

THE ELDERLY'S PERCEPTION ABOUT THE EXPERIENCE VIOLENCE

PERCEPÇÃO DO IDOSO ACERCA DA VIOLÊNCIA VIVIDA

LA PERCEPCIÓN DEL ANCIANO SOBRE LA VIOLENCIA VIVIDA

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Objective: to understand the elderly's perception about the experienced violence. **Method:** qualitative study, conducted in the Women's Police Station of a city in the countryside of São Paulo. The collection was performed in the period from January to December 2018, with 15 elderly people. The data were analyzed through the thematic analysis technique. **Results:** two thematic categories emerged from the reports: "the aggression and its impacts" and "seeking an explanation for the aggressive behavior". Among the perceived aggression, there stood out physical and verbal ones, which turned into negative feelings. However, the elderly still tried to justify the actions of their aggressors. **Conclusion:** regarding the violence suffered, the elderly realized that living in a situation of aggression jeopardized their comfort and quality of life.

Descriptors: Aged. Violence. Aging.

Objetivo: compreender a percepção dos idosos quanto à violência sofrida. Método: estudo qualitativo, realizado na Delegacia de Defesa da Mulher de uma cidade do interior paulista. A coleta foi realizada no período de janeiro a dezembro de 2018, com 15 idosos. Os dados foram analisados por meio da técnica de análise temática. Resultados: duas categorias temáticas emergiram dos relatos: "as agressões e seus impactos" e "buscando uma explicação para o comportamento agressivo". Dentre as agressões percebidas, destacaram-se as físicas e as verbais, que se transformavam em sentimentos negativos. Contudo, os idosos ainda tentavam justificar as ações de seus agressores. Conclusão: quanto à violência sofrida, os idosos percebiam que viver em situação de agressão prejudicava o conforto e a qualidade de vida.

Descritores: Idoso. Violência. Envelhecimento.

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Objetivo: comprender la percepción de los ancianos en relación con la violencia sufrida. Método: estudio cualitativo, realizado en la Comisaria de la Mujer de una ciudad en el interior de São Paulo. La colección fue realizada en el período de enero a diciembre de 2018, con 15 ancianos. Los datos fueron analizados mediante la técnica de análisis temático. Resultados: dos categorías temáticas surgieron de los informes: "la agresión y sus consecuencias" y "buscando una explicación para el comportamiento agresivo". En la percepción de la agresión, se destacaron la física y la verbal, que se convirtieron en sentimientos negativos. Sin embargo, los ancianos intentan justificar las acciones de sus agresores. Conclusión: con respecto a la violencia sufrida, los ancianos se dieron cuenta de que vivir en una situación de agresión compromete el confort y la calidad de vida.

Descriptores: Anciano. Violencia. Envejecimiento.

Introduction

The violence against the elderly person has been acquiring a large proportion, both by its growth as by its consequences, constituting a serious public health problem. Such violence is understood as single or repeated actions, in which the elderly person suffers physically, psychologically or lacks providence. This type of violence brings mental, motor and cognitive problems, leading the elderly to suffer afflictions, even reaching suicide. Thus, the violence leads to decreased quality of life and increased mortality rate, in addition to being identified as a direct violation of human rights⁽¹⁻²⁾.

The elderly are among the social groups with a higher rate of vulnerability to ill-treatment. Some of the most affected groups are: unmarried women of advanced age, with low schooling, with physical/psychological dependence and living with their children, daughters-in-law and grandchildren⁽³⁻⁴⁾. The elderly's feelings of fear, shame, bullying or retaliation lead to the worsening of the situation, also because they tend not to report to the responsible institutions and bodies⁽⁵⁻⁶⁾.

After the age of 60 years, the vulnerability to the experience of violence increases, since the elderly are usually affected by multiple chronic diseases, in addition to presenting functional alterations that lead to the dependence on other persons, especially the family⁽⁷⁾. Furthermore, they often depend on the financial support. In this context, people in this age group are prone to situations of conflict and violence⁽⁸⁻⁹⁾.

The World Health Organization (WHO), after international consensus involving all countries

participating in the International Network for the Prevention of Elder Abuse, described the violence in seven types, highlighting: physical maltreatment or abuse, in which there is the intention of hurting, disabling or forcing the elderly to perform actions against their will, in addition to causing pain or even leading to death; and psychological maltreatment or abuse, in which there is humiliation, intimidation, restriction or isolation from society, through verbal and/or gestural actions and aggression⁽¹⁰⁾.

Differently from past times, the Brazilian population has lived longer. Although this fact should be a positive point, there is a lack of ability of the government and population to cope with this event. There is lack of public and awareness policies regarding the care with the elderly person, who needs effective attention, rights and policies for the best aging⁽¹¹⁾.

The lack of access to a specialized police station and the unawareness of their rights as citizens trap the elderly person within situations of violence, without knowing how to behave. Another aggravating factor is the fact that most aggressors are family members and/or caregivers. Therefore, the elderly avoid pressing charges and keep suffering violence⁽⁸⁾.

Due to the perpetrator's justifications and omissions of actions, the identification of cases of physical and psychological violence suffered by the elderly is difficult, who refuse to press charges against their aggressors, in an attempt to protect them⁽¹⁰⁾. This occurs mainly by the fact that the physical, psychological and even material aggression, which lead to serious diseases and

even to death - classified as a multicausal process - happen within family contexts and from various reasons⁽¹²⁾.

In the current context of violence and the difficulties cope with this situation, the following question arises: What is the perception of the elderly in relation to abuse? Thus, the objective of this study is to understand the elderly's perception about the violence suffered.

Method

This is a qualitative research, being a cutout of a larger project entitled: "Elderly Victim of Violence: the Interface between the Health Assistance, Legal Assistance and Social Assistance for the Development of Interventions". The data were collected through interviews with elderly victims of violence. For the analysis, the thematic analysis was used, considered an important tool that uses different and flexible methods.

The study context refers to the Central Judicial Police of the Civil Police, located in a municipality in the state of São Paulo, which has 216,745 inhabitants, being 13.6% elderly. The municipality, although relying on five police districts and four specialized police station, has no specific police station to meet the elderly person.

The elderly who met the following criteria were invited to participate in the study: age greater than or equal to 60 years, with Felony Complaint registered at the Police Station on their own initiative, by relatives or acquaintances, and being able to respond coherently to the interview. The interviews were carried out in the period between January and November 2018, by two of the authors, which were doctoral students and had experience in the activity.

The sampling was made by convenience. The interviews ended when there was data repetition, which can be understood as a moment of the research when the collection of new data brings no further clarifications to the object under study.

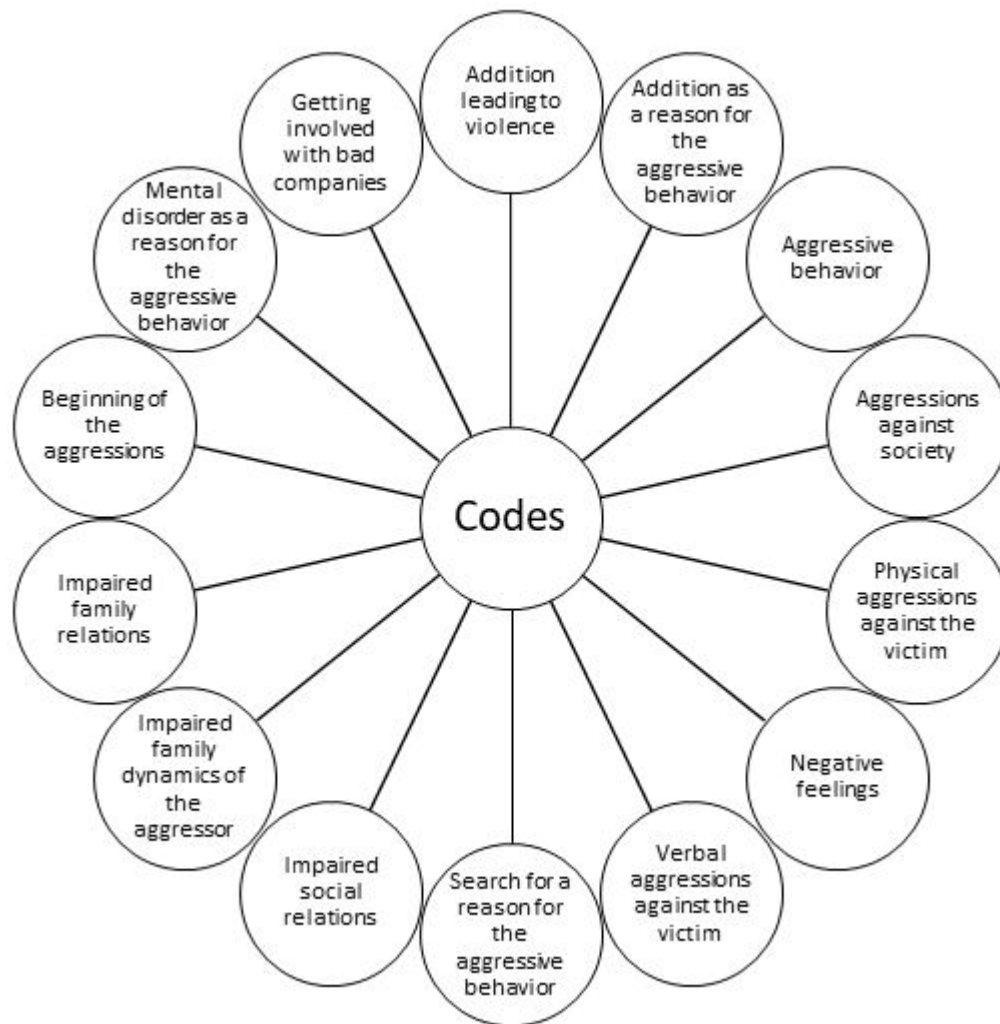
The repetition/saturation point, as well as the size of the sample, results from the heterogeneity of the studied population and takes into account the quantity and quality of data and concepts related to the topic⁽¹³⁾.

From this perspective, 15 elderly people were interviewed. The interviews had the following trigger theme: Talk about the experienced violence. Nevertheless, the interviewers made questions that aimed to explore more deeply the information provided, such as: Can you explain it better? How so? Can you exemplify? The approximate average length of interviews was 40 minutes, which were recorded and later fully transcribed.

The elderly were approached after indication of the responsible marshal, through the search for them by the service. The interviews took place in the facilities of a Women's Police Station. In some cases, due to the victims' difficulty in locomotion, they were carried out in the elderly's homes on day and time previously agreed by telephone, according to availability.

The thematic analysis was used for the data analysis. This technique aims to seek patterns and interpretations in order to increase the flexibility of the different aspects presented in the study. The exploitation of the theme is based on its own data and research guiding questions. The trajectory of this analysis is presented in six stages, emphasizing that it does not occur in a linear or pre-established way, since new data can expand and incorporate new meanings to the research⁽¹⁴⁾.

In the first phase, there should be the familiarity with the data. This is the reflection and systematic and attentive reading, in order to obtain a deep understanding of the data. In the second phase, there is the production of initial codes, as shown in Figure 1, to identify the semantic and latent content. In this way, the key points were sought in the data that reflected significant aspects for the research⁽¹⁴⁾.

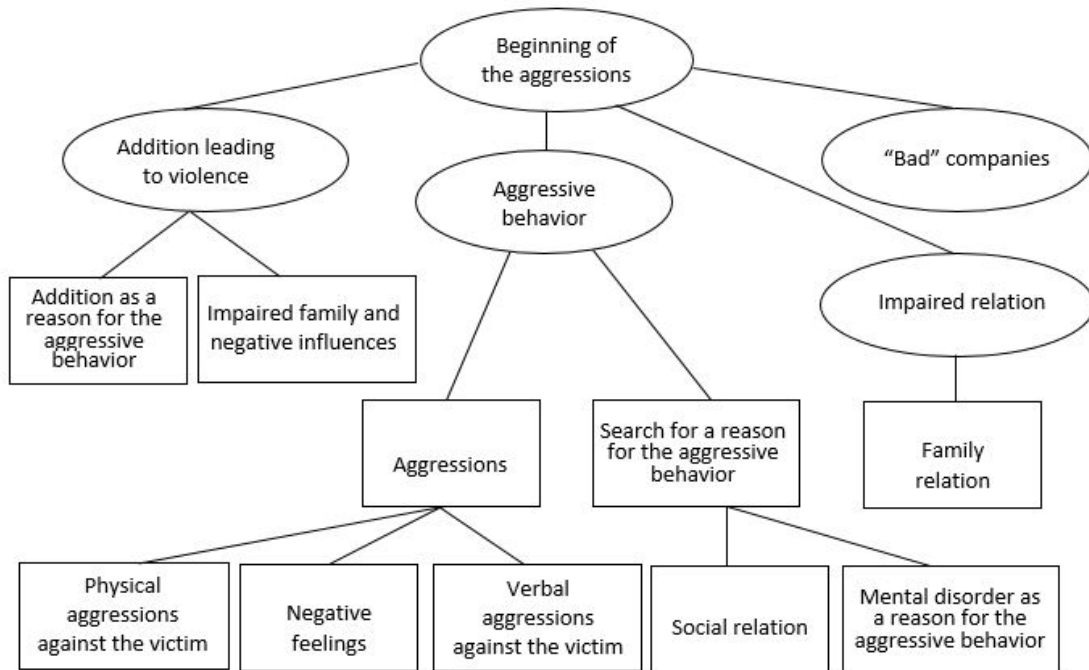
Figure 1 – Tree of initial codes on the elderly's perception about the experienced violence

Source: Created by the authors.

In the third phase, search for themes, the potentiated themes were chosen for greater exploitation. Thus, visual representations (Figure 2)

were built in order to illustrate the differentiation of initial themes and subthemes.

Figure 2 – Map of the differentiation of initial themes and subthemes on the elderly’s perception about the experienced violence

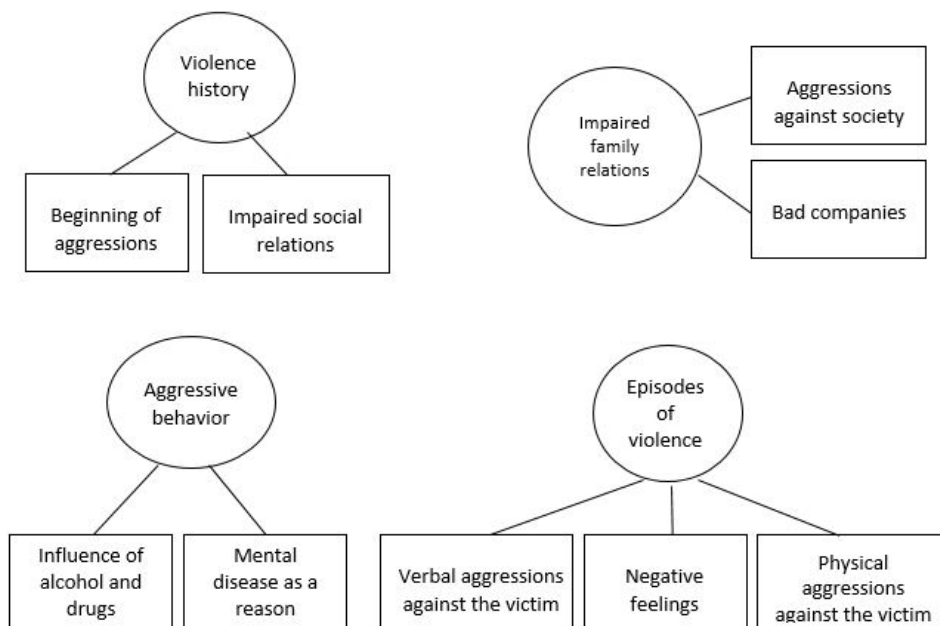


Source: Created by the authors.

In the fourth moment, the themes were revisited in order to further refine the essence of each subject⁽¹⁴⁾. The criteria of internal homogeneity and external heterogeneity

of data were considered, enabling the construction of a more developed thematic map, as shown in Figure 3.

Figure 3 – Map of refinement of themes and subthemes on the elderly’s perception about the experienced violence



Source: Created by the authors.

Then, in the fifth stage, the main themes were defined and named, keeping the hierarchy of information, identifying the interesting factors and why they are important for the research. As a last step, the final report was carried out. This revealed the excerpts of speeches of the participants incorporated into the narrative review, illustrating the approached subject, keeping its originality⁽¹⁴⁾. To preserve the confidentiality of the identity, the participants were represented in the transcriptions by letter I followed by a cardinal number indicating the order of the interviews, as follows: I1, I2... and I15.

In compliance with the ethical aspects for researches involving humans, the original project was approved by the Human Research Ethics Committee of the proponent institution under Opinion n. 2.253.887, taking into account the Resolution 466/2012 of the National Health Council. The elderly that participated, by

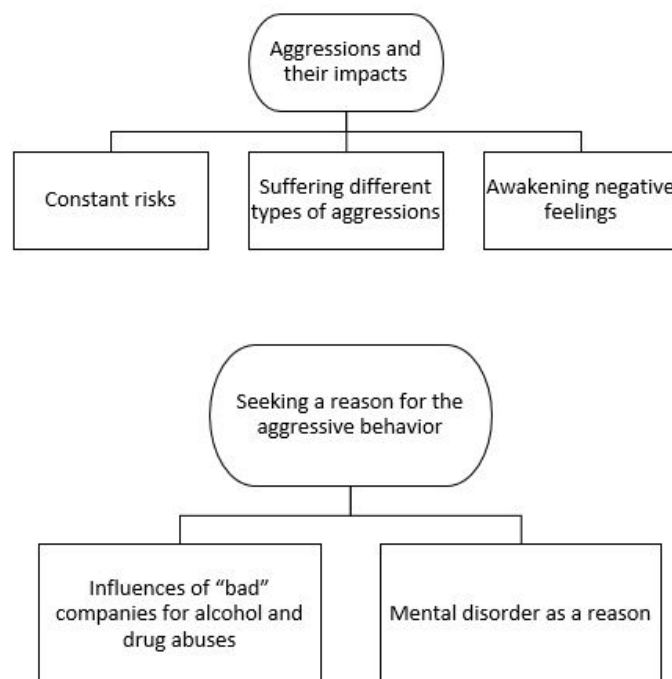
interest and free will, signed the Informed Consent Form (ICF).

Results

The elderly interviewees belonged to the age groups from 60 to 69 years, 70 to 79 years and above 80 years. Of these, 13 were female and two, male. Most aggressors had some degree of kinship with the elderly, especially children, who lived near the victim and were users of illicit drugs or were abusive users of alcohol.

Data analysis led to the definition of the final two themes and respective subthemes: "aggression and its impacts: suffering various forms of aggression and constant risks" and "seeking an explanation for the aggressive behavior: influence of bad companies to abuse of alcohol and drugs and mental illness as justification", as provided in Figure 4.

Figure 4 – Final thematic map, with themes and subthemes on the elderly's perception about the experienced violence



Source: Created by the authors.

Aggression and its impacts: suffering various forms of aggression and constant risks

The elderly participants reported living under constant threat and embarrassment, which occurred through derogatory words. The aggressors were part of the elderly's family and provoked constant risks. Therefore, the elderly felt obliged to keep them away from common spaces of the residence, according to the following speeches:

He surrounds me! From one side to another, he's always surrounding me. (12).

He threatens killing the whole family; he says: "Old lady, I'll kill you sometime. You have to die". (16).

The elderly revealed suffering both verbal and physical aggression, especially when the aggressors were confronted or desired to consume drugs.

He look in my face and said: "I haven't killed you because I've never wanted to. If I wanted to, I would've killed already". (114).

He wanted drugs. Sunday afternoon he wanted drugs! [...] He freaked out and threw me against this door. (15).

As a consequence of the aggressive behavior, the elderly interviewees also reported suffering financial losses, considering that the aggressors damaged public, domestic equities and even generated cases of violence against people from the community. This fact obliges the elderly person to bear the costs and other consequences.

He went there and broke things, burned everything, the pots, the plastics, everything. (114).

The first time, he and three friends [...] they attacked a disabled guy. He punched him many times. They got 1.25R\$ from the guy. (15).

The elderly who suffered aggression expressed negative feelings, such as anger and hate, once they went through verbal aggressions that damaged their self-image.

I feel so angry on him. You know, when a mother hates her own son? I hate him so much, because he calls me black monkey. (16).

Seeking an explanation for the aggressive behavior: influence of bad companies to abuse of alcohol and drugs and mental illness as justification

Despite all of the suffering generated by cases of aggression and ill-treatment, the elderly justified the action of their aggressors precisely because they are part of their family cycle:

But it's only when he drinks, because he's adorable. (13).

After we came to this city, he was underage back then, he got involved with some people who was always drinking and was hard for me. (11).

He was so honest, handsome, a bad company made him follow the bad path and begin to use drugs and steal. (115).

Since the aggressors had mental disorders and illnesses, the elderly justified they could not be punished for their actions. Nonetheless, despite this, they still pressed charges, expecting to receive aid from the responsible bodies:

I never know what he can do. He changes so fast, becomes another person, changes his face, changes everything! I'm very afraid he'll do something to me. (18).

I've pressed charges to help confine my son [...] he goes begging in the streets, he's schizophrenic [...] if you could help me institutionalize him [...] because jail doesn't work. (114).

Discussion

In this research, the elderly interviewees were victims of both physical and verbal violence, which were the most common. In order to illustrate this situation, according to a documental study carried out in the city of Recife, in the Elder Criminal Special Court and in the 1st Court for Family Violence Against Women, 13 participants reported cases of violence. All contained verbal violence, implicit or not, but only 2 participants reported physical violence⁽¹⁵⁾.

After international consensus, which involved all countries participating in the International Network for the Prevention of Elder Abuse, according to the WHO, seven types of violence were listed: physical aggression, in which there is the use of force with the intention of forcing the elderly to do something against their will, causing pain, disability or even

death; psychological aggression, in which there is verbal and gestural aggression, frightening, humiliating or even restricting the expression/social freedom of the elderly person; neglect aggression, in which there is refusal of care to the elderly; self-neglect, in which the person neglects him/herself; abandonment, in which the elderly person is not properly met and is left without protection or assistance, either by relatives, or government institutions; financial abuse, in which third parties exploit elderly people illegally or non-consensually; and, finally, sexual abuse, which relates to the elderly's harassment or seduction⁽¹⁰⁾.

It is understood that the vulnerabilities present in aging provide situations of physical, emotional and financial violence, since there is the family financial dependence on the elderly's allowances or retirement or even state of chemical dependence of those living with the elderly. The aggravating factor is that the aggressions occur mainly in the family context⁽¹⁶⁾.

Highlighting this fact, a study conducted with the elderly in Minas Gerais found that they have better financial situation in relation to young people. Regardless of gender, 84.9% of the elderly already have their own residence, in addition to other material goods, whereas the young, by low income, are living in the same household of the elderly, which may generate feelings prone to cases of aggression⁽¹⁷⁾.

The elderly's financial dependence or the dependence of relatives on the elderly' income increases the proportion of cases of violence. Moreover, some facts occur, such as the misappropriation of the elderly's finance without their consent⁽¹⁸⁾. This case, however, did not occur with the research participants.

The psychological and verbal aggressions are more frequent, precisely by the fact that the family and financial problems are solved through verbal discussions. Such discussions make the elderly feel guilty, depreciated, threatened and devalued constantly⁽⁷⁾.

There were more than 62,563 records of cases of violence against the elderly person in the year 2015 in the Center of Human Rights Complaints

(Dial 100). In 86% of cases, they were classified as neglect from the victim's own child, being this violence against the elderly woman. The records of the elderly aged from 71 to 80 years totaled 33%. Those occurrences directly reflect the issue of vulnerability present in Brazil⁽¹⁹⁾.

A study carried out in Porto Alegre demonstrated the severity of the situation, when analyzing the felony complaints of the police station and confirming that most complaints of psychological violence occurred within the residences and were carried out by members of their own family⁽⁷⁾.

The elderly defend the aggression suffered, using the argument that such act results from the aggressor's bad companies, who influenced the use of licit and illicit drugs, thus causing conflicts in the family context that generated the beginning of maltreatment⁽²⁰⁾. Nonetheless, the use of licit and illicit drugs causes behavioral changes and leads to cases of aggression due to the non-sobriety and lack of logical reasoning of individuals. In addition to other drugs, alcohol, although licit, also intensifies cases of physical aggression, because it reduces the control of actions and intensifies the conflicts⁽²¹⁻²²⁾.

When considering individuals belonging to the elderly's family context, many try to justify the aggression suffered, arguing that they were not in their complete mental sanity, due to the use of licit and illicit drugs, or even due to some psychological illness. However, despite the mental disorders, the complaint must be performed to allow the victim to receive guidance and the abuser to be sent to treatment and monitoring, thus avoiding the family disintegration or even the social isolation of the elderly person. For this purpose, and to understand and prevent such situations, measures and approaches should be established and implemented⁽²³⁾.

Despite feelings of anguish and anger the situation of violence suffered, the elderly in this research defended their aggressors, identifying the occurrence precisely because in the vast majority of cases, they belong to the your family. Therefore, they sought, through omission, avoid loss of contact and affection that could still

exist. They did not understand, however, that this fact generated the perpetuation of violence, impairing their quality of life and their comfort.

Studies also indicate the fact that the elderly are afraid to be retaliated and abandoned by their families, and even to be sent to homes or institutions for the elderly. In this way, several contradictory feelings occur, besides low self-esteem and physical/economic dependence, which generate the omission of the complaint, causing them to continue living in a hostile environment^(7,24).

Such feelings, added to the fact of jeopardizing the family itself, in addition to social punishments or hospitalization in institutions, favor the omission and the concealment of cases of violence in family contexts. With this, such occurrences will depend on complaints of others who know the fact or the visits performed by health agents. There is also the problem that the victim does not understand what has happened as a form of aggression⁽²⁵⁾.

In this way, for the effective understanding necessary to develop this work incisively, there was need to immerse ourselves in the subjectivity of families, exploring the context of the interviewee and bringing comfort to the elderly person, to avoid cases of discrimination, marginalization and exclusion. In this context, there was the collaboration of institutions and the participation of civil society, because the recognition of this public health theme can lead to a real transformation and improve the quality of life.

Conclusion

Suffering aggressions in the elderly's own residence and within their own family core is frustrating, harrowing and cause outrage and anger in the elderly, because that place should provide them with care and protection. Even wrapped in hesitations and justifications, they are led to denounce the fact, desiring some kind of help from responsible bodies. Despite the violence complaint, the elderly tend not to

blame their abuser, who is often a close relative. Thus, the victim tries to explain the physical and psychological aggressions, and, in most cases, does not want the abuser to go to jail or lose contact, alleging bad influences and even mental diseases as causes of aggression.

However, living in such situation of aggression jeopardizes the comfort and quality of life of the elderly person. In this way, breaking the silence and denouncing are necessary, in order to reduce effectively such events. For this purpose, governmental measures defined through public policies should be created and, the existing ones must be fully met. Furthermore, there is need to raise awareness of society, aiming to prevent future cases of aggression and improve the quality of life of the elderly.

In the care with the elderly person victim of violence, there is need to note the abused/abuser binomial, since the aggressor also has needs that require special attention from professionals involved in the care. Moreover, the abuser is often the only option to support the elderly.

The present study emphasizes the importance of the thematic analysis method, since it allowed highlighting difficulties, feelings and desires of the elderly who are victims of violence, in specific cases, by their own families, being able to detail the information and facilitate the understanding of the studied phenomenon.

Collaborations:

1 – conception, design, analysis and interpretation of data: Miriam Sanches Alarcon, Daniela Garcia Damaceno, Bruna Carvalho Cardoso, Viviane Boacnin Yoneda Sponchiado, Luzmarina Aparecida Doretto Braccialli and Maria José Sanches Marin;

2 – writing of the article and relevant critical review of the intellectual content: Miriam Sanches Alarcon and Maria José Sanches Marin;

3 – final approval of the version to be published: Miriam Sanches Alarcon, Daniela Garcia Damaceno and Maria José Sanches Marin.

References

- Bond MC, Butler KH. Elder abuse and neglect: definitions, epidemiology, and approaches to emergency department screening. *Clin Geriatr Med.* 2013 Feb;29(1):257-73. DOI: <http://dx.doi.org/10.1016/j.cger.2012.09.004>
- World Health Organization. The Toronto declaration on the global prevention of elder abuse [Internet]. Geneva; 2002 [cited 2019 Feb 9]. Available from: https://www.who.int/ageing/projects/elder_abuse/alc_toronto_declaration_en.pdf?ua=1
- Pina GVE, Rodríguez JP, Cancino AD, Enamorado JER. Violencia intrafamiliar contra el adulto mayor en una comunidad de Guinea Bissau. *MEDISAN* [Internet]. 2013 jul [cited 2019 Jan 27];17(7):1053-9. Available from: <http://scielo.sld.cu/pdf/san/v17n7/san04177.pdf>
- Warschauer M, Carvalho YM. O conceito "Intersectorialidade": contribuições ao debate a partir do Programa Lazer e Saúde da Prefeitura de Santo André/SP. *Saúde Soc.* 2014;23(1):191-203. DOI: 10.1590/S0104-12902014000100015
- Castle N, Ferguson-Rome JC, Teresi JA. Elder abuse in residential long-term care: an update to the 2003 National Research Council report. *J Appl Gerontol.* 2015 Jun;34(4):407-43. DOI: 10.1177/0733464813492583
- Oliveira AAV, Trigueiro DRSG, Fernandes MGM, Silva AO. Maus-tratos a idosos: revisão integrativa da literatura. *Rev Bras Enferm.* 2013 jan/fev;66(1):128-33. DOI: <http://dx.doi.org/10.1590/S0034-71672013000100020>
- Irigaray TQ, Esteves CS, Pacheco JTB, Grassi-Oliveira R, Argimon ILL. Maus-tratos contra idosos em Porto Alegre, Rio Grande do Sul: um estudo documental. *Estud Psicol.* 2016;33(3):543-51. DOI: <https://doi.org/10.1590/1982-02752016000300017>
- Oliveira KSM, Carvalho FPB, Oliveira LC, Simpson CA, Silva FTL, Martins AGC. Violência contra idosos: concepções dos profissionais de enfermagem acerca da detecção e prevenção. *Rev Gaúcha Enferm.* 2018;39:e57462. DOI: <https://doi.org/10.1590/1983-1447.2018.57462>
- Veríssimo CMF, Tomás EPL. Violência contra idosos. Percepção dos enfermeiros de Cuidados de Saúde Primários sobre as dificuldades na intervenção. In: *Coloquio Panamericano de Investigación en Enfermería*, 16, 2018, Havana. Anais (on-line) [Internet]. Havana: del Sitio; 2018 [cited 2019 Mar 15]. Available from: <http://coloquioenfermeria2018.sld.cu/index.php/coloquio/2018>
- Reis LA, Gomes NP, Reis LA, Menezes TMO, Carneiro JB. Expressão da violência intrafamiliar contra o idoso. *Acta Paul Enferm.* 2014 Sep/Oct;27(5):434-9. DOI: 10.1590/1982-0194201400072
- Bittencout P, Silva MA. Violência verbal contra idosos: palavras e silêncio marcados pela dominação. *Pretextos - Rev Grad Psicol PUC Minas* [Internet]. 2018 jul/dez [cited 2019 Feb 27];3(6):622-40. Available from: <http://periodicos.pucminas.br/index.php/pretextos/index>
- Mascarenhas MDM, Sinimbu RB, Silva MMA, Carvalho MGO, Santos MR, Freitas MG. Caracterização das vítimas de violência doméstica, sexual e/ou outras violências no Brasil – 2014. *Saúde Foco* [Internet]. 2016 [cited 2019 Feb 25];1(1). Available from: <https://smsrio.org/revista/index.php/revsf/article/view/199/178>
- Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev Pesq Qualitat* [Internet]. 2017 abr [cited 2018 Dec 20];5(7):1-12. Disponível em: https://edisciplinas.usp.br/pluginfile.php/4111455/mod_resource/content/1/Minayosaturation.pdf
- Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77-101. DOI: <http://dx.doi.org/10.1191/1478088706qp063oa>
- Silva CFS, Dias CMSB. Violência contra idosos na família: motivações, sentimentos e necessidades do agressor. *Psicol cienc prof* [Internet]. 2016 set [cited 2019 Mar 23];36(3):637-52. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932016000300637&lng=en&nrm=iso
- Alarcon MFS, Damasceno DG, Braccialli LD, Yoneda V, Cardoso BC, Marin MJS. Idosos vítimas de maus tratos: a visão acerca da violência vivida. *Atas – Invest Qualit Saúde* [Internet]. 2019 [cited 2019 Jul 28];2:1186-96. Available from: [file:///C:/Users/Usuario/Downloads/2253-Texto%20Artigo-7930-1-10-20190702%20\(9\).pdf](file:///C:/Users/Usuario/Downloads/2253-Texto%20Artigo-7930-1-10-20190702%20(9).pdf)
- Rocha RC, Côrtes MCJW, Dias EC, Gontijo ED. Violência velada e revelada contra idosos em Minas Gerais-Brasil: análise de denúncias e notificações. *Saúde Debate.* 2018 dez;42(spe4):81-94. DOI: 10.1590/0103-11042018S406
- Paiva MM, Tavares DMS. Violência física e psicológica contra idosos: prevalência e fatores associados. *Rev Bras Enferm.* 2015;68(6):1035-41. DOI: <http://dx.doi.org/10.1590/0034-7167.2015680606i>

19. Brasil. Ministério dos Direitos Humanos. Secretaria Especial de Direitos Humanos do Ministério das Mulheres, da Igualdade Racial e dos Direitos Humanos. Mulher, da família e dos direitos humanos [Internet]. Brasília (DF); 2015 [cited 2019 Jan 5]. Available from: <https://www.mdh.gov.br/navegue-por-temas/igualdade-racial/institucional>
20. Cantão L, Fonseca LLK, Silva TIM, Oliveira M, Oliveira VC, Machado RM. Perfil sociodemográfico e clínico de idosos com depressão e o uso de substâncias psicoativas. *Rev Rene*. 2015 maio/jun;16(3):355-62. DOI: 10.15253/2175-6783.2015000300008
21. Silva CFS, Dias CMSB. Violência contra idosos: perfil sociodemográfico dos familiares agressores, tipos de violência impetrada e motivações para sua ocorrência. *Rev Gest Saúde* [Internet]. 2016 [cited 2019 Jan 25];7(2):563-81. Available from: [file:///C:/Users/Usuario/Downloads/Dialnet-ViolenciaContraIdosos-5555888%20\(8\).pdf](file:///C:/Users/Usuario/Downloads/Dialnet-ViolenciaContraIdosos-5555888%20(8).pdf)
22. Aguiar MPC, Leite HA, Dias IM, Mattos MCT, Lima WR. Violência contra idosos: descrição de casos no Município de Aracaju, Sergipe, Brasil. *Esc Anna Nery*. 2015 abr/jun;19(2):343-9. DOI: <http://dx.doi.org/10.5935/1414-8145.20150047>
23. Silva VA, Ramos JLC, Queiroz FS, Amaral JB, Oliveira CMS, Menezes MR. Violência doméstica contra idosos: agressões praticadas por pessoas com sofrimento mental. *Rev Eletr Enf*. 2012 jul/set;14(3):523-31. DOI: <https://doi.org/10.5216/ree.v14i3.12953>
24. Castro VC, Rissardo LK, Carreira L. Violence against the Brazilian elderlies: an analysis of hospitalizations. *Rev Bras Enferm*. 2018;71(suppl 2):830-8. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0139>
25. Alencar KCA, Santos JO, Hino P. Vivência de situação de violência contra idosos. *Rev Enferm Atenção Saúde* [Internet]. 2014 [cited 2019 Jun 10];3(1):74-83. Available from: <http://seer.uftm.edu.br/revistaeletronica/index.php/enfer/article/viewFile/932/664>

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