


ELDERLY WOMEN'S LEADING ROLE IN REPORTING VIOLENCE: A GROUNDED THEORY

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ABSTRACT

Objective: to interpret the experience of empowering elderly women to report domestic violence and develop a theoretical model that explains it.

Method: a qualitative study, carried out using Grounded Theory. Between February 2018 and January 2020, semi-structured interviews were conducted with 21 elderly women who filed police reports. Also, nine professionals working at the Women's Defense Station of the Civil Police of the State of São Paulo, Brazil, located in a medium-sized city in the countryside of São Paulo, were interviewed.

Results: the phenomenon identified as "Taking the lead in coping with violence", based on the categories, revealed that elderly women experience multiple conditions of vulnerability resulting from the situation of dependency, conflicts in relationships and unfavorable living conditions. Even so, the impacts of this violence generate the need to take action against it and to be empowered to report it. After reporting it, they experience the complexity of it and find ways to deal with the situation.

Conclusion: violence reporting by elderly women derives from the individual empowerment process, driven by the decision to stop the abuse, even with possible consequences, thus awakening critical awareness based on self-perception of the context of life.

DESCRIPTORS: Elder abuse. Mandatory reporting. Notification. Violence against women. Aging. Empowerment.

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O PROTAGONISMO DE MULHERES IDOSAS NA DENÚNCIA DA VIOLÊNCIA: UMA TEORIA FUNDAMENTADA

RESUMO

Objetivo: interpretar a vivência do empoderamento de idosas para realização da denúncia de violência intrafamiliar e desenvolver modelo teórico que o explicita.

Método: estudo qualitativo, realizado por meio da Teoria Fundamental nos Dados. Entre os meses de fevereiro de 2018 e janeiro de 2020, realizaram-se entrevistas semiestruturada com 21 idosas que registraram Boletins de Ocorrência. Também, entrevistaram-se nove profissionais atuantes em Delegacia de Defesa da Mulher da Polícia Civil do Estado de São Paulo, Brasil, localizada em município de médio porte do interior paulista.

Resultados: o fenômeno identificado “Protagonizando o enfrentamento da violência”, a partir das categorias, revelou que as mulheres idosas vivenciam múltiplas condições de vulnerabilidade decorrentes da situação de dependência, conflitos nas relações e condições de vida desfavoráveis, mesmo assim, os impactos dessa violência geram a necessidade de tomada de atitude frente a ela e ao empoderamento para a denúncia. Após a denúncia, vivenciam a complexidade da mesma e encontram formas para lidar com a situação.

Conclusão: a realização da denúncia de violência por mulheres idosas deriva do processo de empoderamento individual, impulsionado pela decisão em interromper os abusos, mesmo com possíveis consequências, despertando, assim, consciência crítica a partir da autopercepção do contexto de vida.

DESCRITORES: Abuso de idosos. Notificação de abuso. Notificação. Violência contra a mulher. Envelhecimento. Empoderamento.

EL PAPEL PROTAGÓNICO DE LAS MUJERES MAYORES EN LA DENUNCIA DE VIOLENCIA: UNA TEORÍA FUNDAMENTADA

RESUMEN

Objetivo: interpretar la experiencia de empoderamiento de mujeres mayores para denunciar la violencia intrafamiliar y desarrollar un modelo teórico que la explique.

Método: estudio cualitativo, realizado utilizando la Teoría Fundamental. Entre los meses de febrero de 2018 y enero de 2020 se realizaron entrevistas semiestructuradas a 21 ancianas que registraron denuncias policiales. También fueron entrevistados nueve profesionales que trabajan en la Estación de Defensa de la Mujer de la Policía Civil del Estado de São Paulo, Brasil, ubicada en un municipio mediano del interior de São Paulo.

Resultados: el fenómeno identificado “Iniciando la lucha contra la violencia”, a partir de las categorías, reveló que las mujeres adultas mayores viven múltiples condiciones de vulnerabilidad derivadas de la situación de dependencia, conflictos en las relaciones de pareja y condiciones de vida desfavorables, aun así, los impactos de esta violencia generan la necesidad de tomar acciones frente a ella y empoderarse para denunciarla. Después de la denuncia, experimentan su complejidad y encuentran formas de afrontar la situación.

Conclusión: la denuncia de la violencia por parte de mujeres mayores deriva del proceso de empoderamiento individual, impulsado por la decisión de detener el abuso, incluso con posibles consecuencias, despertando así una conciencia crítica basada en la autopercepción del contexto de vida.

DESCRITORES: Abuso de ancianos. Notificación obligatoria. Notificación. Violencia contra la mujer. Envejecimiento. Empoderamiento.

INTRODUCTION

Aging is responsible for profound social and economic transformations throughout the world. Although experienced gradually by developed countries, it has occurred rapidly and in a disorderly manner in countries such as Brazil¹. This mode, added to the morphophysiological, psychological and social changes of aging, generated transformations that make old age a period of greater vulnerability, accentuated by diseases, poverty, marginalization and isolation.

Due to greater longevity and perpetuation of social inequalities between men and women, it is possible to observe a great susceptibility to frailty in elderly women. Thus, associated with sociocultural factors, these conditions increase the vulnerability of this population group to phenomena such as violence².

Violence is an issue that goes beyond the judicial sphere, with direct impacts on public health, and has been present throughout the history of human beings and societies. In different forms of manifestation, it is influenced by social, cultural, economic and political factors³. It is internationally defined as the premeditated use of power or physical force, real or coerced, against an individual, group or community, resulting in physical and psychological harm, abnormal development, deprivation or death⁴.

Although the highest incidence of violence, due to various determinants, is related to men, women experience non-lethal violence at different levels of severity and complexity, impacting lives and health conditions. It is estimated that 80% of victims of family and intimate partner violence are female, with a greater susceptibility to reoccurrence of aggression by the same perpetrator⁵.

However, the coexistence of elements associated with gender differences implies high rates of underreporting. In general, 39.86% of women victims of violence report situations of physical and sexual abuse and only 7.09% report it to official sources, such as the police, health services and social assistance. When considering non-physical manifestations of violence, this proportion of reports is even lower⁶.

In old age, these elements are added to the changes and resignification of experiences, based on internal and social changes promoted throughout life. In this context, it is possible to observe that violence in this phase is often made invisible even by social movements, ignoring the intersectionality between gender and generational issues. Thus, while violence against young women is analyzed based on social role construction, in elderly women, disparities between men and women are less valued⁷.

It is also worth noting that, in addition to the problem's social invisibility, different conditions experienced by elderly women imply violence silencing. Although they have experienced decades of abuse, they have difficulty in formally reporting and reporting the aggression⁸. Thus, coping with violence by this population requires the development of actions that promote the transformation of conditions of vulnerability to violence, supporting them in this decision-making process⁹.

In this regard, investing in this population's empowerment is fundamental to coping with the problem, which involves developing critical awareness about individual reality, power inequalities and capacity for mobilization.

Although it is possible to observe the trend of developing studies on violence against women, cases related to elderly women receive little attention in the scientific literature, especially considering the possibilities of dealing with the situation^{10,11}. Thus, this study started from the question: how do elderly women experience the leading role in reporting domestic violence? Therefore, the present investigation aimed to interpret the experience of empowerment and develop a theoretical model that explains it.

METHOD

This is qualitative research, with an interpretative approach, carried out through Grounded Theory (GT), in the Straussian vein, which aims to explain phenomena through individuals' experiences, extracting perceptions, meanings and social interactions. In this approach, the human dimension and social aspects that are related are considered, enabling the elaboration of an explanatory theory that emerges from the relationships established between the different concepts discovered through systematic procedures of data collection and analysis anchored in Symbolic Interactionism precepts¹².

The research was conducted at a Women's Defense Station (WDS) of the Civil Police Section of the State of São Paulo in a municipality with an estimated population of 238,602 inhabitants, 52.11% of whom are female. With 19.3% of the total population composed of older adults, it has an Aging Index (AI) of 76.8¹³.

In GT, data collection was carried out through theoretical sampling, which enabled the development of concepts that directed researchers to new questions and the elaboration of hypotheses that were answered in the new data collection. Therefore, data analysis determined sample size¹².

The sample group was defined during the data collection process, and analysis was carried out until the hypotheses emerged, which were further investigated during subsequent data collections. In the present investigation, theoretical sampling was composed of three sample groups and 30 participants (Figure 1).

In considering the study objective, the selection of participants who integrated the first and second sample groups used the following inclusion criteria: being over 60 years old, having been treated by WDS professionals and having suffered some type of violence. Women with an inability to communicate verbally and cognitive deficits that would hinder the conduct of the interviews identified in initial consultation by the researcher or research team were excluded. The third sample group was composed of WDS professionals, with the following inclusion criteria being considered: being assigned to the WDS during the collection period and directly providing care to elderly women in situations of violence. For this group, those with less than six months of experience at the location were excluded.

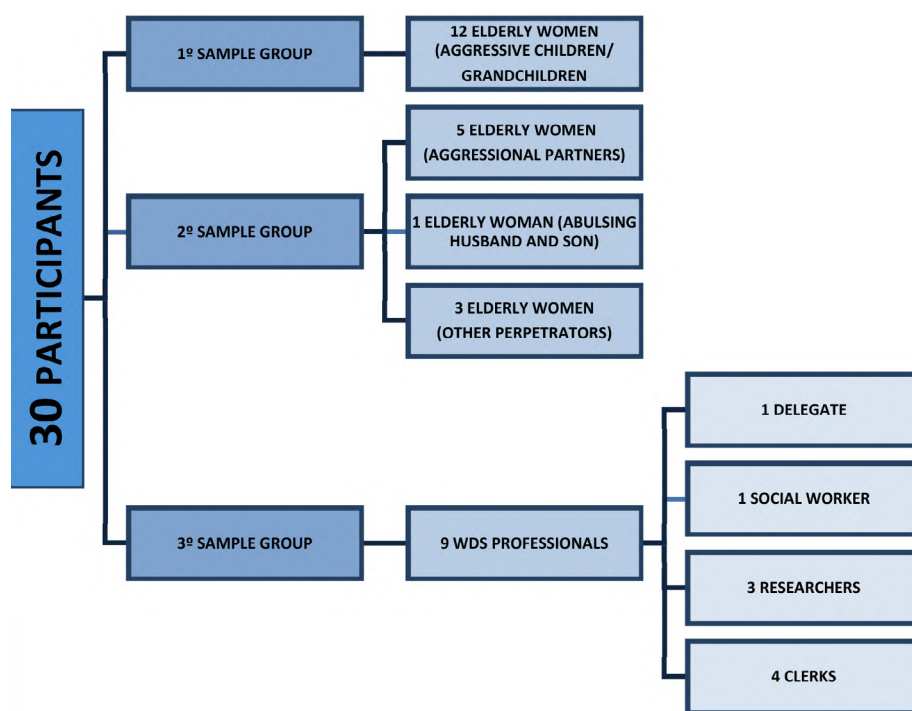


Figure 1 – Theoretical sampling. Marília, São Paulo, 2022.

The inclusion of participants in the first sample group, after ethical approval, occurred at the recommendation of WDS professionals. The first interviews were conducted with women whose children/grandchildren were the perpetrators (12 elderly women). Then, through the process of constant comparative analysis, it was possible to develop the hypothesis “The experience of reporting differs depending on the type of relationship with perpetrators”, which indicated the need for further investigation, directing the second sample group. Thus, sampling was carried out intentionally, with participant selection made by Police Station professionals. There were no refusals, however one interview was excluded due to the cognitive deficit presented by an elderly woman, which made it impossible to conduct the interview.

Following the continuous data collection and analysis, the hypothesis “the interaction between victims and Police Station professionals is an important variable for whether or not the incident is reported” led to the third sample group, composed of WDS professionals. This hypothesis emerged from the interviews, since most of elderly women experienced violence in a solitary manner and hidden from family and friends due to feelings of shame and guilt. Therefore, the treatment and establishment of a relationship of trust between elderly women and professionals at the police station influenced incident reporting. To compose this sample group, the professionals at the service were interviewed. There were no exclusions or refusals.

Data were collected from February 2018 to January 2020 by two experienced PhD students in qualitative research, with the assistance of a technical assistant and a supervisor who is also an experienced researcher. The researchers then accompanied Police Station professionals during the investigations as a way of acculturating them to the scenario studied.

Data collection took place, upon participants’ acceptance, through individual interviews in a private room at the police station. The location, date and time were previously established by participants and confirmed in advance by telephone.

To characterize participants in the different sample groups, a questionnaire containing socioeconomic data and information about the victim-perpetrator relationship was used. For the interviews with elderly women, a semi-structured script was used with the following questions: how did the report of violence occur? What were the reasons that led to the decision to report it? What was it like for you to make this report? What was the meaning of facing this situation? In the third sample group, the focus was on the following questions: how do violence reports made by elderly women? Are there differences in the reporting and care provided between elderly and young women? What are these differences and why do they occur?

The interviews in the three sample groups were recorded on audio, transcribed in full and analyzed, respecting data circularity and the constant comparison method. Each interview lasted an average of 35 minutes (50 minutes for elderly women and 20 minutes for professionals). Data saturation was reached when data repetition and the absence of new information relevant to responding to the study objective were observed¹⁴.

The material obtained was organized and coded with the support of NVivo software version 11 Plus, which contributed to the data analysis process. In the Straussian approach to GT, the data analysis process occurs in a continuous, flexible and circular flow, being divided into three phases: open, axial and selective coding^{12,14}.

In open coding, data are analyzed in detail to identify dimensions and properties of concepts as well as to assign substantive codes. Axial coding involves regrouping data by relating categories and subcategories. In the selective coding stage, emerging categories are refined and compared, seeking to identify the central category or phenomenon. In this phase, concepts were connected to the central category to allow analysis of relationships^{12,15}.

In the Straussian approach, a model is presented that identifies the central phenomenon, the context, the intervening and causal conditions, the strategies and consequences¹².

This research's reliability was achieved through the credibility, transferability, dependability and confirmability criteria. In this study, data interpretation validity occurred through feedback and subsequent contacts with the elderly women interviewed, presentation of preliminary analyses at an international conference, validity with the group of researchers involved and theory validity with the Police Station professionals who were part of this study, through presentation of results and reflections on interrelations that culminated in the theoretical model, which was carried out in May 2022, affirming the credibility¹⁵.

Transferability was ensured through a clear explanation of the context investigated, including participant descriptions and research setting. Dependability was achieved through a rigorous description of each stage of this investigation. Finally, confirmability was achieved through gradual verification during data collection, correcting and minimizing possible biases and assumptions by the main researcher¹⁵.

The research was authorized by the administrative management of the Police Station and was approved by the Research Ethics Committee of the proposing institution. In data presentation, in order to preserve anonymity, elderly women were identified by the letter E, and Civil Police professionals, by CP, followed by the number that represents the order of the interview. Participants signed the Informed Consent Form (ICF), respecting the precepts of Resolution 466/12 of the Brazilian National Health Council.

RESULTS

The study included 30 participants, 21 of whom were elderly women and nine of whom were WDS professionals. Most elderly women were between 60 and 64 years old, illiterate or had not completed elementary school, were retired, and were married or living together. In relation to their relationship with perpetrators, the majority were mothers or grandmothers (12), partners/spouses (six), and the others (three) had another type of close relationship with the perpetrators.

As for the Police Station professionals who made up the third sample group, the majority were women, had a law degree, were between 30 and 35 years old and had worked at WDS for at least nine months.

Data analysis and integration enabled an understanding of the dimensions involved in the process of reporting interpersonal violence by elderly women, revealing the phenomenon of "Taking the lead in coping with violence". This phenomenon is related to five categories and 14 subcategories, which were organized through the connection between the paradigmatic components, context, causal and intervening conditions, strategies and consequences, as shown in Figure 2.

The phenomenon "Taking the lead in coping with violence" reveals that the experience of reporting violence by elderly women derives from the process of individual empowerment, highlighting the interdependence between the meanings attributed to social role (woman, wife, mother, grandmother) and coping with the situation of violence. The decision to stop abuse and, consequently, reporting it, even with possible consequences, is, therefore, intimately connected to the awakening of a critical conscience, based on self-perception of the context of life and decision-making that they no longer want to experience abuse, considering strength, the need for survival and independence built in the aging process itself. Thus, this decision-making comes from the combination of different empowering elements that strengthen them to regain the leading role in their own lives.

Empowerment to file a report, in this sense, originates from the intersection of role maturation and identity as women, provided by aging and the establishment of a social network that supports and validates the position in the face of violence. However, in the absence of a solid support network,

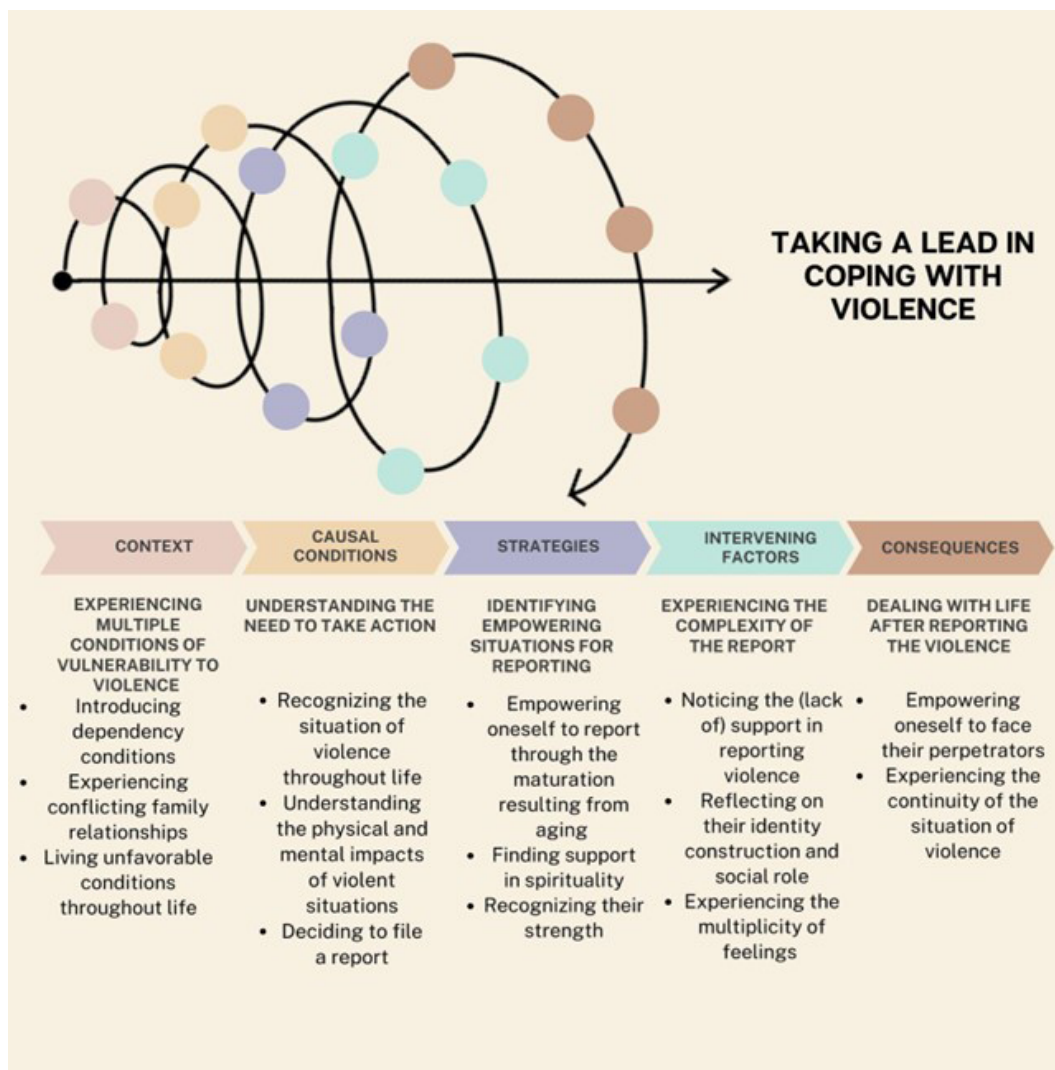


Figure 2 – Integrative diagram of the phenomenon “Taking the lead in coping with violence”. Marília, SP, Brazil, 2022.

“social role” as a mother/grandmother, wife and relationships of interdependence with perpetrators strengthened by patriarchy, lead vulnerability maintenance to new situations of violence. Thus, although reporting represents resumption of autonomy, interactions with the individuals that make up the network of relationships and social identity construction imply the perpetuation of abusive situations, even if in new forms of manifestation.

In the category “Experiencing multiple conditions of vulnerability to violence”, it is observed that these women commonly experience relationships of dependence on perpetrators, both financially and in terms of care, and sometimes they are also the persons responsible for perpetrators’ care, as demonstrated in the subcategory “Presenting conditions of dependence”.

He’s the one who takes care of me. If I take him out of here, it’ll be worse, because who’s going to take me to the Emergency Care Unit (ECU) (E16).

Since he was born, he [the abuser] has never been healthy, it was because my husband abused me a lot, so he says that everything comes out in the child. He abused me a lot, so I cried a lot and was very depressed, I still am today, so he says that everything comes out in the child (E3).

It is also possible to identify the existence of conflicting family relationships and that these women have experienced unfavorable conditions throughout their lives, presented by the subcategories “Experiencing conflicting family relationships” and “Experiencing unfavorable conditions throughout life”.

I've been suffering too. Since I was little, I was raised without a father, so if I wanted to eat, I had to work, otherwise I wouldn't eat, so I see that suffering of mine since I was little, now after I'm old too; I can't take it anymore, there are times when we sit and just think (E12).

These older women were usually dependent. The elderly were dependent, so they thought they had to put up with everything, including being raped! They suffered all kinds of violence, physical, psychological, in order to maintain the family nucleus as well (CP9).

Elderly women report violence when they recognize the need to act in the face of a situation of violence. Thus, it can be seen that the causal condition component, in the category “Understanding the need to take action”, represents the motivations for reporting the violence. It is possible to see, then, that although the aggressions, in different natures, may have been experienced over the years, the report is made from the moment in which they realize that the situations experienced represent violence, as demonstrated in the subcategory “Recognizing the situation of violence throughout life”. This can be found in the following statements:

I watch news reports and I see what happens in them, a son with a knife to his mother's neck, and you think we won't take action? We will take action, yes! We're not going to stay in this situation, because I can't feel sorry for him. Everything I could do, I did, now I can't do it anymore (E12).

And then you open your eyes to many things that, sometimes, your whole life you saw differently, then I did (E15).

In the subcategory “Recognizing the physical and mental impacts of the situation of violence”, it was observed that identifying impairments in physical and mental health proved to be decisive in facing the abusive situation. Thus, the decision to report the abuse often occurs only after the illness, especially psychological illness.

I'm really depressed, taking medication since December. I feel depressed (voice choked), because, like, I don't see a future (E18).

Look at what we've come to. You've reached the point of madness too. He gets in my way at work, messes everything up here, we lose a lot of energy. I have depression. As a result of this, I had a stroke, I think it was in 2017 (E10).

Thus, Police Station professionals identify that it takes time for elderly women to report violence, which is different from what is observed among younger women.

So, they hold on there until they can't anymore. So, I think that's why they take longer to ask for help (CP4).

This decision also occurs based on two motivational factors: self-preservation and the possibility of facilitating hospitalization for treatment of perpetrators addressed in the subcategory “Deciding to file a report”. It is possible to identify, then, that, for these elderly women, the report represents the resumption of control over their own lives. Therefore, they realize that filing a report is essential for self-preservation. However, when they identify that perpetrators have health needs, a police report is filed, not with the intention of obtaining personal benefits, but as a way of assisting the treatment of perpetrator sons, through compulsory hospitalization. Thus, even if they identify the suffering, what motivates the report is the possibility of contributing to the rehabilitation of son/grandson who is a drug user and/or has mental disorders.

Of course, if you don't take action, you die. And there will come a day when he will say to me, “My mother was right, I was the one who was wrong”. But I'm not going after it, you forgive me, but I'm not going after it, no, because I'm ashamed. Those who suffer aggression do not forget (E6).

So, this is the case of [son's name], I filed a police report to help him get admitted, and I was advised to do this by the social worker at the spiritualist hospital and by the lawyer herself. Oh, daughter, if you can help me get my son admitted, wow! At least he has a few years of life, because jail is no use (E5).

I had to go to the judge, I had to go after him for his own good, right, for his own good, and he wanted to do that, and that was the end of it, daughter (E2).

However, regardless of the reasons that led them to make this decision, they experienced situations that empowered them to report it. Thus, in the paradigmatic component strategy, represented by the category “Identifying empowering situations for reporting” and its subcategories, it was possible to identify the synergy between reinforcing elements that contributed to this decision-making process. The subcategory “Empowering oneself to report through the maturation resulting from aging” reveals that elderly women perceive that aging promotes their personal maturation, modifying the acceptance of perpetrators’ behavior and altering their interaction with individuals around them.

We go through stages in life, there comes a time when we mature in everything. People say you’ve gotten older, right? No, you’ve matured! (E15).

The suffering is too much, it’s really a lot of suffering. I’m 69 years old, I should be resting, taking walks, living a very calm life (E10).

In the subcategory “Finding support in spirituality”, it is observed that, in a scenario in which the report is often experienced in a solitary and “hidden” way, it is in the relationship with their beliefs that they feel strengthened to face the situation of violence.

Everyone has problems, I’m not the only one, but there’s a way to do everything. We say our prayers, not asking, but asking for wisdom to face them, because everyone has problems. We just need wisdom to face the problem, and I think I’m getting it (E18);

I’m not afraid to sleep alone, because I have my friend who is God, I sleep in peace, yes, because I’m sure that no one will come here to my house, I have great faith in God (E7).

The subcategory “Recognizing their strength” shows the intrapersonal relationships of elderly women based on the recognition of their ability to cope with their perpetrators and stop the situation of violence. In this way, the empowerment to report the crime is a reflection of their intrapersonal relationship and the redefinition of their identity.

After love for God, self-love, because with dignity, we have to demand respect from people, right? It’s not because you’re a husband or have lived together for 40 years that you have the right to do certain things (E15).

However, different conditions interfere in the reporting process. Thus, the category “Experiencing the complexity of the report”, from the intervening condition component, demonstrates that the reporting process is permeated by elements that favor and/or hinder reporting. In turn, in the subcategory “Noticing the (lack of) support in reporting violence”, it is observed that this experience is significantly impacted by the relationship between elderly women and their support network.

But his sister, who is my daughter, doesn’t want us to take him out of the house, she just wants him to be hospitalized. She says, “Let God act”. I told her, “He will act, my daughter, but we will die suddenly because of this monster” (E12).

And I suffered, you see, but I couldn’t find a soul to help me, everyone turned their backs on me, only God didn’t! I don’t have a mother, I don’t have a father, I don’t have anyone, I only have God for me. I had to spend without being able to, I was left with nothing. It was just suffering, and my family, my daughter, just humiliated me, just humiliated me. And that’s it, that’s how it happened (E4).

Thus, it was found that the lack of support, especially from family, makes it difficult for elderly women to make the decision to stop aggressions. However, the support of third parties and mainly the

care received by Police Station professionals during the investigation are important for the continuity of the process.

I had already been advised by the psychologist, but filing a report is a very extreme thing, I was like that, then that day passed, I got better (E15).

In relation to whether you want to do the incident or not, you can think about it if you want [investigator's speech]. No, I'll go there with you. I won't cower. Since there was a son of God who worried about me, won't I chicken out? Yes, I will (E19).

There is violence there that affects the structures, understand? But theoretically, we have to be prepared and, at the moment, we can even swing, then fall later, but, at the moment, it's about demonstrating strength, empathy, some solutions, because they usually get here they can't see a light at the end of the tunnel (CP5).

Another important element in this process, which is explicit in the subcategory "Reflecting on their identity construction and social role", refers to the impacts of the social construction of the role of women. Consequently, it was possible to identify that the reporting process is influenced by the cultural construction of motherhood and marriage.

Ah, they ask, and the mother sees a child, sees him in need of something and doesn't help, right? I help (E20).

Then, I felt sorry, I have a very soft heart! I felt sorry. She came back, pleased, asked for forgiveness and everything. Then, he told me, "I don't drink anymore", so I took it and went there and withdrew the complaint with his sister (E14).

I think that from upbringing, from a different culture, from the time, they were created with the idea that women had to get married to serve their husband and children. And then I believe that's exactly what it is, a question of education, of culture, of values that were passed on from grandmothers to mothers, from mothers to them, so they hold on until they can no longer do so (CP8).

Associated with this identity construction, it is also identified that the multiple feelings experienced, expressed in the subcategory "Experiencing the multiplicity of feelings", interfere with filing the report. Thus, the fear of the impacts on perpetrators' and families' lives, the fear of being judged by third parties and the feeling of guilt for perpetrators' attitude impact the decision to make and continue with the report.

I tell them that, frankly, it's not working for me. What's really bothering me is the girl, because the girl is going to suffer. Then my conscience weighs heavily, and then it gets worse. She is (crying) very intelligent, she won second place last year in the whole school as the best student, (crying) she is smart, intelligent and polite. She doesn't swear, she's affectionate, but, unfortunately, I'm going to have to leave her (voice chokes), that's what's bothering me (crying) (E18).

I said to the delegate, "I'm just not going to do that because he's currently living on a farm, and he's registered, then he loses his job, he'll blame it on his mother" (E4).

Daughter, if I'm going to throw my son in jail, I'd rather God take him out and he dies on the street, because jail doesn't solve things for him (E8).

In the consequence component, represented by the category "Dealing with life after reporting the violence", the coexistence of different outcomes of the situation of violence was observed. Initially, after reporting the violence, these women feel empowered to face their perpetrators, as demonstrated in the subcategory "Empowering oneself to face their perpetrators". However, the "need" to maintain family ties leads to the maintenance of power relations between victim and perpetrator, since they are responsible for maintaining the family. In other words, although reporting represents the interruption of certain abuses, the maintenance of marital ties and the experience of complex family contexts are responsible for the perpetuation of violence, even after reporting, constituting the subcategory "Experiencing the continuity of the situation of violence".

Sometimes, he offends me, so I leave quietly, I don't say anything, I'm going to cry, I'm going to vent alone, so that's difficult. Jesus knows my heart more than I know myself... I don't like it, I don't love it. And my daughters know that, I said, "I'm here for you too, for the family". When parents separate, the family becomes tumultuous. So, if I can handle this, I'm enduring it for God. God gives me a gift so I can endure (E13).

With elderly women, there is this concern about the family, about... even what others will think, about the neighbors. For many, divorce is still a taboo, so they tend to give up on the process (CP7).

So, I hold on, I carry on, but these things ruin our emotions. You don't see the person with the same eyes anymore. If there was love, there isn't that love anymore, that's what happens, but I have my children, I have my grandchildren, they have to have a structure in me. So, I had children, I had grandchildren and I have to give an account to God for this family, am I going to let it go? (E13).

DISCUSSION

In this research, it was observed that the experience of reporting by elderly women who are victims of violence, represented by the phenomenon "Taking the lead in coping with violence", configures a complex process full of contradictory feelings and resignifications that, often, in the absence of a family support network and/or specialized services, lead to the maintenance of violence of different natures¹⁶.

In general, the lives of elderly women who report violence are marked by the interconnection of different factors that contribute to occurrence of violence. Although they are victims of violence in different forms, their life contexts and abuses are similar. Violence against elderly women is mainly perpetrated by children, grandchildren, partners and ex-partners¹⁵. The experience of various vulnerabilities is deeply related to abuse. Older adults who are victims of violence often experience relationships of dependency on their perpetrators, with care and financial dependence being the main factors responsible for maintaining these relationships¹⁷.

In intra-family dynamics, the existence of conflicting and abusive family relationships is observed throughout the trajectory¹⁸. Elderly women who have suffered or are suffering abuse from partners may be victims of new violence carried out by descendants, with neglect, financial/patrimonial and psychological violence being the most frequent¹⁸.

It is also emphasized that, usually, in elderly women whose perpetrators are current or former partners, abuse begins soon after marriage, relating it to social role as wife and the representation of her as the husband's "property". Thus, it is possible to observe that the occurrence of aggression often presents itself as a disproportionate response to unfavorable situations¹⁹.

The abuse experienced generates numerous impacts on elderly women, including negative feelings that lead them to experience hopelessness, fear and helplessness, leading to a decrease in self-esteem and self-confidence, in addition to blaming themselves for what happened²⁰.

Thus, the experience of reporting violence represents, for elderly women, a rupture and overcoming, albeit discreet and momentary, of this oppressive context. The phenomenon of "Taking the lead in coping with violence" denotes that this moment occurs from the awakening of awareness of the need to regain autonomy over one's own life. This experience therefore requires a new interpretation of violence, often experienced over decades²¹.

Furthermore, the interpretation of violence and the need to take the lead in coping with it by reporting it is based on the recognition of the urgency of taking action. In this study, it was identified that, in order to make this decision, elderly women would need to understand that they were experiencing a situation of violence. This fact is of great importance, since many elderly women have difficulty in interpreting episodes of aggression as violence, recognizing the abuse only after third parties intervene²².

Among the reasons related to this difficulty, it is observed that patriarchal culture is a determining factor for not coping with the situation of violence. This occurs because the maintenance of gender disparities and the uncritical reproduction of social roles normalize abusive relationships, driving these women's acceptance of situations of violence²³⁻²⁴.

Thus, this perpetuation and acceptance is deeply influenced by cultural factors. Social norms and standards of gender and religion are widely used as ways of justifying violent actions. Thus, the culture of patriarchal domination anchored in laws is strongly associated with high rates of violence against women, which are even more prevalent among elderly women^{8,25-26}.

The report results from the rupture, albeit partial, of these women with this culture of acceptance of gender violence, through the development of (self)empowerment strategies for this decision-making⁸.

Thus, even in a context of silencing, shame and internal blame for violence, these elderly women, by attributing new meanings to the situations they experience, find within themselves the strength and courage to face the situation of violence²⁷.

It was also identified that spirituality was an empowering factor for reporting the crime. During the aging process, religiosity becomes an important emotional and motivational resource for coping with adverse situations and conditions. Older adults attribute the strength to deal with situations of violence to divinity and/or the supernatural. However, although spirituality is important in the search for a solution to the oppressive situation, some older adults recognize violence as a means of spiritual evolution planned by the divine. Therefore, spirituality or religiosity is simultaneously a way of seeking support and explaining the situation of violence experienced²⁸.

The experience of reporting abuse is permeated by contradictory feelings influenced by the support and social construction of their identity and function/role in society. The validity and support of these women proved to be fundamental for the decision to leave an abusive situation. Therefore, in the face of numerous factors that perpetuate violence, the establishment and strengthening of a robust support network, composed of family members, health professionals, support services and civil society, favors coping with abuse by elderly women, even if momentarily⁸.

On the other hand, it was possible to identify that coping with violence aroused contradictory feelings in elderly women, given the coexistence of relief in stopping the violence and fear of the consequences of reporting it to perpetrators. In this context, the desire to cope with perpetrators and the internal and social pressure to be responsible for care are perceived as obstacles to continuing the legal process and completely breaking off the relationship with perpetrators²⁹.

Thus, it is clear that the maintenance of marital ties and complex family relationships is responsible for the persistence of abusive situations, whether in other forms of manifestation by the same perpetrator or through violent behavior by other family members²⁹. Therefore, the need to be loyal and take care of children, grandchildren and/or partners, even if abusive, made it difficult to really and definitively cope with violence, leading to the maintenance of violent relationships, even after the report was filed⁸.

Therefore, it was possible to identify that these women experience a multitude of feelings that directly impact their coping with violence. Feelings such as shame, self-censorship and fear of leaving relationships, then, promote the silencing of abuse. As a result, they have difficulty sharing stories and reporting violence²⁴.

It was also identified that violence silencing is associated with the impacts of leaving a relationship in old age and the fear of potential losses after breaking up with perpetrators. Financial means and security, investments in home care and contact with objects full of symbolic value and memories of a lifetime are included. They then experience a feeling of deep frustration and sadness at having to, after decades of construction, raising children and taking care of the home, reorganize their own lives⁸.

Addressing violence against older women requires overcoming numerous barriers that are often not experienced by younger women. For older women, the response of other individuals greatly interferes with their ability to seek help in the face of a situation of violence. Furthermore, support from health professionals, police and social services, as well as family and friends, is essential, as it can either facilitate or hinder reporting. Thus, the lack of knowledge, trust and emotional support are shown to be factors that perpetuate violence. These are exacerbated by feelings such as guilt, negative self-perception, shame and helplessness as well as the difficulty of these older women in reintegrating into the job market³⁰.

Although the report represents coping with the situation of violence, it highlights the recurrence of abusive relationships between elderly women and their perpetrators. The social construction of the role of wife, with the need for “satisfaction” from the husband and mother, who must maintain and provide unconditional support to children and family, is responsible for the perpetuation of violence and the discontinuity in the judicial process^{17,9}. In this context, they point to the importance of developing public policies supported by actions directed at this segment of women, since they present particularities not experienced by young women.

In addition to empowerment strategies that aim to identify the abusive situation and encourage decision-making to cope with perpetrators, this research made it possible to identify that, in order to effectively cope with violence, it is essential to develop empowerment strategies that support the real and definitive transformation of the condition of oppression. Thus, in addition to the management and support of these women in reporting the situation, the effectiveness of assistance requires overcoming conditions of vulnerability to abusive relationships and breaking with patriarchal patterns of social roles^{9,30}.

Therefore, this research is limited to a complex but specific reality, in which violence reports were made to a police station. Thus, the theoretical development of this phenomenon can be worked on, in the sense that, after developing systematized intersectoral actions to empower these elderly women victims of violence in different contexts, comparing the experience of these participants with the theoretical model presented here.

CONCLUSION

The theoretical model constructed from the experiences of elderly women who are victims of violence in reporting violence shows that this process is related to the social construction of elderly women themselves regarding their own roles as workers, mothers, grandmothers, wives, caregivers as well as the establishment of an empowering support network or not in this decision-making. Consequently, during this process, often permeated by ambiguous and contradictory feelings, based on empowering elements, these women take over, even if momentarily, the leading role in their own stories, in the search for an end to situations of violence.

However, the hegemony of patriarchal relations between men and women and the construction of women’s identities, especially in older generations, make it difficult to maintain this autonomy in life decisions, returning to a position of subordination in relation to perpetrators. Thus, the real and definitive coping with violence requires, in addition to the development of empowerment strategies, the review of gender power relations.

Furthermore, given the aging population and the feminization of old age, investment in public policies and actions specific to this population is essential for the real and definitive coping with violence.

When considering, further, the impacts of social interactions on the way in which these women deal with situations of violence and the power of primary care services, the preferential door for meeting needs in the health system, acting in the prevention and identification of risk factors for violence, must be open to monitoring, in addition to suggesting the creation of definitive spaces for elderly

women to share experiences, linking training with the instrumentalization of health professionals in comprehensive care operationalization.

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