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TEMPORAL ANALYSIS OF NOTIFICATIONS OF INTERPERSONAL AND SELF-INFLICTED VIOLENCE AGAINST THE ELDERLY IN BRAZIL

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Yonara Yasmim Ferreira Anjos[1], Cátia Maria Justo[2] and Marco Aurélio de Oliveira Góes[3]

ABSTRACT

Violence against the elderly is an increasingly frequent phenomenon, both in developed and developing countries. In Brazil, in 2011, universal notification of violence was implemented for some vulnerable groups, including the elderly. The present study aims to describe the characteristics of the reported cases and to evaluate the trend of notifications of violence against the elderly in Brazil. A time series study of reported cases of violence in people aged 60 years and over in Brazil between 2011 and 2023 was conducted. Between 2011 and 2023, 249,770 cases of violence against people aged 60 and over were reported in Brazil, 141,639 (56.7%) in women and 108,131 (43.3%) in men. Most of the violence occurred in the home (71.05%) and was classified as self-harm (13.79%). The use of physical force (54.54%) stands out, followed by negligence/abandonment (28.52%). In the period, there was an increase in the notification rates of violence in the elderly from 25.8 to 133.8 cases per 100 thousand inhabitants (AAPC = 12.1), both for self-inflicted violence and for interpersonal violence. To guarantee full citizenship to the elderly, it is necessary that health services are attentive to all forms of violence, establishing, in addition to case notification, access to comprehensive care, in addition to prevention actions.

Keywords: Interpersonal violence, Self-inflicted violence, Temporal trend, Elderly.

[1] Master's student in Nursing
Graduate Program in Nursing - PPGEN
Federal University of Sergipe, UFS, Brazil
Email: yonaraanjos@academico.ufs.br
[2] Dr. in Health Sciences
Federal University of Sergipe, UFS, Brazil
Email: catiajusto@academico.ufs.br
[3] Dr. in Health Sciences
Graduate Program in Nursing - PPGEN
Federal University of Sergipe, UFS, Brazil
E-mail: maogoes@academico.ufs.br

Revista ARACÊ
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INTRODUCTION

The World Health Organization (WHO) defines violence as a serious public health problem and a violation of human rights, characterized as a complex phenomenon, influenced by social, environmental, cultural, economic and political factors. Violence can be characterized by the intentional use of physical force or power, real or threatening against oneself, against a group or a community, that results or has a high possibility of resulting in injury, death, psychological damage, developmental disability or deprivation (WHO, 2002).

As of 2011, notifications of violence (domestic, sexual and other violence) became compulsory for all health services throughout the country. Among the cases subject to compulsory notification, all forms of violence against the elderly are included (Brasil, 2011). In addition to compulsory notification by health services, the Statute of the Elderly (2003) already required the mandatory reporting of suspected and confirmed cases of violence against the elderly to the competent authorities, such as the police, the Public Prosecutor's Office, or the Councils for the Rights of the Elderly (Brasil, 2003, 2022).

Compulsory notification of violence to the elderly should be understood as an important instrument not only of care, but also of guaranteeing rights, functioning as a starting point for the inclusion of elderly victims in protection and comprehensive care networks. The analysis of the data from the notifications allows us to bring to light the magnitude of violence against this population, identifying its typology, profile of the people involved (victims and aggressors), location of the occurrence and characteristics of the violent events (Brasil, 2016).

The present study aims to describe the characteristics of the reported cases and to evaluate the trend of notifications of violence against the elderly in Brazil.

METHOD

TYPE AND PLACE OF STUDY

This is a time-series study of reported cases of violence in people aged 60 and over in Brazil between 2011 and 2023.

Brazil is subdivided into five regions and 26 states and the federal district, with a population of 203,080,756 inhabitants according to the 2022 demographic census, being the sixth most populous country in the world (IBGE, 2022).

Revista ARACÊ
ISSN: 2358-2472

DATABASES AND STUDY POPULATION

The study population consists of all reported cases of violence in people aged 60 years and over residing in Brazil, registered in the Notifiable Diseases Information System (SINAN), which occurred between January 1, 2011 and December 31, 2023.

The study data were obtained from notifications of interpersonal and self-inflicted violence in SINAN, made available by the Department of Informatics of the Unified Health System (Datasus). The SINAN data were exported from the Datasus website and organized using the *Microsoft Excel Office* 2016 program. Population data were obtained from the Brazilian Institute of Geography and Statistics (IBGE), based on population estimates for the inter-census years.

DATA ANALYSIS

The variables gender (male and female), race/color (white, black, brown, yellow, indigenous), education, type of violence, means of aggression, region and state of residence were analyzed.

The annual crude rates of notification of interpersonal, self-inflicted and general violence (per 100 thousand inhabitants) were calculated. Temporal trends were analyzed using joint-point regression models (segmented linear regression) using the *Joint Point Regression™ 4.6 program (US National Cancer Institute, Bethesda, MD, USA). To calculate the trends, the rates of notification of violence in the general population were used; by region and federative unit. The year of occurrence of death was classified* with the independent variable.

This method allowed to verify changes in the indicator's trend over time by adjusting data from a series from the lowest number of possible *joinpoints* (zero, which indicates a line without inflection points) and to test whether the inclusion of more *joinpoints* is statistically significant. Thus, time series can show an increasing, decreasing or stable trend and even different trends in sequential stretches.

The Monte Carlo permutation test was used to choose the best segment of each model. The best model was considered the one with the highest residual coefficient (R2). The average *annual percent change* (AAPC) for the full period was calculated to simplify the comparison of trends for indicators with more than one significant slope in the period. Its estimate is obtained by the weighted geometric mean of the APC, with the weights equal to

Revista ARACÊ
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the length of each time interval of the segment. The trends were statistically significant when AAPC had a p-value < 0.05 and its 95%CI did not include a value of zero.

The study used secondary data of universal access, without the nominal identification of the subjects, in compliance with the Resolution of the National Health Council (CNS) 466/2012, and the opinion of the ethics committee was waived.

RESULTS

Between 2011 and 2023, 249,770 cases of violence against people aged 60 and over were reported in Brazil, 141,639 (56.7%) in women and 108,131 (43.3%) in men. Regarding the self-reported race/color variable, 45.15% of the notifications occurred in people identified as white and 36.5% in browns. The schooling variable was not filled in in 48.24% of the notifications (Table 1).

Almost half of the notifications occurred in the period were in the Southeast (48.01%), South (20.31%) and Northeast (19.76%), respectively (Table 1).

Table 1 – Sociodemographic variables of reported cases of violence in the elderly (n=249,770) by sex. Brazil, 2011 to 2023.

Variables sociodemographic	Male (n=108,131)		Female (n=141,639)		Total (n=249,770)	
	n	%	n	%	n	%
Race/color						
White	45.863	42,41	66.904	47,24	112.767	45,15
Black	8.046	7,44	11.202	7,91	19.248	7,71
Yellow	946	0,87	1.108	0,78	2.054	0,82
Brown	41.516	38,39	49.645	35,05	91.161	36,50
Indigenous	790	0,73	802	0,57	1.592	0,64
No information	10.970	10,15	11.978	8,46	22.948	9,19
Schooling						
Illiterate	6.890	6,37	9.806	6,92	16.696	6,68
1st to 4th incomplete grade of EF	16.894	15,62	21.512	15,19	38.406	15,38
Complete 4th grade of EF	6.810	6,30	8.328	5,88	15.138	6,06
5th to 8th grade incomplete EF	7.709	7,13	10.818	7,64	18.527	7,42
Complete elementary school	4.931	4,56	7.452	5,26	12.383	4,96
Incomplete high school	2.512	2,32	3.497	2,47	6.009	2,41
Complete high school	5.834	5,40	9.128	6,44	14.962	5,99
Incomplete higher education	567	0,52	924	0,65	1.491	0,60
Complete higher education	1.845	1,71	3.450	2,44	5.295	2,12
Not applicable	160	0,15	220	0,16	380	0,15
No information	53.979	49,92	66.504	46,95	120.483	48,24
Region of residence						
North	4.662	4,31	4.408	3,11	9.070	3,63
Northeast	22.745	21,03	26.612	18,79	49.357	19,76
Southeast	50.190	46,42	69.717	49,22	119.907	48,01
Region of residence						
South	20.054	18,55	30.672	21,66	50.726	20,31
Midwest	10.480	9,69	10.230	7,22	20.710	8,29

Source: Data extracted from Datasus (Notifiable Diseases Information System) (2024).

Revista ARACÊ
ISSN: 2358-2472

Regarding the location, most of the violence reported in elderly people occurred in the home itself (71.05%), especially in women (79.23%). In women, the occurrence of repeated violence was more frequent (42.31%) when compared to the elderly males (26.24%). Among the reported cases of violence, 13.79% (34,439) were classified as self-harm (Table 2).

Table 2 – Characterization of the place of occurrence, repeated violence and self-harm of the reported cases of violence in the elderly (n=249,770) by sex. Brazil, 2011 to 2023.

Variables	Male (n=108,131)		Female (n=141,639)		Total (n=249,770)	
	n	%	n	%	n	%
Place of occurrence						
Residence	65.235	60,33	112.220	79,23	177.455	71,05
Collective Housing	1.203	1,11	1.248	0,88	2.451	0,98
School	198	0,18	234	0,17	432	0,17
Sports practice place	166	0,15	96	0,07	262	0,10
Bar or Similar	2.692	2,49	627	0,44	3.319	1,33
Public road	15.680	14,50	7.351	5,19	23.031	9,22
Commerce/Services	2.201	2,04	1.562	1,10	3.763	1,51
Industries/Construction	131	0,12	35	0,02	166	0,07
Other	5.404	5,00	4.746	3,35	10.150	4,06
No information	15.221	14,08	13.520	9,55	28.741	11,51
Repeated violence						
Yes	28.376	26,24	61.346	43,31	89.722	35,92
No	44.681	41,32	41.595	29,37	86.276	34,54
No information	35.074	32,44	38.698	27,32	73.772	29,54
Self-Harm						
Yes	16.448	15,21	17.991	12,70	34.439	13,79
No	79.479	73,50	108.166	76,37	187.645	75,13
No information	12.204	11,29	15.482	10,93	27.686	11,08

Source: Data extracted from Datasus (Notifiable Diseases Information System) (2024).

Among the types of violence suffered, the use of physical force (54.54%) stood out, followed by negligence/abandonment (28.52%) and psychosocial/moral violence (23.74%). Regarding the mode of aggression, despite the predominance of the use of bodily force (39%) in both sexes, threats also stand out in women (18.53%) (Table 3).

Revista ARACÊ
ISSN: 2358-2472

Table 3 – Characterization of the type and means of aggression of the reported cases of violence in the elderly (n=249,770) by sex. Brazil, 2011 to 2023.

Variables	Male (n=108,131)		Female (n=141,639)		Total (n=249,770)	
	n	%	n	%	n	%
Type of violence						
Physics	67.194	62,14	69.035	48,74	136.229	54,54
Psychosocial/moral	16.199	14,98	43.100	30,43	59.299	23,74
Sexual violence	346	0,32	4.540	3,21	4.886	1,96
Neglect/Abandonment	28.530	26,38	42.693	30,14	71.223	28,52
Means of aggression						
Body Force/Beating	44.137	40,82	53.279	37,62	97.416	39,00
Hanging	4.759	4,40	4.154	2,93	8.913	3,57
Blunt Object	7.591	7,02	4.684	3,31	12.275	4,91
Sharp object	11.310	10,46	6.301	4,45	17.611	7,05
Poisoning	6.490	6,00	10.835	7,65	17.325	6,94
Firearm	4.231	3,91	1.432	1,01	5.663	2,27
Menace	8.507	7,87	26.234	18,52	34.741	13,91

Source: Data extracted from Datasus (Notifiable Diseases Information System) (2024).

The notification rates of violence in older people in Brazil went from 25.8 (2011) to 133.8 (2023) notifications, with an increasing trend (AAPC = 12.1), both for self-inflicted violence and for interpersonal violence (Figure 1).

Figure 1 – Annual distribution of notification rates (A) and analysis of the temporal trend of the notification rate of self-inflicted, interpersonal and general violence (B). Brazil, 2011 – 2023.
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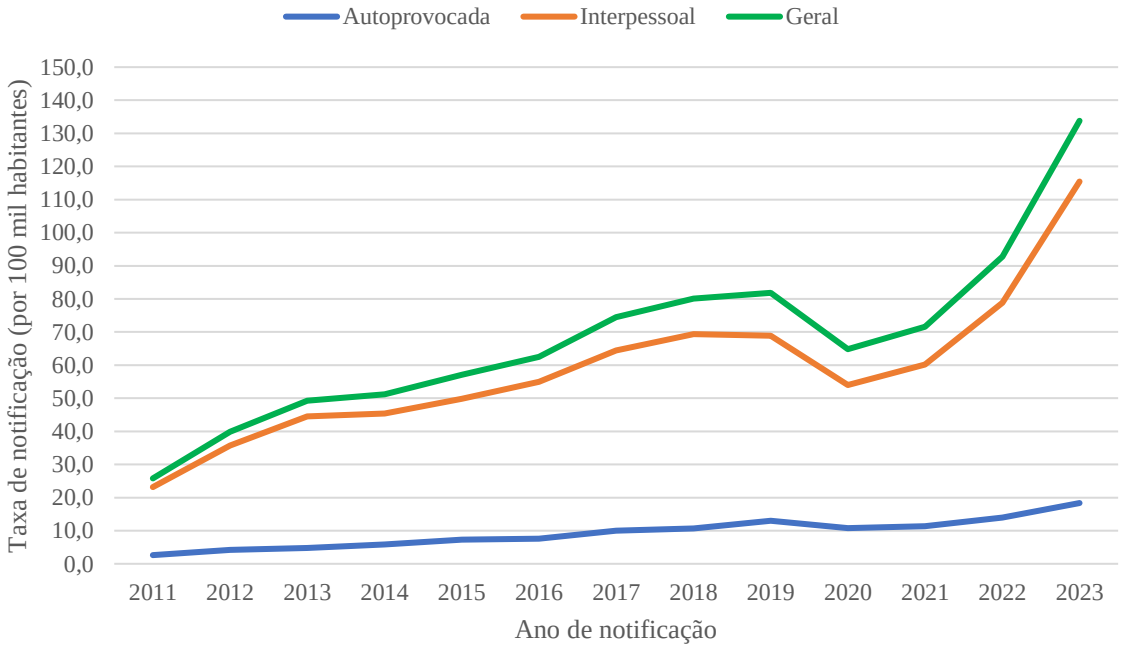

Revista ARACÊ
ISSN: 2358-2472

B

Kind	2011	2023	AAPC (95% CI)	Tendency
Self-inflicted	2,6	18,3	15.5*(10.2 to 21.0)	Crescent
Interpersonal	23,2	115,4	11.6*(4.5 to 19.3)	Crescent
General	25,8	133,8	12.1*(5.4 to 19.3)	Crescent

AAPC – *Average Annual Percentage Change,* 95%CI = 95% Confidence Interval. * p-value < 0.05
Source: Data extracted from Datasus (Notifiable Diseases Information System) (2024).

In the analysis of the notification rates of violence in the elderly, there are important differences between the regions of the country, with the Central-West region having the highest rates both in the first year of the evaluation (52.2 cases per 100 thousand inhabitants) and in the final year (158.5 cases per 100 thousand inhabitants). When the temporal trend of notifications of violence in the elderly is evaluated, the North region has the highest percentage of growth for the period (AAPC = 17.5), followed by the Northeast (AAPC = 15.9) and Southeast (AAPC = 13.3) (Table 4).

In 2011, Mato Grosso do Sul and Roraima had the highest rates of notification of violence in the elderly, 185.3 and 65.2 cases per 100,000 inhabitants, respectively. The state of Sergipe had the lowest notification rate in 2011 (2.6 cases per 100 thousand inhabitants). In the final period of the assessment (2023), the highest rates were identified in Ceará (343.5 per 100 thousand inhabitants), Mato Grosso do Sul (334.7 per 100 thousand inhabitants) and Tocantins (314.9 per 100 thousand inhabitants) (Table 4).

Regarding the trend assessment of the notification rate of violence against the elderly, only 6 federative units showed a stationary trend (Piauí, Maranhão, Paraíba, Minas Gerais and the Federal District), all the others showed an increasing trend. The highest growth percentages for the period were identified in Ceará (AAPC = 42.2), Pará (AAPC = 19.1), Rio de Janeiro (AAPC = 18.2) and Paraná (AAPC = 16.1) (Table 4).

Revista ARACÊ
ISSN: 2358-2472

Table 4 – Analysis of temporal trends in violence notification rates (per 100 thousand inhabitants) by region and federated unit. Brazil, 2011 to 2023.

Federative Unit	Notification Rate (per 100 thousand inhabitants)		AAPC (95% CI)	Tendency
	Initial	Final		
North Region	11,9	97,2	17.5*(15.1 to 22.5)	Crescent
Rondônia	7,57	64,2	15.8*(9.2 to 29.8)	Crescent
Acre	26,1	74,1	7.6*(3.4 to 12.1)	Crescent
Amazon	16,3	95,1	10.4*(7.1 to 13.9)	Crescent
Roraima	65,2	193,0	8.3*(4.1 to 12.7)	Crescent
Stop	4,4	59,1	19.1*(15.1 to 23.3)	Crescent
Amapá	8,1	47,3	10.0*(0.5 to 20.5)	Crescent
Tocantins	26,9	314,9	24.7*(16.1 to 33.9)	Crescent
Northeast Region	16,4	127,4	15.9*(14.2 to 9.8)	Crescent
Maranhao	6,5	37,8	3.9(-1.8 to 9.8)	Stationary
Piaui	24,4	49,0	2.6 (-1.9 to 7.2)	Stationary
Ceará	4,5	343,5	42.2*(32.6 to 52.5)	Crescent
Rio Grande do Norte	17,2	59,6	7.1*(4.9 to 9.4)	Crescent
Paraiba	14,1	44,6	-6.1(-13.6 to 2.1)	Stationary
Pernambuco	32,0	182,7	15.8*(10.2 to 21.7	Crescent
Alagoas	34,6	71,7	6.2* (1.1 to 11.6)	Crescent
Sergipe	2,6	67,5	7.8*(2.7 to 13.2)	Crescent
Bahia	14,8	73,4	13.8*(8.0 to 19.9)	Crescent
Southeast Region	24,8	139,2	13.3*(11.7 to 15.8)	Crescent
Minas Gerais	26,6	102,3	7.6(-0.5 to 16.5)	Stationary
Holy Spirit	10,1	147,7	11.9*(3.6 to 20.8)	Crescent
Rio de Janeiro	17,1	220,4	18.2*(12.3 to 24.4)	Crescent
São Paulo	28,4	123,1	10.3*(7.5 to 13.1)	Crescent
South Region	38,6	130,8	8.2*(5.2 to 12.1)	Crescent
Paraná	19,6	175,2	16.1*(3.9 to 29.6)	Crescent
Santa Catarina	49,2	95,9	2.6*(0.4 to 4.9)	Crescent
Rio Grande do Sul	48,9	111,9	3.8*(1.0 to 6.6)	Crescent
Midwest Region	52,2	158,5	9.4*(6.6 to 13.6)	Crescent
Mato Grosso do Sul	185,3	334,7	2.5*(0.1 to 5.1)	Crescent
Thick Mage	14,3	50,4	6.7*(3.0 to 10.5)	Crescent
Goias	22,6	156,9	11.4*(3.7 to 19.8)	Crescent
Federal District	23,1	103,6	7.9(-0.9 to 17.5)	Stationary

AAPC – *Average Annual Percentage Change,* 95%CI = 95% Confidence Interval. * p-value < 0.05
Source: Data extracted from Datasus (Notifiable Diseases Information System) (2024).

DISCUSSION

The analysis of notifications of interpersonal and self-inflicted violence against the elderly in Brazil, between 2011 and 2023, reveals complex issues that cover social, economic, and public health aspects. With a total of 249,770 reported cases, there is a significant prevalence of violence against women compared to men. This gender disparity can be explained by several factors, such as the higher life expectancy of women, which

Revista ARACÊ
ISSN: 2358-2472

results in a larger female elderly population, in addition to social vulnerability that makes them more susceptible to violence. Gender stereotypes and family dynamics can also contribute to underreporting among men, who face more cultural and emotional barriers to reporting situations of violence (Sousa *et al*., 2021).

The sociodemographic analysis points out that most cases involve people who declare themselves white (45.15%) and brown (36.5%), which reflects both the demographic composition of the country and inequalities in access to social protection. The high proportion of notifications without information on education (48.24%) highlights failures in data collection, making it difficult to analyze the influence of educational level on vulnerability to violence. A study conducted in the Northeast between 2012 and 2018 showed that the brown population accounted for 61.3% of the cases, with schooling absent in 11,317 records (Lima; Palm; Macedo, 2021).

Geographically, the concentration of cases occurs in the Southeast (48.01%), South (20.31%) and Northeast (19.76%) regions, possibly due to population density, differences in notification systems and variation in access to health and protection services. This regional disparity may also reflect cultural and economic influences that affect the perception and reporting of violence (Machado *et al*., 2020).

The fact that most occurrences of violence occur in the victim's home (71.05%) highlights the vulnerability of the elderly in their own homes, where they often depend on caregivers or family members for their subsistence. This data raises questions about the quality of family care and the need for monitoring to prevent recurrent cases, especially among women (43.31%), who are more affected by repeated violence (Lopes *et al.*, 2018; Santos *et al*., 2020).

Another data is the prevalence of self-harm (13.79%), highlighting mental health problems among the elderly, who often deal with isolation, chronic diseases and loss of autonomy. Depression and other mental disorders may be predictive factors of these occurrences, pointing to the need to expand access to mental health services and psychosocial support for this age group (Araújo *et al*., 2024).

Among the types of violence reported, the use of physical force (54.54%) stands out, followed by negligence/abandonment (28.52%) and psychosocial/moral violence (23.74%). Physical violence, although frequently recorded, may represent only a fraction of cases, since more subtle forms, such as psychological violence, tend to be underreported.

Revista ARACÊ
ISSN: 2358-2472

Negligence/abandonment, linked to the omission of care, reflects the overload of caregivers and the lack of policies to support family caregivers (Oliveira *et al*., 2018).

The use of bodily force (39%) is the most frequent type of aggression, with variations between the sexes. Women, in addition to physical violence, face more threats (18.53%), revealing a pattern of intimidation with potential impacts on mental health and quality of life. A study in the Northeast highlighted that physical violence accounted for 15.7% of the cases and repeated violence 12.1% (Lima; Palm; Macedo, 2021).

The notification of violence in the elderly was significantly increasing in the period. The temporal analysis shows a substantial increase in the notification rate, from 25.8 in 2011 to 133.8 in 2023, with an AAPC of 12.1. This growth may indicate improvements in reporting systems and increased awareness, or a real increase in cases. States such as Ceará and Pará had significant growth, possibly due to the increase in access to health and safety information and services, encouraging the search for help, which may justify the growing trend observed in this study (Moroskoski *et al.,* 2021).

The upward trend in notifications in almost all federative units, especially Ceará (AAPC of 42.2%) and Rio de Janeiro (AAPC of 18.2%), follows the demographic transition in Brazil and in the world. However, this increase does not follow a uniform spatial pattern across Brazilian regions (Souza *et al*., 2020).

Admittedly, violence against the elderly is an aggression against the person, against the family and against society. Understanding its roots is a fundamental basis for understanding and coping. In this vein, in 2022, the Pan American Health Organization presented the World Report on Ageism. This is understood as discrimination that attacks, excludes, marginalizes people due to their age, affecting their dignity, their physical and mental health. Ageism is found all over the world, in institutions, in laws, in politics, in the judiciary, in society as a whole, fostering stereotypes, prejudices and discrimination. It confers disadvantages, injustices and prevents a healthy transgenerational coexistence. Despite arousing indignation and its pandemic aspect, it still lacks visibility and in-depth studies (PAHO, 2022).

Some studies with a qualitative approach offer a perspective of understanding this complex and multifactorial phenomenon. Thus, a qualitative study carried out in an institution in southern Brazil outlined three thematic axes of analysis: personal, relational and social bonds: broken or weakened; denial of the violence suffered and denial of the

Revista ARACÊ
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protection imposed on compassionate care. Concluding that socio-affective ruptures precede violence in all its diversity (Ribeiro *et al*, 2023).

CONCLUSION

The prevalence of violence is high with notifications on an increasing trend. The home, which should be the place of safety and welcoming, has not fulfilled this role. Women are more vulnerable to aggression, possibly due to their structure of physical fragility.

The data analyzed on interpersonal and self-inflicted violence against the elderly in Brazil between 2011 and 2023 reveal a worrying reality, marked by a growing trend in notifications in almost all regions. There is a predominance of violence against elderly women, especially in domestic environments, with emphasis on physical violence and neglect/abandonment. This phenomenon can be explained by sociodemographic, economic, and cultural factors that affect the perception and reporting of cases of violence.

The prevalence of self-harm among the elderly also highlights the need for policies to support mental health in this age group, while the gap in data on schooling and race/color reinforces the importance of improvements in information collection to support more effective actions. Therefore, this study points to the importance of prevention and intervention strategies, associated with effective notification, that promote comprehensive care for the elderly, as well as public policies aimed at supporting the protection of this vulnerable group.

The fight against ageism must be disseminated everywhere. Public policies must observe the protection of the elderly, and the encouragement of peaceful and healthy coexistence with aging.

Revista ARACÊ
ISSN: 2358-2472

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