

Analysis of violence against older adults in police reports

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ABSTRACT

Objective: To analyze a historical series of cases of elder abuse as described in police reports.

Method: Descriptive, retrospective and documentary study based on police reports issued at the older adult police department whose information was collected through an instrument developed by the researchers.

Results: Five categories were identified: 1 - physical violence; 2 - violence report; 3 - psychological violence; 4 - habits related to psychoactive substance use; 5 - reasons for violence.

Conclusion: Elder abuse is a complex issue that requires intervention on the part of nurses by the report of incidents and provision of support to the victim.

Introduction

Elder abuse has become a more prominent issue in recent years due to the worldwide population aging, a phenomenon characterized by a growing number of older adults, both in developed (A.P. Gil et al., 2015) and developing countries such as Brazil (Santana, Vasconcelos, & Coutinho, 2016).

In order to establish a universal concept of violence, the World Health Organization (WHO) defined it as the intentional use of physical force or power, threatened or actual, against oneself, another person, group or community, which may result in any type of injury, pain, suffering, death, psychological harm, impaired development or deprivation (Krug, Mercy, Dahlberg, & Zwi, 2002). Violence can be classified into physical, psychological, sexual, and financial abuse, neglect and self-neglect (Souza & Minayo, 2010), and the number of older adults affected by violence in the world varies from 1% to 35% (O'Brien,

2015).

In a study carried out in Portugal, psychological and financial violence were the most prevalent forms among older adults, both with a prevalence of 6.3%, followed by physical violence with 2.3%; neglect with 0.4%; and sexual violence with 0.2% (A.P.M. Gil et al., 2015). Among Chinese older adults living in the United States, the prevalence of psychological violence was 1.1%–9.8%; of physical violence, 1.1%; of sexual violence, 0.2%; of neglect, 4.6%; and of financial violence, 8.8%–9.3% (Dong, 2015).

The article “Violence: A Global Health Problem” showed the lack of accurate estimates of the amount of money spent worldwide on this phenomenon. The annual cost of health care and injury prevention reaches around billions of dollars. Further economic losses of billions in all countries due to work absenteeism of victims and lost investments in the work sector are also relevant (Souza & Minayo, 2010).

High costs and increasingly diversified forms of violence have led

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international organizations such as WHO, the European Commission (EC), and the United Nations (UN) to focus their political agendas on this issue, which is currently considered one of the world's most serious public health problems (Nations, 2015). The Madrid International Plan of Action on Ageing and the Political Declaration, based on the principles of the United Nations, states that older adults have the right to experience independence, participation, care, self-fulfillment and dignity.

Violence occurs in several spaces and social contexts, through various acts committed by different perpetrators, for different reasons. Several factors are related to the violent acts of perpetrators, with the social, economic, political and cultural conditions of each country also playing a part. However, it is in the family context that most cases of violence occur (A.P.M. Gil et al., 2015). We also highlight some risk factors of elder abuse such as the intergenerational cycle of violence, the physical, financial or psychological dependence of the older adults, and the caregivers' stress or sense of burden (Veloso, Magalhães, Dell'Aglio, Cabral, & Gomes, 2013).

The identification of violence against older adults is a complex task as it involves several situations report of the violent act on the part of the older adult and the family, interaction between the older adult and the family, the condition of the victim, the context of the violent act, the type of violence, and its recurrence. The identification of this phenomenon and its risk factors should be identified in the care for the older adult at health services.

Nevertheless, in spite of the broad definition of violence and the expansion of the services responsible for reporting it, the number of reports from health services is small. On the other hand, reports of physical violence are made when they unfold in health problems. Similarly, the report of psychological violence occurs when it results in sadness or even depressive symptoms.

Therefore, it is important that all members of multidisciplinary teams, especially nurses, identify the potential risk factors and the violence against older adults. In light of these considerations, it is the duty of nurses to evaluate older adults when they are admitted to the healthcare system, as well as to use systematic procedures to report cases, considering that these professionals are involved in the whole process, from prevention to provision care to victims once they are inserted in the different levels of healthcare (Freitas, Souza, Costa, & Feitosa, 2017).

Therefore, there are several mechanisms in place to protect older adults, who have the right to be protected against mistreatment/violence from perpetrators. It is the role of nurses to develop different skills to deal with both families and the older adults themselves, in order to help ensure their safety. Nurses are the professional who are more available to the victims, to listen to them, opening space for the older adults to assume their role of protagonist of their care (Freitas et al., 2017).

However, it is up to the government sectors to design policies to identify and monitor the consequences. For this reason, elder abuse police units were created in Brazil to support measures related to elder abuse. It also has the “*responsibility, along with the other civil police units, of serving, in their respective areas of activity, older adults who need assistance and guidance, and the responsibility of referring them, when necessary, to competent bodies*” (BRASIL, 2003). Police reports of elder abuse may be filed in these departments.

Considering this currently emerging social problem, this study was based on the following question: What are the historical cases of elder abuse and how are they described in the police reports issued by the elder abuse police units?

This study is pertinent on a social and academic level because it provides scientific data that contribute to the enhanced understanding of what is reported on elder abuse in a particular elder abuse police unit. Accordingly, the aim of this investigation was to analyze the police reports pertaining to cases of elder abuse filed between 2009 and 2013.

Method

This is a qualitative, descriptive, retrospective and documentary study. Information on violence against older adults was obtained by means of police reports (PRs), personally filed by the victims, in a municipality in the state of São Paulo, Brazil, between 2009 and 2013.

The study population comprised the PRs containing records of elder abuse filed during this period and selected according to the following inclusion criteria: PRs filed by older adults aged 60 years and over of any gender and living in the municipality studied; PRs with complete information.

The instrument for data collection was that of the elder abuse police unit, which contained the variables of interest of this study.

Data were collected by the authors of this study between mid-2014 and mid-2015.

The instrument had three sections: 1. The older adult: gender (male/female), age (years) divided into the ranges 60–69 years, 70–79 years and 80 or more, marital status (single/married/widowed/divorced/living with a partner), level of education (illiterate, incomplete/complete elementary education, incomplete/complete secondary education, incomplete/complete higher education, postgraduate degree), and scenario of the violent incident (home/public space/private space); 2. The perpetrator: gender (male/female), age (years), marital status (single/married/widowed/divorced/living with a partner), whether the violent incident was perpetrated by a relative of the victim (yes/no), alcohol (yes/no) or drug use (yes/no), and whether the perpetrator lived with the older adult (yes/no); 3. Police report history: violent acts were classified according to the type as physical, psychological, sexual, financial, neglect, self-neglect, and abandonment (Souza & Minayo, 2010).

For the analysis of the police report history description, formed by the *corpus*, the data were inserted in the IRAMUTEQ software for the quantitative analysis of textual data (Camargo & Justo, 2013). This software generally uses text segments for analysis, which have three lines and are automatically sized according to the size of the *corpus*. The text segments are the word contexts. The researcher or the software can create them. In this paper, we used the automatic process. This procedure is based on the laws of vocabulary distribution in texts transcribed or written in a single file, and assists in the processing of the data, and especially in the organization and coding of the material, which made the research process more systematic.

Thematic was chosen to analyze the results because this technique presents specific guidelines and well-defined steps (Braun & Clarke, 2006; Clarke & Braun, 2017). This method is used to identify, analyze and report patterns/themes in the data, and it is considered the most pertinent approach for understanding the explicit and implicit meanings associated with textual data.

All the steps of the thematic analysis were carried out by a pair of researchers in order to guarantee the quality, reliability, integrity and consistency of the chosen themes. A third researcher was responsible for the final reading of the report and for detecting inconsistencies between the steps in the review process.

The thematic analysis consisted of six steps: first - data collection, based on the first contact with the material; second - creation of a list of initial ideas (codes); third - sorting of codes into categories, based on existing themes; fourth - creation and review of themes to ensure data consistency, eliminating ambiguity in the thematic distribution. Once the themes were defined, the fifth phase comprised the creation of a name for each of them. Finally, in the sixth phase the final report was written (Braun & Clarke, 2006; Clarke & Braun, 2017).

The study followed the ethical principles established by Resolution 466/2012 of the Brazilian National Health Council (CNS, 2012). After the consent of the police delegate responsible for the elder abuse police unit, the project was submitted to the Research Ethics Committee of the University of São Paulo at Ribeirão Preto College of Nursing and approved under protocol n° 36664014.6.1001.5393. We requested a

waiver of the Informed Consent, as the study was based on a secondary source of information.

Results

During the period from 2009 to 2013, 1177 PRs of violence against older adults were filed at the elder abuse police unit; however, for the purpose of this study, 1152 PRs were analyzed, and 25 of them had incomplete information. Among the evaluated PRs, the most frequent were those of older adults with ages ranging between 60 and 69 years (48.9%), of the female gender (56.2%), married (39.2%), and with complete elementary education (43.4%). As for the perpetrators, the majority were male (64.3%), with a mean age of 41 years, single (26%), related to the victim (49.3%), not living with the older adult (61.9%), and who used alcohol and/or drugs (23.9%).

One thousand one hundred and fifty-two texts were used for analysis in the IRAMUTEQ software (Camargo & Justo, 2013), which, in turn, were divided into 1541 text segments (which are the word contexts), 3981 words, 45,906 occurrences, 2354 active forms, and 184 supplementary forms (definite articles, indefinite articles, among others). The frequency of the active forms was ≥ 3.966 , and the mean of forms per segment reached 29,789. The software classified 1202 text segments, using 78.0% of the texts, which resulted in the construction of five categories, as shown below (Fig. 1).

The figure is to be read from left to right. The *corpus*, was divided first into two sub-*corpus*, separating the first category from the rest. On a second moment, the larger sub-*corpus* was divided, generating the fourth category. On a third moment, another division generated the fifth category. On a fourth moment, another division generated the categories 3 and 2. The DHA stopped there, in view of the stability of the 5 categories, as text segment units with similar vocabulary.

The software considered two criteria for the descriptive analysis of each category: 1) non-instrumental words with higher frequency than the average frequency of the entire set of words of the corpus; and 2) words with X2 of cluster association ≥ 3.84 (hence $p < 0.05$).

Category 1 - *Physical violence* - defined as the use of physical force

against older adults, which can result in pain, harm or physical impairment⁴; the terms highlighted were: “injury”, “arm”, “punch” and “disfigure”, which describe the physical assaults inflicted upon them. In the segments of texts analyzed, these aggressions are visible and, in the following reports, the perpetrator was a relative, according to the excerpts:

[...] the victim came to the police station reporting that on the date of the incident she was beaten by her daughter's ex-husband, who threw a stone at her right foot. The victim ran after him, but due to her age and also her weakened state, she fell to the ground on the palm of her left hand and injured herself (PR 0072) [...] the perpetrator is his stepson and on the date of the incident there was an argument in the family, which was when the perpetrator physically assaulted him, punching and kicking him, injuring his head and right knee (PR 0073) [...] when he began verbally assaulting the victim with swear words, and soon afterwards began slapping the victim and kicking him, causing him to jump out of the window to avoid more severe injuries; this is not the first time his son attacked him (PR 0086).

Category 2 concerns the *Notification of violence*, i.e. the voluntary attendance at the elder abuse police unit with the purpose of reporting the violent incident. In this category, words such as “come forward”, “police station” and “inform” stood out. The following reports are typical of this record:

[...] the victim reports that she has been sworn at for some time by a homeless person (PR 0001) [...] the victim reports that her neighbor is disturbing her peace and provoking constant disagreements by throwing stones at her residence, throwing a ball in her yard, or throwing rubbish on her sidewalk, as well as using swear words (PR 0008) [...] the victim has come to this unit to report that, because of the breakup of his daughter's relationship with the perpetrator, and also because the victim had requested the return of furniture from the residence of the perpetrator, the latter telephoned the victim's residence insulting both him and his wife, and also making death threats (PR 0023).

Category 3 deals with *psychological violence*, the factors contributing

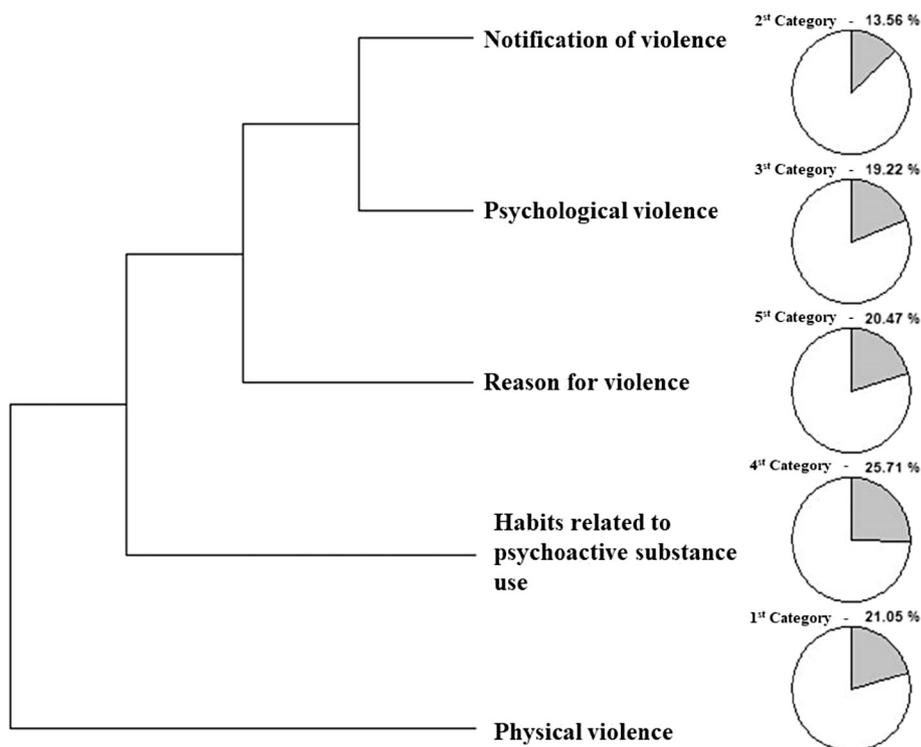


Fig. 1. Dendrogram - Distribution of text segments on violence against older adults within five categories as processed by the IRAMUTEQ software.

to its occurrence, and the proximity between the victim and the perpetrator. It was characterized by the older adults in the PRs as verbal aggression, using terms such as “call”, “threat”, “health”, “offense”, “old” and “problem”, as expressed in the following reports:

[...] victim reports that the perpetrator is his son and has been causing problems for the family for many years because he shouts and insults his parents by calling them names (PR 219); [...] her daughter, the perpetrator in question, threatened to physically assault her by taking a crutch and threatening to hit the victim. The victim reports that she has been mistreated by family members and insulted with words such as “drunk”, “unemployed”, and “despicable woman” (PR 233); [...] the perpetrator is his ex-son-in-law who; at his grandson's birthday party, he called him a dribbler and miserable man (PR 235).

It is possible to identify several contributing factors to the violent act, such as: arguments and fights over inheritance or money, disturbances of the peace of the older adult, discrimination, alcohol and narcotics addiction, among others, as described in the following reports:

[...] the son-in-law threatened to kill the victim with a gun because of an argument over the daughter (PR 145); [...] the victim states that the perpetrator is his son and that he insults with cursing words and death threats because he wants his father to give him an inheritance (PR 231); [...] there was a disagreement with the neighbor who verbally abused him and his sister, using cursing words and saying that they should go to an asylum (PR 265).

The study also pointed to the close proximity and/or cohabitation of victims and perpetrators as a factor. In most reports, the perpetrators were family members, such as parents and children, or people in close contact, such as friends and neighbors.

The victim reports that she was beaten by her grandson (PR 185); [...] the older adult reports that his son has been mistreating him and shouting (PR 149); [...] she is constantly being threatened and mistreated by her son (PR 250); [...] son, addicted to alcoholic beverages, has been abusing him with profanities (PR 260).

Category 4 addresses *Habits related to the use of psychoactive substances* by the perpetrators and includes the highlighted words: “drug”, “user”, “narcotic”, “drink”, “alcoholic”, “use”, “addict”, and “child”. Alcoholism and the use of other substances are directly related to the cases of elder abuse reported at the police station, as can be observed in some of the reports analyzed:

[...] his son came home totally drunk and began to bother the victim and his wife, threatening them (PR 92); [...] the older adult was threatened by the alcoholic son, whom the victim reports is idle, does not work, drinks alcohol all day, and at the time of the incident, was making new threats to kill or beat the victim (PR 154); [...] the victims report that they have requested help in order to admit him into a clinic for drug addicts. They say that he has a police record and has been arrested before. These elderly are going through difficult times with their son who is mistreating and verbally assaulting them. When he is under the influence of drugs, he throws everything he sees in front of him. (PR 242).

The records reveal alcohol addiction and drug use by perpetrators to be closely related to financial violence, because, to feed the addiction, the drug user begins threatening and assaulting the victim and/or stealing and damaging their objects, as described in the following reports:

[...] the perpetrator is his son, a drug user, and that he is very abusive and demands from the victim to give him money for drugs (PR 229); [...] the perpetrator is his son, a drug user, and he has sold almost all the victim's possessions in order to buy drugs, leaving him with only the residence in which he lives, demanding that the parents sell the property and give him money to buy drugs. He threatens them, yells at them and

mistreats them in order to induce them to sell the property, and says that he will kill his father and mother if he does not get the money (PR 232); [...] victim states that his son is a drug user and has been taking some items from the residence and selling them in order to acquire drugs, as well as threatening them (PR 269).

Category 5 relates to the *Reasons for the violence*, which may be of a physical and/or psychological nature, perpetrated by relatives or people close to the victims, with whom they may or may not have a dependency relationship. In other cases, the older adult may be harmed by the loss of an object. The terms “no”, “pay”, “rent”, “tenant”, “dwell”, “service”, “refuse”, and “charge” confirm this assertion, as well as the excerpts below:

[...] the older adult attended with his son, informing us that he owns a residence occupied by the son, who does not pay any rent (PR 252) [...] the older adults were in the house of their daughter when she decided to call her former tenant, since he owed rent; this person, understanding that the victim was calling to request payment, offended her in a way that made her feel very bad (PR 281) [...] tenant has not been paying the rent on the property and has verbally assaulted her several times (PR 313).

Discussion

Considering the data found in the PRs, it is evident that historical record of elder abuse is an important source of information on the issue. The contents of the PRs issued at this elder abuse police unit reveal the complexity involved in addressing this problem. Therefore, nurses must be aware of the cases of violence that happen both within the service and in the local area.

The highest prevalence of violence in this study was among younger women. However, it is noteworthy that no differences between men and women were found in a systematic review of 52 articles on elder abuse. In addition to that, the authors also observed that in 28 countries, 15.7% of elderly people had experienced some form of violence, and 2.6% had been victims of physical violence (Yon, Mikton, Gassoumis, & Wilber, 2017). A retrospective study conducted in Turkey with the objective of evaluating sociodemographic data and the physical abuse of older adults attending an emergency unit, through forensic reporting, revealed that 54 of the older adults had experienced physical violence at home, most of them involving guns (Ozturk, 2016).

Other authors, in a study conducted in Portugal (A.P.M. Gil et al., 2015), demonstrated that 23.5% of elderly people experience some type of violence, particularly emotional violence and neglect. These findings are contrary to those in the present study and to those found elsewhere in the literature, since the older adults who experienced violence were mostly single or widowed, had received minimal education, reported that they felt alone, were members of families with some degree of dysfunction, and presented poor health conditions.

In the elder abuse police unit where the data for this study was collected, 1177 reports of elder abuse were filed between 2009 and 2013. According to the National Ombudsman for Human Rights in Brazil, these rates have increased in all countries worldwide, with 12,454 reports of elder abuse in the first four months of 2016 alone. However, a review study revealed that abuses are under-reported; many individuals fail to report them because of embarrassment or fear of reprisals by the perpetrator, most often a relative or someone close to them.

The ability to report violence is a right guaranteed to older adults in the Statute of the Older Adult in Brazil, issued in 2003, which identified older adults as bearers of fundamental rights and guaranteed the preservation of their physical and mental health, and the punishment of violence of any kind against them (BRASIL, 2003). The Statute guarantees them the rights of autonomous citizenship, integration and effective participation, as well as the fulfillment of public policy and the

presence of police stations specialized in dealing with cases of elder abuse, with the purpose of preventing such incidents (BRASIL, 2003; Santana et al., 2016).

The debate regarding the reasons for the lack of research on this subject is complex, and reflects the fact that elder abuse directly affects the family context, primarily in terms of the relationship between the victim and the perpetrator, and with respect to the dependence of the older adult (Parafba, Silva, Parafba, & Silva, 2015).

It was observed in the PRs that assaults began verbally, followed by physical aggression. It is not yet clear whether adult spouses or adult children are more likely to commit violence, but in some cases with a long history of precarious family relationships, situations may be exacerbated as a result of stress, especially as the older adult becomes more dependent (Pillemer, Burnes, Riffin, & Lachs, 2016).

Despite legal protection, the PRs revealed that physical violence is present in the daily lives of older adults, mainly perpetrated by people familiar to them. The literature points out that this relationship of proximity leads to conflict and under-reporting of cases, and elderly people report being victims of neglect, disrespect, negligence and physical aggression (Parafba et al., 2015). Acts of violence begin in the social, interpersonal and intergroup relationship networks of which the older adult person is part, and can cause physical, psychosocial, financial and emotional harm.

The present study provides an important opportunity for reflection on the fact that these phenomena motivating older adults to seek assistance at police stations are not only related to the family context, but also to the social and cultural environment, and in general, to the neighborhood.

Considering the analyzed incidents, the perpetrators displayed behaviors that were psychologically and emotionally abusive towards the older adults. In order to clarify what constitutes psychological violence, WHO (Perel-Levin, 2008) defines it as a behavior which causes emotional harm, diminishes self-esteem or stimulates control of an individual's actions, beliefs and decisions. It occurs, mainly, by means of insults, swearing, contempt, condemnation, possessiveness, accusation, extortion, isolation and threats (abandonment or aggression).

The cases of violence in this study and in the literature show that women are more vulnerable to this phenomenon, perhaps because of the sexism inherent in Brazilian society, in which greater social status is attributed to males. The present study corroborates the results of another research aimed at assessing the maltreatment of vulnerable older adults in the family and community context in the Azores Islands. The authors showed that suspected maltreatment was identified in the cases of 24.5% of the participants, psychological abuse was the most common type, and the authors of the violence were mainly the victims' children. Women who were members of dysfunctional families were more likely to be mistreated (Carmona-Torres et al., 2017).

Other factors are also associated with increased risk, including the difficulty in social relations, living arrangements, being single or in a couple, having children, and family isolation (Guedes, Curcio, Llano, Zunzunegui, & Guerra, 2015), anxiety, depressive symptoms and even changes in health state. The consequences of this violence also include feelings of stress within the family and impotence in the older adult. The psychological violence identified in the PRs consisted in shouting, insults and humiliation. The family nucleus must provide elderly people with support and security, as well as an opportunity for sharing; the lack of this kind of network for older adults poses a risk to their well-being. Research that compared acts of violence in a Brazilian and a Mexican city showed that older women are more prone to aggression from their peers, especially those with lower levels of education, in unfavorable socioeconomic conditions, and with children. Cohabitation with a partner or other relatives also exerts an influence on incidents of violence (Carvalho Sena Damasceno, Miranda de Sousa, & Batista Moura, 2016).

Many older adults attended the police station because of problems with family members. Other studies (Dos Reis, Gomes, Dos Reis, De

Oliva Menezes, & Carneiro, 2014; Silva, Dias, Silva, & Dias, 2016) demonstrated that physical proximity among family members is also considered a risk factor for violence, since living in the same space is often a result of necessity, and can generate inter-generational conflict, conflict over family arrangements, and various financial dynamics (Carvalho Sena Damasceno et al., 2016; Paiva, Tavares, Paiva, & Tavares, 2015).

Elderly victims of violence also look for a humanized care at health services. In such cases, the entire nursing team must be involved, and sufficient time for dialogue must be allowed, as well as an appropriate place, privacy and confidentiality in terms of the information must be provided. The professionals must adopt appropriate behaviors and always report the case (Rodrigues et al., 2017) from an ethical standpoint. Peplau (1952/1994) states that the relationship between nurses and health service users should be based on communication, and nurses should have defined specific skills to use in cases of violence, in order to establish prevention strategies.

The main factor in elder abuse in family contexts, from the perspective of the perpetrator, was the use of alcohol and/or drugs, which is considered a risk factor for the occurrence of violence (Paiva et al., 2015).

In the PRs analyzed, problems such as verbal aggression, alcohol and narcotics use, mental disorders, financial dependence of the perpetrator, and the fact of being an intimate partner or family member reflect the aspects highlighted in the present study and already consolidated in the literature (Pillemer et al., 2016). Nursing professionals, therefore, should be alert to acts that generate violence and, when administering care, they must provide clarification, take complaints seriously and guide the victims to seek protection and support from local security services. This behavior should be taught and experienced as early as during undergraduate nursing education (Carmona-Torres et al., 2017).

Studies conducted in the United States and Brazil showed that elder abuse was perpetrated mainly by the victim's children, mostly male, middle-aged and with some kind of financial interest in the victim. It was also observed that a prime factor in abuse cases was the use of drugs or alcohol by the perpetrator; such variable is considered to be a risk factor in the perpetration of violence (Carvalho Sena Damasceno et al., 2016; Gassoumis, Navarro, & Wilber, 2015; Paiva et al., 2015). These data corroborate the descriptions recorded in the PRs under the category "habits related to the use of psychoactive substances", as violence occurs mainly in the family context and is perpetrated by relatives who are dependent on psychoactive substances.

The reported incidents point to several factors that can lead to violence, with the most frequent ones being related to family conflict, power relations, stress, lack of social support and level of dependence of the victim. Another point to be highlighted is that violence in the family may be considered normal behavior by the younger generations (Howard, Oram, Galley, Trevillion, & Feder, 2013), since it seems part of everyday family life. All of these conditions represent risk factors that increase the chances of abuse (Alencar, Moraes, Alencar, & Moraes, 2018; Bolsoni et al., 2016; Moreira, Damasceno, et al., 2016; Özcan, Günaydin, & Çitil, 2016).

Financial dependence is mentioned in the PRs, and has also been considered a risk factor because it triggers disagreements between the parties, particularly in light of the fact that, in most cases, the perpetrator directly or indirectly needs the financial resources of the older adult, so that he starts to assault the victim when he/she refuses to cooperate with the demands for payment, especially when perpetrators are dependent on illegal substances and/or alcohol (Dos Reis et al., 2014; Santana et al., 2016).

Reports that children or tenants use goods and objects without paying for them have also been found other studies. In Portugal (A.P. Gil et al., 2015), older adults sought out the police station to report thefts and the use of goods and objects without their authorization. These reports were the most frequent, followed by home ownership and

lack of contribution to family expenses. In both countries, Brazil and Portugal, children and relatives were the main perpetrators. The authors draw attention to a significant factor in this type of violence: the gender of the victim, with women being considered more vulnerable. The perpetrator, in most cases, is male, as pointed out in the literature (Bolsoni et al., 2016; Carvalho Sena Damasceno et al., 2016; Mascarenhas et al., 2012). In Portugal (A.P.M. Gil et al., 2015), financial or patrimonial violence was accompanied in 48% of cases by conjugal violence; in 58.8% of reports involving older adult men, the perpetrator was a male descendant.

As a probable hypothesis for the increase of this type of violence, we highlight increased longevity, especially in the last 50 years, and children's subsequent unpreparedness to deal with their parents' aging, both in terms of material and, above all, emotional care: respect, consideration, recognition, readiness to listen and talk, patience, encouragement of joint family activities, and intergenerational interaction between older adults and the children and young people of the family - an issue which seems primarily cultural in nature.

However, this problem may also be related to financial aspects, including levels of unemployment. It is estimated that around 13% of the 108 million men in Latin America and the Caribbean are unemployed, and we know that an increase in unemployed young men results in a higher rate of violence. In Brazil, a 1% increase in the number of unemployed men results in an increase of 2.1% in homicide rates (Murray, Cerqueira, & Kahn, 2013).

In Eastern Asian culture, older adults are considered the wisest members of society and a source of guidance; consequently, these people are more respected. In the West, they are often seen as a burden, sometimes because of the children's prolonged financial dependence (over 30 years) on their parents. However, it may be considered that parents further prolong this dependency, making them accomplices in their children's difficulties, by not encouraging them to become independent and help them (the parents) in later life. This theme suggests that forensic nursing has a prominent role in managing conflict within families that present aggressive behavior (Olsson, Audulv, Strand, & Kristiansen, 2015).

To address this problem, nursing teams must be trained and alert in order to implement strategies for more adequate care, aimed at assessing the older adults' physical, social and psychological well-being, as well as acting together with families to prevent violence.

Limitation

One of the limitations of this study, which aimed to analyze PRs between 2009 and 2013, relates to the lack of details in the recording of complaints owing to a lack of standardization at the time of the interviews. Another aspect is that the reports of violence sometimes did not include the contributing factors of the abuse, the type of relationship with the perpetrator, the level of education, and the socioeconomic conditions, which could assist the public authority in making decision to prevent these situations, already considered a social scourge of the 21st century.

Implications for nursing practice

Nursing plays a fundamental role in the detection of elder abuse in different care settings, and it is necessary to train nursing professionals to identify it early, since older adults are among the most vulnerable members of society. Another relevant area of evaluation is the context in which older adults live; this must be monitored by means of systematic strategies between the health service, the social service and the justice system, in order to provide quality care.

Conclusion

The study showed that elder abuse occurs in the family environment

and that the main victims are those aged between 60 and 69 years and females. The data revealed that older adults are aware of the need to report the fact to the elder abuse police unit and report the reasons that led to the abuse, most often perpetrated by users of narcotics and/or alcohol addicts. In spite of the diversity of types of violence, psychological violence was particularly prominent.

Given the scarcity of evidence on elder abuse in Brazil, both in relation to services and in terms of assistance to victims, the results of this study make it possible to discuss the issue in the scientific environment and also with the professionals who deal with these situations within the health services. It is also important to shed light on the follow-up care offered to older adults who are victims of violence and who report the incident to the police, particularly in view of the fact that reporting the incident may leave them more vulnerable to further aggression motivated by reprisals.

The society, including all segments of support services for older adults, must be aware of these social problems. Besides the greater physical and social vulnerability of older adults, human rights must be ensured for all.

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Declaration of Competing Interest

The authors declare no conflicts of interest with respect the authorship and/or publication of this article.

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