the expenses with hospitalizations and length of hospital stay, considering that, physiologically, the recovery process tends to be slow.

There is need for actions that aim to guarantee not only the quality of life, but, above all, of human dignity to the elderly population. It is emphasized the importance of new studies with this topic considering certain lack, especially with older people, from 60 years old.

It is concluded that the city of Caruaru account with a considerable population of elderly people and is at the level of second most violent city of Pernambuco, losing only to the capital, Recife, and this study of unprecedented nature and you want to act in a sound manner and assist the management of the city, from all findings, in search of what interventions are carried out in order to minimize the cases in the city.

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