



Violence in old age: social representations elaborated by elderly people

Violência na velhice: representações sociais elaboradas por pessoas idosas
Violencia en la vejez: representaciones sociales elaboradas por personas mayores

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ABSTRACT

Objective: to analyze the social representations, for elderly men and women, about violence in old age. **Method:** qualitative study based on the theoretical-methodological framework of social representations. Participants were 40 elderly users of Family Health Units in João Pessoa-PB, Brazil, through individual interviews, organized and submitted to the IRAMUTEQ software, concluded by the Descending Hierarchical Classification. **Results:** the analysis pointed to five classes: Susceptibility of the elderly; Violence prevention; Social responsibility; Social expression of violence against the elderly; and Intrafamily violence. The data show that the representations of violence are expressed by individual, community and relational/social factors, revealing some gender differences. **Conclusions and implications for practice:** it is clear that gender is a significant element in representations. While men indicated the need to prevent the phenomenon through education and social accountability, women pointed to subjective notions, including abuses committed by family members, and highlighting the relevance of the health professional for its identification. Such aspects separate out singularities that lack an accurate look from nursing and other professionals of the primary care teams, recognizing possible cases, notifying them and acting intersectorally to interrupt the situations verified.

Keywords: Health Education; Aging; Frailty; Aged; Elder Abuse.

RESUMO

Objetivo: analisar as representações sociais, para homens e mulheres idosos, acerca da violência na velhice. **Método:** estudo qualitativo baseado no referencial teórico-metodológico das representações sociais. Participaram 40 idosos usuários de Unidades de Saúde da Família em João Pessoa-PB, Brasil, através de entrevistas individuais, organizadas e submetidas ao software IRAMUTEQ, por meio da Classificação Hierárquica Descendente. **Resultados:** a análise apontou cinco classes: Suscetibilidade da pessoa idosa; Prevenção da violência; Responsabilidade social; Expressão social da violência ao idoso; e Violência intrafamiliar. Os dados denotam que as representações da violência são expressas por fatores individuais, comunitários e relacionais/sociais, revelando algumas diferenças de gênero. **Conclusões e implicações para a prática:** percebe-se que o gênero é elemento significativo nas representações. Enquanto os homens indicaram a necessidade de prevenção do fenômeno por meio da educação e responsabilização social, as mulheres apontaram noções subjetivas, incluindo abusos cometidos por familiares, e destacaram a relevância do profissional de saúde para a sua identificação. Tais aspectos apartam singularidades que carecem de um olhar apurado da enfermagem e demais profissionais das equipes da atenção básica, reconhecendo possíveis casos, notificando-os e agindo intersectorialmente para a interrupção das situações verificadas.

Palavras-chave: Educação em Saúde; Envelhecimento; Fragilidade; Pessoa Idosa; Violência Contra o Idoso.

RESUMEN

Objetivo: analizar las representaciones sociales, de hombres y mujeres mayores, sobre la violencia en la vejez. **Método:** estudio cualitativo basado en el referencial teórico-metodológico de las representaciones sociales. Los participantes fueron 40 personas mayores usuarios de Unidades de Salud de la Familia en João Pessoa-PB, Brasil, a través de entrevistas individuales, organizadas y enviadas al software IRAMUTEQ, por medio de la Clasificación Jerárquica Descendente. **Resultados:** el análisis evidenció cinco clases: Susceptibilidad de los mayores; Prevención de la violencia; Responsabilidad social; Expresión social de la violencia contra los mayores; y Violencia intrafamiliar. Los datos muestran que las representaciones de la violencia son expresadas por factores individuales, comunitarios y relacionales/sociales, revelando algunas diferencias de género. **Conclusiones e implicaciones para la práctica:** se percibe que el género es un elemento significativo en las representaciones. Mientras los hombres señalaron la necesidad de prevenir el fenómeno a través de la educación y la responsabilidad social, las mujeres señalaron nociones subjetivas, incluyendo los abusos cometidos por familiares, y destacaron la relevancia del profesional de la salud para su identificación. Tales aspectos separan singularidades que carecen de una mirada certera por parte de la enfermería y demás profesionales de los equipos de atención primaria, reconociendo posibles casos, notificándolos y actuando intersectorialmente para interrumpir las situaciones verificadas.

Palabras clave: Educación en Salud; Envejecimiento; Fragilidad; Anciano; Abuso de Ancianos.

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INTRODUCTION

Many countries in the world, including Brazil, have faced a new population scenario: aging. It is estimated that by 2050, one in five people will be 60 years of age or older.¹ According to assessments by the Brazilian Institute of Geography and Statistics, in 2031 Brazil may have its number of young people (0-14 years old) exceeded by the number of elderly. As a consequence of this increase, there is also an increase in life expectancy, which raises the average age of the population.²

Aging is a reality present at different social levels and has a direct influence on health. In this way, social problems that were previously solved become an important topic of discussion, as a way of seeking a better quality of life for older people.³

In this perspective, violence against the elderly deserves special attention due to the physical and psychological traumas that can be developed by this age group.⁴ Faced with the aging process, the long-lived population becomes more fragile and vulnerable to violence insofar as it lacks care or are physically or mentally dependent. Therefore, the greater the subjection, the greater the degree of vulnerability and, consequently, the greater the rate of violence.⁵

Because they need another person to help take care of themselves, the elderly person is at risk of suffering some type of violence from their caregiver, regardless of their degree of kinship.⁶ The phenomenon of violence against the elderly is practiced regardless of gender, age or social condition, and is manifested through acts or the absence of the person responsible for caring for, valuing and understanding the elderly.⁷

While dependence by the elderly increases the chances of abuse, the modernization of society makes social and family bonds difficult, also increasing the risk for violence against the elderly, regardless of any difference between societies around the world.⁸

There are several factors that increase the possibilities of violence.⁹ The profile with the greatest chance is composed of women, with advanced age, single, with low education, physical or psychological dependence and living with children, daughters-in-law and grandchildren, due to the submission process that they experience.⁶

Elderly men, single or widowed, with low education, were also more likely to suffer aggression compared to the others. Thus, the absence of a partner is identified as a potential factor for situations of neglect, as well as education.⁹

Most feel shame, fear and guilt, which prevents them from reporting the abuse they have suffered.⁶ Women, when violated, seek care more than men do.¹⁰ Men are more likely than women to be victims of self-harm and other forms of physical abuse, disregarding the search for care.¹¹

In Brazil, due to the importance of the theme, when the Elderly Statute was promulgated, it became mandatory for health professionals to report suspicion or confirmation of all forms of violence, with the proposal of a Plan to Combat Violence Against the Elderly Person.¹² In this context, Primary Health Care (PHC),

inserted in the first level of the care network, stands out in the assistance to the elderly population.

Therefore, PHC assumes a key role in the implementation of health actions for this population and in coordinating the flow of elderly users in the health system, with emphasis on situations of violence, since they work in proximity to the population.¹³ In this way, they help to avoid possible hospitalizations and institutionalizations, which are more expensive health care alternatives and of more vulnerability.¹⁴

Furthermore, it is important to understand more about what older people think about violence directed at this public, elucidating gender-related issues, which can be done through Social Representations (SR). With the goal of understanding their view on the subject, it becomes possible to unveil their symbolic constructions and contribute with its confrontation.

From this perspective, the present study aimed to analyze the social representations, for elderly men and women, about violence in old age.

METHOD

This is a descriptive, exploratory study with a qualitative approach, in which the theoretical-methodological framework of Social Representations was used.¹⁵ It was based on the consolidated criteria for reports of qualitative studies (COREQ).^{16,17}

The research was carried out with elderly people of both sexes. All participants were users of Basic Health Units in João Pessoa-PB, Brazil. The sample was chosen through the indication made by professionals of the unit, as long as they met the following inclusion criteria: being a registered user in one of the units where the sample was selected; be at least 60 years old; be in good cognitive/mental health. It is noted that there were no restrictions on the maximum age for participation.

The approach took place through phone calls and messages via phone app (WhatsApp) due to the COVID-19 pandemic period, which made it impossible to carry out in person. Those who had cognitive impairment and/or communication difficulties through speech/listening were excluded, as well as those who could not participate in a video call using a remote application.

Cognitive deficit was assessed using the Mini Mental State Examination (MMSE). The final score for the variable is the sum of the scores in the categories of cognitive functions. For each of the 30 MMSE questions, there is an answer pattern that receives a score between 0 and 5. At the end, the total score is presented, which is a result of the sum of each of the seven categories. In this study, as recommended by the Brazilian Society of Family and Community Medicine and the Brazilian Academy of Neurology, a 24-point MMSE score was used, with a score of less than or equal to 24 points = with cognitive impairment, and greater than 24 = without cognitive deficit. Only one elderly person had a score lower than 24 points and, therefore, was disregarded by the researchers.

Forty elderly people participated, 22 women and 18 men. The period of data collection took place from November/2020 to February/2021, through a semi-structured interview, in order

to answer the following question: For you, what does violence against the elderly represent?

The interviews were applied individually to each participant, with an average time of 30 minutes, and the content was stored through an internal application for screen recording on a smartphone. All material was transcribed in full. To conclude the data collection, theoretical saturation was used as a criterion, based on the recurrence of ideas and answers on the subject.

The fieldwork was conducted by three moderators, nursing students (second, third and fourth author), trained by the advisor (first author), with the help of two observers (the other authors), who supported the others for the transcription and data analysis.

The study respected the ethical aspects recommended in Resolution 466/12 of the National Health Council. Data collection only started after approval by the Ethics Committee (CAAE 30672120.5.0000.5188; Opinion 4,003,212) on May 2, 2020. Participants were randomly coded (P1 to P40) to ensure anonymity.

For data processing, a corpus of analysis of the interviews was elaborated, constructed in a single text file, using the software IRAMUTEQ - *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (Version 0.7 alpha 2). It has the functionality to analyze the textual contents and organize the relevant elements. The Descending Hierarchical Classification (DHC) was chosen for data presentation, which tends to establish the word classes after analysis through a dendrogram.¹⁸

The report generated by IRAMUTEQ classified the material as relevant 76.87%. To guarantee the stability of the results, a classification above 75% is acceptable, which ensures a good use of the data.¹⁹ Five classes were generated, which present

relationships established between them, representing the lexical content prevalent in the interviews. Content Analysis²⁰ was carried out for the interpretation and discussion of the results generated.

RESULTS

The age range of the participants ranged between sixty (60) and eighty (80) years old. The mean age among women was 69.2 years, while men, slightly older, had an average of 69.5 years. As for schooling, 38.9% of men and 41% of women completed high school, while for higher education these rates were 22.2% and 13.6%, respectively. Regarding marital status, 59.1% of women lived without a partner, while 72.2% of men had a spouse. Most women reported living alone (45.4%); in the male group, only 22.2% lived alone. It is noteworthy that 52% of the elderly women reported participation in groups of elderly people at the Family Health Units (FHS), while only 11% of the elderly men were involved in this action.

According to the analysis of the corpus by the IRAMUTEQ software, based on the 40 initial context units (ICU), 9,962 occurrences of words were verified, with 1,403 different forms. The corpus was divided into 281 elementary context units (ECU) and, of these, 216 (76.87% of the total words) were matched through descending hierarchical classifications, indicating the degree of similarity of the themes of the five resulting classes, which gave rise to the dendrogram (Figure 1). Soon after the identification of the reduced forms and the reading of the ECUs, the analysis of specificities was carried out through the same program, identifying which terms appeared most commonly for each genre.

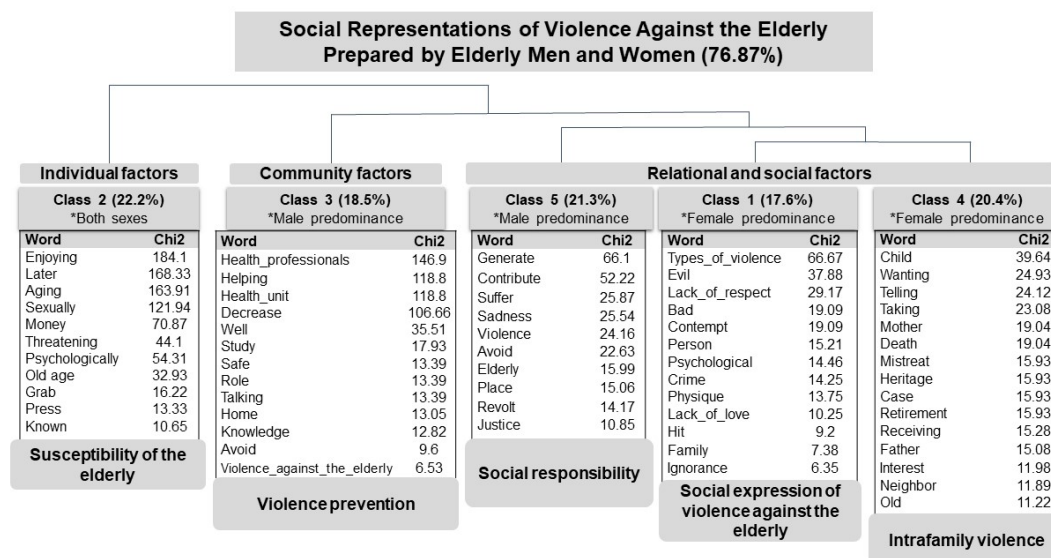


Figure 1. Distribution of social representations of violence against the elderly elaborated by elderly men and women through the classes presented in the dendrogram. João Pessoa, PB, Brazil, 2022.

Source: Prepared by the authors based on the IRAMUTEQ software.

In its first partition, the analyzed material was divided into two sub-corpus, separating class 2 from the others. The second partition fragmented the larger sub-corpus, giving rise to class 3. The third brought up class 5; and the last partition gave rise to classes 1 and 4. It is noteworthy that the software presents the most relevant excerpts for each class, which will be arranged during the presentation of the same.

Class 2, called *Susceptibility of the elderly*, is the largest of the classes, comprising 22.2% of the total ECU. The most important terms were “Enjoying” (women), “Aging” (men), “Sexually” (men), “Money” (women), “Threatening” (men) and “Psychologically” (women). The experiment expressed content aimed at possible situations that increase the chances of the elderly person suffering violence, as they are more susceptible than other groups, according to the participants. According to the results indicated, such representations can be observed in the speeches listed below:

I know someone who goes through this, an acquaintance. Everyone in the family keeps an eye on the lady's money, they look like vultures (P12, female).

After getting older, they sometimes threatened me psychologically, such as forbidding me to do things, saying that I don't know how to do it and that's why I can't do it (P1, female).

I know a person who, after getting older, suffered threats from his own family. Sons or daughters, grandchildren and daughters-in-law who attacked with words. Young people! (P30, male).

As can be seen, the participants express in their reports that, due to singularities, people with advanced chronological age seem to be more vulnerable to suffering violent situations in their daily lives. Although not always physical, abuse can cause a variety of disturbances for victims. Thus, social representations are organized from ideas about the various forms of violence that exist, going beyond the common sense that links the topic to physical aggression.

Class 3, *Violence prevention*, covered 18.5% of the ECUs, with the most relevant terms being “Health professionals” (men), “Helping” (both sexes), “Health Unit” (women), “Decrease” (men), “Study/knowledge” (men) and “Home” (women). It pointed out the perception of the elderly about the importance of agents capable of acting for the prevention of violence, among which, the professionals allocated in the Family Health Units. The elderly described that professionals play a fundamental role in helping to identify and report cases of violence against the elderly, with health education in the community being substantial, which can be better visualized in the following clippings:

Health professionals from the health unit can go to the elderly's home and observe how they are at home, whether they feel well or not (P12, female).

Health professionals at the health unit have a responsibility towards their users, especially the elderly. It is the duty of professionals to take complete care of these elderly people to try to identify if they suffer violence, so that they can act (P31, male).

To avoid violence against the elderly, it is necessary to educate people. It should also be exposed on television how serious it is to attack an elderly person. Health professionals and the health unit are important to reduce violence because they can teach the elderly to defend themselves (P37, male).

According to the semantic content of the excerpts presented, the social representations exposed in this class are organized around the role of health professionals, anchored in the prevention of violence from the bond established between them and the ascribed community. They also emphasize the need for intersectoral actions to take measures with regard to the care and identification of possible victims, protecting the elderly and ensuring that appropriate measures are taken.

It was possible to infer, from the terms that form **Class 5** – *Social responsibility*, that the participants' perception of violence against the elderly indicates the phenomenon as a factor that requires a commitment from the whole community, especially for causing revolt and commotion when it occurs. Therefore, they proposed that punitive actions should be adopted more strongly against those who commit violent acts through competent bodies designated for such. The terms that make up this class are “Generate” (men), “Contribute” (men), “Suffer” (men), “Sadness” (women) and “Justice” (men). It is possible to observe below some excerpts to exemplify such representations.

Some factors contribute to generate violence against the elderly, such as impunity. In justice, there is no serious measure, and thinking about an elderly person suffering violence brings a lot of sadness! I wanted to be an authority to punish severely! (P35, male).

You need to call the justice to show his suffering. I believe that the elderly who suffer from hunger, sleep on the floor, without a sheet, without food, have a lot of suffering. It's a lot of harassment! (P2, male).

When I think of an elderly person suffering violence, it makes me sad, angry! Impossibility of not being able to solve this problem. You feel the need to denounce it! (P23, female).

The information exposed in the reports highlights the failure of social protection for the elderly, which contributes to the maintenance and worsening of cases of violence against this public. Furthermore, the representations reveal limitations

regarding the complaint, preventing the execution of actions aimed at interrupting the situation. However, according to the participants, the aggressor's impunity can be something that contributes to the denouncements not taking place.

In **Class 1**, *Social expression of violence against the elderly*, the terms that stood out the most were "Types of violence" (men), "Evil" (women), "Lack of respect" (women), "Contempt" (women), "Psychological" (women), "Physique" (men), "Lack of love" (women) and "Family" (women). Thus, they show, in the view of the respondents, the way in which violence against the elderly person occurs, its types and who practices it, which can be evidenced from the selected clippings:

The types of violence are mistreatment, hitting, beating, taking money from the elderly, rape... I believe that people who attack the elderly are drugged for such evil. (P33, male)

I believe that violence against the elderly is a lack of love, lack of respect and lack of solidarity with the elderly. I have a lot of anger and indignation... We don't know tomorrow, but I ask God that it never happens to me, that it doesn't reach me and my family, because ignorance and lack of compassion are very sad. (P3, female)

In violence against the elderly, many sons or daughters take advantage of the situation and the family exploits the elderly in every way. This is disrespectful, and the disrespect is for the family itself. (P5, female)

It can be seen, through the excerpts presented, that the theme of violence against the elderly has been represented in its various dimensions. In this way, identifying possible victims, particularities and aggressors are essential information to interrupt the cycle of violence, also stimulating the creation of public policies aimed at guaranteeing the rights of seniors.

In **Class 4**, *Intrafamily violence*, the most appreciated words were "Child" (women), "Wanting" (women), "Mother/Father" (men), "Mistreat" (women), "Retirement" (women) and "Old" (men). This category is characterized as a category that portrays violence carried out in the family environment, which usually occurs silently and is covered up by victims due to close relationships with the perpetrator of the aggression, as can be seen in the following excerpts:

My neighbor has a son who is involved with drugs. She ended up finding out, she was the only one in the family who knew. The son kept threatening her so she wouldn't tell anyone, they were strong threats, scary! (P17, female).

There are elderly people suffering violence in the family, where they do not even have the right to know the day they received their pension because the card is administered by their sons, grandchildren... this should be supervised and punished so that it does not happen! (P11, female).

There are children who threaten never to go to their parents' house again if they don't give them what they

want, and this upsets the elderly. It is a form of violence... (P28, male).

The reports show the fragility in the relationships between many elderly people and their relatives. In this sense, the representations expose changes in the family hierarchy, with younger people taking control, which can lead to intergenerational conflicts in addition to the violence suffered.

DISCUSSION

Although some dissimilarities are striking with regard to gender, the social representations of elderly men and women about violence directed at this public have similarities in their discourses. The interpretation given to the phenomenon, by both sexes, is highlighted as being an event motivated by the functional decline resulting from aging, making the elderly more susceptible to its occurrence, as shown in **Class 2**.

There is no way to contest the mythical view cast on old age by the participants, perpetuating attitudes that distance the elderly from a large part of society. Men and women shared these notions, drawing parallels on the situations suffered by others; they almost never reported having experienced any type of violence. They saw the issue as an occurrence experienced by many, including people they know, manifested in different ways, seeking to justify the actions taken as being motivated by the arrival of old age, a stage so significant and, in a way, limiting.

The elderly become more susceptible to violence as they need more physical care or have some degree of dependence. Therefore, vulnerability can influence their personal, family and social relationships, making them more fragile and with a greater tendency to suffer some type of abuse.²¹

However, studies around the world add that violence also occurs in elderly people with good cognitive status and who are independent to carry out their daily activities, with a direct link to income. The poorer, the greater the possibility of abuse and aggression, clarifying that it is not just the physical condition that determines such acts against the elderly.^{22,23}

The most common abuses directed at the elderly are physical, psychological, sexual and financial. The men participating in this study more commonly identified situations related to physical and sexual aggression as violence. Women, on the other hand, seem to habitually associate them with psychological and financial aspects. Such findings can be verified in **Class 1**.

Regarding the typology of violence against the elderly, negligence/abandonment predominates, followed by psychological and financial violence, which together accounted for about 80% of reported aggressions. It is worth noting that physical violence is more practiced against elderly men, while psychological and sexual violence is present in greater numbers in cases reported among women.²⁴

Although it is not solely determinant for the representations, such findings help in gender dissimilarities perceived in this study. In addition, abandonment was rarely mentioned, having no

significance in the analyzed corpus. It is understood, therefore, that negligence, although frequent, has more complex evidence, which makes its investigation and visibility difficult.²⁵

As initially presented, men were a little more educated than women. This factor can contribute to their perception of the need for actions to prevent violence, as shown by **Class 3**, with emphasis on educating the population through the most diverse means, discussing the seriousness of the problem in an attempt to sensitize society. Nevertheless, the women emphasized the health units as potential for interrupting the cycle of violence against the elderly, highlighting health care and home visits as significant combat tools, as they make possible daily coexistence with the reality faced in families, recognizing situations of danger or risk.

Indeed, the health professional, more precisely the nursing team, plays an important role in identifying cases of abuse, which can occur through direct contact with the user. From home visits and individualized care, it is possible to get to know this person and their home better. In identified cases, the actions implemented by nurses consist of guiding the elderly, family members and/or caregivers through educational actions, in addition to activating the competent authorities and referring them to the available social service.⁶

A study carried out with the elderly revealed that the practices developed by services aimed at the elderly allow the construction of new knowledge and the approximation between the user and the professional, with the nurse being the propeller of a health care model directed to the needs of this patient group, guaranteeing them comprehensive care.²⁶ Added to this is the fact that women, as they seek the health service more frequently, appear to be closer to the professionals who work there, demonstrating confidence in solving complex cases and/or preventable, which makes it possible to understand the ideas they share on the subject.

In this regard, it is known that primary care professionals are in a relevant position to prevent elder abuse, as they work at all levels of care for the general population.¹⁷ In view of the above, it is not only necessary to raise awareness of elderly men and women about the forms of abuse/violence that occur in society and are directed at them, but also to enable professionals to identify them even when the elderly person does not recognize the situation experienced as such.¹¹

In addition, the phenomenon of violence, as it is serious and worrying, even more when directed to the elderly, needs the mobilization of society in general to be stopped, which was revealed by **Class 5**. This topic was even pointed out as of great need by the participants, especially men. They, in turn, anchor the representations in the conception that it is necessary to demand the authorities to apply more severe laws/sanctions to the aggressors, with inspections and social justice. They attributed the continuation of the violence to the fact that the punishments do not occur as they should.

Such findings are of fundamental importance for the current moment. All over the world, there is a period of disbelief in the seriousness of the State as a promoter of infrastructure actions

and social welfare policies. However, there is no way to think about improving the factors that interfere with the quality of life in the elderly, including violence, without the State being directly involved. Even though several inclusive and positive public policies have been implemented regarding the phenomenon of population aging, greater participation of the population is necessary in their formulations and reforms, eliminating negative notions about the action of the competent bodies.²⁷

The situations of violence within the family were exposed by **Class 4**. Combined with the State's omission in its constitutional duty to support the elderly, it becomes more difficult to encourage actions that stop the occurrence of violence. As an effect, there is the criminalization of those who attack or neglect, disconnected from social policies designed for (weakened) old age. Thus, it is urgent the strengthening of the care network and the collecting of complaints and notifications, ensuring agility in the protection of victims.²⁴ If there is no system that welcomes them, the occurrences will continue to be covered up due to fear of abandonment, among other issues.

The women highlighted subjective aspects caused not only in those who are violated, but in society in general, appealing to individual responsibility with regard to reporting suspected cases. Corroborating this perspective, a study²⁸ argues that, although it is an individual act, violence reflects the attitude of society, which devalues the elderly. Considering the family environment as the place where these situations take place, violence imposes social damage on those who share this daily life. It is therefore necessary to offer psychological support to all: victims, aggressors, family members and others involved.

The way in which violence is expressed reveals the neglect of the elderly. Social, gender and age factors, which perpetuate in common sense the view of aging as a phase of decline and uselessness, cause oppression. Even with the promulgation of the Elderly Statute, which points out new perspectives of life for the elderly, suppressing unfavorable myths and taboos, the process of transforming these representations is still in progress, demanding time for the understanding and consolidation of new aspects.

The care and responsibility for the difficulties faced by the elderly appear, in many civilizations, as a duty of the younger generation, which does not recognize the elders for their life experiences.⁸ However, reports of positive results in what is related to the deconstruction of false beliefs about aging are already in place, reinforcing the need for dialogue on intergenerational relationships and respect for elders.¹⁷

It is noteworthy that active old age allows the elderly to play a decisive role in the family's choices.²⁹ As this is the main source of aggression and mistreatment, the monitoring of the family nucleus by social, health and justice services can, also, contribute positively to the reduction of violent actions and acts.

The idiosyncrasies present in this study demonstrate that the connotation given to violence against the elderly is influenced by gender, especially with regard to its occurrence in the home. Women seem to have a greater understanding of this type of

conflict, stating that many victims mask the reality of what they experience in the family context due to dependence on care or even fear of loneliness.

Confirming the closeness between victim and aggressor, a study recognized that elderly people who live with children or grandchildren, women in most cases, are twice as likely to suffer violence, with family ties being one of the biggest reasons for underreporting of cases.⁹ Added to this is the fact that the aggressions/threats are usually carried out by children, spouses, grandchildren, siblings, relatives, close neighbors or acquaintances of the victim.³⁰

However, denouncing is the key to stopping abuse and/or other actions,³¹ including those referring to financial negotiations to extort the elderly.³²

It is urgent to strengthen the programs and sectors of Social Assistance, Public Security, Education, Health and Citizenship, seeking to integrate them so that they are more effective in the defense and protection of elderly people at risk, breaking the silence and revealing the various facets of violence. Furthermore, raising the awareness of the elderly, families and society about rescuing the citizenship of these people, with the support of the government, will enable the right to live better, as established by legislation.²⁴ Intersectoral work is urgently needed to monitor victims and aggressors, including mental health, as well as the planning of public policies for the entire population, covering citizen education from an early age.

As limitations of the study, it is pointed out that, in the context of the COVID-19 pandemic, social distancing made it impossible to directly approach the participants and perform face-to-face interviews, which restricted the sample. The lack of knowledge about the use of technology was a considerable obstacle for more elderly people to participate, since this public has less affinity with digital media.

CONCLUSION AND IMPLICATIONS FOR PRACTICE

The data obtained about violence against the elderly reveal that the participants conceive it as inherent to the elderly due to the fragility resulting from aging. This notion is influenced by common sense and does not reflect gender differences. However, there are discrepancies regarding the other discourses of the different sexes.

Men highlighted the phenomenon more strongly as it can be prevented through educational measures for the population, with the need for severe punitive actions for the aggressors, describing physical and sexual violence as the main forms that occur in society. The reified universe was more prevalent in their speeches, illustrating knowledge as a source of liberation from the violent cycle. In addition, they add social responsibility as co-responsible for modifying the current situation.

Women, on the other hand, enumerated the subjective aspects related to violence, more often when extolling the denunciation of suspected cases as a necessary and supportive posture for

victims. They revealed that the health professional, especially the primary care team, is extremely relevant for the identification of signs of aggression, listing home visits and individual care as sources of care for the elderly.

The home was represented as the main locus of aggression. This result implicitly reveals the complexity of the family and the social vulnerabilities to which they are exposed to, although the participants did not realize this aspect.

The representations found are anchored in individual factors (Class 2), especially with regard to the vulnerability of this age group, which makes them more defenseless; in community factors (Class 3), established through relationships with available social facilities; and in relational and social factors (Classes 5, 1 and 4), translated by family and political connections directed to the theme.

Finally, despite the implementation of actions to protect the elderly, it is necessary to rethink the practice of the various actors involved, aiming at fulfilling the rights guaranteed by law to this age group. In this sense, professional training stands out, especially in nursing, so that they can act in the prevention of violent actions, identification of cases and referral to the competent sectors.

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