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VIOLENCE AGAINST OLDER PEOPLE IN CUIABÁ, MATO GROSSO, 2011-2021

*Violência contra a pessoa idosa em Cuiabá, Mato Grosso, 2011-2021**Violencia contra las personas mayores en Cuiabá, Mato Grosso, 2011-2021***Emanuely Amandha Souza de Sá¹** **Martiliane Borges de Jesus²** **Franciele Silvia de Carlo³** **Francine Nesello Melanda⁴** **Ligia Regina de Oliveira⁵** **Amanda Cristina de Sousa Andrade⁶** 

RESUMO

OBJETIVO: descrever as características da vítima, do agressor e tipo da violência contra a pessoa idosa em Cuiabá, Mato Grosso, 2011-2021. **Métodos:** estudo descritivo com dados do Sistema de Informação de Agravos de Notificação. Utilizou-se o teste do Qui-quadrado de Pearson para comparação das frequências de violência contra a pessoa idosa entre os sexos. **Resultados:** no sexo masculino, a violência contra a pessoa idosa foi maior entre os solteiros/separados (49,2%); com até quatro anos de escolaridade (44,5%); que sofreram violência física (87,5%); em via pública (27,8%); perpetrada por pessoas desconhecidas (43,4%). No sexo feminino, houve maior frequência de violência sexual (19,2%); ocorrida na residência (84,3%); os agressores foram filhos (25,0%) e parceiros íntimos (21,6%). **Conclusão:** a violência contra a pessoa idosa diferiu entre os sexos em relação ao estado civil, escolaridade, recorrência da violência, local de ocorrência, tipo da violência e características do agressor.

DESCRITORES: Violência contra a pessoa idosa; Doenças e agravos de notificação compulsória; Epidemiologia descritiva.

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ABSTRACT

OBJECTIVE: to describe the characteristics of the victim, the aggressor, and the type of violence against older people in Cuiabá, Mato Grosso, 2011-2021. **Methods:** descriptive study with data from the Notifiable Health Conditions Information System. Pearson's chi-square test was used to compare the frequencies of violence between the sexes. **Results:** among males, violence was higher among single/separated people (49.2%); with up to four years of schooling (44.5%); who suffered physical violence (87.5%); on public highway (27.8%); perpetrated by unknown people (43.4%). Among females, there was a higher frequency of sexual violence (19.2%); occurring at residence (84.3%); the aggressors were sons (25.0%) and intimate partners (21.6%). **Conclusion:** the violence against older people differed between the sexes concerning marital status, education, recurrence of violence, location of occurrence, type of violence, and characteristics of the aggressor.

DESCRIPTORS: Elder abuse; Disease notification; Epidemiology descriptive.

RESUMEN

OBJETIVO: describir las características de la víctima, el agresor y el tipo de violencia contra las personas mayores en Cuiabá, Mato Grosso, 2011-2021. **Métodos:** estudio descriptivo con datos del Sistema de Información de Agravios de Notificación. Para la comparación entre sexos se utilizó la prueba Chi-cuadrado de Pearson. **Resultados:** entre los hombres, la violencia contra las personas mayores fue mayor entre personas solteras/separadas (49,2%); con hasta cuatro años de escolaridad (44,5%); que sufrieron violencia física (87,5%); en vía pública (27,8%); fue perpetrado por personas desconocidas (43,4%). Entre las mujeres, hubo mayor frecuencia de violencia sexual (19,2%); ocurrida en el hogar (84,3%); los agresores fueron hijos (25,0%) y parejas íntimas (21,6%). **Conclusión:** la violencia contra las personas mayores difirió entre sexos en relación al estado civil, educación, recurrencia, lugar y tipo de la violencia y características del agresor.

DESCRIPTORES: Abuso de ancianos; Notificación de enfermedades; Epidemiología descriptiva.

INTRODUCTION

Violence is a historical phenomenon and a consequence of the interaction between individual, social, cultural, and environmental factors.^{1,2} Violence is defined as the purposeful use of power or physical force against oneself or other individuals, resulting in injury, psychological harm, deprivation, developmental disability, and even death.²

The aging process of the Brazilian population has been accelerating and has led to important changes in the profile of illness and the use of health services.³ In addition, violence against older people has become more evident in recent years, encompassing psychological, sexual, physical, financial, self-inflicted, and negligent acts.⁴

In 2016, one in six older people in the world was a victim of violence.⁵ A meta-analysis study that included 28 countries found a prevalence of 15.7% of violence against older people.⁶ In Brazil, cases of violence against older people rose from 6,181 in 2011 to 24,192 in 2021.⁷ In the same period, 1,339 older people were hospitalized due to mistreatment, about eleven hospitalizations a month.⁸ In the state of Mato Grosso, 40 cases of violence against older people were recorded in 2011 and 114 in 2021.⁸

A review study, which included epidemiological studies from 1997 to 2016, identified factors associated with violence against older adults, including age, sex, marital status, level of education, income, family relationships, loneliness, dependence on Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), among others.⁹ Studies using data from the Notifiable Diseases Information System (SINAN, acronym in Portuguese) show that older victims of violence are predominantly women, of white race/skin color, with a low level of schooling, with male family members as the aggressors and that most violence occurs in the home.^{10,11}

The growing number of cases of violence against older people reveals a serious health problem and violation of human rights. Therefore, this study aimed to describe the characteristics of the victim, the aggressor, and the type of violence against the older population of Cuiabá, Mato Grosso, 2011-2021.

METHODS

This descriptive study was carried out in the municipality of Cuiabá, the capital of Mato Grosso, using secondary data from the SINAN, from 2011 to 2021, regarding interpersonal and self-inflicted violence against older people.¹²

In 2021, the population of the municipality was 623,614. Of these, 79,921 were older (12.8%), and most female (56.4%). In 2010, older people accounted for 8.1% of Cuiabá's population, which shows an increase in the population of this age group over the last decade.¹³

SINAN data was collected in September 2022 using the Data Warehouse (DW), a publicly accessible application developed by the Mato Grosso State Health Department (SES-MT).¹² Population data was obtained from DATASUS.¹³

The study variables were: victim characteristics (sex (female; male); age group (in years: 60-69; 70-79; ≥ 80); race/skin color (brown; black; white; yellow; indigenous); marital status (single/separated; widowed; married/stable union); schooling (in years: < 4 ; 4-8; ≥ 9); disability/disorder (yes; no); self-harm (yes; no); type of violence (physical; psychological/moral, sexual; neglect/abandonment; financial); means of aggression (bodily force; sharp object; blunt object; threat; poisoning; firearm; hanging; hot substance/object); characteristics of the aggressor (sex of the aggressor (male; female; both); relationship between aggressor and victim (strangers - unknown/policeman/thief; acquaintances - friends/ acquaintances/ caregiver/ institutional relationship/ tenant/ neighbor/ student/ friend/colleague; intimate partner - spouse/ex-spouse/boyfriend/ex-boyfriend/girlfriend/ex-girlfriend; children; family - brother/sister/father/mother); place of occurrence (home; public highway; others - bar or similar/commerce/services/school/collective housing/others); recurrent violence (yes; no).

Absolute and relative frequencies were calculated. Pearson's chi-square test was used to compare the sexes. To calculate the rate of violence against older people, the numerator was the

number of notifications of violence in individuals aged 60 or over, and the denominator was the population aged 60 or over living in the year multiplied by 100,000. The analyses were carried out using Stata software version 16. A 5% significance level was adopted.

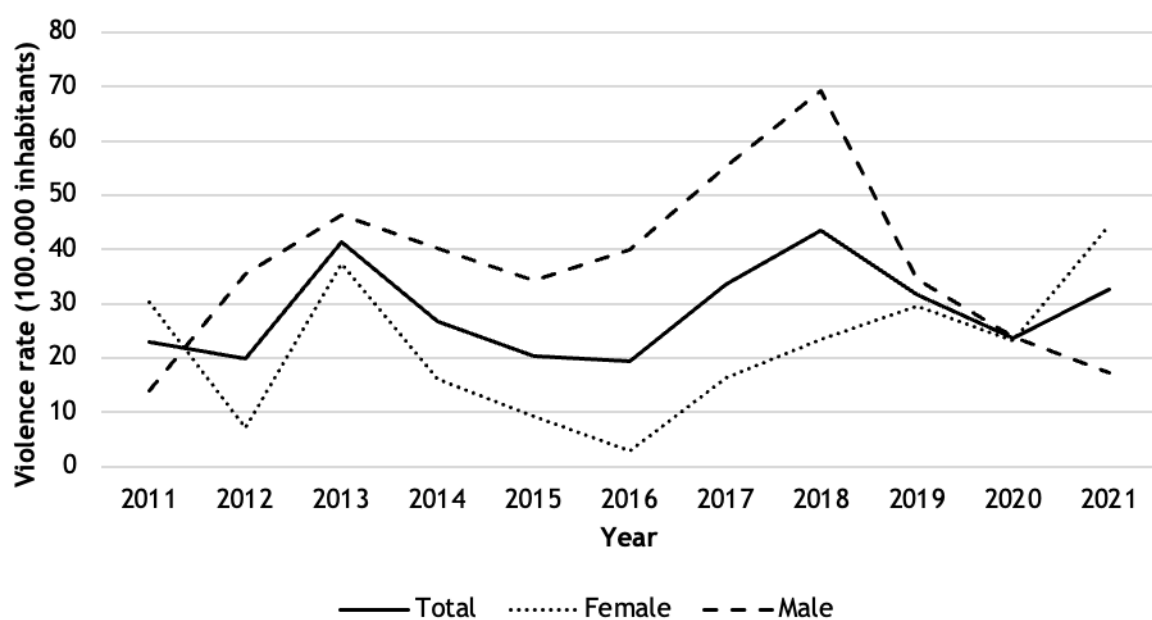
The study used public domain data and complied with the Resolution 466/2012 guidelines.

RESULTS

201 cases of violence against older people were recorded in Cuiabá between 2011 and 2021, representing an average violence notification rate of 29.4/100,000 older people. The notification rate varied from 22.9 in 2011 to 32.5/100,000 in 2021.

Concerning sex, the average rate of notification of violence against older people was 1.6 times higher among males compared to females (37.7 and 22.9/100,000, respectively). For females, the rate ranged from 30.2 (2011) to 44.4/100,000 (2021), while for males, this indicator showed an upward trend between 2011 and 2018, ranging from 14.0 to 69.2/100,000, and a downward trend between 2019 and 2020, ranging from 34.6 to 17.2/100,000 (Figure 1).

Of the total number of notifications, 56.7% were male, 60.7% were between 60 and 69 years, 58.8% declared themselves to be brown, 45.2% were single/separated, 39.3% reported having completed up to 4 years of schooling, and 11.1% reported having disability or disorder. When comparing by sex, violence against older people was higher among single/separated men (49.2%) and widowed women (29.7%) (p -value=0.006), and those with up to 4 years of schooling (44.5%; p -value=0.004) (Table 1).

Figure 1 - Notification rate of violence against older people (per 100,000 older people), by year and sex. Cuiabá, Mato Grosso, 2011-2021.**Table 1** - Distribution of sociodemographic characteristics of notifications of violence against older people, by sex. Cuiabá, Mato Grosso, 2011-2021.

Variables	Total (n=201; 100%)		Female (n=87; 43.3%)		Male (n=114; 56.7%)		p-value ^a
	n	%	n	%	n	%	
Age group (years)							0.444
60-69	122	60.7	57	65.5	65	57.0	
70-79	52	25.9	19	21.9	33	29.0	
≥ 80	27	13.4	11	12.6	16	14.0	
Race/skin color^b							0.798
Brown	104	58.8	44	57.1	60	60.0	
White	53	29.9	25	32.5	28	28.0	
Black	20	11.3	8	10.4	12	12.0	
Marital status							0.006
Single/separated	61	45.2	26	40.6	35	49.2	
Widowed	25	18.5	19	29.7	6	8.5	
Married/stable union	49	36.3	19	29.7	30	42.3	
Schooling (years)							0.040
< 4	44	39.2	16	32.6	28	44.5	

Variables	Total (n=201; 100%)		Female (n=87; 43.3%)		Male (n=114; 56.7%)		p-value ^a
	n	%	n	%	n	%	
4-8	34	30.4	12	24.5	22	34.9	
≥ 9	34	30.4	21	42.9	13	20.6	
Disability/disorder^c							0.238
Yes	16	11.1	10	14.3	06	8.1	
No	128	88.9	60	85.7	68	91.9	

^a Pearson's chi-square test; ^b Records with yellow (n=1) and Indigenous (n=1) race/skin color were excluded; ^c Includes physical, visual, mental, hearing, behavior disorders, and other disabilities/syndromes.

Self-harm occurred in 16.1% of cases. The most reported types of violence against older people were physical violence (75.1%), psychological/moral violence (23.8%), and sexual violence (8.8%). Physical violence was more frequent among males (85.7%; p-value<0.001) and sexual violence occurred only among females (19.2%; p-value<0.001). The most common means of aggression were bodily force (54.6%), sharp objects (16.7%), blunt objects (11.5%), and threats (11.0%). Aggression by firearms was more frequent in males (8.9%; p-value=0.033) (Table 2).

Over 80% of reported cases of violence against older people were perpetrated by male aggressors. As for the relationship

with the victim, in 33.5% of the cases reported, the aggressors were strangers, 16.5% children, 16.0% acquaintances, 12.7% intimate partners, and 9.4% family members. Assault by children (25.0%; p-value=0.004) and intimate partners (21.6%; p-value=0.001) was more frequent among females and by strangers among males (43.4%; p-value=0.006) (Table 2).

Violence against older people occurred in 74.0% of cases in the home, which was more frequent among females (84.3%) and on public highways among males (27.4%) (p-value<0.001). Recurrence of violence was 26.2% and was higher among females (40.6%; p-value<0.001) (Table 2).

Table 2 - Distribution of the characteristics of the occurrence, type of violence, and means of aggression of notifications of violence against older people, by sex. Cuiabá, Mato Grosso, 2011-2021.

Variables	Total (n=201; 100%)		Female (n=87; 43.3%)		Male (n=114; 56.7%)		p-value ^a
	n	%	n	%	n	%	
Self-harm injury							0.485
Yes	24	16.1	13	18.3	11	14.1	
No	125	83.9	58	81.7	67	85.9	
Type of violence^b							
Physical	142	75.1	52	61.9	90	85.7	< 0.001

Variables	Total (n=201; 100%)		Female (n=87; 43.3%)		Male (n=114; 56.7%)		p-value ^a
	n	%	n	%	n	%	
Psychological/moral	41	23.8	24	30.0	17	18.5	0.077
Sexual	15	8.8	15	19.2	0	0.0	< 0.001
Neglect/abandonment	11	6.4	4	5.1	7	7.6	0.499
Financial	4	2.4	3	3.8	1	1.1	0.247
Means of aggression^b							
Bodily force	95	54.6	38	47.5	57	60.6	0.083
Sharp object	28	16.7	9	11.7	19	20.9	0.111
Blunt object	19	11.5	10	13.3	9	10.0	0.504
Threat	18	11.0	10	13.3	8	9.1	0.389
Poisoning	14	8.5	8	10.5	6	6.8	0.397
Firearm	9	5.5	1	1.3	8	8.9	0.033
Hanging	9	5.4	6	7.9	3	3.3	0.196
Hot substance/object	2	1.2	2	2.6	0	0.0	0.126
Sex of the aggressor							0.001
Male	123	80.4	49	68.0	74	91.4	
Female	25	16.3	20	27.8	5	6.2	
Both	5	3.3	3	4.2	2	2.4	
Relationship between aggressor and victim^b							
Strangers ^c	53	33.5	17	22.7	36	43.4	0.006
Children	25	16.5	19	25.0	6	7.9	0.004
Acquaintances ^d	24	16.0	8	10.8	16	21.1	0.087
Intimate partner ^e	19	12.7	16	21.6	3	4.0	0.001
Family ^f	14	9.4	6	8.1	8	10.7	0.593
Place of occurrence							< 0.001
Home	114	74.1	59	84.3	55	65.5	

Variables	Total (n=201; 100%)		Female (n=87; 43.3%)		Male (n=114; 56.7%)		p-value ^a
	n	%	n	%	n	%	
Public highway	29	18.8	6	8.6	23	27.4	
Others ^e	11	7.1	5	7.1	6	7.1	
Recurrent violence							< 0.001
Yes	33	26.2	26	40.6	7	11.3	
No	93	71.8	38	59.4	55	88.7	

^a Pearson's chi-square test; ^b Does not total 100%, as it is a variable with multiple answers; ^c Included unknown, policeman, and thief; ^d Included friends/acquaintances, caregiver, institutional relationship, tenant, neighbor, student, friend, and colleague; ^e Included spouse/ex-spouse, boyfriend/ex-boyfriend, and girlfriend/ex-girlfriend; ^f Included brother, sister, father, and mother; ^g Included bar or similar, commerce/services, school, collective housing, and others.

DISCUSSION

In this study, violence against older people was more frequent among males, people aged 60 to 69, without a partner, who declared themselves to be of brown race/skin color, and who had a low level of schooling. Physical violence was the most common form of violence, with bodily force being the most common means used, and the aggressor being male. Significant differences were found between the sexes, especially in marital status, schooling, place of occurrence, type of violence, and the relationship between aggressor and victim.

The rate of violence against older people increased for all notifications and both sexes, but there was a decline for men between 2018 and 2021. According to the Atlas of Violence, in Brazil, the rate of violence against older people rose from 28.6/100,000 in 2011 to 77.2/100,000 in 2021⁷, which corresponds to an increase of 170.1%. Another study showed a 61.4% increase in notifications of violence against older people in Brazil (2009-2017) and a 15.31% increase in hospitalizations due to mistreatment between 2000 and 2017.¹⁴

Concerning sociodemographic characteristics, the results are similar to other studies,^{15,16} which indicate that older males are more vulnerable to violence. However, other studies have identified females.^{9,10,17-20} The differences found may be related to gender inequalities and the use of health services, in addition to the higher survival rate among women.^{15,19}

Regarding the higher proportion of violence against older people among those with a lower level of schooling and without a partner, according to data from the 2010 Census in Mato Grosso, the percentage of illiteracy among people aged 60 or over was 32.15%, and in Cuiabá, 18.91%.⁷ A low level of schooling can affect the occurrence of violence since people have less access to information, which leads them to be unaware of social services and the means of reporting.²¹ The literature also shows that the absence of a partner exposes older people to situations of neglect on the part of family members, as often families have not planned to take care of the person, which leads to increased conflicts and tensions between members.^{18,21,22}

The recurrence of violence against older people and sexual violence were more frequent in females, corroborating previous studies.^{18,20,23,24} According to the literature, reports of violence often follow a history of prior incidents.²³ This result may be related to gender issues, due to the socially constructed differences that lead to inequality, discrimination, and structural subordination of women^{25,26}. Older women are living longer than men and are therefore more vulnerable to poverty, loneliness, and widowhood.²²

The most frequent reports of violence against older people were physical violence, especially among older men. Situations of violence are heightened in old age due to greater dependence on care for the development and performance of daily activities.²⁷ In addition, notifications reflect the most

serious situations of violence that are easier to identify when compared to other types of violence.²⁰

In this study, we observed that the aggressors were mostly male, similar to previous studies.^{19,20} Souza (2005)²⁸ points out that men need to reinforce their masculinity through aggressive behavior, making them agents of violence, as well as the exposure that this behavior provides by turning them into targets of violence.

Among older women, violence was perpetrated more frequently by their children and intimate partners and among older men by strangers. According to Oliveira et al,²⁹ older people are afraid to report the aggressor, for reasons including shame, guilt, fear of abandonment, and not wanting to harm family members with whom they have ties. As a result, violence against older people remains hidden, difficult to identify, and naturalized by those who suffer it, because living with the aggressor affects the quality of life of older people and makes it difficult for the victim to report it.

One of the limitations is related to the under-reporting of cases, due to the difficulty health professionals have in identifying the signs of violence against older people and these individuals themselves in reporting it, especially as it often occurs in the home. Furthermore, an increase in the rate of violence against older people was observed, but no statistical method was used to assess the magnitude and significance of the temporal trend.

CONCLUSION

The profile of violence against older people differed between the sexes, with physical violence, occurring on public highways, and perpetrated by strangers being more common among men, and sexual violence, occurring in the home and perpetrated by children and intimate partners being more common among women. This study can contribute to the visibility of violence against older people, raising awareness among managers and professionals of the importance of monitoring the problem and strengthening support networks.

Considering the low number of studies on the subject in the state of Mato Grosso, it is hoped that this study will contribute to the visibility of this problem in this population, sensitizing managers and professionals to the importance of monitoring it. It also points to the need to improve SINAN notifications, as this measure provides important support for training health professionals and strengthening support networks to deal with cases of violence against older people.

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