

FEELINGS EXPERIENCED BY THE ELDERLY IN SITUATION OF VIOLENCE

SENTIMENTOS VIVENCIADOS PELA PESSOA IDOSA EM SITUAÇÃO DE VIOLÊNCIA

SENTIMIENTOS EXPERIMENTADOS POR LA PERSONA ANCIANA EN SITUACIÓN DE VIOLENCIA

Sarah Giovana Giolo Fernandes Dias¹
Edna Aparecida Lopes Bezerra Katakura²
Maria José Sanches Marin³
Miriam Fernanda Sanches Alarcon⁴

How to cite this article: Dias SGGF, Katakura EALB, Marin MJS, Alarcon MFS. Feelings experienced by the elderly in situation of violence. Rev. baiana enferm. 2023; 37: e 46840.

Objective: to understand the feelings experienced by elderly people in situations of violence. **Method:** an exploratory study with a qualitative approach, conducted from interviews with 15 elderly people who reported violence in the Women's Police Station, in a city in the interior of São Paulo, between January and December 2018. The data were analyzed and interpreted using the content analysis technique. **Results:** the study revealed that violence against the elderly perpetrated by family members or caregivers is a reality. However, the elderly face difficulties in admitting what happened due to affective or blood ties. The feelings experienced by them after the violence include sadness, disappointment, anger, injustice, anguish and revolt. **Final Considerations:** the occurrence of violence practiced by the family member or caregiver was noticed. Nevertheless, there was difficulty on the part of the victim in admitting what had happened. There is a need for sensitive and effective approaches, including awareness raising, training of professionals and implementing protective policies.

Descriptors: Aged. Violence. Aging. Emotions. Aggression. Elder Abuse

Objetivo: compreender os sentimentos vivenciados por pessoas idosas em situação de violência. Método: estudo exploratório de abordagem qualitativa, realizado a partir de entrevistas com 15 pessoas idosas que realizaram a denúncia de violência na Delegacia da Mulher, de uma cidade do interior paulista, entre janeiro e dezembro de 2018. Os dados foram analisados e interpretados por meio da técnica da análise de conteúdo. Resultados: o estudo revelou que a violência contra as pessoas idosas perpetrada por familiares ou cuidadores é uma realidade. Contudo, as pessoas idosas enfrentam dificuldades em admitir o ocorrido devido aos laços afetivos ou sanguíneos. Os sentimentos vivenciados por elas após a violência incluem tristeza, decepção, raiva, injustiça, angústia e revolta. Considerações Finais: percebeu-se a ocorrência da violência praticada pelo familiar ou cuidador. No entanto, houve dificuldade, por parte da vítima, em admitir o ocorrido. Há necessidade de abordagens sensíveis e eficazes, incluindo conscientização, capacitação de profissionais e implementação de políticas protetivas.

Descritores: Idoso. Violência. Envelhecimento. Emoções. Agressão. Abuso de Idosos .

Corresponding Author: Miriam Fernanda Sanches Alarcon, miriam@uenp.edu.br

¹ Universidade Estadual do Norte do Paraná, Jacarezinho, Paraná, Brazil. <https://orcid.org/0000-0002-4198-0362>.

² Universidade Estadual do Norte do Paraná, Jacarezinho, Paraná, Brazil. <https://orcid.org/0000-0002-4842-5660>.

³ Faculdade de Medicina de Marília, Marília, São Paulo, Brazil. <https://orcid.org/0000-0001-6210-6941>.

⁴ Universidade Estadual do Norte do Paraná Jacarezinho, Paraná, Brazil. <https://orcid.org/0000-0002-2572-9899>.

Objetivo: comprender los sentimientos vividos por personas ancianas en situación de violencia. Método: estudio exploratorio de abordaje cualitativo, realizado a partir de entrevistas con 15 personas mayores que realizaron la denuncia de violencia en la Comisaría de la Mujer, de una ciudad del interior paulista, entre enero y diciembre de 2018. Los datos fueron analizados e interpretados por medio de la técnica del análisis de contenido. Resultados: el estudio reveló que la violencia contra las personas mayores perpetrada por familiares o cuidadores es una realidad. Sin embargo, las personas mayores enfrentan dificultades para admitir lo ocurrido debido a los lazos afectivos o sanguíneos. Los sentimientos que experimentan después de la violencia incluyen tristeza, decepción, ira, injusticia, angustia y rebeldía. Consideraciones Finales: se percibió la ocurrencia de la violencia practicada por el familiar o cuidador. Sin embargo, hubo dificultad, por parte de la víctima, en admitir lo ocurrido. Existe la necesidad de enfoques sensibles y eficaces, incluyendo concienciación, capacitación de profesionales e implementación de políticas protectoras.

Descriptor: Anciano. Violencia. Envejecimiento. Emociones. Agresión. Abuso de Ancianos.

Introduction

Brazil is a country that presents a great growth of the elderly population, due to the increase of life expectancy and the reduction of the fertility rate ⁽¹⁾. Demographic projections for 2060 predict that the population over 65 will be approximately 25% of the total population ⁽²⁾. Faced with population aging, the great challenge for the health area is how to maintain an active and independent life throughout this process, how to strengthen policies for prevention and health promotion of the elderly and how to maintain and improve the quality of life as we age ⁽³⁾.

Generally, in old age, the elderly suffer too much from chronic diseases, such as, for example, cardiovascular diseases, diabetes, cancer and respiratory diseases. This contributes to increased morbidity, which generates loss of autonomy, permanent clinical complications and inability to perform daily activities, depending on third parties. In view of this situation, it is questioned how to effectively provide access to health services, autonomy and security that guarantee an improvement in the quality of life to the elderly public ⁽⁴⁾.

In addition, with aging, the human being begins to have functional losses over time and occupy a new role in society and the family, being often devalued and, consequently, in a situation of greater vulnerability. The greater the physical and/or mental dependence, the more fragile the elderly person is before the other and,

consequently, more likely to suffer some kind of violence ⁽⁵⁾.

It should be noted that violence against the elderly is considered a universal problem that happens in different cultures, regardless of socioeconomic status, ethnicity and religion ⁽⁶⁾, being defined as an act or omission that results in harm or distress, causing suffering, injury, pain, loss and decreased quality of life, thus hurting human rights ⁽⁷⁾.

It is possible to classify the manifestations of violence against the elderly person as follows: physical, sexual, psychological, financial and negligence. Regarding physical violence, actions that are intended to cause physical pain or injury are inserted in this context, such as pushing, grabbing, hitting and attacking (whether with objects, weapons or clean hands). In turn, sexual assault contains traits similar to physical aggression because it involves bodily contact, but with sexual connotation. Regarding psychological violence, actions are related to the intention to cause pain, anguish and mental distress ⁽⁸⁾. Moreover, financial violence is related to the material abuse of money or assets belonging to the elderly, while neglect is the refusal or failure of those responsible (family members or caregivers) to provide routine activities, resulting in the abandonment of the elderly, such as lack of food, clothing, shelter, health and medical care ⁽⁸⁾.

Violence against the elderly is usually practiced by family members and caregivers, either at home or in long-term institutions, causing damage to the health of the elderly⁽⁹⁾. Among the damages, one can list the physical traumas, which can generate disability, emotional suffering, psychoemotional problems, moral damage, the sense of threat, the inability to defend oneself and even death⁽¹⁰⁾. However, many elderly people do not seek help because they are unaware of the assistance and protection services against violence or because they fear the consequences of reporting, since, in most cases, violence occurs in domestic environments and therefore may not be recognized, difficult to distinguish between interpersonal stress or maltreatment⁽¹¹⁾.

Violence committed in the domestic environment is considered the most worrying, because it is practiced by children, grandchildren, spouses, and due to family ties, it is the most difficult to be controlled, since it involves daily affective bonds. This form of violence is often suffered in silence⁽¹²⁾. Nevertheless, the family should be the main support system, with the function of protecting and supporting the elderly person. When there is family breakdown, conflicts can arise that directly affect the elderly person. In this sense, violence can occur due to financial, psychological/social problems and alcohol and drug abuse⁽¹²⁾.

To mitigate this problem, the report of abuse and violence is a right of the elderly person guaranteed by the Byelaw for the Elderly⁽¹³⁾ and can be made through the Dial 100/180, of the Police Duty, directly to the Public Ministry, the Specialized Reference Center for Social Assistance (CREAS) and the Health Department of the city itself.

In this context, the research question that guides this study is: What are the feelings experienced by the elderly living in a situation of violence? To answer this question, the objective was to understand the feelings experienced by elderly people in situations of violence.

Method

This is an exploratory study of qualitative approach, being a cut of a larger project entitled: "The Elderly Victims of Violence: the Interface between Health Care, Legal Assistance and Social Assistance for the Development of Interventions".

The study was conducted at the Central Judicial Police of the Civil Police, located in a city in the state of São Paulo, which has 216,745 inhabitants, among which 13.6% are elderly. Although the city has five police districts and four specialized police stations, it does not have a specific police station for the elderly.

The interviewees were 15 elderly people in situations of violence, who were invited to participate in the survey from January to December 2018. The approach with the elderly was given by the indication of the responsible police inspector. The inclusion criteria were: to be 60 years old or older, to have registered a police report on their own initiative, by family members or close people, and to be able to respond consistently to the interview. Reports with incomplete information and elderly people who could present signs of dementia, verified by the application of the Mini Mental State Examination, were excluded.

After having access to the police report, the elderly were contacted by telephone and invited to participate in the study. In the first contact, the objectives of the study were explained and the interview was scheduled with day and time according to the availability of each participant.

Data were collected through a semi-structured interview script, addressing sociodemographic data (age, education, marital status, occupation and family income) and existing pathologies. In addition to these data, the interviews had the following trigger theme: Talk about your feeling about the violence suffered. However, the interviewers asked questions that aim to explore in more depth the information provided, such as: Can you explain this better? What do you mean? Can you exemplify? The average approximate duration of the interviews was 35 minutes, which were recorded and later transcribed in full.

Sampling was done by convenience. The interviews were closed when realizing that there was repetition of the data, which can be understood as the moment of the research in which the collection of new data does not bring more clarification to the object studied. It is also mentioned that the repetition/saturation point, as well as the sample size, is a result of the heterogeneity of the population surveyed and takes into account the quantity and quality of the data and the concepts related to the theme⁽¹⁴⁾.

The analysis was performed through the technique of content analysis in the thematic modality, aiming at a deep interpretation of the context of the speeches and categorization of themes a posteriori. For this purpose, the following route of analysis was carried out: pre-analysis; exploration of the material; and treatment of the results obtained and interpretation⁽¹⁴⁾.

In the pre-analysis, each interview was read aiming at the organization of the material to be analyzed and the recognition of the initial ideas of the text. In the exploration of the material, the material was submitted to a detailed study, aiming at the cutting of each interview in units of record, that is, the coding, which allowed the classification and aggregation of data for elaboration of the meaning core. Finally, in the stage of treatment of the results obtained and interpretation, the relations and deductions subsidized by reflection and theoretical foundation were established, defining the thematic modalities⁽¹⁴⁾.

The project that gave rise to this investigation was approved by the Research Ethics Committee of the School of Medicine of Marília, according to opinion n. 2.253.887, in accordance with Resolution 510/2016, and also appreciated by the board of the Central Judicial Police of the Civil Police of the State of São Paulo. Before starting the interview, all participants gave their consent by signing the informed consent form. To preserve the confidentiality of identity, the participants were represented in the analysis, by letter I followed by a cardinal number indicating the order of the analysis of the interviews, as follows: I1, I2... and I15.

In this study, we followed the guidelines of COREQ (Consolidated Criteria for Reporting Qualitative Research) to ensure the quality and transparency of qualitative research. COREQ provides comprehensive criteria for conducting and reporting qualitative studies, including aspects such as data collection, analysis and interpretation of results.

Results

The interviewees were 20 elderly people aged 60 to 69 years, 70 to 79 years and over 80 years. Of these, 18 were female and 2 were male. Most elderly people were retired and had different levels of schooling, such as semi-literate, complete elementary school, complete high school and higher education. Among the cases of aggression against the elderly, most of the aggressors had some degree of kinship with the victim, especially children, who lived with the victim and were often illicit drug users or had abusive use of alcohol. In general, the elderly interviewed mentioned that they present some of the following pathologies: diabetes, hypertension, psychological problems, heart problems, chronic pain and physical problems. In all cases, the aggression was carried out by someone in the family, and some cases involved drug users or some kind of disorder.

Concerning the aggressor, all had a degree of kinship with the elderly, and of these, most were illicit and licit drug users. Among the aggressors, some had mental disorders.

Therefore, the results of this study were separated into the thematic categories that emerged from the analysis of the interviews, namely: Violence practiced by the aggressor; Feelings experienced after the practice of violence; reason for the violence according to the elderly and feelings experienced when sharing the violence suffered.

Violence practiced by the aggressor

The elderly's speeches showed that, among the types of violence classified by the literature,

there was a prevalence of physical and psychological violence. According to the reports, physical violence occurred by a family member, through pushes, kicks and even death threats, such aggression generates a situation of family insecurity, given that aggressor and assaulted live in the same environment. In order to consolidate this information, the elderly women report:

[...]He picks me up and slams me into the wall, we can't draw blood from a son and we'll be arrested. Can he take it from us? [...] he broke the doors of the house, breaks the windows, breaks the vessels; he throws it on the ground, jumps on it. It's no fun with him. He said he hates his mother [...]. And when he's drugged and drunk, he gets stronger, if we go against him, we'll get hit! When he drinks he goes crazy. (112)

[...]He breaks everything in the house, puts the knife in our necks, attacks everyone who comes [...]. He threatens to kill the entire family; He says: 'one day, old lady, I'll kill you, you have to die'. We don't turn our backs on him, we are very smart [...]. Sometimes my son even hurts me, because I step in front so he doesn't hurt my husband [...]. He doesn't say why he hates me so much, he just says he hates me! He says: 'I'm going to kill you, old lady, I hate you'. (113)

He wanted drugs. Sunday afternoon he wanted drugs! Drug! Money! I told him: 'I'm not going to give any money, nothing!' Until he freaked out, freaked out and knocked me down here at this door. He knocked me down in the pantry. He hurt here, there's even a sign here that you can see [...]. (18)

I had just finished washing dishes and was watching TV, then he came in and said something that I didn't bear. He came, lifted my chin and said: 'I'm talking to you, old lady'. [...] He pushed me. If we argue, he attacks verbally. Swearing: 'you old bastard'. (11)

In addition to physical aggression, psychological violence is a type of recurring violence, constant threats were verified, the elderly lived under tension and afraid that something would occur. Living in an environment that requires from the elderly a state of alert and permanent wakefulness, generating emotional insecurity as can be observed in the reports:

My son set the room on fire and burned everything. Then these days [...] He keeps saying he's going to kill us [...] He stays outside swearing, breaking windows. When he starts to get nervous, I just close the door, leave him cursing there [...]. He already broke a lot of things in the city, I had to pay. (17)

Oh, he treats me anyway. He tells me to leave, says that I need to go to my daughters' home, that I can't stay with him, that he wants to live alone, that he wants to be alone. He doesn't want anyone else, mom, no one, mom, he doesn't want anyone else to make him balk. (115)

Feelings experienced after the practice of violence

The discourse showed that violence can trigger, in the elderly, negative feelings sometimes never experienced throughout life, in relation to the aggressor for being a family member. The feelings generated by the violence suffered were nervousness, worry, sadness, pity, fear, despair, fatigue, suffering, agitation, shame, pain, discouragement, constant suffering, anguish, hatred and hurt. These feelings can be observed explicitly and implicitly in the following reports:

I get nervous, just hearing that he's there or that he was in his house downstairs, that he's out there makes me feel restless inside, outside, we left that gate locked. (12)

Just like I told the police chief, Saturday and Sunday, there are holidays, we don't have peace at home and it makes us feel ashamed because he talks too loud [...]. We get so nervous that we don't know what to do. We keep walking to see if it gets better, but there's no way. (112)

He interferes with my work, he messes up everything here, we lose a lot of enthusiasm. I have depression. Sometimes I feel discouraged. I think the end of our lives is a question mark. I think it won't heal him [...]. The suffering is too much, it really is a lot of suffering. I'm 69 years old, I was supposed to be resting, taking a walk, with a very calm life. (110)

I got angry with him, you know when a mother hates her son? [...] because he calls me a black monkey, says I'm a monster [...]. Because if he isn't hospitalized, I don't think I'll be able to put up much, because I shiver a lot, just looking at him makes me shiver. That anguish in the chest!! I'm not afraid of him, I hate him. (15)

I'm really depressed, taking the medication since December. I feel depressed (voice choked), because I don't see a future [...]. We are depressed because we have a son who gives us trouble. What mother doesn't get upset (crying and voice choked). We didn't want to be doing all this. (13)

Reason for the violence according to the elderly

In some reported cases, it was found that the elderly, although victims, tend to justify the aggression arguing that it only occurred because the family member has a history of psychological disorders or was under the influence of licit and illicit drugs. They understand that the aggressor should not be punished for what happened, but cared for and treated.

I've been already told me to send him to the Spiritist Hospital, at the Spiritist Center to see if it's not related to other incarnations, I said "I'm not going seeking it! I go to church, I go to the Congregation church [...] he calls the dead, then he gets possessed, talking to the dead, I don't want to talk to the dead! Leave the dead alone! Right? I cry seeing him suffering. (13)

He's quick-tempered, he's got a bad temper, he's nervous, he's angry, he, at the beginning he drank, you already know what drinking does, right, alcohol, degenerates a person's mind, they think everything differently, it distorts everything. Then he started with friends like that, then he drank, got home, got into trouble, screamed, used bad words, cursed, started throwing food, pans of food, creating terror. [...] (18)

Yes, he has already attacked, but his case is not jail, his case is hospitalization, because if he goes to prison I would prefer him to die on the street [...]. To tell the truth, it's all stupid! Everything, everything, you raise children, you don't raise children to be animals, but you can't ask a question that he says "You have nothing to do with this, you old woman!". (14)

Feelings experienced when sharing the violence suffered

Many of the elderly people reported at the end of the interview what they felt when remembering the violence and verbalized that they felt relieved and supported, probably this sensation occurred because they were not being judged but embraced. Some expressed the emotional strain that the case of violence generated, while others were relieved by the detachment of the aggressor during the interview. Other feelings were also reported, such as agitation, anguish, outburst, sadness, disgust, wear, discouragement, boredom, feelings of depression and change of autonomy. The following reports show:

I'm feeling unburdened because I talked. I'm not so distressed now. Sometimes I go to church, and then I'm sitting like this and it starts to happen like that, I'm like, "Oh Lord, have mercy, take this pain out of my heart" [...] I don't have that anguish anymore, that's why we can't stay stuck with ourselves. You have to let go. (12)

You saw, right? Comparing the situations, now it seems like I'm coming out of the fire and entering heaven. It's just like that, I was left with a feeling of a lot of pain, a lot of suffering, a lot, you know? I don't even like to remember. I like to talk to let off steam. You know when you don't have the courage, you can't sleep in your house, you can't sleep i, lie down in your corner and sleep! (14)

Discussion

This study sought to contribute to reflections on the feelings of elderly people in situations of violence, since the reality of most elderly people, according to the literature, is to reside under the same roof of their aggressor, who in most cases are users of alcohol and drugs, in addition to having mental disorders⁽¹⁵⁾. Corroborating the literature, the elderly of this study also suffered violence practiced by a family member, justifying such action by mental health problems or related to the use of licit and/ or illicit drugs.

The violence prevalent in this study was physical and psychological violence. The practice of physical violence used, according to the reports, most often happened during discussions, supposedly because the aggressor was drunk or under the influence of drugs. This moment reveals the divergences of the interpersonal relationship⁽¹⁶⁾.

The interviews were effectively able to demonstrate how impactful the situations of violence against the elderly are and how they cause negative feelings. Psychological violence could be captured through shouts, offenses, insults and humiliations from the aggressor as a way to manipulate the victim. This finding is corroborated by a systematic review of violence against the elderly, which states that psychological abuse is the most prevalent form of violence against elderly women⁽¹⁷⁾.

The use of psychological and emotional violence indefinitely leads the elderly to be under tension and condemns them to live in inhumane contexts, in constant psychological suffering and despair. Living in an unstructured environment can trigger psychopathologies and/ or aggravate pre-existing diseases. In severe depression, it can lead to suicide. In addition to inciting mental health problems, it can produce deleterious effects on cognition, affecting the autonomy and independence of the elderly person. Consequently, there is a decrease in quality of life, which contributes to increased mortality. Therefore, the practice of violence is

a direct violation of human rights⁽¹⁸⁾. And it is a practice that, due to its deleterious effects on the health and safety of the elderly, needs to be combated.

The Byelaw for the Elderly establishes that the family, community, society and public power are responsible for ensuring the safety of the elderly, protecting them from neglect, discrimination, violence, cruelty and oppression. Moreover, the elderly have the right to be protected against any form of physical or mental violence, abuse, neglect, maltreatment or exploitation. Elderly care entities should adopt safety measures to prevent accidents, ensure the physical and mental integrity of residents and promote a healthy environment⁽¹³⁾.

Furthermore, the aggressors, for the most part, belong to the family of the victim: children, grandchildren, sons-in-law or daughters-in-law, which in turn makes the elderly avoid making the complaint, even justifying the aggression suffered. They also understand that the denunciation would only be a form of "lesson" to the aggressor. Corroborating this fact, in 2017, the Ministry of Human Rights released alarming data on the reality in Brazil. There were 33,133 complaints and 68,870 violations against people. Among the reports of violations, negligence was reported in 76.84% of cases, followed by psychological violence in 56.47% and financial and economic abuse in 42.82%. It is worrying to observe that most of these cases occurred within the victims' own homes⁽¹⁹⁾.

Family violence is then seen as one of the most disturbing forms of violence, because the family should be a protective bond, which is depository of only feelings of love, affection, trust and safety to the elderly, however, this ends up finding helpless, in silence and with a sense of guilt⁽²⁰⁾.

In the presence of their aggressors, the elderly presented feelings of nervousness, worry, sadness, pity, fear, despair, fatigue, suffering, agitation, shame, pain, depression, discouragement, constant suffering, anguish, hatred and hurt. It is noteworthy the fact that, in one of the interviews, the aggressor son being

near the house already generates anxiety and nervousness to the victim, thus, in cases where the aggressor lives next to the aggressor, the emotional fatigue is constant.

Despite the constant psychological suffering, of feeling anguish and anger towards the aggressor, the elderly still justify and defend their aggressors, since they belong to their own family. The omission of the facts was a way of not losing the little contact that remained with the aggressor, in the hope of a change of behavior. However, this only perpetuates violence and generates a low quality of life for the victim⁽¹⁵⁾.

The consequence of accepting such a situation causes the elderly a constant stress and harms their everyday life. Constant violence generates irreversible sequelae, mainly because the elderly feel guilty about the complaint, threatened and constantly devalued⁽²¹⁾. The main reasons for underreporting are related to family collusion or secrecy, the victim's fear of breaking affective bonds, the aggressor's imposition or even physical, psychological and cognitive limitations⁽²²⁾. It is worth mentioning that the difficulty in reporting can be related to the fear of punishment⁽²³⁾, because they fear reprisals when denouncing their family, for fear of being sent to asylums or else, as well as the shame involved in the conflict situation. However, the omission will negatively affect the physical and mental health of the victim⁽²³⁾.

The elderly are a more vulnerable population group than the others, especially if they are women, single, old age, with low education, have some physical or psychological disability and/or live with children, daughters-in-law and grandchildren⁽²⁴⁾. That is, this group tends to be afraid of retaliation and of being institutionalized, thus losing the "freedom" that they have left, and end up not denouncing the abuse suffered^(25,26). In addition, the lack of knowledge regarding the rights of the elderly makes the victims not even understand that they are suffering abuse, especially when the aggression is carried out by family members or caregivers in the family context⁽²⁴⁾.

In addition to the aforementioned issues, abuses and violence come from a social shock, hereditary, physical space and financial problems linked to the social imaginary that old age is a phase of decay, therefore, the elderly are taxed as outdated and disposable by some. Therefore, such prejudice should be combated through public policies and educational campaigns so that there is a focus on combating violence in the elderly⁽¹⁵⁾.

Finally, it is understood that this study has some limitations. First, the difficulty of the elderly in sharing personal information, because they fear as an unfolding the family abandonment. Faced with this reality, it is possible that the elderly have not reported everything about the violence suffered. Secondly, underreporting of cases of violence hinders access to more victims, which could contribute to more information on the subject. And the fact that the study was conducted in a single city, covering facts of a local reality, but generating important reflections about the feeling from the violence suffered.

It is suggested to expand the research to other regions of Brazil, to allow not only the generalization of the data, but also to deepen the knowledge about such a complex topic.

Final Considerations

It was noticed the occurrence of violence practiced by the family member or caregiver against the elderly, however, there was difficulty on the part of the victim in admitting what happened, and this fact is justified in part because the elderly person has consanguineous or affective ties with the aggressor. In relation to the feeling experienced by the elderly, sadness, disappointment, anger, injustice, anguish and revolt stood out; and, on the needs and desires of the elderly after occurrence, they wish the situation had not existed and everything returned to normal, even coexistence as before.

This study showed the violence suffered by the elderly and the damage in relation to emotional suffering, given this scenario, there is a need to create spaces for debate and qualified listening to

call the attention of society and family about the risks and harms of living with violence. And also, to promote public policies and support networks that can assist the elderly after reporting violence. In addition, it is necessary to sensitize society, in order to prevent future cases of aggression and improve the quality of life of the elderly.

Collaborations:

1 – conception and planning of the project: Sarah Giovana Giolo Fernandes Dias, Maria José Sanches Marin, Edna Aparecida Lopes Bezerra Katakura and Miriam Fernanda Sanches Alarcon;

2 – analysis and interpretation of data: Sarah Giovana Giolo Fernandes Dias, Maria José Sanches Marin, Edna Aparecida Lopes Bezerra Katakura and Miriam Fernanda Sanches Alarcon;

3 – writing and/or critical review: Sarah Giovana Giolo Fernandes Dias, Maria José Sanches Marin, Edna Aparecida Lopes Bezerra Katakura and Miriam Fernanda Sanches Alarcon;

4 – approval of the final version: Sarah Giovana Giolo Fernandes Dias, Maria José Sanches Marin, Edna Aparecida Lopes Bezerra Katakura and Miriam Fernanda Sanches Alarcon.

Competing interests

There are no competing interests.

Funding sources

To Araucária Foundation for the scholarship granted to produce the article.

Acknowledgments

To the *Universidade Estadual do Norte do Paraná* (UENP) and the Araucária Foundation for the scholarship granted to carry out the article.

References

1. Miranda GMD, Mendes ACG, Silva ALA. Population aging in Brazil: current and future social challenges and consequences. *Rev Bras*

- Geriatr Gerontol. 2016;19(3):507-519. doi: <http://dx.doi.org/10.1590/1809-98232016019.150140>
2. Instituto Brasileiro de Geografia e Estatística. A evolução da composição populacional por grupos de idade. Projeção de idosos acima de 65 anos para 2060 [Internet]. 2020 [cited 2020 Jul 24]. Available from: https://www.ibge.gov.br/apps/populacao/projecao/index.html?utm_source=portal&utm_medium=popclock&utm_campaign=novo_popclock
 3. Veras RP, Oliveira M. Envelhecer no Brasil: a construção de um modelo de cuidado. *Ciência & saúde coletiva*. 2018; 23 (6):1929-1936. doi: <https://doi.org/10.1590/1413-81232018236.04722018>
 4. Kämpfen F, Wijemunige N, Evangelista Jr. B. Aging, non-communicable diseases, and old-age disability in low- and middle-income countries: a challenge for global health. *Int J Public Health*. 2018;63:1011-1012. doi: <https://doi.org/10.1007/s00038-018-1137-z>
 5. Santos AMR, Nôleto RDS, Rodrigues RAP, Andrade EMLR, Bonfim EG, Rodrigues TS. Economic-financial and patrimonial elder abuse: a documentary study* * Extracted from the monography “Violência econômico-financeira e patrimonial contra o idoso em uma capital do Nordeste”, Universidade Federal do Piauí, 2017. *Revista da Escola de Enfermagem da USP* [online]. 2019, v. 53 [Accessed 18 October 2021] , e03417. Available from: <https://doi.org/10.1590/S1980-220X2017043803417>
 6. Silva CFS, Dias CMSB. Violência contra idosos na família: motivações, sentimentos e necessidades do agressor. *Psicologia: Ciência e Profissão*. 2016;36(3):637-652. doi: [10.1590/1982-3703001462014](https://doi.org/10.1590/1982-3703001462014)
 7. Guimarães DBO, Mendes PN, Rodrigues IS, Feitosa CDA, Sales JCS, Figueiredo MLF. Caracterização da pessoa idosa vítima de violência. *Rev Enferm UFPE*. 2016;10(Supl 3):1343-50.
 8. Brownell P. A reflection on gender issues in elder abuse research: Brazil and Portugal. *Ciênc Saúde Coletiva*. 2016; 21(11):3323-30. doi: <http://dx.doi.org/10.1590/1413-812320152111.23142016>.
 9. World Health Organization. Missing voices: views of older persons on elder abuse. Geneva: WHO; 2002.
 10. Alarcon MFS, Damaceno DG, Sponchiado VBY, Braccialli LAD, Marin MJS. Evidências acerca do agressor em casos de violência contra o idoso: revisão integrativa. *Rev baiana enferm*. 2019;33:e28184. Disponível em: <https://periodicos.ufba.br/index.php/enfermagem/article/view/28184>
 11. Lino VTS, Rodrigues NCP, Lino IS, Athie S, Souza ER. Prevalência e fatores associados ao abuso de cuidadores contra idosos dependentes: a face oculta da violência familiar. *Ciência & Saúde Coletiva* [online]. 2019, v. 24, n. 1 [Acessado 19 Outubro 2021] , pp. 87-96. Disponível em: <<https://doi.org/10.1590/1413-81232018241.34872016>>.
 12. Alarcon MFS, Damaceno DG, Lazarini CA, Braccialli LD, Sponchiado VBY, Marin MJS. Violência sobre a pessoa idosa: um estudo documental. *Rev. Rene* [Internet]. 2019 [citado 2021 Out 19] ; 20: e41450. Disponível em: <http://dx.doi.org/10.15253/2175-6783.20192041450>.
 13. Brasil. Lei nº 10.741, de 1 de outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Brasília: Gráfica do Senado Federal; 2017. Available from: https://www2.senado.leg.br/bdsf/bitstream/handle/id/530232/estatuto_do_idoso_1ed.pdf
 14. 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/Minayosaturacao.pdf
 15. Alarcon MFS, Damaceno DG, Cardoso BC, Sponchiado VBY, Braccialli LAD, Marin MJS. Percepção do idoso acerca da violência vivida. *Rev baiana enferm*. 2020;34:e34825.
 16. Meirelles Junior RC, Castro J de O, Faria L, da Silva CLA, Alves WA. Notificações de óbitos por causas externas e violência contra idosos: uma realidade velada. *Rev Bras Promoc Saúde* [Internet]. 29º de maio de 2019 [citado 21º de maio de 2023];32. Disponível em: <https://ojs.unifor.br/RBPS/article/view/8685>
 17. Santos MAB, Moreira RS, Faccio PF, Gomes GC, Silva VL. Fatores associados à violência contra o idoso: uma revisão sistemática da literatura. *Ciência & Saúde Coletiva* [online]. 2020, v. 25, n. 6 [Acessado 18 Outubro 2021], pp. 2153-2175. Disponível em: <<https://doi.org/10.1590/1413-81232020256.25112018>>.
 18. 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
19. Diniz M. Disque 100 registra 142 mil denúncias de violações em 2017 [Internet]. Brasília (DF): Agência Brasil; 2017.[citado 2019 Dez 5]. Disponível em <https://agenciabrasil.ebc.com.br/direitos-humanos/noticia/2018-04/disque-100-registra-142-mil-denuncias-deviolacoes-em-2017>
 20. Pereira JB, Pimenta CJL, Carmo AP, Filgueiras TF, Pereira MG, Castro AP. Marks of violence among elderly people. 2020 jan/dez; 12:928-933. doi: <http://dx.doi.org/0.9789/2175-5361.rpcf.v12.7991>
 21. Viegas CMAR, Barros MF. Abandono afetivo inverso: o abandono do idoso e a violação do dever de cuidado por parte da prole. Cadernos do Programa de Pós-Graduação em Direito/ UFRGS[Internet]. 2016 [acesso 2020 Fev 16];11(3):168-201. Disponível em: <https://doi.org/10.22456/2317-8558.66610>
 22. Oliveira, Murilo Santos et al. Agressores de pessoas idosas: interpretando suas vivências. Revista Brasileira de Geriatria e Gerontologia [online]. 2021, v. 24, n. 6 [Acessado 18 Novembro 2022] , e210077. Disponível em: <<https://doi.org/10.1590/1981-22562021024.210077>>.
 23. Hohendorff JV, Paz AP, Freitas CPPde, Lawrenz P, Habigzang LF. Caracterização da violência contra idosos a partir de casos notificados por profissionais da saúde. Rev SPAGESP [Internet].2018 [acesso 2020 Mai 27];19(2):64-80. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=s1677-29702018000200006&lng=en
 24. Silva CFS, Dias CMSB. Violência contra idosos na família: motivações, sentimentos e necessidades do agressor. Psicol Cienc Prof [internet]. 2016 [acesso 2020 Fev 5];36(3):637-52. Disponível em: <https://doi.org/10.1590/1982-3703001462014>.
 25. 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 [Internet]. 2015 [acesso 2020 Fev3];34(4):407-43. Disponível em: <https://doi.org/10.1177/0733464813492583>
 26. Câmara dos Deputados (BR). Brasil 2050: desafios de uma nação que envelhece [Internet]. Brasília, DF(BR); 2017 [acesso 2017 Fev 23]. Disponível em: <http://www2.camara.leg.br/atividade-legislativa/comissoes/comissoes-permanentes/ce/noticias/brasil-2050-desafios-deuma-nacao-que-envelhece>

Received: October 26, 2021

Approved: October 23, 2023

Published: November 03, 2023



The Revista Baiana de Enfermagem use the Creative Commons license – Attribution -NonComercial 4.0 International.

<https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms