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Studies on domestic violence against elderly women in Brazil: from symbolic to lethal

Estudios sobre violencia doméstica contra mujeres mayores en Brasil: de simbólico a letal

Estudos sobre a violência doméstica contra as mulheres idosas no Brasil: do simbólico ao letal

ABSTRACT

Objective: to know the rates of violence against women in Brazil, especially against elderly women, which is configured silently and has been the subject of political and academic discussion in a systematic and prolonged manner. Method: This is a study of narrative literature review between 1998 to 2020. The excluded articles were presented in the methodology of this article, and those included in the Results: In the analyzed cases, violence against elderly women prevails, and affects mainly women poor and poorly educated. Conclusions: In 2013, the data already pointed out that 87% of (elderly women) had already suffered physical and sexual violence, and that 90% of the cases happened in the elderly's own residence, and of these 55%, the perpetrators of violence are the own children. The study presents the phenomenon to society, aiming to build strategies and actions that allow it to be faced.

DESCRIPTORS: Domestic violence; Elderly women; Symbolic to Lethal.

RESUMEN

Objetivo: conocer las tasas de violencia contra las mujeres en Brasil, especialmente contra las mujeres mayores, que se configura de manera silenciosa y ha sido objeto de discusión política y académica de manera sistemática y prolongada. Método: se trata de un estudio de revisión narrativa de la literatura entre 1998 y 2020. Los artículos excluidos fueron presentados en la metodología de este artículo, y los incluidos en los Resultados: En los casos analizados prevalece la violencia contra las mujeres mayores, afectando principalmente a mujeres pobres, y grosero. Conclusiones: En 2013, los datos ya apuntaban que el 87% de las (ancianas) ya habían sufrido violencia física y sexual, y que el 90% de los casos ocurrieron en la propia residencia del anciano, y de estos 55%, los autores de la violencia son los propios niños. El estudio presenta el fenómeno a la sociedad, con el objetivo de construir estrategias y acciones que permitan enfrentarlo.

DESCRIPTORES: La violencia doméstica; Mujeres de edad avanzada; Simbólico a letal.

RESUMO

Objetivo: conhecer os índices de violência contra a mulher no Brasil, em especial, contra a mulher idosa, a qual se configura silenciosamente e tem sido objeto de discussão política e acadêmica de maneira sistemática e prolongada. Método: Trata-se de um estudo de revisão narrativa de literatura entre 1998 a 2020. Os artigos excluídos foram apresentados na metodologia deste artigo, e os incluídos nos Resultados: Nos casos analisados, a violência contra a mulher idosa prevalece, e atinge sobretudo mulheres pobres e com pouca escolaridade. Conclusões: Em 2013, os dados já apontavam que, 87% das (mulheres idosas) já haviam sofrido violência física e sexual, e que 90% dos casos aconteceram na própria residência dos idosos, e destes 55%, os autores da violência são os próprios filhos. O estudo apresenta o fenômeno à sociedade, visando construir estratégias e ações que permitam o seu enfrentamento.

DESCRITORES: Violência doméstica; Mulheres idosas; Simbólico ao Letal.

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INTRODUCTION

In Brazil, a significant number of domestic violence is observed and, particularly in the last two decades, many women have been denouncing their aggressors, who insist on keeping them in unhealthy and abusive relationships, a fact that leads many women to death. The author continues, and also classifies that domestic violence occurs in a broader way, when stating that: "the social categories, the target of aggressions - physical, sexual, emotional - of males or those who do them sometimes". In other words, they are generic aggressions where the majority of "victims are women, children and adolescents of both sexes".¹

It is important to note that, due to SARS-CoV-2 (Covid-19), domestic violence against women (DVAW) has intensified even more, as women are longer and closer to their aggressors, as Campos et al. (2020)² assure us "Although the intensification of historically structured violence is evident, an expression of a patriarchal power system that gains new facets in this context".

This high rate of violence in Brazil made the news about such events, "migrate from their traditional strongholds in editorials and newspapers specialized in crimes, reaching prominence in all the media".³

In this context, the role of consent is removed from women, by their aggressor, especially from older women. The Maria da Penha Law, nº 11.340 of July 08th, 2006,⁴ sanctioned by former President Luiz Inácio Lula da Silva, it has 46 articles distributed in seven (07) titles. This Law establishes important mechanisms for not only restraining the aggressor, but also restraining domestic violence that is practiced every day against women, especially against the elderly, as they are, without a doubt, the most vulnerable victims in view of factors related to your age.

The dominance of the nature of men, for the most part, falls on women. As Saffioti assures us (2001)¹ a large part of civil society is sexist and patriarchal.

From this point of view, a few decades ago, the man was seen as someone superior within the family; while the woman served to take care of the children and carry out the household activities, remaining submissive to the spouse in every way, since her concerns related only to the children, the house and the comfort of her partner. Therefore, they did not have social rights. Thus, elderly women fulfilled the role of wife, companion and friend, serving as support for their man's most difficult days.¹

It must be remembered that violence against the elderly person can have serious consequences for both physical and/or psychological health. These episodes cause a serious public health problem "due to the high spread and the severity of its consequences, which include physical, moral and psycho-emotional traumas".⁵ Such damage can lead the victim to multiple disabilities, caused by varying degrees of addiction, leading to death.

Thoughts of the ancient world, unfortunately still reflect in the daily lives of many women, even though the Federal Constitution of 1988⁶, in its wake, address the theme: safe old age and the end of violence, these inequalities between genders insist on being maintained, whether by culture or their customs already outdated, as unfortunately today they are still cultivated by many, whether for religious reasons or civil obedience, in the image of the patriarchal family, leading, for example, children to imagine that certain behaviors are natural, a thought that can contribute perfectly to the perpetuation of violence.⁷

Yes, patriarchy is this, a system of domination and oppression, whose molds are based on the macho ideology of the dominant conservative capitalist society. To Costa (2008)⁸ "patriarchy is a hierarchical sexual rigging of society, so essential to the greater good, the political good". Now, for Saffioti (2001) 1 is "The order of pecking in human society is very complex, since it results from three hierarchies/contradictions - gender, ethnicity and class".

Although there are women who live differently, bitterly, this is not the reality of all, since many still feel fear, shame, fear, imagine themselves incapacitated, weak; others, because they have nowhere to go, decide to shut up and do nothing to stop the violence they suffer within their home, causing the aggressions suffered to linger, often leading them to serious and irreparable situations, leaving marks on them, or even, leading them to death.⁷

Finally, in relation to the elderly woman, this violence occurs in an even more perverse way, in view of the degree of vulnerability and violence practiced, whether through physical aggression, the appropriation of goods, or even family abandonment. In a context in which women are vulnerable, with elderly women being affected even more significantly, the problem in this study is: What are the specifics of violence against elderly women in Brazil, and why in many cases of violence, effects expected by the Law that protects these women do not appear?

In this context, the general objective of this research is: to know the rates of violence against women in Brazil, in particular, against the elderly woman, which is configured silently, and has been object of political and academic discussion in a systematic and prolonged way.

The specific objectives are: to know the specifics of violence against elderly women; identify strategies to protect women who are victims of violence, and for what reason, in many cases, they do not have the effect desired by the Law; to point out the consequences of violence on the social life and health of elderly women.

METHOD

This is a narrative review of the literature. Bento (2012)⁹ argues that: the literature review is a vital part of the prior research process in articles, "it is then, a detailed bibliographic analysis, referring to the works already published

on the topic". The search for the material was carried out from August to December 2020 and data were collected through Google Scholar consultation and in the SciELO database using the keywords "violência" AND "mulher idosa" and "violência" AND "idoso" and "idosas" AND "violência". Regarding the choice of selection and reading of the material, it occurred through articles that met the objectives proposed in our study, with no need to include other bibliographies, as they did not meet the need for our proposal. The articles chosen on violence against elderly women were published in Portuguese between the years 1998 to 2020.

Exclusion criteria for articles: 3 irrelevant articles were excluded; 7 repeated articles; 10 incomplete articles that did not fit the theme; 5 articles analyzed in other references. In relation to the Articles included, these will be presented in the results by contrasting the authors of the Articles analyzed in our study, on domestic violence against elderly women in Brazil: from the symbolic to the lethal.

Finally, it is important to say that after collecting the data, the next stage aimed to elaborate the analysis and perform the interpretation of the data obtained, which, according to Triviños (2008)¹⁰, it is based on the results achieved in the study, on the theoretical basis and on the researcher's own personal experience.

Violence against elderly women: one of the expressions of the social issue

Violence in old age is a complex phenomenon and difficult to conceptualize. It can be performed or suffered by individuals of any social class, group or nation. This phenomenon is not current or exclusive to contemporary times. Its roots are found in the social, political and economic structures and, why not say, in the subjects' own individual conscience.

The diversity of violence can be understood as the purposeful use of physical force, usually engendered and fed

by an asymmetric relationship of power between the aggressor and the real or potential victim, "against oneself, against other people or against a group or a community, which results or is likely to result in injury, death, psychological damage, developmental disability or deprivation".¹¹

Violence in old age is also one of the expressions of the social issue. Iamamoto (2001)¹², affirms that the violence in the current society is still "a set of expressions of the social inequalities engendered in the mature capitalist society, unthinkable without the intermediation of the State".

It is necessary to say that the violence committed against the elderly population has implications for physical and mental health and has become a serious public health problem, due to the increase in occurrences in recent times in Brazil and especially the severity of its consequences, "(...) which include physical, moral and psycho emotional traumas. These damages can cause disability, dependency and even death".⁵

Unfortunately, this fact is not uncommon, although there have been changes in the social environment, in relation to the changes achieved by women, society still breathes certain old concepts; we can still see a patriarchal and very macho environment - where the father is the foundation, the structure, and all the other members of the family submit to him, including his wife. This view of submission generates feelings of authoritarianism, possession, and sets precedents for him to keep her submissive to her wishes, discriminate against her, despise her and, finally, kill her.

When referring to the alert system, Duque et al. (2012)¹³ conclude that violence against the elderly in the domestic environment is the first step in the study of the phenomenon, since it has become a serious public health problem. In view of this, it is essential that there is an expansion of investigations in the matrix of this area.

Is the family environment someti-

mes a safe space for the elderly?

The family has traditionally been viewed from a one-dimensional perspective, as a refuge, having been described as a broader basic social structure, from which we receive almost everything: from material aid to spiritual support. This support includes education, values, moral prohibitions, as well as social stimuli. In fact, the family is the space where solidarity between generations is developed. However, families are not always a safe and idyllic haven; sometimes they are dangerous places for the individual and spaces where the elderly are victims of various types of abuse.

Nóbrega et al. (2019)¹⁴ sought to verify what are the social representations of women, victims of domestic violence, about the nature of the behavior of their aggressors through a qualitative research carried out with 20 women protected by the Natal/RN Reference Center. It is argued that violence against women is directly associated with the way society views gender roles, placing women in a condition of subordination. The majority of reported cases of violence against women occur in intra-family spaces, that is, inside the home. That is why the violence against the elderly is very complex, since if the victim does not denounce the perpetrator of the aggression, the authorities can do nothing.

As Silva and Dias assures us (2016)¹⁵ "90% of the cases of violence happen in the elderly's own residence. What is worse, in 55% of cases, the aggressors are the children themselves". The authors conclude: "Many cases occur after the aggressors have misappropriated the victims' pensions".¹⁵

Women share their residence with the aggressor, who understands it as their own, this feeling of possession is one of the factors that determines the different toxic and abusive manipulations.

The intrafamily violence that countless elderly women are affected every day, happens even if their aggressors do not live with them. In this regard, Nóbrega et al. (2019)¹⁴ stresses that: "It is

observed that violence translates the social construction of gender that determines the hierarchical relationships between men and women, by delimiting their culturally rooted social roles". They live in a context in which the woman is considered the main responsible for male care and behavior, in a maternal relationship that does not break, even after adulthood, so they end up blaming themselves for the violence they suffered. Many of them decide to maintain the bond with the aggressor, because they feel responsible for the violence and afraid to deny their children the co-existence with the father, deciding, therefore, to remain in this unhealthy relationship. Based on a traditional model of a socially legitimized family, the battered woman opts for the maintenance of the status quo, although for that she needs to submit to various situations of violence every day.

In contrast, social representations in relation to single women, single mothers and divorced women contribute to this behavior. Many of them are able to recognize violence as a crime, and decide to stop when they experience an episode of violence with their ex-partners at home. Here is an appropriate posture, saying no to violence, not least because what we do not want for ourselves, we will not want for our children, either.

The importance of training health professionals in cases of domestic violence against elderly women (DVAW)

Women, victims of different types of domestic violence, seek health services to report what they are experiencing and feeling, and after the ill-treatment is verified, a Team of Health Professionals is called upon to make use of different interventions, which may be multidisciplinary, interdisciplinary and interinstitutional. Multiprofessional because it requires the performance of several areas of knowledge such as: Medicine, Nursing, Social Work, Psychology, Law; interdisciplinary because

it involves the entire assistance team in the health care of patients who come in search of guidance and/or assistance and, interinstitutional for involving the extension of other institutions that act in a complementary, collaborative and intersectoral way. These interventions need to be carried out by qualified professionals, however, not only professionals capable of guiding them to the situation of experienced violence, but also, who can, in fact, strengthen them for the real confrontation, and thus, establish the change of thought, in order to materialize the denunciation against his executioners. However, even experienced professionals have social representations about the victim and the aggressor that can influence their approach to the victim.

When investigating the levels of knowledge of Family Health Strategy team (FHS) professionals about gender violence and possible treatment protocols, Martins et al. (2018)¹⁶ argues that the professionals with the longest training time are those who have the best knowledge about the contexts and characterization of victims of domestic violence, as well as, they have better conditions to understand the care protocols.

Guimarães et al. (2018)⁵, through a cross-sectional study whose data collection used the information from the Information System for the Surveillance of Violence and Accidents in 2013, they sought to characterize the population of elderly women, victims of physical and sexual violence in Brazil. The authors identified that 87% of the victims were assaulted by family members, mainly male. When the attacker was not familiar, he was known to the victim. Most of the victims, around 95%, suffered physical aggression, and 5% were victims of sexual violence.

In this sense, it is necessary that the victims know their limits in the relationship, and identify when they are being overcome, in order to create courage and break this abusive and toxic relationship, thereby guaranteeing the

preservation of mental, physical and emotional health, and sometimes, life itself.

Currently, due to information technologies, women's exit to public life is more focused on repetitive episodes of tension, repression and, consequently, violence, above all within the family, characterized as silent. It is necessary to put an end to the passive and aggressive silence, offering denunciation against those who are causing harm to the other.

However, it is important that victims of violence know that the woman, even the elderly, is always superior to her aggressor, as she is endowed with qualities, and one of them is the strength of her voice. The naivety in relation to her pain, and the fright of the aggression she suffered, led her, at times, not to fight back, a fact that occurs mainly due to the fragility caused by age. But when the victim decides to make the aggression public, declare her pain and overcome the trauma, she assists other women, who have been and are beaten every day, to expose their privacy and stay alive.

In front of facts, Guimarães et al. (2018)⁵ show that there is a need for specific training for professionals in the basic health unit, since violence against elderly people, including family members, is frequent, which is why the importance of professionals working in health services, especially the doctor himself. It is necessary that everyone be able to provide care with competence and skill, with a view to better identification, prevention, convincing and monitoring and to tackling cases of violence. And, later, that these services serve as a reference to support research on this theme, with the aim of guiding the recognition of new preventive actions and the formulation of more effective public and social policies to face violence against the elderly.

Furthermore, the authors point out that there are many consultations and underreporting in primary health care, but in view of the scarcity of monitoring and of an adequate and standardized

continuous record on violence, monitoring is lost. This situation is repeated more frequently, when the victims are: "children, women, homosexuals, the elderly, the sick, the poor and the homeless, which leads to the interpretation that there are people who are not recognized as citizens and who lack rights".⁵

Most of the cases reported by the Family Health Strategy (FHS) are referred to other professional services that work in Social Assistance, such as: CRAS, CREAS, PAEFIs and CREMVS.

We understand that these specialized listening services, provided to the population, enable socialization processes to better assimilate the violence committed against women every day, expanding the work of listening and welcoming, in order to reach not only the victims, but also the perpetrators of violence, because in this way, we will obtain a change in the thinking and attitudes of the sick society. Law 13.984, of April 3rd, 2020¹⁷, brought important protective measures determined by the Judge, so that the perpetrator of the violence is included in the Psychosocial Support Program (PAP - Programa de Apoio Psicossocial) with the purpose of being re-educated through individual or group care, so that, in fact, a change of thought and behavior can occur.

Finally, we can say that any and all violence against elderly women can and should be avoided, but for that, it is essential that professionals in the basic health unit constantly receive specific training to better deal with cases of violence against women, every day. It is also necessary to develop new integrated, inclusive and qualitative public policies with periodic on-site assessments.

DISCUSSION

In capitalist, sexist and unequal society, women are socialized and educated to take care of the family, household chores, love her husband and please him. This thought is still ingrained in the minds of many people, especially the most conservative.¹⁸

The need to care for the elderly by a relative causes conflicts to emerge that result in violence by a family member or by a paid caregiver. However, due to the lack of concrete statistics, it is difficult to accurately quantify these brutalities.

It is worth mentioning that there is difficulty in identifying violence against the elderly, as in general the victims protect their aggressors, who are usually loved ones. From the above, it appears that it is not at all easy to identify violence against the elderly, because most of the time the phenomenon remains veiled by the victim, for years, or for life.

Regarding the theme, violence can be committed by the family members themselves, by the victim's friends and family, and by strangers. Sometimes the neighbors know that there is something wrong with that family, but nobody wants to get involved in any conflict zone and, therefore, they prefer to remain silent about the complaint, but in a way, they seek someone close to the family to report what is happening in that household. As assures us Mascarenhas et al. (2012)¹⁹ violence "can come from the elderly themselves, from families, from caregivers, from the professionals themselves, and even from the society that does not see violence against the elderly".

However, identifying where the violence is occurring and especially with whom it is happening is one of the responsibilities of the family health professional. It is true that this agent can face some barriers and obstacles to the identification of domestic violence, so it is very important that during the service, the professionals perform a qualified listening, in order to break all the barriers of silence.

As has been reported throughout the text, among the difficulties encountered in revealing violence against the elderly is the victim's denial, especially in cases of psychological violence committed by the children themselves. The victim usually does not admit that he is suffering mistreatment to protect the aggressor, and also due to the naturalization of

these episodes. Furthermore, after the denunciation is made, there is also the fear that the aggressor will become even more violent. Article 2, of the Maria da Penha Law, certifies the protection of all women, regardless of "class, race, ethnicity, sexual orientation, income, culture, educational level, age and religion".⁴

As for old age, it is undeniable that it is associated with vulnerability and fragility. Society sometimes puts the elderly in a subordinate position, even though it is true that the new generations that enter this stage of life have an increasing social and political weight. It is a subordination that has material manifestations, such as poverty, but also psychological ones, such as loneliness.²⁰

On the other hand, the situation of the elderly is associated with social and family change. Despite the persistence of traditional family structures, the idea of the family as a place to welcome and care for elderly women, victims of domestic violence is increasingly questioned. In this sense, it is considered that the State has a role to play in supporting caregivers, as well as in overcoming obstacles and difficulties associated with assistance activities, when they produce situations of vulnerability and inequality.

Society usually defines mistreatment of the elderly in a more lenient way, such as inadequate treatment or lack of attention to the elderly. However, neglect and economic or material abuse are clearly identified types; and there are still reports of sexual abuse.

In relation to the dominant view that associates maltreatment with the overflow and stress of family caregivers, neglect occupies a central place. In this line, caring for dependent elderly people (especially if they suffer from dementia), generates a situation of oppression and stress that can lead to abandonment. However, this neglect is not clearly seen as a form of abuse or violence against the elderly. It is as if negligence is more acceptable.

Thus, in the discourse on gender violence in old age there are two as-

pects: a) gender violence against elderly women challenges the orthodox view of the phenomenon, according to which only young or middle-aged women are abused by their partners; b) mistreatment of elderly women by their partners is seen, in a way, as a different reality from mistreatment of family members to the elderly.

As Santos et al. (2013) assures us²¹ when they affirm that “The complexity of interpersonal relationships, including intergenerational ones, requires the recognition of conflict and ambivalence as an integral part of those, and the differentiation between tension, conflict and violence in the family sphere”.

Therefore, while scientific knowledge moves towards the construction of research that presents such a problem for society, many elderly women are silently victimized.

RESULTS

In several families in contemporary society, relationships happen in a tense and toxic way. Sometimes, even the old-fashioned idea that old age is a period of life that represents contempt and uselessness is added. These feelings: “generate the conducive environment for the establishment of conflicting and violent interactions, be it between elderly couples, between children and the elderly or even between caregivers and the elderly”.²²

Santos et al. (2013)²¹ they also sought to identify the prevalence of ill-treatment against elderly individuals. In a study carried out with the European population, the authors realized that research in this regard is scarce, and it is necessary, therefore, to build a broad theoretical framework capable of explaining this phenomenon and outline coping possibilities, and highlight that intra-family relationships, when by their nature they are complex, they are feelings that sometimes permeate between the victim - the elderly woman - and her aggressor, a relationship of love and hate.

Silva and Dias (2016)²² report “90%

of the cases of violence happen in the elderly's own residence. What is worse, in 55% of cases, the aggressors are the children themselves”. The authors conclude: “Many cases occur after the aggressors have misappropriated the victims' pensions”.²²

Mascarenhas et al. (2012)¹⁹ described notifications of violence against the elderly developed by the Information System for Notifiable Diseases - Net version (Sinan Net) in 2010. The results indicated that 52.3% of the elderly victims of violence in Brazil are female. Most of the elderly victims of violence had their children as aggressors, were of the psychological type and carried out continuously. Elderly women were also the biggest victims of parental abandonment and neglect. Regarding prevalence, the authors estimate that violence against the elderly reaches between 7 and 14% of this population. For the authors, research on the prevalence of violence against women in Brazil is incipient, and further studies are needed to identify these data in a more assertive way, in order to subsidize policies to deal with this type of episode.

Guimarães et al. (2018)⁵, through a cross-sectional study whose data collection used the information from the Information System for the Surveillance of Violence and Accidents in 2013, they sought to characterize the population of elderly women, victims of physical and sexual violence in Brazil. The authors identified that 87% of the victims were assaulted by family members, mainly male. When the attacker was not familiar, he was known to the victim. Most of the victims, around 95%, suffered physical aggression, and 5% were victims of sexual violence.

In cases of violence in relation to assistance, the authors found that the data show that only 13% of the cases were referred to the Guardianship Council for the Elderly, while the other victims, when released from the hospital, needed to return, without any follow-up, to the place where they suffered violence. That is why, many victims fail to of-

fer the complaint thus protecting their aggressors, thus suggesting that there is still a lack of fact that public and social policies have their real effects, offering victims, reception, protection and continuous monitoring in the matrix.⁵

Old age and vulnerability intensify the risk of violence that affects the poorest, because according to the National Institute of Economic Statistics (INSEE - Instituto Nacional de Estatísticas Econômicas), 70% of the poor over 75 years of age are women living in the most isolated regions of cities, under conditions unhealthy, which makes them more fragile physically or psychologically. Recalling that these women have a gigantic accumulation of vulnerabilities. The analysis of women's programmatic vulnerability to violence allows us to understand their greater or lesser susceptibility, focusing on policies, actions, services, and the available and institutionalized strategies that should present effective responses to mitigate this violence.²²

However, according to Guimarães et al., (2018)⁵ author of a cross-sectional study, carried out based on data and information from the Information System for the Monitoring of Violence and Accidents, reports that the data, in 2013, already pointed out that in Brazil 87% of the elderly (women) victims have already suffered physical and sexual violence, and that they are generally assaulted by the family members themselves, mainly male. In cases where the attacker was not familiar, he was known to the victim. Most of the victims, about 95% suffered physical aggression and 5% of the victims suffered sexual violence.

Meirelles Júnior et al. (2019)²⁰ sought to describe the profile of violence against the elderly in Brazil, through a retrospective study in which data from the Notifiable Diseases Information System (SINAN - Sistema de Informação de Agravos de Notificação), from 2012 to 2017, were analyzed for the state of Minas Gerais. The results indicate that 54,5% of the elderly victims of domestic violence in Brazil are female, white, and

with incomplete elementary education. The authors also identified the child as the main responsible for the aggression. Low education was identified as a risk factor for violence against elderly women who attended school for short periods tend to be more financially dependent on family members, something that can lead to conflict. Often poorer, more isolated, more physically or psychologically weakened, elderly women have a plurality of vulnerabilities.

In violence prevention campaigns, women who are victims of abuse are mothers, usually young, since studies on domestic violence in Brazil focus on young women and the elderly, showing that all age groups are affected.²³

According to Campos, et al. (2020)² “In the context of the ongoing Pandemic, factors that increase social vulnerability to VDM, such as lack of income, hunger, unemployment, add to the precariousness of programs” that aim to meet the immediate needs of the least favored families, which guarantee daycare centers, schools and in them the food that many poor families need for their children, as well as for their elderly. These actions are the result of social movements that, for many years, have sought to reduce the violence that is anchored in social inequality and gender. Associated with this is the accumulation of chores in the care of the mother, woman, sometimes elderly, owner of the care of her home, children, husbands, and the sick, also bringing insecurity and the fear of falling ill by Covid-19.

It is important to note that even before the emergence of SARS-CoV-2 (Co-

vid-19) there was a shortage of material and human resources for health-related services. According to Campos et al. (2020)² The “cut in the transfer of funds, the precariousness in the Women’s Police Stations and the lack of interest in the training of professionals, visible scrapping at the three levels of government (municipal, state and federal)”.

When referring to the alert system, Duque et al. (2012)¹³ conclude that violence against the elderly in the domestic environment is the first step in the study of the phenomenon, since it has become a serious public health problem. Therefore, it is essential that there is an expansion of investigations in the (matrix) of this area.

Guimarães et al. (2018)⁵ draws attention to the need for specific training for professionals in the Basic Health Unit to better serve women victims of domestic violence.

As for Martins et al. (2018),¹⁶ argue that the professionals with the longest training time are those who have the best knowledge about the contexts and the characterization of the victims of domestic violence, as well as, they have better conditions to understand the care protocols.

Finally, to say that, according to Campos, et al. (2020)² there is an urgent need to formulate and implement new actions that can meet the context of violence suffered by women, and that in fact meets their real needs with regard to the expansion or creation of new shelter houses; reception in cases of aggravation in the use of drugs, alcohol or in the absence of mental health. In addition, it is

necessary to improve support by expanding the supply of basic food baskets and other inputs necessary for the survival of the victims. In cases of professional assistance, it is important that ethical confidentiality mechanisms are created, offering the victim greater comfort and security; implement changes, especially with regard to the speech of government officials regarding the promotion of actions and measures to be successful in tackling violence against women, especially those with more advanced age.

CONCLUSION

Abuse against elderly women is a theme that grows every day in the more general field of intrafamily violence. It is a phenomenon that requires greater social visibility on the part of the authorities, society, as well as they deserve special attention on the part of professionals working in the network in the health area, not least because this reality is not yet revealed, and, therefore, for many, it is not seen as an urgent social problem. It is concluded that the mistreatment of the elderly, in their family dimension and in their institutional dimension, constitutes a multifaceted phenomenon to extremely complex particular experiences linked to the aging of the population, the social position of the elderly, the role of the family, the public health, social policies, the development of the welfare state, bioethics and the law. Therefore, these different fields require profound changes in the current structure of society so that the elderly person can, in fact, be the protagonist of their history. ■

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