

# FINANCIAL AND SEXUAL VIOLENCE AGAINST THE ELDERLY: CHARACTERIZATION OF NOTIFICATIONS IN ESPÍRITO SANTO

## VIOLÊNCIA FINANCEIRA E SEXUAL CONTRA A PESSOA IDOSA: CARACTERIZAÇÃO DAS NOTIFICAÇÕES NO ESPÍRITO SANTO

## VIOLENCIA FINANCIERA Y SEXUAL CONTRA LOS ANCIANOS: CARACTERIZACIÓN DE LAS NOTIFICACIONES EN ESPÍRITO SANTO

Franciéle Marabotti Costa Leite<sup>1</sup>  
Gracielle Pampolim<sup>2</sup>  
Mayara Alves Luis<sup>3</sup>  
Raniele de Paula Silva<sup>3</sup>  
Márcia Regina de Oliveira Pedroso<sup>4</sup>

**How to cite this article:** Leite FMC, Pampolim G, Luis MA, Silva RP, Pedroso MRO. Financial and sexual violence against the elderly: characterization of notifications in Espírito Santo. Rev baiana enferm. 2019;33:e33364.

**Objective:** to identify the prevalence of financial and sexual violence against the elderly notified in Espírito Santo between 2011 and 2018 and to describe the characteristics of the victim, the offender and the aggression. **Method:** descriptive study, using reported data on financial and sexual violence against the elderly in Espírito Santo, concerning the characteristics of the victim, the offender and the aggression. **Results:** the prevalence of financial violence was 2.8% and sexual violence, 0.7%. Elderly women, with low schooling, black or pardas and without disabilities/disorders represented the major cases. Most aggressions were committed by a single person, male, victim's acquaintance, at home and with a history of repetition. **Conclusion:** there is low prevalence of notified financial and sexual violence; however, the study demonstrated the vulnerability of the elderly and the importance of health professionals in promoting a skilled care based on the integrality of care.

**Descriptors:** Violence. Aged. Notification. Sexual Offenses. Health Information Systems.

*Objetivo: identificar as prevalências de violência financeira e sexual contra a pessoa idosa notificadas no Espírito Santo entre 2011 e 2018 e descrever as características da vítima, do agressor e da agressão. Método: estudo descritivo, utilizando dados notificados de violência financeira e sexual contra o idoso no Espírito Santo, quanto às características da vítima, do agressor e da agressão. Resultados: a prevalência de violência financeira foi 2,8% e sexual de 0,7%. Pessoas idosas do sexo feminino, com baixa escolaridade, de raça preta ou parda e sem deficiência/transtorno representaram os principais casos. As agressões, em sua maioria, foram cometidas por uma única pessoa, do sexo*

<sup>1</sup> Nurse. PhD in Epidemiology. Professor at the Universidade Federal do Espírito Santo. Vitória, Espírito Santo, Brazil. <https://orcid.org/0000-0002-6171-6972>

<sup>2</sup> Physiotherapist. MSc in Public Policies and Local Development. Universidade Federal do Espírito Santo. Professor at the Escola Superior da Santa Casa de Misericórdia. Vitória, Espírito Santo, Brazil. [graciellepampolim@hotmail.com](mailto:graciellepampolim@hotmail.com). <https://orcid.org/0000-0002-4157-3521>

<sup>3</sup> Nurse. Universidade Federal do Espírito Santo. Vitória, Espírito Santo, Brazil. <https://orcid.org/0000-0002-5162-8899>; <https://orcid.org/0000-0002-0745-0501>

<sup>4</sup> Dietician. MSc in Sciences. Universidade Federal do Espírito Santo. Professor at the Universidade Federal do Oeste da Bahia. Barreiras, Bahia, Brazil. <https://orcid.org/0000-0002-2859-159X>

*masculino, conhecido da vítima, no domicílio e com histórico de repetição. Conclusão: as violências financeira e sexual notificadas são de baixa prevalência, todavia demonstram a vulnerabilidade do idoso e a importância do profissional de saúde na promoção de um cuidado qualificado pautado na integralidade da assistência.*

*Descritores: Violência. Idoso. Notificação. Delitos Sexuais. Sistemas de Informação em Saúde.*

*Objetivo: identificar la prevalencia de la violencia financiera y sexual contra el anciano notificada en Espírito Santo entre 2011 y 2018, y describir las características de la víctima, del agresor y de la agresión. Método: estudio descriptivo, utilizando datos notificados de la violencia financiera y sexual contra los ancianos en Espírito Santo, como las características de la víctima, del agresor y de la agresión. Resultados: la prevalencia de la violencia sexual fue 2.8% y de la violencia financiera, 0,7%. Las mujeres ancianas, con baja escolaridad, negras o pardas y sin discapacidad/trastornos representaron los principales casos. Las agresiones, en su mayoría, fueron cometidas por una sola persona, varón, conocida de la víctima, en casa y con un historial de repetición. Conclusión: la violencia sexual y financiera notificada tiene baja prevalencia, pero muestra la vulnerabilidad de los ancianos y la importancia de los profesionales de la salud para promover una atención especializada basada en la integralidad de la atención.*

*Descriptor: Violencia. Anciano. Notificación. Delitos Sexuales. Sistemas de Información en Salud.*

## Introduction

Population aging is a phenomenon of worldwide proportion, which, in recent decades, has gained special attention in developing countries, especially in Brazil. In this country, the increased life expectancy associated with the reduced mortality rates have been contributing to the increased number of elderly people<sup>(1)</sup>. This period of change in the life of an individual favors their fragility, and, in addition to the prejudice, disrespect and inequality, can make them more susceptible to suffering, for example, situations of violence<sup>(2)</sup>.

Violence against the elderly is defined as any single or repeated act, or the lack of an appropriate action, originating from any relationship in which there is expectation and/or confidence, and resulting in physical harm or psychological distress for an elderly person. This public health problem does not distinguish between social classes and has been responsible for several negative consequences on the quality of life of the elderly. It can be classified into physical, psychological, sexual or financial violence and negligence<sup>(3)</sup>.

Systematic literature reviews have shown that the prevalence of elderly individuals who have suffered some kind of violence is approximately 15.7%<sup>(4)</sup>. When analyzing the specific types of violence, in particular by geographical region,

these findings vary considerably, as is the case of financial and sexual violence<sup>(4,5)</sup>. International studies have shown that the prevalence of financial violence is 4.7% on average, ranging from 13.1% in Nigeria to 2.6% in Mexico, whereas the prevalence of sexual violence is 0.7%, ranging from 0.04% in Nigeria to 1.0% among the European countries<sup>(4)</sup>.

Financial violence corresponds to illegal or inappropriate use of financial and patrimonial resources of the elderly. This type of violence is very common in the family environment and, thus, less denounced. Sexual violence consists of involving the elderly person in a sexual act, without their consent. This act may be for excitation, copulation or other erotic practices<sup>(6)</sup>.

Given this scenario, studying violence against the elderly is of fundamental importance, in order to subsidize the networks of attention and care with this population and develop resolute and effective policies for coping with this problem<sup>(2)</sup>. Another fact worth mentioning is that, due to its considerably low prevalence, the literature little addresses financial and sexual violence<sup>(7)</sup>, at both national<sup>(8)</sup> as international levels<sup>(4,5)</sup>. It is important to highlight that, not rarely, these problems are associated with other types of maltreatment, which result in physical and psychological harms and even in death<sup>(6)</sup>.

Therefore, considering the invisibility attributed to violence against the elderly and the goal to contribute to this gap found in literature, this study aims to identify the prevalence of financial and sexual violence against the elderly notified in Espírito Santo between 2011 and 2018 and to describe the characteristics of the victim, the offender and the aggression.

## Method

Descriptive-type study, with all reported cases of financial and sexual violence against the elderly (individuals aged 60 years or more) met in health services, between the years 2011 and 2018, in the state of Espírito Santo. The information was obtained from secondary data from the Diseases and Notification Information System (SINAN) provided by the Epidemiological Surveillance of the State Health Department (SESA) of Espírito Santo. The year 2011 was chosen as the initial cut for the study because, from this year, violence has been part of the list of diseases of compulsory notification, universalizing the notification of this problem for all health services<sup>(3)</sup>.

The SINAN records data collected by the continuous surveillance, which comprises the cases of interpersonal and self-inflicted violence. This system receives the information recorded by several accredited establishments in records of individual notifications. In the case of violence, this records, known as Notification/Investigation of Interpersonal and Self-Inflicted Violence Form, are subdivided into ten blocks, for better grouping of information related to the profile of the victim and of the offender, characteristics of the violence and referrals made.

Between March and May 2019, a descriptive exploratory analysis was conducted for variables of interest and the correction of possible errors or inconsistencies of the database, following the guidelines of the Instructive of Interpersonal and Self-Inflicted Notification. The notifications of violence against the elderly were analyzed according to the following types of interpersonal violence: financial (yes/no) and sexual (yes/no); in addition to the characteristics of the victim – age range (60 to 69 years/70 or more years), sex (male/female), race/color (white/black-pardo),

schooling (0 to 4 years/5 years or more), marital status (with/without partner) and presence of disability/disorder (yes/no); characteristics of the offender – age in years (0 to 59/60 or more), sex (male/female/both), bond (acquainted/unacquainted) and suspicion of alcohol use (yes/no); and characteristics of the aggression – number of people involved (one/two or more), occurred in the residence (yes/no), shift (morning and afternoon/evening-dawning), repetition (yes/no), zone (urban/rural) and referrals (yes/no).

The data were processed at the statistic program Stata version 13.0 and analyzed through descriptive statistics as gross and relative frequencies and confidence interval (CI) of 95%.

The study was approved by the Research Ethics Committee of the Federal University of Espírito Santo, under opinion number 2.819.597. The study complied with the rules and guidelines of Resolution n. 499/2012 of the National Health Council.

## Results

The period from 2011 to 2018 recorded 1,635 cases of violence against the elderly, of which 57 were either financial or sexual. Among these, 46 corresponded to the financial violence, which equates to a prevalence of 2.8% (95% CI: 2.1-3.7), and 11 notifications, i.e., less than 1% (P=0.7; 95% CI: 0.3-1.2), referring to sexual violence (data not shown in table).

Table 1 presents the characterization of notifications of financial and sexual violence committed against the elderly, according to the victim's data. Regarding the reported cases of financial abuse, the majority was committed against the elderly aged 70 years or older, female, black or pardo. In a large part of the notifications, the elderly had four years of schooling; the majority had a partner and had no disability/disorder. Regarding the reports of sexual abuse, most victims belonged to the age range from 60 to 69 years, and all were female. Regarding race and education, the majority was black or pardo and schooling of up to four years. In relation to marital status, in most cases, the elderly had no partner and most of them had no disability/disorder.

**Table 1** – Characterization of notifications of financial and sexual violence against the elderly, according to the victims' data. Espírito Santo, Brazil – 2011-2018

Variables	Financial Violence n = 46			Sexual Violence n = 11		
	n	%	95% Confidence Interval	n	%	95% Confidence Interval
<b>Age Range</b>						
60 - 69 years	9	19.6	10.3 – 34.0	7	63.6	31.9 – 86.7
70 or more	37	80.4	65.9 – 89.7	4	36.4	13.3 – 68.1
<b>Sex</b>						
Male	15	32.6	20.4 – 47.8	-	-	-
Female	31	67.4	52.2 – 79.6	11	100.0	
<b>Race/Color</b>						
White	20	48.8	33.5 – 64.2	3	27.3	8.3 – 60.9
Black/ <i>Pardo</i>	21	51.2	35.7 – 66.4	8	72.7	39.1 – 91.7
<b>Schooling (years)</b>						
0 - 4 years	15	55.6	35.9 – 73.6	6	66.7	30.4 – 90.2
5 years or more	12	44.4	26.4 – 64.1	3	33.3	9.8 – 69.6
<b>Marital Status</b>						
With partner	35	81.4	66.4 – 90.6	4	36.4	13.3 – 68.1
Without partner	8	18.6	9.3 – 33.6	7	63.6	31.9 – 86.7
<b>Disability/Disorder</b>						
Yes	10	23.8	13.0 – 39.5	2	18.2	4.1 – 53.5
No	32	76.2	60.5 – 87.0	9	81.8	46.5 – 95.9

Source: Created by the authors.

Note: Conventional sign used:

- Numeric data equal to zero not resulting from rounding.

Table 2 shows the characterization of financial and sexual violence according to data of the offender and occurrence. The cases of financial violence presented as the main perpetrator

individuals aged up to 59 years, and males; most of them were victims' acquaintances. More than half of the cases of violence had suspected use of alcohol at the time of the aggression.

**Table 2** – Characterization of financial and sexual violence against the elderly, according to the offender's data. Espírito Santo, Brazil – 2011-2018 (continued)

Variables	Financial Violence n = 46			Sexual Violence n = 11		
	n	%	95% Confidence Interval	n	%	95% Confidence Interval
<b>Offender's Age (years)</b>						
0 - 59 years	35	94.6	79.8 – 98.7	4	50.0	17.9 - 82.1
60 or more	2	5.4	1.3 – 20.1	4	50.0	17.9 - 82.1
<b>Offender's sex</b>						
Male	27	60.0	44.7 – 73.5	11	100.0	-
Female	9	20.0	10.5 – 34.7	-	-	-
Both	9	20.0	10.5 – 34.7	-	-	-
<b>Victim's bond</b>						
Acquainted	40	93.0	79.8 – 97.8	9	81.8	46.5 – 95.9
Unacquainted	3	7.0	2.2 – 20.2	2	18.2	4.1 – 53.5

**Table 2** – Characterization of financial and sexual violence against the elderly, according to the offender's data. Espírito Santo, Brazil – 2011-2018 (conclusion)

Variables	Financial Violence n = 46			Sexual Violence n = 11		
	n	%	95% Confidence Interval	n	%	95% Confidence Interval
<b>Suspected use of alcohol</b>						
Yes	16	53.3	34.9 – 70.9	2	33.3	6.8 – 77.4
No	14	46.7	29.1 – 65.1	4	66.7	22.6 – 93.2

Source: Created by the authors.

Note: Conventional sign used:

- Numeric data equal to zero not resulting from rounding.

Most cases of violence against the elderly had only one aggressor. Regarding the occurrence of financial abuse, more than 90.0% of the cases occurred in the residence, in the urban zone and had previously occurred. On the other hand, the majority happened during the morning or afternoon and in the urban zone. Furthermore, most cases were forwarded. In relation to notified sexual violence, half of the perpetrators were up

to 59 years and the other half, 60 years or more, all were male, and were victims' acquaintances. In most cases, there was no suspicion of alcohol use and there was only one aggressor. All aggressions occurred in the residence, mostly at night or early morning. It is worth highlighting the repetition of cases of violence and the urban area as the highest occurrence. All victims received referral (Table 3).

**Table 3** – Characterization of financial and sexual violence against the elderly, according to data of occurrence. Espírito Santo, Brazil – 2011-2018

Variables	Financial Violence n = 46			Sexual Violence n = 11		
	n	%	95% Interval Confidence	n	%	95% Interval Confidence
<b>Number of people involved</b>						
One	30	65.2	50.0 – 77.8	9	81.8	46.5 – 95.9
Two or more	16	34.8	22.2 – 49.9	2	18.2	4.1 – 53.4
<b>Occurred in the residence</b>						
Yes	42	95.4	82.9 – 98.9	11	100.0	-
No	2	4.6	1.1 – 17.1	-	-	-
<b>Shift of occurrence</b>						
Morning/Afternoon	17	80.9	56.9 – 93.2	1	16.7	1.7 – 70.2
Evening/Dawning	4	19.1	6.8 – 43.1	5	83.3	29.8 – 98.3
<b>Violence of repetition</b>						
Yes	40	93.0	79.8 – 97.8	7	70.0	35.1 – 90.9
No	3	7.0	2.2 – 20.2	3	30.0	9.0 – 64.8
<b>Zone of occurrence</b>						
Urban	44	95.6	83.6 – 99.0	8	80.0	42.9 – 95.5
Rural	2	4.4	1.0 – 16.4	2	20.0	4.5 – 57.0
<b>Referrals</b>						
Yes	34	77.3	62.1 – 87.6	10	100.0	-
No	10	22.7	12.4 – 37.9	-	-	-

Source: Created by the authors.

Note: Conventional sign used:

- Numeric data equal to zero not resulting from rounding.

## Discussion

The present study showed a prevalence of 2.8% of financial violence and 0.7% of sexual violence against the elderly. A study<sup>(8)</sup> found a prevalence of 0.7% for sexual violence in the years 2011 and 2012. A study conducted in Florianópolis<sup>(9)</sup> obtained a prevalence of 2.5% of financial violence, corroborating the findings of this research. The low prevalence of notifications of these types of violence against the elderly in the study period can be explained by factors such as their non-recognition by society and the underreporting<sup>(10)</sup>.

Although violence has had compulsory notification since 2011 and the Byelaw of the Elderly provides for the communication of maltreatment against the elderly, the recognition of violence against these people face political, social and cultural difficulties, which encompass the identification of these individuals as bearers of rights and autonomy to make their own decisions<sup>(11)</sup>. These attitudes contribute to violence against the elderly population remain veiled and invisible to families and society. Violence against the elderly may be an expression of the relations between the groups that put the elderly as a dependent, susceptible and disposable being<sup>(8,12)</sup>, influencing the quality of life and the morbidity and mortality in this population.

Another factor that contributes to the silence around violence against the elderly is the difficulty of the victims themselves to denounce this type of situation. This occurs because, many times, they are afraid of being abandoned and cutting affective bonds with their aggressors<sup>(11)</sup>, which indicates that the lack of social support is a risk factor for the occurrence of violence in this population<sup>(13)</sup>. These difficulties demonstrate the need for creating a protection network that also includes actions to strengthen the family and to support the provision of care for the elderly<sup>(14)</sup>.

The lack of notification may also denounce the failure of the system of defense and protection, contributing to the silent occurrence of these problems<sup>(8,11)</sup>. The lack of preparation of health

professionals to identify, cope with and monitor cases also contributes to this underreporting, in addition to their unawareness about the care network and protection policies for this population<sup>(10,15)</sup>.

When it comes to victims of violence, it is important to highlight the greater number of people with more advanced age (70 years or more), belonging to the female sex and with a partner, similar to that found in literature<sup>(8,16)</sup>. A Home Sample Research conducted in Minas Gerais, in 2014, showed that most elderly people (88.7%) were mainly responsible for the family income. This factor, coupled with the greatest functional and cognitive limitations in older elderly people<sup>(17)</sup>, may explain the higher frequency of the problem in this age group. Furthermore, the greater life expectancy in women than in men may expose more elderly women to violence, once they are more commonly present<sup>(7)</sup>. The gender issues also pervade women's life, putting them in a situation of greater vulnerability when elderly<sup>(12,17)</sup>.

Regarding sexual violence, women aged from 60 to 69 years are among the main victims, similar to that found in a study<sup>(12)</sup> that identified sexual abuse as more frequent among women. Moreover, the results of this study showed a higher proportion of cases of elderly women without an intimate partner, which corroborates a research conducted in the United States, which revealed that unmarried elderly women were two times more likely to suffer sexual violence<sup>(18)</sup>. The experience of sexual abuse entails consequences in a woman's life, which may include since increased risk of infection by HIV (Human Immunodeficiency Virus) to depression and suicide<sup>(19)</sup>.

In this context, the victim's residence, in both cases, was the main site of perpetration of violence, as well as the main aggressor was acquainted, mainly men, as pointed out by other studies<sup>(7,15)</sup>. Gender issues are little taken into account at this life stage; however, gender discrimination occurs from birth to old age in all social classes<sup>(20)</sup>.

The relations of power of man over the woman begin in childhood, when boys are encouraged to be domineering and competitive, while girls receive the role of caregivers and empathic. In this way, the stereotype of gender becomes entrenched, leading to an asymmetry of power relations between men and women, which permeates all ages<sup>(20)</sup>.

In relation to the victims' schooling, in both types of violence, the elderly are in the group with less schooling. These can express greater dependence in activities of daily living or even financial issues, which can impose power relations between the elderly and the caregiver<sup>(21)</sup>.

Another characteristic present in the notifications of violence was the higher frequency of pardos and black victims. In Brazil, black people are the poorest social strata, which generates a chronic situation of inequality, worsened by racism. This is responsible for various forms of discrimination present in the everyday lives of these people, which justifies the fact that most of these people experience this problem<sup>(22)</sup>.

According to the results of this survey, among the notified cases of financial and sexual violence, there was a low proportion of people with disabilities/disorders. It is important to emphasize the limitation of these elderly, in addition to the dependency in relation to their caregivers even to access health services and to denounce. A study<sup>(23)</sup> found that violence and discrimination are more frequent in people who have some kind of disability or disorder.

Unlike the finding in another study<sup>(8)</sup>, the financial violence against the elderly was of repetition. The fact that the elderly feel unable to manage their own financial life and the dependence on the abusers are possible causes for the continuity of this type of aggression<sup>(12,15)</sup>. In addition, there is also the fear of the victim to continue suffering abuse or to be abandoned and removed from the family life, in case they decide to denounce<sup>(8-9,15)</sup>.

The abuse of alcohol by the aggressor is one of the risk factors for violence described by the literature<sup>(8,12)</sup>. A study<sup>(10)</sup> found a 3.8 times greater chance of occurrence of maltreatment

in the elderly whose caregivers had problems with alcohol. The present study found a higher prevalence of suspected alcohol use only in financial violence, which did not occur for sexual violence.

In relation to referrals, all the elderly victims of sexual violence received some referral, but it did not occur for cases of elderly victims of financial violence, with an important number of those who did not receive referral, demonstrating the need for progressing the network protection to these people<sup>(24)</sup>. The complete care to victims is essential to solve cases and break the cycle of violence, thus advancing in the real guarantee of the rights of these people<sup>(15)</sup>. The residence zone is also a limiting factor to access health services network<sup>(25)</sup>, which can be inferred by the smaller number of notifications of aggression in the rural environment.

Finally, there stands out the important role of the health sector in preventing and combating violence against the elderly, as well as the care and follow-up of victims and their families. Health professionals have a strategic position to identify cases and risk factors for the occurrence of violence, since they are often the first contact for victims. A study<sup>(16)</sup> argues that every visit of the elderly to a health unit is an opportunity for investigating situations of violence, highlighting the role of the nursing professional in this process and the need for an attentive and qualified listening.

As a limitation of the present study, there stands out the low number of specific publications about financial and sexual violence against the elderly, limiting the discussion of the results of this research. In the same sense, another limiting is the small number of notifications of these problems, due to the difficulty of the elderly to denounce the occurrences<sup>(8,12,15)</sup>, as well as of health professionals to notify them.

## Conclusion

The present study allowed for concluding that the underreporting of financial and sexual violence, but the prevalences found are similar to those revealed by the literature. As for the

victims' characteristics, in both abuses studied, the elderly are female, with low schooling, black or pardas and without disability/disorder. Most aggressions were committed by a single person, male, victim's acquaintance, practiced at home and with a history of repetition.

It is important to highlight that most elderly people victimized by financial violence had companions, the aggressor had suspected alcohol abuse, and the violence occurred during the day, while the sexual violence was more frequent in the elderly without companions and during the night/dawning.

The results of the research are of great importance for the health professionals, especially nurses, because they highlight the vulnerability of the elderly person to experience violence. In this sense, the nurse, during the visits, needs to investigate situations of violence experienced by this population, and notify this problem in order to break the cycle of violence and promote an integral and qualified care. The notification process is part of the health professional's practice, and these professionals must be qualified for this procedure, once the data of notification are of great importance for developing preventive policies and coping with the violence against the elderly population.

### Collaborations:

1 – conception, design, analysis and interpretation of data: Franciele Marabotti Costa Leite and Gracielle Pampolim;

2 – writing of the article and relevant critical review of the intellectual content: Franciele Marabotti Costa Leite, Gracielle Pampolim, Mayara Alves Luis, Raniele de Paula Silva and Márcia Regina de Oliveira Pedroso;

3 – final approval of the version to be published: Franciele Marabotti Costa Leite and Gracielle Pampolim.

### References

1. Mendes ACG, Sá DA, Miranda GMD, Lyra TM, Tavares RAW. Assistência pública de saúde no

contexto da transição demográfica brasileira: exigências atuais e futuras. *Cad Saúde Pública*. 2012 May;28(5):955-64. DOI: <http://dx.doi.org/10.1590/S0102-311X2012000500014>

2. Minayo MC. Violence against the elderly: the relevance of an old health problem. *Cad Saúde Publica*. 2003;19(3):783-91. DOI: <http://dx.doi.org/10.1590/S0102-311X2003000300010>
3. World Health Organization. Elder Abuse: The Health Sector Role in Prevention and Response [Internet]. Geneva; 2016 [cited 2019 Aug 28]. Available from: [https://www.who.int/violence\\_injury\\_prevention/violence/elder\\_abuse/WHO\\_EA\\_ENGLISH\\_2017-06-13.pdf?ua=1](https://www.who.int/violence_injury_prevention/violence/elder_abuse/WHO_EA_ENGLISH_2017-06-13.pdf?ua=1)
4. Pillemer K, Burnes D, Riffin C, Lachs MS. Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. *Gerontologist*. 2016;56(Suppl2):194-205. DOI: <http://dx.doi.org/10.1093/geront/gnw004>
5. Bond MC, Butler KH. Elder abuse and neglect: definitions, epidemiology, and approaches to emergency department screening. *Clin Geriatr Med*. 2013 Feb;29(1):257-73. DOI: <https://doi.org/10.1016/j.cger.2012.09.004>
6. Brasil. Presidência da República. Secretaria de Direitos Humanos. Manual de enfrentamento à violência contra a pessoa idosa: é possível prevenir, é necessário superar. Brasília (DF); 2014.
7. Lopes LGF, Leal MCC, Souza EF, Silva SZR, Guimarães NNA, Silva LSR. Violência contra a pessoa idosa. *Rev Enferm UFPE*. 2018;12(9):2257-68. DOI: <https://doi.org/10.5205/1981-8963-v12i9a236609p1129-1139-2018>
8. Rocha RC, Côrtes MCJW, Dias EC, Gontijo ED. Violência velada e revelada contra idosos em Minas Gerais-Brasil: análise de denúncias e notificações. *Rev Saúde debate*. 2018;42(spe4):81-94. DOI: <http://dx.doi.org/10.1590/0103-11042018s406>
9. Bolsoni CC, Coelho EBS, Giehl MWC, D'Orsi E. Prevalence of violence against the elderly and associated factors-a population based study in Florianópolis, Santa Catarina. *Rev Bras Geriatr Gerontol*. 2016;19(4):671-82. DOI: <http://dx.doi.org/10.1590/1809-98232016019.150184>
10. Lino VTS, Rodrigues NCP, Lima IS, Athie S, Souza ER. Prevalence and factors associated with caregiver abuse of elderly dependents: The hidden face of family violence. *Ciênc saúde coletiva*. 2019 Jan;24(1):87-96. DOI: <http://dx.doi.org/10.1590/1413-81232018241.34872016>



11. Irigaray TQ, Esteves CS, Pacheco JTB, Grassi-Oliveira R, Argimon ILL. Maus-tratos contra idosos em Porto Alegre, Rio Grande do Sul: um estudo documental. *Estud Psicol (Campinas)*. 2016;33(3):543-51. DOI: <http://dx.doi.org/10.1590/1982-02752016000300017>
12. Mascarenhas MDM, Neves ACM, Silva MMA, Malta DC, Andrade SSCA, Pedrosa AAG. Violence against the elderly: Analysis of the reports made in the health sector - Brazil, 2010. *Ciênc saúde coletiva*. 2012;17(9):2331-41. DOI: <http://dx.doi.org/10.1590/S1413-81232012000900014>
13. Johannesen M, LoGiudice D. Elder abuse: a systematic review of risk factors in community-dwelling elders. *Age Ageing*. 2013;42(3):292-8. DOI: <http://dx.doi.org/10.1093/ageing/afs195>
14. Cachina AMP, Lemos de Paiva I, Torres TL. Violência intrafamiliar contra idosos: revisão sistemática. *Liber*. 2016 Jul;22(2):185-96.
15. Rodrigues RAP, Santos AMR, Pontes MLF, Monteiro EA, Fhon JRS, Bolina AF, et al. Report of multiple abuse against older adults in three Brazilian cities. *PLoS ONE*. 2019;14(2):e0211806. DOI: <https://doi.org/10.1371/journal.pone.0211806>
16. Silva GCN, Almeida VL, Brito TRP, Godinho MLC, Nogueira DA, Chini LT. Violência contra idosos: uma análise documental. *Aquichan*. 2018;18(4):449-60. DOI: <http://dx.doi.org/10.5294/aqui.2018.18.4.7>
17. Duque AM, Leal MCC, Marques APO, Eskinazi FMV, Duque AM. Violência contra idosos no ambiente doméstico: prevalência e fatores associados (Recife/PE). *Ciênc saúde coletiva*. 2012;17(8):2199-208. DOI: <http://dx.doi.org/10.1590/S1413-81232012000800030>
18. Cannell MB, Manini T, Spence-Almaguer E, Maldonado-Molina M, Andresen EM. U.S. Population Estimates and Correlates of Sexual Abuse of Community-Dwelling Older Adults. *J Elder Abuse Negl*. 2014;26(4):398-413. DOI: <https://doi.org/10.1080/08946566.2013.879845>
19. García-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. WHO multi-country study on women's health and domestic violence against women: initial results on prevalence, health outcomes and women's responses. Geneva: WHO; 2005.
20. Cross C, Campbell A. Violence and Agression in Women. In: Shackelford T, Hansen R. *The Evolution of Violence*. New York: Springer; 2013. p. 211-32.
21. Aguiar MPC, Leite HA, Dias IM, Mattos MCT, Lima WR. Violência contra idosos: descrição de casos no Município de Aracaju, Sergipe, Brasil. *Rev Esc Anna Nery*. 2015;19(2):343-9. DOI: <http://dx.doi.org/10.5935/1414-8145.20150047>
22. Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. PAINEL DE INDICADORES DO SUS N. 5: prevenção de violências e cultura de paz. Brasília (DF); 2008.
23. Dammeyer J, Chapman M. A national survey on violence and discrimination among people with disabilities. *Rev BMC Public Health*. 2018;18(355). DOI: <https://doi.org/10.1186/s12889-018-5277-0>
24. Plassa BO, Alarcon MFS, Damaceno DG, Sponchiado VBY, Braccialli LAD, Silva JAVE, et al. Fluxograma descritor no atendimento à pessoa idosa vítima de violência: uma perspectiva interdisciplinar. *Esc Anna Nery*. 2018;22(4):e20180021. DOI: <https://doi.org/10.1590/2177-9465-EAN-2018-0021>
25. Kassouf AL. Acesso aos serviços de saúde nas áreas urbana e rural do Brasil. *Rev Econ Sociol Rural*. 2005;43(1):29-44. DOI: <http://dx.doi.org/10.1590/S0103-20032005000100002>

Received: August 29, 2019

Approved: November 12, 2019

Published: February 17, 2020



The *Revista Baiana de Enfermagem* use the Creative Commons license – Attribution -NonCommercial 4.0 International. <https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms.