



Violence against older adults in the context of the coronavirus pandemic

The older population in Brazil is living for longer, with an especially significant increase in the group aged over 80 years of age. If, on the one hand, living longer can be an achievement, on the other, it can mean more people dependent on caregivers and care¹. Unfortunately, most older adults in Brazil do not have the basic right of guaranteed access to health care, and also have to fight for the right to housing, income, food security, social security, and access to social care, among others. The right to grow old with dignity in the country has generated significant pressure on public policies, which are either non-existent or fail to consider the complexity of the diverse, and often adverse, conditions of life of such individuals². Thus, discussing the heterogeneity of aging requires approaches and perspectives that contemplate the specifics of what it is to be old in a country with immense and striking structural inequalities and which is, for this very reason, extremely violent.

In 2020, with the advent of the Covid-19 pandemic, the difficulties that many older adults faced in complying with the recommendations of health authorities in relation to hygiene and social distancing became clear, especially those in long-term institutions, incarcerated older adults, and those who lacked the socioeconomic conditions to maintain the required distancing because they lived in single-room houses, without drinking water. Since the beginning of the pandemic, older adults have been those most affected by the disease, and have suffered the most severe forms of Covid-19, as well as the highest mortality rates. Although they were part of the priority group for vaccination, to date not everyone has been vaccinated. There is a shortage of vaccines, and older adults with functional limitations have great difficulty in obtaining them, the subject of a report that demands the prioritized inclusion of these individuals and their caregivers, the vast majority of whom are family members, and also older women³.

Given these circumstances, it is estimated that many of the situations of violence to which older adults were already subjected have become more intense, while new situations have emerged, due to the difficulties of the reality imposed by the pandemic and the subsequent economic crisis.

The Statute of the Older Adult (Law 10.741, dated October 1, 2003), defines violence against older adults as “any action or omission carried out in a public or private place that causes death, physical or psychological harm or suffering”. The World Health Organization, meanwhile, classified the nature of violence against older adults as physical, psychological, sexual or financial violence, neglect, self-neglect and abandonment. In addition to interpersonal violence, structural violence resulting from socioeconomic, racial, gender-based, cultural, religious and institutional inequalities is also contemplated.

As noted, there are several and distinct approaches and subjects that can be adopted within the scope of academic reflections focusing on violence against older adults. In this thematic issue of the Brazilian Journal of Geriatrics and Gerontology (the *Revista Brasileira de Geriatria e Gerontologia*, or RBGG), we hope to contribute to a greater understanding of the violence suffered by older adults, as well as to identify and propose strategies and solutions for this harsh reality, which causes injury, generates suffering and leads to death.

The scope of this thematic issue embraces articles that:

- *Characterize the cases (victim and aggressor dyad) and dynamics of the contexts in which violence occurs.* It is known that a significant part of violence against older adults occurs in the places where they live and that the main aggressors are those who deal most directly with care – family members and caregivers, whether professional or otherwise;
- *Seek to discuss and show how structural violence, which is expressed in inequalities in living conditions, has impacted the vital process of different groups of older adults.* In this case, for example, for an older adult to be born, live and die in societies with extreme inequalities, such as Brazil, is ultimately to be subjected to many situations of violence, the background of which is the structural violence that privileges some and subjects others to conditions without dignity;
- *To identify and bring about a greater understanding of how institutions (public and private) have acted in relation to the rights of older adults.* It is known that older adults have frequent contact with certain institutions – health services and banks, among others, and that there are laws and regulations that should guarantee prioritization, qualified listening and integrated care for these people, which is not always the case, representing in turn a practice of institutional violence;
- *Analyze how the response to cases of violence against older adults functions.* The services that provide care for older adults in situations of violence should have trained professionals to carry out the initial reception, qualified listening, diagnosis and registration of suspected or confirmed cases, as well as referral for the activation of the care and protection networks. It is important to show and discuss whether the services operate in a network, and whether the service provided is comprehensive, among other issues;
- *Analyze and identify how and which public policies can prevent and reduce situations of violence.* Identify which policies include the theme of violence as an important issue for the health of the older population, with what scope they address this theme and whether they have been evaluated to assess how they are responding to the needs of this population, when faced with experiences of violence, and what results have been achieved.

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