



REPORTING OF DEATHS FROM EXTERNAL CAUSES AND VIOLENCE AGAINST OLDER PEOPLE: A VEILED REALITY

Notificações de óbitos por causas externas e violência contra idosos: uma realidade velada

Notificaciones de óbitos de causas externas y la violencia contra mayores: una realidad velada

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ABSTRACT

Objective: To describe the morbidity and mortality profiles of violence against older people. **Methods:** This is a descriptive and retrospective study of 14,900 reports made to the Notifiable Disease Information System and 18,228 reports to the Mortality Information System from 2012 to 2017 in the state of Minas Gerais, Brazil. Reports of violence were analyzed considering characteristics of the victim (sex, age group, race/color and education) and violence (place of occurrence, type of violence, characteristics of the perpetrator) and death-related variables (sex, age group, race/color, marital status, place of occurrence and cause of death). **Results:** 54.5% (8,116) of the reports referred to women, 42.8% (6,384) to white victims and 47.6% (7,082) to victims who were either illiterate or had not completed primary education. Physical violence accounted for 69.5% (10,356) of the cases and children were the main perpetrators, representing 26.4% (3,928) of the cases. 60.9% (11,096) of the reports of death from external causes referred to men, 37.4% (6,815) to people over 80 years old, 54.9% (10,011) to white people and 37.7% (6,867) to married people. The hospital was the place where most of the deaths occurred, representing 64% (11,664) of the cases. Deaths from other external causes were: 42.5% (7,741), with falls accounting for 32.4% (5,897) of the total. **Conclusion:** The main victims were older women with poor education and who experienced physical violence perpetrated by the child. However, deaths were more common among older men and were mainly caused by falls and other transport accidents.

Descriptors: Elder Abuse; External Causes; Health Information Systems.

RESUMO

Objetivo: Descrever o perfil da morbimortalidade da violência contra a pessoa idosa. **Métodos:** Trata-se de um estudo descritivo e retrospectivo de 14.900 notificações extraídas do Sistema de Informação de Agravos de Notificação (SINAN) e de 18.228 casos do Sistema de Informação de Mortalidade (SIM), de 2012 a 2017, do estado de Minas Gerais, Brasil. Analisaram-se as notificações de violência segundo características das vítimas (sexo, faixa etária, raça/cor e escolaridade), da ocorrência (local, tipo de violência, características do agressor) e as variáveis referentes ao óbito (sexo, faixa etária, raça/cor, estado civil, local de ocorrência e causa do óbito). **Resultados:** Das notificações analisadas, 54,5% (8.116) das vítimas eram mulheres, 42,8% (6.384) brancos e 47,6% (7.082) com ensino fundamental incompleto/analfabeto. A violência física deu-se em 69,5% (10.356)



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dos casos, e o filho apresenta maior frequência no perfil de agressor, com 26,4% (3.928). Em relação aos óbitos por causas externas, 60,9% (11.096) eram homens, 37,4% (6.815) com mais de 80 anos, 54,9% (10.011) brancos e 37,7% (6.867) casados. O hospital é o local de óbito mais relatado, 64% (11.664). Óbitos por outras causas externas: 42,5% (7.741), sendo as quedas 32,4% (5.897) do total. **Conclusão:** As principais vítimas são as mulheres idosas, com baixa escolaridade, e de violência física perpetrada, principalmente, pelo filho, porém aqueles que vêm a óbito com mais frequência são os homens idosos, tendo como principal causa as quedas e os acidentes de transporte.

Descritores: Maus-Tratos ao Idoso; Causas Externas; Sistemas de Informação em Saúde.

RESUMEN

Objetivo: Describir el perfil de la morbimortalidad de la violencia contra el mayor. **Métodos:** Se trata de un estudio descriptivo y retrospectivo de 14.900 notificaciones del Sistema de Información de Agravios de Notificación (SINAN) y de 18.228 casos del Sistema de Información de Mortalidad (SIM) entre 2012 y 2017 en el estado de Minas Gerais, Brasil. Se analizaron las notificaciones de violencia según las características de las víctimas (sexo, franja de edad, raza/color y escolaridad), de la ocurrencia (local, tipo de violencia, características del agresor) y las variables del óbito (sexo, franja de edad, raza/color, estado civil, local de ocurrencia y causa del óbito). **Resultados:** De entre las notificaciones analizadas el 54,5% (8.116) de las víctimas eran mujeres, el 42,8% eran (6.384) blancos y el 47,6% (7.082) tenían educación primaria incompleta/analfabeto. La violencia física se dio en el 69,5% (10.356) de los casos y el hijo tiene el perfil de agresor en el 26,4% (3.928) de ellos. Respecto los óbitos de causas externas el 60,9% (11.096) eran hombres, el 37,4% (6.815) tenían más de 80 años, el 54,9% (10.011) eran blancos y el 37,7% (6.867) eran casados. El hospital es el sitio de óbito más relatado en el 64% (11.664) de los casos. El 42,5% (7.741) fueron óbitos de otras causas externas con el 32,4% (5.897) de ellos, por caídas. **Conclusión:** Las principales víctimas son las mujeres mayores, de baja escolaridad y de violencia física practicada principalmente por el hijo, sin embargo, los que se mueren con más frecuencia son los hombres mayores que tienen las caídas y los accidentes de transporte como causa principal.

Descriptores: Maltrato al Anciano; Causas Externas; Sistemas de Información en Salud.

INTRODUCTION

Demographic aging is a phenomenon characterized by the increase in the proportion of older people (60 years and over) in relation to the general population. In Brazil, the process of demographic transition began with the reduction of fertility and mortality rates and with a change in the morbidity and mortality profiles, that is, with the reduction of the incidence of deaths due to infectious and parasitic diseases and with the increase of non-communicable diseases⁽¹⁾. It is also important to emphasize the longevity, the accelerated urbanization and the greater economic participation of women⁽²⁾.

The age structure of Brazil has shown a constant increase in the proportion of older people: in 2012, an estimated 25.4 million people were aged 60 and over and in 2017 this population group reached 30.2 million people. Therefore, the number of older people grew by 18.8% in 5 years, thus reaching 14.7% of the Brazilian population in 2017⁽³⁾.

A significant number of Brazilian older people are socially and economically active⁽⁴⁾ and take on different roles in the community, in the family and among friends. Increased survival is closely linked to the development of new technologies and improved access to health and social security. However, increasing age has a direct influence on the increase in the physical and mental vulnerability of this population, thus making them potential victims of violence⁽⁵⁾.

In 2001, the term elder abuse was defined as single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person⁽⁶⁾. Additionally, it can be physical, psychological, financial and material in nature or neglect by the family and/or health professionals. Whether it is intentional or involuntary, it always results in unnecessary suffering, injury or pain, loss or violation of human rights, and causes a reduction in the quality of life of the older person⁽⁷⁾.

Elder abuse is an important issue that has accompanied the growth of this population and that has led to physical and psychological illness (depression, post-traumatic stress disorder, agitation, fatigue, loss of identity and suicide attempts)⁽⁸⁾. Of the types of abuse experienced by older people, violence due to external causes and its repercussion on health have been the object of many studies in the field of public health, thus demonstrating that it is a highly prevalent phenomenon that has a great impact on mental and physical health. It is important to highlight the impact of domestic, sexual, verbal and physical violence (the latter being defined as the use of physical force that can result in harm)^(9,10).

Violence affects the quality of life of the older people, which can have serious effects and result in psychological, financial, social and physical problems and everlasting or permanent disability or death of the older person⁽¹¹⁾. Disability can in turn increase older people's functional dependence, thus increasing the risk of physical violence and other types of abuse by a third person⁽¹²⁾. The theme is challenging for public health, especially with regard to control and prevention actions, due to its multi-causality^(7,11).

One of the most serious consequences of violence is the death of the individual who is being abused. This kind of death should be included in the external causes according to the 10th edition of the International Classification of Diseases (ICD-10). External causes are injuries caused by unintentional accidents and injuries intentionally caused to oneself or someone else grouped into violence and accidents⁽¹³⁾. These injuries are considered avoidable events and are used as indicators and determinants of the health of a population⁽¹⁴⁾.

Elder abuse is a newly reported phenomenon worldwide, particularly in Brazil. In the beginning of this century elder abuse has emerged as a serious and growing public health problem that interferes in different domains of people's quality of life⁽¹⁵⁾. Brazilian studies on this phenomenon were mainly conducted in the 2000s and debate on the issue was expanded in several health fields due to its social and health impact⁽¹⁰⁾. Unfortunately, several cases of elder abuse are underreported, a fact that prevents determining the magnitude of the phenomenon^(16,17). Thus, the present study aimed to describe the morbidity and mortality profiles of violence against older people.

METHODS

We carried out a descriptive study using retrospective secondary data on external causes obtained from the Notifiable Diseases Information System - Net version (*Sistemas de Informação de Agravos de Notificação - versão Net – SINAN-Net*) and the Mortality Information System (*Sistema de Informação sobre Mortalidade – SIM*) made publicly available by the Minas Gerais State Health Secretariat in Brazil. The data referred to reports of domestic violence, sexual violence and/or other types of violence against the older population living in Minas Gerais (MG).

In view of the increasing violence and mortality rates in the population selected for analysis, we identified the need for more recent studies to evaluate if the growth in the number of cases continues to occur in the region. For the same reason, the period from 2012 (last year of the previous studies) to 2017 (year with the most recent data available in the TABNET system) was defined. More specifically, the data selected for analysis dated from January 1, 2012 to December 31, 2017.

A study carried out in the State of Minas Gerais showed that there was an increase in the rates of mortality due to external causes in MG from 1999 to 2008⁽¹⁸⁾. Another study found that elder abuse in MG doubled in the period from 2011 to 2012⁽¹⁹⁾.

The age group selected for analysis was defined based on the definition of older person in the National Health Care Policy for Older People (*Política Nacional da Saúde da Pessoa Idosa – PNSPI*), which defines an older person as someone aged 60 years or older⁽²⁰⁾. We chose to use this definition in the study because the PNSPI is a recent and important document about older people in Brazil. SINAN-Net data were collected in 2018 at the Health Surveillance and Protection website of the Minas Gerais State Health Secretariat.

The variables analyzed were those present in the notification/investigation form that could be used to characterize the reported cases of elder abuse: demographic characteristics of the victims (sex, race/skin color, education), characteristics of the occurrence (place, repeated violence, evolution), type of violence and characteristics of the perpetrator (victim-perpetrator relationship).

With regard to data on mortality, SIM data were obtained from the same source as the SINAN-Net and the underlying causes of the deaths were grouped according to the classification proposed in the ICD-10 (International Classification of Diseases): transport accidents (V01-V99); other external causes of accidental injury (W00-X59); intentional self-harm (X60-X84); assault (X85-Y09); event of undetermined intent (Y10-Y34); complications of medical and surgical care (Y40-Y84); and sequelae of external causes of morbidity and mortality (Y85-Y89)⁽²¹⁾. We also sought to characterize deaths according to the variables available: sex, age, race/skin color, marital status, place of occurrence and cause of death⁽¹⁸⁾.

Statistical analysis was performed in EpiInfo 7.2 and proportions, means and incidence rates were calculated. The incidence rates for the years analyzed was estimated using the product of the number of new cases of a disease occurring in a population in a given period multiplied by 100,000 as the numerator and the number of people at risk of developing the same disease during the same period as the denominator. The number of inhabitants was defined by the projections adopted by the Brazilian Institute of Geography and Statistics (*Instituto Brasileiro de Geografia*

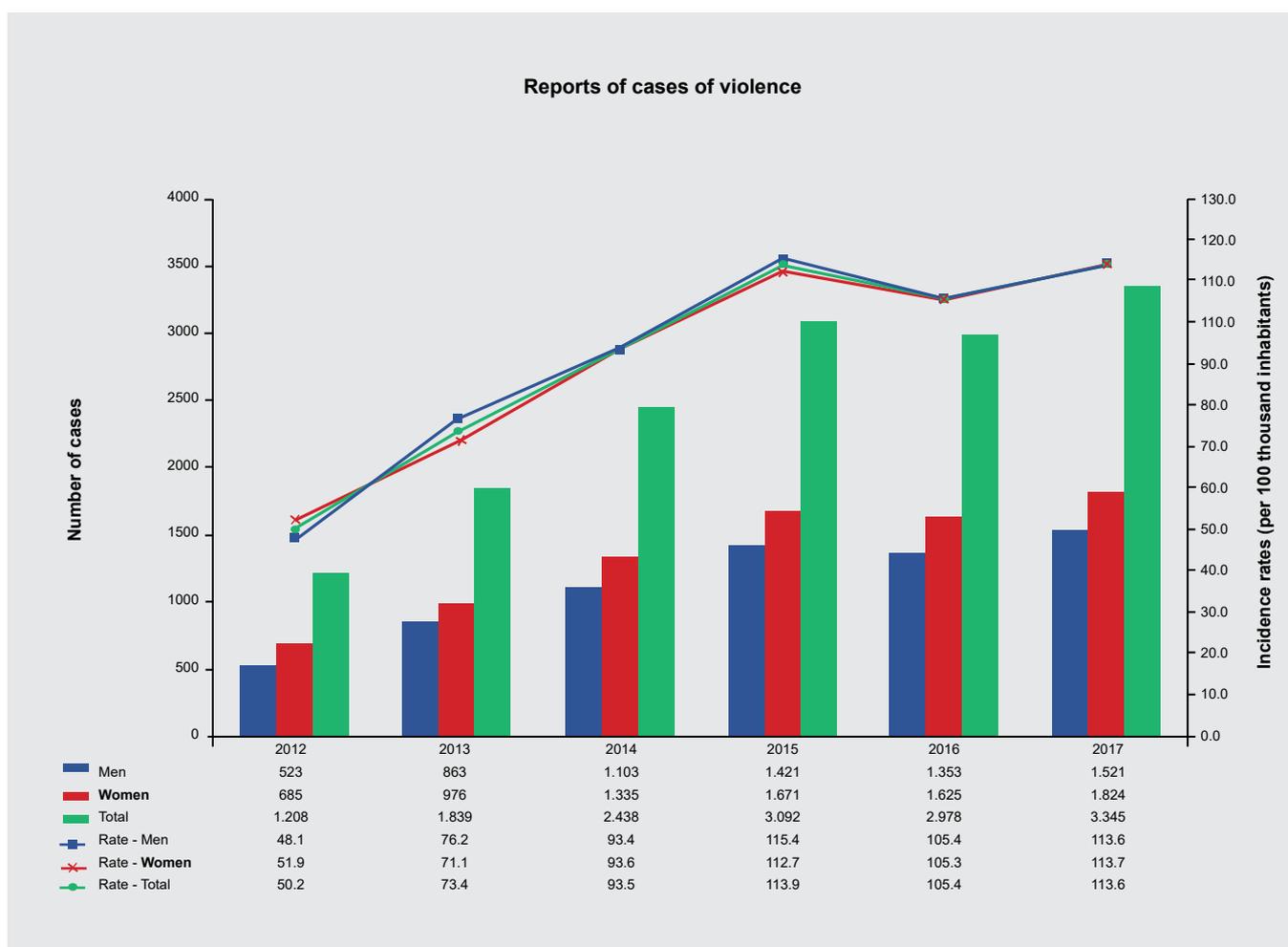
e Estatística – IBGE)⁽³⁾, that is, the projection of the demographic growth trend. The specific mortality rates among hospitalized cases were also estimated. The specific mortality rate was estimated using the sum of the number of deaths occurring from 2012 to 2017 multiplied by 100,000 inhabitants as the numerator and the sum of the number of inhabitants during the same period as the denominator⁽¹⁹⁾.

The study used public non-nominal secondary data and therefore did not need approval from a Research Ethics Committee (REC) as described in resolution 510/2016 of the National Health Council (*Conselho Nacional de Saúde – CNS*). However, the study met all the requirements of CNS Resolution 466/2012.

RESULTS

In all, 14,900 cases of elder abuse were reported to SINAN-Net reporting facilities in the period analyzed. The mean number of cases reported per year was 2,483.3 cases and there was an increase of 276.90% in notifications from 2012 to 2017. The incidence rates (per 100,000 inhabitants) for the period from 2012 to 2017 were 50.2, 73.4, 93.5, 113.9, 105.4 and 113.6 cases, respectively.

Women presented the highest incidence rates compared with men, as shown in Figure 1.



Source: SINAN - Sistemas de Informação de Agravos de Notificação/Ministério da Saúde (TABNET).

Figure 1 - Distribution of cases of violence and incidence rates (per 100 thousand inhabitants) in older people by sex. Minas Gerais, Brazil, 2012 to 2017.

In all, 54.5% of the cases were in women and 45.5% were in men and most of the men (42.8%) were White. Of the older people who experienced violence, 47.3% had incomplete primary education or were illiterate, but this information was ignored or not filled in 41.9% of the reports, as shown in Table I.

Table I - Distribution of cases of elder abuse by sociodemographic and epidemiological variables. Minas Gerais, Brazil, 2012 to 2017.

Variable		n	%
Sex	Women	8116	54.5
	Men	6784	45.5
Race	White	6384	42.8
	Parda	5064	34.0
	Ignored	1682	11.3
	Black	1613	10.8
	Yellow	111	0.7
	Indigenous	46	0.3
Education	Illiterate	1888	12.7
	Incomplete primary education	5194	34.9
	Complete primary education	516	3.5
	Incomplete secondary education	277	1.9
	Complete secondary education	565	3.8
	Incomplete higher education	37	0.3
	Complete higher education	186	1.2
	Ignored	6237	41.9
Place of occurrence	Household	10889	73.1
	Public street	1600	10.7
	Bar or Similar	298	2.0
	Collective House	104	0.7
	School	31	0.2
	Other	568	3.8
	Ignored	1409	9.5
Type of violence	Physical abuse	10356	69.5
	Repeated abuse	5505	36.9
	Psychological/moral abuse	4870	32.7
	Neglect/Abandonment	2321	15.6
	Financial abuse	905	6.1
	Torture	579	3.9
	Sexual abuse	336	2.3
Perpetrator-victim relationship	Child	3928	26.4
	Stranger	1948	13.1
	Friends/acquaintances	1874	12.6
	Spouse	1458	9.8
	Sibling	453	3.0
	Caregiver	263	1.8
	Ex-spouse	179	1.2
	Boyfriend/Girlfriend	92	0.6
	Ex-Boyfriend/Girlfriend	48	0.3
	Other	1766	11.9

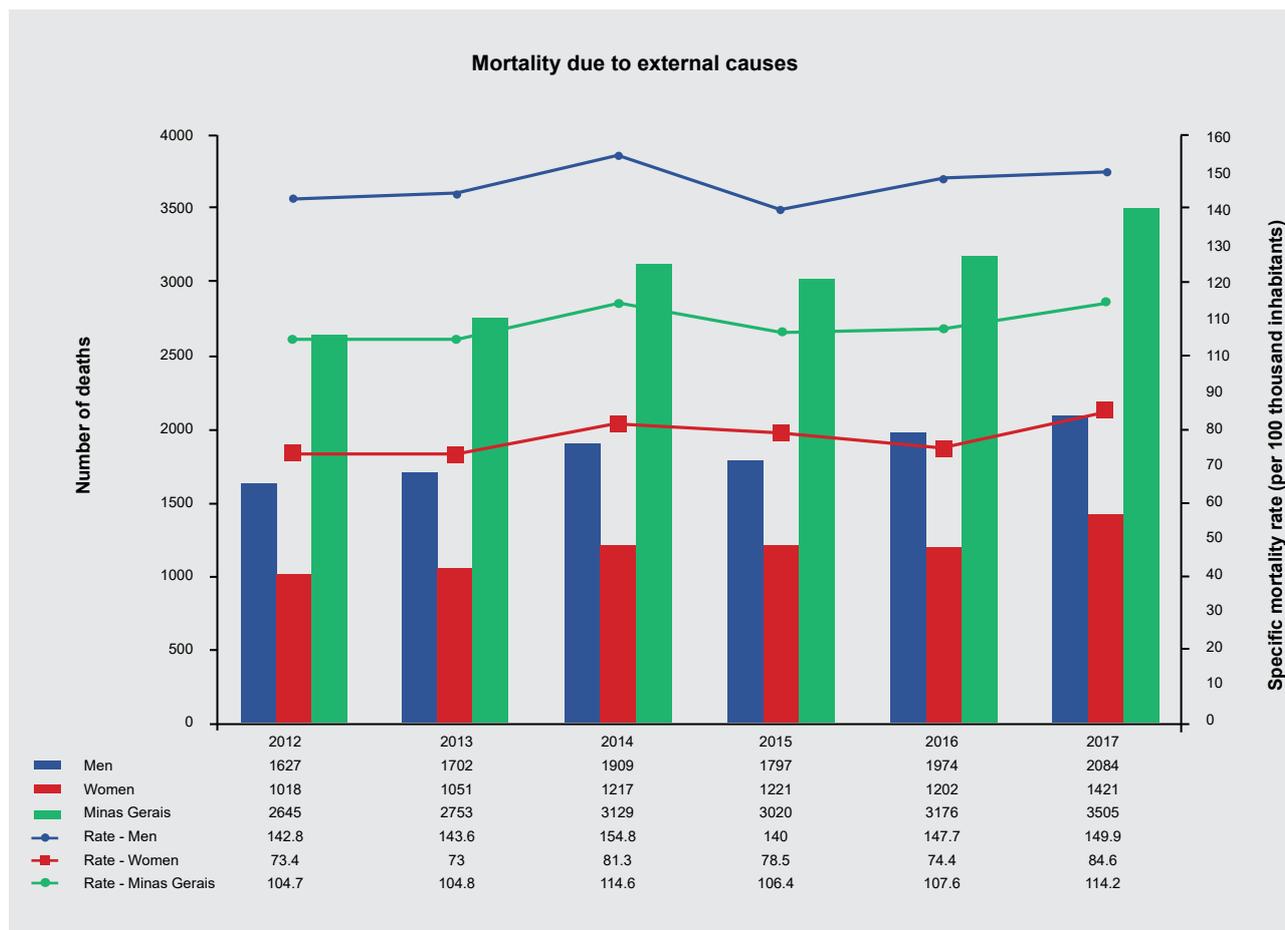
Source: SINAN: *Sistemas de Informação de Agravos de Notificação*; Ministério da Saúde (TABNET)

With regard to the profile of violence (place of occurrence, type of violence and the perpetrator-victim relationship), most of the cases of elder abuse occurred in the household (73.1%) followed by public places (10.7%). A significant number of cases had no information on the place of occurrence (9.5%).

The most reported types of violence were physical abuse (69.5%), psychological abuse (32.7%) and abandonment (15.6%). The least reported types were financial abuse (6.1%), torture (3.9%) and sexual abuse (2.3%). Table I shows that many cases were repeated (36.9%), that is, the older person have been abused continuously.

Most of the perpetrators were the children (26.4%) of the older person, unknown persons (13.1%), friends/acquaintances (12.6%) and spouses (9.8%). The least reported perpetrators were ex-spouses (1.2%), boyfriend/girlfriend (0.6%) and ex-boyfriend/ex-girlfriend (0.3%).

As for the deaths due to external causes in MG, there were 18,228 deaths of older people due to external causes in the period from 2012 to 2017. There was an increase of 132.5% in 2017 compared with 2012, thus representing a mean of 3,038 deaths/year and 8.33 deaths/day, as shown in Figure 2.



Source: SIM: Sistema de Informações sobre Mortalidade; Ministério da Saúde

Figure 2 - Distribution of deaths due to violence and mortality rates (per 100 thousand inhabitants) in older people by sex. Minas Gerais, Brazil, 2012 to 2017

The rates of specific mortality due to external causes (per 100 thousand inhabitants) ranged from 104.7 deaths to 114.2 deaths from 2012 to 2017, when the mean specific mortality rate is 108.7 deaths per 100,000 inhabitants. Among women, the mortality rates were 73.4 deaths in 2012 and 84.6 deaths in 2017, with a mean of 77.5 deaths per 100,000 inhabitants. As for men, the rates were 142.8 deaths in 2012 and 149.9 deaths in 2017, with a mean of 146.4 deaths per 100 thousand inhabitants.

With regard to sex, male older people accounted for 60.9% of the deaths. The age groups with the highest frequency of deaths were 60-69 years and 80 years or older (34.7% and 37.4%, respectively). White people accounted for most of the deaths (54.9%) followed by *pardos* (mixed-race Brazilians) (32.5%). As for marital status, there were more deaths among married and widowed people (37.7% and 28.4%, respectively). The places where the deaths occurred were: hospitals (64.0%), households (14.0%) and public streets (11.6%), as described in Table II.

With regard to the causes of death according to ICD-10, injuries due to accidents represented the first cause (42.5%) and, in this category, falls accounted for 32.4% of total cases and transport accidents accounted for 22.8%

of deaths. The categories that followed the accidents were events of undetermined intent (17.0%), assaults (6.7%) and intentional self-harm (6.6%) (Table II).

Table II - Distribution of deaths due to violence in older people by sociodemographic and epidemiological variables. Minas Gerais, Brazil, 2012 to 2018.

Variables		n	%
Sex	Men	11096	60.9
	Women	7132	39.1
Race/Skin color	White	10011	54.9
	Parda	5920	32.5
	Black	1120	6.1
	Yellow	45	0.2
	Indigenous	15	0.1
	Ignored	1117	6.1
Age group	60-69 years	6328	34.7
	70-79 years	5085	27.9
	80 years and older	6815	37.4
Marital status	Married	6867	37.7
	Widowed	5174	28.4
	Single	2640	14.5
	Judicially separated	1284	7
	Common-law marriage	219	1.2
	Ignored	2044	11.2
Place of occurrence	Hospital	11664	64
	Household	2550	14
	Public street	2120	11.6
	Other	1075	5.9
	Other health care facilities	768	4.2
	Ignored	51	0.3
ICD-10 cause of death	Other external causes of injury and accident	7751	42.5
	Falls	5897	32.3
	Transport accident	4174	22.9
	Events of undetermined intent	3098	17
	Assault	1229	6.7
	Intentional self-harm	1198	6.6
	Legal intervention and war operations	2	0.01
	Complications of medical and surgical care	673	3.7
	Sequelae of external causes	103	0.6

Source: SIM: Sistema de Informações sobre Mortalidade; Ministério da Saúde (TABNET); ICD-10: International Classification of Diseases

DISCUSSION

In the present study, SINAN data revealed that elder abuse occurs predominantly among White people, women and people with up to 4 years of study. Elder abuse occurs mostly at home and children are the main perpetrators. Additionally, physical abuse is the most reported type.

With regard to the mortality profile of older people, SIM data showed a predominance of deaths among men, White individuals and married/widowed individuals mostly within the hospital system and mainly due to falls or transport accidents. The increase in the occurrence of cases is worrisome, but there has not been a huge increase

in mortality rates. Other studies corroborate the perception of increased deaths in the older population, especially among men^(18,19,21).

As for the cases of elder abuse reported in MG, there was a greater incidence among older women. Women have been subjected to the most different types of abuse, as reported by recent research on the subject⁽²²⁻²⁵⁾. International studies have shown an association between the process of frailty and elder abuse^(22,26) with risk factors for violence, depression and stress⁽²⁶⁾.

The data collected in the present study indicate that older people with up to 4 years of incomplete study are the most abused; however, we cannot say that low levels of education are associated with an increased likelihood. A study that analyzed SINAN-Net data on violence found that 11,297 (60.9%) cases reported in Brazil referred to older people with incomplete primary education⁽²⁵⁾. An international study showed that women's level of education is closely related to situations of violence⁽¹²⁾.

With regard to the place where the abuse took place, the household was the most reported place of occurrence. Violence in the household is related to the number of people living in the same household and, especially, to the number of generations⁽²³⁾.

In the present study, physical abuse (75.6%) was the most frequent type of abuse among older people. A study carried out in the Federal District found psychological abuse as the main type in reported cases followed by physical abuse, with an increase in the number of reports, particularly among men⁽²⁸⁾. In a meta-analysis, the prevalence of physical abuse (2.6%) was lower than psychological abuse (11.6%), financial abuse (6.8%) and neglect (4.2%) among older people⁽⁹⁾.

As for the perpetrator, children were the most reported perpetrators in our study. A study carried out in three different Brazilian municipalities found that the perpetrators were mostly men and relatives⁽²⁴⁾. Another study found that abuse is common among older people who are financially dependent on the perpetrator⁽²⁹⁾. A gender analysis found that children and spouses were the main perpetrators of elder abuse against women while abuse against men was mostly perpetrated by strangers⁽³⁰⁾.

With regard to the profile of mortality due to external causes, falls were the main causes of death in our study. Falls are multifactorial events influenced by environmental and behavioral characteristics⁽³¹⁾. A study on the occurrence of falls in older people found the highest incidence rate in the female population and it was associated with advanced age, sedentary lifestyle, poor self-perceived health and quantity of medications used⁽³²⁾.

Considering the broad concept of elder abuse, falls may be related and underreported when there is drug iatrogenesis and poor infrastructure of public spaces, which is characterized by institutional violence. Moreover, falls lead to loss of functionality and increased dependence⁽³¹⁾.

Transport accidents were the second leading cause of death in the present study. In Brazil, there was a 22.5% increase in the mortality rate due to land transport accidents in the period from 2000 to 2010. In 2000, the rate was 18.2 deaths per 100 thousand inhabitants; in 2004, it increased to 20.3 and in 2010 it reached 22.3 deaths⁽³³⁾. The analysis of the profile of fatal victims in transport accidents from 1996 to 2007 showed that the mortality rate in older people was 2.5 times higher than in the population under 19 years of age, with a mean annual rate of 85.2/100 thousand inhabitants⁽³⁴⁾.

Assaults and homicides were the fourth leading cause of death in the present study. The same has been reported in previous studies^(17,21). A study that analyzed hospital admissions found that older men presented a higher frequency of hospitalizations due to assault⁽³⁵⁾.

In a review of studies on suicide in the older population, the researchers found that older women were more likely to commit suicide and that the incidence of death was higher in men aged 80 and over, who were the most susceptible to death⁽³⁶⁾. A study carried out in the city of Recife found a higher incidence of cases among people aged between 60 and 69 years⁽³⁷⁾. A study of older people living in a community identified depression as a risk factor for self-harm and other types of violence⁽²⁶⁾.

Events of undetermined intent were the third leading cause of death during the period analyzed. A study carried out in Minas Gerais found an increase in mortality caused by events of undetermined intent from 1999 to 2008, accounting for 18.4% of the cases in 2008 and thus suggesting a possible underreporting of homicides and other causes of death and also a poor completion of Death Certificates in the state⁽¹⁷⁾. The same was found in the present study, which was also limited due to the poor completion of notification forms – there were fields that were left in blank or ignored. An example of that is information about education, which was ignored in most of the notification forms (41.8%).

Another limitation is the underreporting of cases, which may occur due to the victim's failure to seek a health care facility (where reporting is made) associated with the possible unpreparedness of health professionals to investigate the cases due to the poor infrastructure of health care facilities and the weaknesses of support networks⁽¹⁸⁾.

However, some public policies have attempted to reduce injuries, ensure rights and protection and promote the health of the older population^(20,38,39). For instance, the National Policy for the Reduction of Morbidity and Mortality due to Accidents and Violence (*Política Nacional de Redução da Morbimortalidade por Acidentes e Violência – PNRMAV*), approved by Ordinance No. 737/GM, of May 16, 2001, is aimed at reducing morbidity and mortality due to external causes and implement an intersectoral approach by defining actions that make it possible to tackle elder abuse in the state⁽³⁸⁾.

In addition, the Statute of the Older Person, sanctioned by Law No. 10.441/2003, formalizes in the law the rights of the older person as any other person, defines the penalties and makes reporting by health professionals compulsory⁽³⁹⁾.

The National Policy for Older People's Health, approved by Ordinance No. 2.528, of October 19, 2006, provides for collective and individual health care measures to recover, maintain and promote the autonomy and independence of individuals, continuous training of professionals, international cooperation, support for conducting studies and research, and addressed the intersectoral work proposed by the PNRMAV⁽²⁰⁾.

These public policies are a consequence of the general priorities, the historical time and the structural and conjunctural problems of society and are oriented towards the protection and care of the person and the guarantee of rights.

Elder abuse is a multifactorial and complex phenomenon and knowing its incidence and associated factors is useful in the process of promoting the health and preventing diseases in older people. Reports of violence, which are required by law, and mortality data are appropriate tools that allow discussion about and improvements in existing public policies and the promotion of more effective intersectoral actions in the defense and protection of this population group⁽¹⁹⁾. The training of health professionals in the theme and actions aimed at raising the population's awareness of the problem are necessary for an aging society⁽⁴⁰⁾.

CONCLUSION

The main victims of violence are women with low levels of education and the main type of violence is physical abuse perpetrated mainly by children; however, those who are more likely to die are men and the main causes of death are falls and transport accidents.

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There are no conflicts of interest in the present study.

CONTRIBUTIONS

Rubens Correa Meirelles Junior, Julia de Oliveira Castro, Clarice Lima Álvares da Silva, Waneska Alexandra Alves contributed to the study conception and design; acquisition, analysis and interpretation of data; writing and revising the manuscript. **Lina Rodrigues de Faria** contributed to the study conception and design; writing and revising the manuscript.

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