



Aggressors of older people: interpreting their experiences

Murilo Santos Oliveira¹ 
Miriam Fernanda Sanches Alarcon² 
Fernanda Moerbeck Cardoso Mazzetto³ 
Maria José Sanches Marin¹ 

Abstract

Objective: To interpret the experience of those accused of assaulting the elderly in relation to the context of violence, feelings and the dynamic emotions involved. **Methods:** This is a qualitative study, carried out based on face-to-face interviews with 16 participants who were reported for assaulting the elderly, from March to December 2019. The interviews were conducted at the women's police station in a city in the interior of the state of São Paulo, Brazil, and in some cases, at the defendant's own home. The data were analyzed using the thematic analysis technique. **Results:** The existence of mutual dependence, whether financial or care, was recognized. The aggressors deny, justify and minimize the aggression, attributing the act to the behavior of the elderly or even to the past in which they suffered aggression by them. The accused recognize that they need help and have emotional problems, then using psychoactive drugs to suppress their role as caregiver. Furthermore, they admit to having remorse for what happened, manifesting self-neglect and desire to erase the fact. **Conclusion:** The study showed that the defendants have complex health needs that deserve a close look from health professionals and actions focused on the relationship between the accused and the victim, mainly when considering that it will perpetuate itself after the occurrence.

Keywords: Violence. Aging. Health of the Elderly.

¹ Faculdade de Medicina de Marília (FAMEMA), Programa de Pós-Graduação Mestrado Acadêmico em Saúde e Envelhecimento. Marília, SP, Brasil.

² Universidade Estadual do Norte do Paraná, Departamento de Enfermagem. Bandeirantes, PR, Brasil.

³ Faculdade de Medicina de Marília (FAMEMA), Departamento de Enfermagem. Marília, SP, Brasil.

Funding: Fundação de Amparo à pesquisa do Estado de São Paulo (FAPESP). N° do processo: 2017/17562-2.

The authors declare there are no conflicts of interest in relation to the present study.

Correspondence
Miriam Fernanda Sanches Alarcon
miriam@uenp.edu.br

Received: April 13, 2021
Approved: July 28, 2021

INTRODUCTION

The growth of the older population, previously a process seen only in developed countries, is currently a challenge for the entire world. As society ages, the challenges of caring for a population that can accumulate a series of physical and cognitive limitations resulting from this process also increase¹.

The aging process can reduce the functional capacity and consequently the autonomy of the older person, who can become dependent on other people. According to the Federal Constitution, it is the duty of the State and the Family to guarantee the well-being and exercise of citizenship for older individuals, establishing the responsibility of older children to support their parents in old age^{2,3}. However, although family care is still predominant, post-modernity transformations, such as changes in the composition, family insufficiency and the weakening of intergenerational ties and bonds, compromise the provision of care to the older person in need⁴.

When the family bond is harmed, the family possibly fails to provide security, companionship and help to the older person, which can increase the risks to their health and survival⁵. Furthermore, in many situations, the family is insufficient, such as: contexts in which the person who should take care of the older person has physical and/or mental health problems or is a user of alcohol or drugs. This is the reality experienced by many older people in their family context, which creates greater complexity in solving the problem⁶.

Thus, among the problems faced by this population, violence deserves to be highlighted, which, despite being considered a serious public health problem, is still camouflaged in society⁷.

Violence against older people is an internationally recognized phenomenon and also known for a paucity of data. Among the reasons related to underreporting of these cases, the following can be considered: collusion and family secrecy, the victim's fear of breaking bonds and the impositions caused by the aggressors who are often the caregivers themselves; in addition to the cognitive and physical limitations of the victims^{8,9}.

According to information from the Violence and Accident Surveillance System (VIVA), in 2014, 12,297 cases of violence against older people were reported in Brazil (43.7% of which were repeated). Among the types of abuse, the following were found: physical/sexual (64%), psychological/moral (28.2%), neglect/abandonment (26.4%) and financial (7.4%) violence, most (28.4%) practiced by their children¹⁰.

In the verification of violence against older people from police reports (BOs) registered in three municipalities in different regions of Brazil, in the period 2009-2013, it was found a predominance of the age group 60-69 years old, female and married, the aggressors being predominantly individuals between 30 and 49 years of age, male¹¹.

In our reality, it is essentially up to the family to provide care for the older people, since public resources aimed at this portion of the population are limited. When it comes to violence against older people, it has been observed that it occurs mainly at home and the aggressors are the family members themselves. An analysis of police incidents in a medium-sized city in São Paulo, between 2008 and 2012, found that out of a total of 572 cases, most aggressors were male (69.20%), white (56.50%), age group 31-40 years (14.20%) and without information about occupation (50.70%), with children of the victim being the main aggressors (25.30%)⁷.

Given the above, motivated by the complexity of situations of violence and the difficulties of different sectors in facing this problem, especially because in many cases the denounced and attacked will continue to share the same spaces; in addition to the scarcity of studies that look at the aggressor, this study aimed to interpret the experience of those accused of aggression towards older people in terms of the context of violence and the dynamics of relationships.

METHOD

This is a qualitative study, carried out from interviews with reports of aggression towards older people, using thematic analysis as a form of data treatment, as it is considered a tool used in different methods, given its flexibility¹².

The survey was conducted in a medium-sized municipality in the interior of São Paulo, SP, Brazil, with a population of 216,745 inhabitants, of which 13.6% are older people¹³. The setting for data collection was the Police Station for the Defense of Women (DDM), of the Civil Police Judiciary Police Center.

The selection of the denounced was made by the appointment of the chief police officer responsible for the service. When the police station received the occurrence related to violence against older people, the researchers were called to carry out the interview. Reports of aggression against older people who lived in the city and who had communication conditions to provide the necessary information were included in the study. Those who represented risk of aggression or impaired cognitive ability were excluded.

Data collection took place from March to December 2019, at DDM's premises and, in some cases, at the homes of the accused in a place and at times previously agreed by telephone. The interviews were conducted by two trained researchers, one psychiatrist who was the main investigator and conducted the interviews. There was a meeting with each accused of aggression lasting between 16 and 81 minutes, with an average of 39 minutes for the interviews, which were recorded and later transcribed in full.

Data collection was carried out through semi-structured face-to-face interviews with the accused of aggression towards older people. A script containing sociodemographic data was used as a guide (age, gender, education, degree of kinship with the older person, financial dependence, if he/she lives with the older person and if he/she is the caregiver); data on the use of alcohol or illicit drugs and the presence of mental disorder. The interview consisted of 7 questions elaborated according to the objective: 1- Talk about your relationship with the older person 2- What do you attribute the fact that you assaulted the older person 3- How are you feeling about what happened? 4- Talk about which aspects the older person depends on you 5- Talk about your dependence on the older person 6- Talk about how you take care of your health.

At the end of the interviews, welcoming and listening to something that the interviewee needed to expose was carried out, ending with notes, guidelines and care directions, according to the needs presented.

The interviews were closed when there was data saturation, which, according to Minayo¹⁴, can be understood as the moment of the research in which the collection of new data would not bring further clarification to the studied object.

According to Braun and Clarke¹², the trajectory of this analysis is presented in six phases, it is not a linear process in which one phase precedes the other, being necessary to apply flexibility and be exhaustive in the interaction with the data, so that rich and complex insights can be generated.

In proposing the phases to be followed, **familiarity with the data** is initially placed, which includes immersion through repeated readings of the data in order to approach the depth and breadth of the content¹².

The second phase involves the **production of initial codes** from the data, which represent a semantic or latent content that refers to the most basic segment or element of the data¹².

Phase three, which refers to the **search for themes**, which is developed from the list of codes and involves the screening of different codes into potential themes¹².

In phase four, it was time to **revisit the themes**, which involves their refinement, takes into account the criteria of internal homogeneity and external heterogeneity, and it is often necessary to resume coding the data until it is possible to create a satisfactory thematic map¹².

Next, the themes are **defined and named**, that is, the essence of the subject is identified.

And, finally, the last phase begins when the set of themes have already been fully worked out, starting the final analysis and writing of the report¹².

To preserve the confidentiality of identity, the participants were represented, in the transcript, by the letter D of the accused followed by a cardinal number indicating the order in which the interviews were carried out, as follows: D1, D2... and D16.

The project was approved by the Ethics and Research Committee with Human Beings of the Faculty of Medicine of Marília, in compliance with resolution 510/2016, according to Opinion N°. 3,250,567, the objectives of the study were explained and the anonymity of the testimonies was guaranteed, when the Informed Consent Form was read and signed voluntarily.

RESULTS

Sixteen people denounced for assaulting older people were interviewed. In the data collection process, seven defendants did not accept to participate in the interview and another thirteen were

not contacted, since many of them did not answer the phone, as they were in prison or hospitalized.

As for sociodemographic data, it was found that the age of the accused ranged from 38 to 86 years, and half of these are also older people. Males were predominant, with 12 (75%) of them with education ranging from incomplete primary to those who have completed higher education. Of the denounced, 11 (68.75%) live with the older person, with half of the occurrences committed by the spouse. Most reported not being financially dependent and six (37.5%) took care of the older person. It is also observed that 10 (62.5%) of the accused abuse alcohol and/or illicit drugs or have some mental disorder, whether due to drug use or not. As for the type of violence involved, it was observed that seven were physical violence, three were verbal, two were psychological and four were negligence. Data analysis led to the definition of five final themes and their respective sub-themes, as shown in chart 1:

Chart 1. Distribution of final themes and sub-themes. Marília, SP. 2021

Themes	Sub-themes
Defending themselves from the charge of assault	Denies the charge of assault Justifies the motivation of violence Minimizes the situation of violence
Mutual dependency	Financial dependency Care dependency
Attributes the occurrence to the behavior of the older person	Cursing Fact Invention Lack of understanding of what is said History of living with aggression
Recognizes their needs and seeks solutions	Aggression occurred due to being under the influence of psychoactive drugs Search for treatment to avoid aggression Compares older people care to a prison
Suffering the consequences of the aggression.	Defendant's self negligence Wishing to clear the situation Feeling emotionally assaulted Difficulty dealing with the situation

Source: Own elaboration

Defending themselves from the charge of assault

Upon being interviewed, the accused defended themselves against the aggression committed, through justifications, denial and minimization of the fact that occurred. They claimed that they were under the effects of drugs and that they were not aware of what was going on. Physical aggression is denied, even recognizing that he was feeling angry and that he took the victim's arm, there is still difficulty in recognizing types of aggression different from this one. In addition to the issues already mentioned, the fact that he never caused an aggression also seems to give the aggressor the feeling of not having committed the act, as he alleges that the injury occurred by the victim's own accident. Below are some reports:

"We verbally fought because I asked for money to buy drugs [...] It happened that I was "high" and I didn't really know what I was doing[...] I was without treatment, now I adhered to the treatment" (D1).

"[...]sometimes it's like this, I feel angry, but it's not that it's that anger of attacking anyone because I've never attacked her. If she said here on paper that I assaulted her, I never did" (D2).

"How does someone who knows me[...] have the courage to pick up a day-to-day fact, go to the police station to report me as an aggressor? I never touched, I never pinched my mother [...]" (D7)

"She didn't even fall, she did it like that, she misplaced her foot, almost fell, but gave the foot a little twist, but her alone! She got carried away and when she got carried away, then she stepped wrong" (D13).

"It was silly, I really had a revolver in the car[...] then she reported me, but I had shot it, upwards, a day before at night [...]. I feel tremendously angry! Because I have never, after 35 years, ended up in detention. Only that part of aggression never happened!" (D14).

Mutual dependency

In the interviews, it was possible to observe that there is mutual dependence between assaulted and

denounced. On the one hand, the accused needs the financial support of the older person and, on the other hand, the older person depends on their care. Also included are those who claim they cannot work because they need to provide care. Thus, it appears that this is a relationship that will be perpetuated as revealed below:

"[...] she depends on me because of the disease[...]. I help with everything [...] I clean the house, I make lunch, sometimes she makes lunch. I take her to the doctor[...] I depend on her more than she on me because the money goes in her hand. As I can't work because of her, because I have to take care of her, so I'm in her hands (D2)".

"It was difficult because, like, I work and I had to stop my work to help take care of (D3)".

Attributes the occurrence to the behavior of the older person

Respondents claim that the aggression occurred due to the aggressive behavior of the older person who performs verbal aggression, through cursing and invention of facts that were not practiced by them. Furthermore, they claim that the older person does not have an understanding of what is actually said, thus making their own interpretation. There are reports of important experiences of aggression by some interviewees who have also been in the role of victims and now seem to reproduce these experiences as aggressors, as follows:

"She curses me as a bastard, devil, she curses me everything, she's not afraid! her problem is her head, she invents things [...]" (D2).

"She is problematic in the sense that she is disturbed. You say one thing and she interprets it another way [...]" (D4).

"He gets really violent! So my defense is to bite. So I put the teeth right on top of his chest, he still has the marks!" (D10).

"I'm raised in this nest, what am I going to learn? Don't they say that the father is the mirror of the son? I'm going to learn this [...] I already had to separate the fight with my father, my father drank, attacked my mother[...] He stabbed my brother 32 times [...]" (D12).

“Then we seriously discussed! I’ll tell you the truth, if she can hit, she hits. My mom is tough, and I got it from her! That’s why she and I don’t get along, because if I go to argue with the person and the person starts to, like, make fun of me, I can’t take it anymore. I’m an ignorant guy!” (D14).

Recognizes their needs and seeks solutions

The accused recognizes their weaknesses in performing this role, especially when in the role of caregiver. The burden of caring for the older person seems to be a painful task both physically and emotionally, especially for those who show that they do not have many resources to do so, even though they want to take care of and stay by the side of the older person. They also have a mental or emotional disorder or abuse alcohol, and in some cases they seek solutions through treatment in an attempt to prevent the aggression from happening again.

“So we were stuck there for these 16 years and nobody knows how long this prison will last.” (D3)

“Everything I can do with her, I do for her, poor thing... I married her it wasn’t so I could leave her, understand? Isn’t there a saying that goes like this “he who eats the meat, gnaws the bone”? That’s me, anyway. I married her to stay until the end, you know?” (D2)

“I’m following up, I’m taking medication. There are times when I don’t have the breath for myself, I don’t have a moment of mine. I understand that I have some psychological decompensation, due to everything I’ve experienced and I feel like this, I have to work with it, but she’s silent and deaf. [...]” (D4).

“But, like, I know my limit. I think I know, right? But a drunk never knows the limit, does he?” (D12).

“Depression, nervous breakdown..” (D8).

Suffering the consequences of the aggression.

Situations of self-neglect and emotional suffering permeate situations of violence. The defendants both expressed the fact that they did

not treat clinical and mental illnesses properly, as they stopped eating properly after the complaint and, as a result, lost weight. They also allege the desire to erase the situation, that they are feeling emotionally assaulted or that they don’t know how to deal with what is happening.

“So I have high blood pressure, but super high! I haven’t taken anything for almost 2 years now, I suspended everything!” (D5).

“[...]I would like it to be erased, I wanted to go on with my life and that she goes on with hers”. (D4).

“Look, I’ll tell you[...] I felt so emotionally assaulted because[...] the fact that you think I might have done it already bothers me!” (E7).

“I’m terrible, psychologically shaken. I’m not able to deal with this situation, because, like, in all my life, 48 years, I’ve never had a problem with the law[...]” (D15).

DISCUSSION

The realization of this study, which sought to interpret the experiences of the accused of aggression to older people, constituted a great challenge, since the conditions of the accused are complex and adverse, since there is hospitalization, imprisonment or lack of lucidity of respondents; the latter due to the abuse of legal and illegal drugs or the presence of mental disorder.

In addition, the fact that it is a silenced topic covered in taboos is permeated by the difficulty of investigating the phenomenon⁷, because it most often occurs within the family, which is seen as a space of protection and care, and despite the secrecy of the information and procedural non-interference of the case, the interviewees remain fearful and find it difficult to deal with the issue.

Data from this study corroborate the literature showing that the main aggressors are male and abuse alcohol and illicit drugs. Also, common characteristics are: hostile and aggressive behavior, unemployment, financial problems, cohabitation, history of difficult relationships, stress resulting from the care of the older person and the possible intergenerational

transmission of violent behavior^{15,16}. Female victims suffer more aggression by spouses and male victims by their children. The main characteristics of older people who suffer aggression are: physical and/or intellectual dependence, dementia, depression or aggressive and challenging behavior.

Violence against older people perpetrated by family members in their own homes gains relevance when considering that national legislation, through the Federal Constitution and the Statute of the Older Person, provide them with full protection, ensuring opportunities and amenities for the preservation of physical and mental health, as well as their moral, intellectual, spiritual and social improvement, in conditions of freedom and dignity, given that such guarantees must be provided by the state and the family^{17,18}.

It is noteworthy that in recent decades the family has been undergoing changes, including its fragmentation, with less traditional experiences of conjugality, reduced birth rates and reduced time available for care, as both women and men assume extensive work activities^{19,20}.

As for the present study, it should be noted that half of the participants are older people and also spouses^{18,19}. Therefore, although living with a spouse represents a protective factor against physical or financial abuse²¹, the injustice regarding the division of housework, excessive investment in personal issues, influences of environmental factors and decision-making issues that are unilaterally²² important to the spouse's context lead to violence.

In the analysis of the interviews with the aggressors, a pattern of speeches covered with defense mechanisms is observed, essentially including the denial of the aggression committed and rationalization. Denial is the conscious refusal to perceive disturbing facts and rationalization involves creating false excuses to justify the behavior²³.

This is due to the fact that when accepting to have assaulted the older person, the aggressor is faced with intolerable emotional damage and with the recognition that he committed a faulty act. This is a condition that needs to be considered

and addressed by health professionals, so that the accused can understand the facts, considering that the conscious refusal to face disturbing facts makes it difficult for the individual to deal with challenges and establish appropriate strategies in the relationship²⁴. Thus, when respondents admit that they perpetrated violence against the older person, they also recognized that they needed help to improve their aggressive behavior²⁵.

The role of caregiver, in turn, also represents a great challenge due to the burden it requires. One study identified that a third of them had a care overload, which was associated with age, family dysfunction and the provision of continuous care, as most of the time care falls to a single person²⁵.

Coming from the perspective of understanding violence, it is noticeable that it is considered a multifactorial condition, which often has its origins in childhood, due to the ineffectiveness of the behavior of parents or guardians in setting limits to bad behavior. In addition, common characteristics between victim and aggressor are identified, being the victim who molds the aggressor, thus, the abuse, which occurred in childhood, permeates the psychological functionalism in adulthood, reflecting in later family relationships^{26,27}.

Although violence is a culturally determined issue and, although it has a direct relationship with the intention of the act, that is, it is considered violence when the act is intentional, it may, in certain beliefs and cultures, not be considered as such^{28,29}.

It is also observed that the aggressors manifest feelings of self-punishment when they report that they stopped taking the medication or eating properly, which is demonstrated through self-denial of pleasure and self-imposed penalty^{30,31}.

The need for an adequate approach aimed at resolving existing conflicts between the victim and the accused gains relevance when verifying that in this relationship there is mutual dependence and that it will be perpetuated after the occurrence and the appropriate legal measures, as in most cases there is a financial or care dependency between both involved in this relationship.

Finally, even given the limitations of the study, because it is an embarrassing issue and that, therefore, participants can omit or distort the information, in addition to using interviews with only a small portion of those denounced for aggression, as a result of the difficulties in conducting the interviews, this study brings important reflections, given that both the attacked and the accused need specific care from health professionals.

CONCLUSION

This study showed that giving voice to the accused of aggression to the older person is to face situations that involve socioeconomic and health needs, in a context of relationships that are difficult to manage, since in most cases the accused is a family member and that coexistence will be perpetuated by mutual dependence between them.

The accused seek to defend themselves from the aggression and, in this perspective, they deny,

justify and minimize the act committed. It is also observed the existence of mutual dependence, whether financial or care, which often makes it difficult or even prevents the coexistence to be interrupted. Aggressive behavior, through insults and history of living with aggression perpetuated by the older person, in addition to the arduous task of caring for the older person, the abusive use of alcohol and illicit drugs were factors that contributed to the aggression. Respondents express feelings of guilt and regret for the aggression perpetrated, recognize their needs and seek support to cope with the situation.

In situations of aggression, there needs to be a widened listening. For this, it is necessary to give voice to the needs of both the older person and the accused, so that it is possible to move constructively towards the resolution of the conflict. Therefore, the support of a multidisciplinary health team in articulated work with other sectors is recommended.

Edited by: Tamires Carneiro de Oliveira Mendes

REFERENCES

1. Brasil. Secretaria de Direitos Humanos da Presidência da República. Manual de enfrentamento à violência contra a pessoa idosa: É possível prevenir. É necessário superar [Internet]. 2013 [cited 2018 Dec. 01]. Available from: <http://www.cedi.pr.gov.br/arquivos/File/CEDI/ManualViolenciaIdosogovfedweb.pdf>.
2. Brasil. (Constituição, 1988). Constituição da República Federativa do Brasil. Brasília, DF: Senado Federal; 1988.
3. Pina SCT, Coelho APF, Torres JC, Teixeira AB. O papel da família e do Estado na proteção do idoso. *Ciênc ET Praxis*. 2017;9(18):35-40. Available from: <http://revista.uemg.br/index.php/praxys/article/view/2532/1495>.
4. Carrara BS, Espírito Santo PMF. Old age institutionalized in postmodern times: the identity in parallel universe? *Rev Enferm UFPE on line*. 2016;10(5):1672-89. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/13542/1631>.
5. Souza A, Pelegrini TS, Ribeiro JHM, Pereira DS, Mendes MA. Concept of family insufficiency in the aged: critical literature analysis. *Rev Bras Enferm*. 2015;68(6):864-73. Available from: <http://dx.doi.org/10.1590/0034-7167.2015680625i>.
6. Santana IO, Vasconcelos D, Coutinho MPL. Prevalência da violência contra o idoso no Brasil: revisão analítica. *Arq Bras Psicol*. 2016;68(1):126-39. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1809-52672016000100011&lng=pt.
7. Castro VC, Rissardo LK, Carreira L. Violence against the brazilian elderlies: an analysis of hospitalizations. *Rev Bras Enferm*. 2018;71(2):777-85. Available from: <https://doi.org/10.1590/0034-7167-2017-0139>.
8. Garbin CAS, Joaquim RC, Roveda TAS, Garbin AJI. Elderly victims of abuse: a five years document analysis. *Rev Bras Geriatr Gerontol*. 2016;19(1):87-94. Available from: <http://dx.doi.org/10.1590/1809-9823.2016.15037>.
9. Lachs MS, Pillemer KA. Elder abuse. *N Engl J Med*. 2015; 373: 1947-56. Available from: <http://doi.org/10.1056/NEJMra1404688>
10. Brasil. Ministério da Saúde. VIVA: Vigilância de Violências e Acidentes: 2013 e 2014. Brasília, DF: MS; 2017 [cited 2018 Mar. 20]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/viva_vigilancia_violencia_acidentes_2013_2014.pdf.

11. Rodrigues RAP, Monteiro EA, dos Santos AMR, Pontes MLF, Fhon JRS, Bolina AF, et al. Older adults abuse in three Brazilian cities. *Rev Bras Enferm.* 2017;70(4):783-91. Available from: <https://doi.org/10.1590/0034-7167-2017-0114>.
12. Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3(2):77-101. Available from: <http://dx.doi.org/10.1191/1478088706qp063oa>.
13. Instituto Brasileiro de Geografia e Estatística. Censos demográficos: censo demográfico 2010 [Internet]. Marília: IBGE; [2011] [cited 2019 Feb. 06]. Available from: <https://ww2.ibge.gov.br/home/estatistica/populacao/censo2010/default.shtm>.
14. Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensus e controvérsias. *Rev Pesq Qualitat.* 2017;5(7):1-12. Available from: https://www.researchgate.net/publication/315756131_AMOSTRAGEM_E_SATURACAO_EM_PESQUISA_QUALITATIVA_CONSENSOS_E_CONTROVERSAS_SAMPLING_AND_SATURATION_IN_QUALITATIVE_RESEARCH_CONSENSUSES_AND_CONTROVERSIES
15. Almeida FSA, dos Santos CL, Vieira DN. Abuso de idosos e o papel dos profissionais de saúde. *Rev Port Med Geral Fam.* 2019;36:24-34. Available from: <http://www.scielo.mec.pt/pdf/rpmgf/v36n1/v36n1a04.pdf>.
16. de Matos NM, Albernaz EO, de Souza BB, Braz MC, do Vale MS, Pinheiro WA. Profile of aggressors of older adults receiving care at a geriatrics and gerontology reference center in the Distrito Federal (Federal District), Brazil. *Rev Bras Geriatr Gerontol.* 2019;22(5):e190095. Available from: <https://doi.org/10.1590/1981-22562019022.190095>.
17. Veras R, Oliveira M. Care pathway for the elderly: detailing the model. *Rev Bras Geriatr Gerontol.* 2016;19(6):887-905. Available from: <http://dx.doi.org/10.1590/1981-22562016019.160205>.
18. Brasil. Secretaria Especial dos Direitos Humanos. Estatuto do idoso: lei federal nº 10.741, de 01 de outubro de 2003. Brasília, DF: SEDH; 2004.
19. Pina SCT, Coelho APF, Torres JC, Teixeira AB. O papel da família e do estado na proteção ao idoso. *Ciência et Praxis.* 2016;9(18):35-38.
20. Aguiar CSA, Menezes TMO, Camargo CL. Arranjos familiares com pessoas idosas: fatores contributivos. *Av Enferm.* 2018;36(3):292-301. Available from: <http://www.scielo.org.co/pdf/aven/v36n3/0121-4500-aven-36-03-292.pdf>.
21. Eslami B, Viitasara E, Macassa G, Melchiorre MG, Lindert J, Stankunas M, et al. The prevalence of lifetime abuse among older adults in seven European countries. *Int J Public Health.* 2016;61(8):891-901. Available from: <https://europepmc.org/article/med/27083450>.
22. Faulkner RA, Davey M, Davey A. Gender-related predictors of change in marital satisfaction and marital conflict. *Am J Fam Ther.* 2007;33:61-83.
23. Weiten W. Introdução à psicologia: temas e variações. 4. ed. São Paulo: Pioneira; 2002.
24. Muniz PR, Almeida JFC, Teixeira KMS, Vasconcelos EAR. Análise dos mecanismos de defesa do ego utilizados pelos etilistas e o impacto do vício no meio social. *DRIUFT.* 2021;7(4):124-37. Available from: <https://sistemas.uft.edu.br/periodicos/index.php/desafios/article/view/9245>.
25. Nunes DP, de Brito TRP, Duarte YAO, Lebrão ML. Cuidadores de idosos e tensão excessiva associada ao cuidado: evidências do Estudo SABE. *Rev Bras Epidemiol.* 2018;21(Supl 2):e180020. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1415-790X2018000300417&lng=en.
26. Nóbrega Jr. JMP. Teorias do crime e da violência: uma revisão da Literatura. *BIB.* 2015;77:69-89. Available from: <https://www.anpocs.com/index.php/bib-pt/bib-77/9984-teorias-do-crime-e-da-violencia-uma-revisao-da-literatura/file>
27. Reisig MD, Holtfreter K. The victim-offender overlap in late adulthood. *J Elder Abuse Negl.* 2018;30(2):144-66. Available from: <https://doi.org/10.1080/08946566.2018.1426512>.
28. da Costa CB, Mosmann CP. Estratégias de resolução dos conflitos conjugais: percepções de um grupo focal. *Psico.* 2015;46(4):472-82. Available from: <http://dx.doi.org/10.15448/1980-8623.2015.4.20606>.
29. Dahlberg LL, Krug EG. Violência: um problema global de saúde pública. *Ciênc Saúde Colet.* 2006;11(Supl):1163-78. Available from: <https://doi.org/10.1590/S1413-81232006000500007>.
30. Julle-Danière E, Whitehouse J, Mielke A, Vrij A, Gustafsson E, Micheletta J, et al. Are there non-verbal signals of guilt? *PLoS One.* 2020;15(4):e0231756. Available from: <https://doi.org/10.1371/journal.pone.0231756>.
31. Vaish A. The prosocial functions of early social emotions: the case of guilt. *Curr Opin Psychol.* 2018;20:25-9. Available from: <http://doi.org/10.1016/j.copsyc.2017.08.008>.