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EDITORIA
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VIOLENCE AGAINST ELDERLY PEOPLE: MOTIVATIONS FROM THE PERSPECTIVE OF BRAZILIAN AND PORTUGUESE CAREGIVERS

*VIOLÊNCIA CONTRA A PESSOA IDOSA: MOTIVAÇÕES NA
PERSPECTIVA DE CUIDADORES BRASILEIROS E PORTUGUESES*

*VIOLENCIA CONTRA LAS PERSONAS MAYORES:
MOTIVACIONES DESDE LA PERSPECTIVA DE CUIDADORES
BRASILEÑOS Y PORTUGUESES*

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ABSTRACT: This study aims to understand the motivations for violence against the elderly from the perspective of Brazilian and Portuguese caregivers. This study is based on the Theory of Social Representations and the Theory of Collective Memory, based on the Thematic Content Analysis proposed by Bardin. The participants were 32 informal caregivers of elderly people, 21 from Brazil and 11 from Portugal. Data were collected through a questionnaire (sociodemographic data and health conditions) and an open interview on the topic of violence. Based on the results, three categories emerged: Memories, relationships and family, Inadequate conditions for care, and Negative Social Representations about aging. It is concluded that relationships can influence the occurrence of violence, considering the life history and memories of individuals about the elderly person for whom they provide care.

KEYWORDS: Elderly person. Violence. Family. Caregiver.

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RESUMO: O presente estudo tem por objetivo compreender as motivações para a violência contra a pessoa idosa na perspectiva de cuidadores brasileiros e portugueses. Trata-se de um estudo fundamentado na Teoria das Representações Sociais e na Teoria da Memória Coletiva, baseado na Análise de Conteúdo Temática proposta por Bardin. Os participantes foram 32 cuidadores informais de pessoas idosas, sendo 21 do Brasil e 11 de Portugal. Os dados foram coletados por meio de um questionário (dados sociodemográficos e condições de saúde) e de uma entrevista aberta sobre a temática da violência. Com base nos resultados, emergiram três categorias: Memórias, relações e família; Condições inadequadas para o cuidado; e Representações Sociais negativas sobre o envelhecer. Conclui-se que as relações podem influenciar a ocorrência da violência, considerando a história de vida e as memórias dos indivíduos sobre a pessoa idosa para a qual prestam os cuidados.

PALAVRAS-CHAVE: Pessoa idosa. Violência. Família. Cuidador.

RESUMEN: El presente estudio tiene como objetivo comprender las motivaciones de la violencia contra las personas mayores desde la perspectiva de cuidadores brasileños y portugueses. Se trata de un estudio basado en la Teoría de las Representaciones Sociales y la Teoría de la Memoria Colectiva, fundamentado en el Análisis de Contenido Temático propuesto por Bardin. Los participantes fueron 32 cuidadores informales de personas mayores, 21 de Brasil y 11 de Portugal. Los datos se recolectaron a través de un cuestionario (datos sociodemográficos y condiciones de salud) y una entrevista abierta sobre el tema de la violencia. A partir de los resultados emergieron tres categorías: Memorias, relaciones y familia, Condiciones inadecuadas para el cuidado y Representaciones Sociales Negativas sobre el envejecimiento. Se concluye que las relaciones pueden influir en la ocurrencia de violencia considerando la historia de vida y los recuerdos de los individuos sobre la persona mayor a la que cuidan.

PALABRAS CLAVE: Persona mayor. Violencia. Familia. Cuidador.

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INTRODUCTION

The demographic transformation observed in recent decades, marked by increased longevity and declining birth rates, reflects a significant shift in the age structure of populations (Vollset et al., 2020). The extension of life expectancy, driven by advances in medicine, improved living conditions, and expanded access to healthcare systems, represents an important social achievement. However, this scenario imposes new challenges, particularly related to the rising prevalence of noncommunicable chronic diseases, which tend to persist for longer periods and directly affect individuals' functionality (Khan et al., 2024; Novelli et al., 2020).

With aging, functionality emerges as a central issue in public health. Limitations in performing daily activities among older adults are becoming increasingly common, often requiring long-term care and support—whether formal or provided by family members—in order to maintain quality of life and autonomy (Pereira et al., 2019; Rocha, 2017).

Given the need for ongoing care, the family remains the primary institution responsible for supporting and caring for older adults. To meet these demands, families adopt different strategies, such as hiring formal caregivers when financial resources permit, dividing responsibilities among relatives, or reorganizing internal family dynamics, which may result in new family arrangements (Minayo, 2019; Diniz et al., 2018; Camarano & Fernandes, 2023).

Nevertheless, caregiving—particularly in the family context—represents a challenging process for informal caregivers, who must mobilize physical, emotional, and financial resources. Studies indicate that caring for a family member is associated with caregiver burden, psychological distress, and physical exhaustion (Costa et al., 2020; Fernandes et al., 2018; Martins et al., 2019; Schulz et al., 2020), affecting both the caregiver and the quality of care provided.

Within this context of vulnerability and constant stress, situations of conflict and violence may arise in caregiving relationships. The World Health Organization (2015) defines violence against older persons as a single or repeated act—or even omission—that may be intentional or unintentional, and that causes harm, suffering, or distress. Despite being a recognized public health issue, violence against older adults, particularly within the family setting, constitutes a silent and complex phenomenon, often rendered invisible by the closeness of relationships and by the normalization of abusive behaviors within everyday family life (Moraes et al., 2020; Ribeiro et al., 2021; Santana et al., 2021; Santos-Rodrigues et al., 2023).

Caregiver–elder relationships are shaped by affective, historical, and social complexities that are not always adequately considered in analyses of this phenomenon. The family environment, often idealized as a space of protection, can also become a setting of tension, neglect, and abuse. Yet such situations tend to be silenced due to emotional bonds, mutual dependence, and social conventions. Furthermore, aging continues to be shaped by stigmas and social conventions that devalue older adults, assigning them a passive social role, of little

utility, or even as a burden (Beauvoir, 1990; Chang et al., 2021; Dias & Fraga, 2024; Mendes et al., 2018). This symbolic marginalization reinforces the invisibility of older persons and contributes to the normalization of abusive practices, which are often not acknowledged even by those directly involved.

In this regard, considering the scarcity of studies that examine the factors underlying and sustaining violence in family caregiving contexts, it is essential to deepen the understanding of this phenomenon. Identifying the motivations that lead to the occurrence of such episodes is crucial for preventing violence and promoting healthier and safer caregiving environments. Accordingly, this study aims to explore the motivations for violence against older adults from the perspective of Brazilian and Portuguese caregivers.

METHODS

This study is grounded in the Theory of Social Representations and the Theory of Collective Memory, and is based on Thematic Content Analysis as proposed by Bardin. The research setting comprised two programs providing assistance to older adults: the *Programa de Atendimento Municipal Domiciliar ao Idoso com Limitação* (PAMDIL) in the municipality of Vitória da Conquista, Bahia, Brazil, and the *Equipa de Cuidados na Comunidade Integrados* (ECCI) in the municipality of Évora, in the Alentejo region of Portugal.

PAMDIL, implemented in 2009, serves approximately one thousand older adults with some type of limitation identified by community health agents. These individuals receive biweekly home visits, which can be scheduled earlier if necessary. In addition to consultations and home care, when required, the team also refers patients to other medical specialties. Vitória da Conquista, the third largest city in the state, with approximately 306,866 inhabitants, serves as the health hub of the southwestern region, covering 72 municipalities in Bahia and the northern area of Minas Gerais (IBGE, 2010).

The ECCI provides continuous monitoring services for patients, most of whom are older adults. Comprehensive support includes in-person care for 12 hours per day, supplemented by telephone assistance during the remaining 12 hours and on weekends. Évora, located in the Alentejo region, is also the capital of the district of Évora, composed of 14 municipalities, with a population of 53,084 inhabitants. The Alentejo region is considered the most aged in the country, with a ratio of 161.6 older adults per 100 young people in the municipality of Évora (Pordata, 2018).

Study participants were informal caregivers of functionally dependent older adults from Brazil and Portugal, including 21 Brazilian family caregivers and 11 Portuguese informal caregivers. The inclusion criteria for family caregivers were: having a degree of kinship

with the older adult, living in the same household, being over 18 years of age, without restrictions regarding gender or marital status, and serving as the primary caregiver without financial compensation.

The research instrument was composed of two parts. The first consisted of a questionnaire addressing sociodemographic and health-related variables, such as gender, age group, educational level, marital status, occupation, family relationship, and health problems. The second part involved open interviews guided by questions concerning caregiving routines and perceptions of violence against older adults.

Data were analyzed using Content Analysis, as proposed by Laurence Bardin, with the support of the QSR NVivo® software, version 11. Content Analysis consists of a set of techniques for analyzing communications and, according to Bardin (2009), allows the processing of information contained in messages in order to explore both meanings and signifiers.

Regarding QSR NVivo®, it is a software tool designed to assist in the organization and structuring of data. By organizing the information collected in interviews, NVivo enables a type of categorization in which descriptive textual data are arranged through the identification of trends. This structuring generates “nodes” and “subnodes” and, subsequently, word clouds with terms most frequently mentioned by participants. This feature enhances the visualization of categories and represents a modern analytical resource that contributes to the depth of content analysis.

Both studies were submitted to and approved by Research Ethics Committees. The Brazilian project was approved by the Research Ethics Committee of the State University of Southwest Bahia, under protocol number 1.875.418 and CAAE no. 58813116.3.0000.0055, on 15 August 2016; the Portuguese project was approved by the Ethics Committee for Health and Well-Being of the University of Évora, under number 16012, on 19 May 2016.

RESULTS AND DISCUSSION

The word clouds presented in Figures 1 and 2 reveal the social representations of caregivers regarding the reasons for violence, demonstrating the multiplicity of themes potentially related to its occurrence. In addition to the prominence of the element “no,” which predominates in both figures, participants’ representations were anchored in terms such as “nobody,” “lack,” “training,” “son,” and “child,” which appeared in the Portuguese caregivers’ word cloud, and “patience,” “lack,” “love,” and “family,” which emerged in the Brazilian caregivers’ word cloud.

constructed throughout life play a significant role in the occurrence of violence. In the context of aging and within the framework of new family arrangements, cohabitation is often described by family members of older adults as a condition that generates conflict, particularly because different generations live together in the same household (Holanda et al., 2016; Rodrigues et al., 2019).

This characteristic has been highlighted in several studies, which demonstrate how intergenerational living can act as a catalyst for conflict. The coexistence of differing values, combined with changes in family dynamics, the redefinition of roles, and the hierarchy established according to the needs and expectations of each generation, are circumstances that render the family environment prone to conflict, which may often escalate into violence (Abath et al., 2012; Minayo, 2017; Santos-Rodrigues et al., 2023).

Studies on this topic have identified elements of intergenerational cohabitation that further increase the risk of violent events. Financial problems, alcohol and drug abuse, and psychiatric disorders were among the factors revealed (Lino et al., 2019; Rodrigues et al., 2019; Santos-Rodrigues et al., 2023).

Abath et al. (2012) and Rocha (2017) acknowledge that a family history of violence and weakened interpersonal relationships are risk factors for the construction of a hostile environment. Frustration and lack of preparedness in dealing with everyday difficulties, combined with family disconnection, may further heighten the risk of violence. However, as emphasized in the ecological model, this condition is strongly influenced by values related to caregiving and aging, which are perpetuated within family interactions.

In this sense, both family and individuality must be considered as elements that simultaneously influence the phenomenon. Caregivers' statements reflect this idea, as illustrated in the following excerpts:

I think it comes from people's life experiences. Those who had problems in childhood, problems ... something or another. This does not just appear out of nowhere. Because there are many cases like that, right? "Oh, he did it because when he was a child, something happened." And then people carry that trauma with them. CP1

Because they have no respect for themselves. If they had even the slightest respect for themselves, they would not harm others. I may be wrong, but I believe they must be very bad people, with negative life experiences, who are caring for someone only for money. CP5

The reflections expressed by caregivers demonstrate how memories built within family relationships act as influential factors for violence. Negative experiences and even traumas

were reported by participants as justifications for aggressive behavior toward older adults. Rocha (2017) argues that experiencing an aggressive family relationship leaves an emotional wound in the individual that deeply affects their life, and when this wound remains open, it tends to directly interfere with current and future relationships.

Considering that our perception of the world is shaped by personal experiences as well as what is transmitted across generations, Castro and Camargo (2017) refer to the Theory of Intergenerational Transmission to support the discussion and highlight the strength of historical influence in this process. As identified by caregivers, violent behaviors are not only linked to past experiences but are also associated with a learning process.

The findings of this study align with other works, such as those presented by Nunes et al. (2019), in which participants' perceptions of the motivations for domestic violence against older adults were closely related to the negative behaviors that older persons had exhibited toward their families throughout their lives.

Gil's (2015) research emphasizes that mistreatment can constitute a form of retribution, a response from children to what they received from their parents. Data from APAV (2019) confirm that violent behaviors may have marked parent–child relationships to such an extent that they were internalized as a pattern of normality. As a result, they represent a transmitted model in which parents who were violent toward their children are more likely to be victimized by them in old age. This perspective is also evident in the testimony of one participant:

There are cases of older people who have no family, or who do have family but are neglected by them. Sometimes it has a lot to do with what you sow: if you sow badly and never tend the field, you will not reap much. These people did not raise their children properly, did not give them affection, and did not call them close. The children simply drifted away. But there are families like that ... from father to son, but more often from child to parent. Some because they are too busy, others because they do not care, and others because they really have no one. At the end of life, we always leave something undone. While people were healthy and did not need help, they never worried, never prepared the ground for later. Maybe I am doing the same, but well, the future is in God's hands. CP3

This perspective, pointed out in the literature and illustrated by the caregiver's testimony, reinforces how resentments and unresolved conflicts affect relationships, but above all, how emotional bonds are essential in building relationships based on love and respect. Thus, the organization of family members' emotional lives and family functionality itself must be considered as factors influencing the occurrence of violence (Rocha, 2017; Nunes et al., 2019),

particularly because, in the practice of caregiving, such relational difficulties tend to become more evident.

For Mendes et al. (2017), caregiving is a process of evolution that requires constant interaction: “it is the daily construction and reconstruction of affections, of care, of overcoming barriers and ghosts of the past. It is being with the older adult every day, despite everything” (Mendes et al., 2017). In the absence of this ability to reframe affections, the expression of violence gains ground, as becomes evident in the following statements:

For me, it is something so unacceptable that I cannot understand why people do that. For me, it is a lack of love, a lack of God. There is no other explanation. CB7

I think it is a person who has no feelings. If a mother takes care of you, when she gets older and needs care, you have to look after her. Because she is your mother. So, I think it is a person with no feelings. CB6

It is within the family environment that ambivalence finds room to manifest itself, for while the family represents the institution of the first affective bonds and enables the growth and development of key capacities for autonomy, it is simultaneously the space where conflicts and violence take root.

Ambivalence also becomes evident in the caregiving process through aspects that lead caregivers to perform their role in a contradictory manner. The satisfaction derived from fulfilling this role often gives way to feelings of exhaustion, anger, despair, and even injustice, which generate emotional instability and, consequently, create space for conflict and manifestations of violence (Lino et al., 2019; Schulz et al., 2020; Ribeiro et al., 2021).

Thus, considering the risk factors discussed in this section, it becomes clear how memories shape practices and anchor individuals’ social representations. With regard to family memory, as illustrated in participants’ testimonies, such influence becomes even more normative. As Halbwachs (2006) asserts, “the family is the model of all social hierarchy conceived as a system that assigns a mandatory role to an individual” (p. 403). For this reason, the memories constructed within the family sphere serve as a form of reiteration for other collective memories.

Disharmonious relationships and conflicts arising from relational histories reflect not only personal characteristics and memories but also the instabilities and ambivalences that emerge in situations of imbalance. In light of this, the following section will provide a deeper discussion.

Category 2. Inadequate conditions for care

The motivations cited by caregivers focus on the imbalance of conditions necessary for fulfilling caregiving duties. The accounts analyzed reveal the perception that misalignments in caregiving circumstances represent a risk factor for the occurrence of violence in the domestic environment.

Rocha (2017) describes violence in relationships as a possible outcome of tensions accumulated over time due to unresolved relational and/or structural issues. The very complexity of the emotions that surround caregiving already situates this context as difficult and vulnerable; in addition, prolonged exposure to and interaction with inadequate caregiving conditions tend to foster contradictory feelings and dilemmas that directly affect the maintenance of relational balance (Minayo, 2017).

Participants' statements reflected this same perception. As illustrated in their accounts, the aspects identified as risk factors were related to financial difficulties, work overload, and lack of knowledge to manage the health conditions and caregiving needs of older adults. "Of course it was due to malice, money" (CB10). "The cost of living, perhaps even financial hardship, all of this contributes" (CB14).

Financial resources represent a crucial element in the caregiving context. Gil (2015) emphasizes that, when compared to other age groups, the care of an older adult with functional dependency requires three times more personal and financial resources.

Given that certain circumstances are imposed by the older adult's health conditions and level of dependency, caregivers are required to provide and manage resources on a daily basis to ensure satisfactory care. However, the absence or limitation of such resources has been characterized in numerous studies as a categorical factor for family dysfunctionality and, consequently, as a determinant for heightened risk of violence (Bolsoni et al., 2017; Holanda et al., 2016).

In an investigation of the circumstances surrounding violence and in outlining the profile of aggressors identified in the literature, Minayo (2017) reinforces previous findings by demonstrating that the financial dependency of children on their parents was reported in the majority of cases of elder abuse.

Moreover, it is important to highlight a particular development of the financial issue, which, in this case, operates both as a cause and a consequence of violence against older adults. As has been observed, unsatisfactory financial conditions represent a significant factor recognized by participants, although poverty itself is not synonymous with violence. Nonetheless, when coupled with heightened vulnerability to conflict and exacerbated by financial dependency, violence may manifest in multiple forms, with financial abuse gaining particular relevance in this context.

This type of abuse has been consistently reported in research, gaining prominence due to its co-occurrence with other forms of violence and the observed increase in its incidence (Gil et al., 2015; Minayo, 2017).

Regarding the Portuguese context, studies indicate a rise in this form of violence, making it the second most frequently reported by older adults (Dias et al., 2022; Gil, 2015) and highlighted in the reports of the European transnational projects ABUEL and AVOW as one of the main issues affecting the elderly population (Soares et al., 2010; Luoma et al., 2011). According to Portuguese data, financial abuse ranks as the second most prevalent type of elder abuse in the country, surpassed only by psychological violence (Dias et al., 2022; Gil et al., 2015).

In Brazil, the situation is similar. The manifestation of violence has increasingly gained attention and recognition in research, given the previously mentioned conditions. In a review conducted by Bolsoni et al. (2017), this type of aggression was the most frequently reported by male older adults.

A second motivation for violence reported by Portuguese and Brazilian caregivers was the lack of guidance and proper training for caregiving. Considering the unpredictability of illness and dependency, which do not always allow caregivers sufficient time or resources to organize themselves, health needs are imposed, and caregiving responses must be rapid and effective to ensure adequate care. However, a large proportion of caregivers lack prior information or training for fulfilling this role, taking on the responsibility and learning to manage the demands throughout the caregiving process, as illustrated in the following testimony:

One thing is when I know what is happening, what is going to happen, how I can intervene, how I cannot intervene; another is when everything happens suddenly ... I think support is much more important initially, when you begin to understand what is happening. You try to navigate the situations, but for that, you need some knowledge, preparation, and strategies. Initially, I knew there was training here in Évora for institution technicians, nursing homes, and I went to that training. There were social workers, animators ... So, I completed the training and kept researching. CP11

Although the testimony above represents an important coping strategy—since the caregiver, recognizing the need for training, sought a course to guide caregiving practices—this reality is not accessible to the majority of caregivers. Consequently, participants report that lack of information and training constitutes a risk factor for violence:

Ah, because sometimes people, I don't know, look, daughter ... First, they have no training. We don't have much training; it shouldn't be like that because we simply lack proper training. CP8

It is difficult, especially for someone completely inexperienced. Someone who doesn't understand. In my case, I am a nursing technician. But there are people for whom, in fact, the caregiver's suffering comes from having no knowledge. They receive a workload but no basic instruction on how to care for that older adult. Sometimes I think mistreatment happens because of the lack of guidance. CB11

Studies with family caregivers corroborate the premise highlighted by the research participants. Mendes et al. (2017) described caregivers' routines and coping strategies, emphasizing how new caregiving demands were incorporated daily and how caregivers needed to adapt to the evolving needs of older adults as illness and dependency progressed.

The implications of insufficient or inadequate care have negative impacts on the lives of older adults and can indeed lead to manifestations of violence. Muniz et al. (2016) argue that a lack of preparation for caregiving can overburden the caregiver, affecting not only their health but also their interactions with the older adult.

Even unconsciously, aggressive behaviors may arise within the family environment, disrupting interactions due to tensions and issues that affect family stability. Situational difficulties also play a significant role as risk factors (Rocha, 2017), such as work overload.

The term "overload" refers to the set of physical, psychological, and emotional problems that may result from caregiving activities, affecting the caregiver's personal, social, and professional relationships as well as their emotional balance (Castro & Camargo, 2017). The characteristics defining this condition are highly individual and relate to each person's capacity to evaluate the effectiveness of their work and their self-esteem (Gil et al., 2015; Fernandes et al., 2018).

In this regard, the majority of studies conducted with caregivers of older adults with functional dependency have identified high levels of overload among these caregivers. Maldonado Brito et al. (2017) reported signs of physical and psychological overload, revealing impacts on personal relationships, employment, and educational activities.

The findings indicate that the longer the time dedicated to caregiving, the greater the level of overload experienced by the caregiver. This condition is a serious warning, as the primary strategy to ensure adequate care is for the caregiver to reside with the older adult, thereby experiencing constant vigilance and full-time caregiving.

Participants' statements highlight this condition as a risk factor for violence, as they believe that prolonged and accumulated work over the years fosters a hostile environment conducive to conflict:

I think it's because they get very nervous; they are already in that state, and people don't understand and end up mistreating. Sometimes it's stressful. You have to have a lot of patience. CB2

Sometimes I think it's a person who has run out of patience. They've reached their limit. When I notice that I am nervous or irritated, I step away. CB13

The perceptions revealed in the caregivers' statements underscore how caregiving is an exhausting activity and that the multiple demands and imbalances in the role place the caregiver under extreme tension. This understanding is not an isolated finding. Numerous studies have investigated and documented caregiver work overload as a risk factor for abuse (Gil et al., 2015; Muniz et al., 2016; Lino et al., 2019).

The primary motivations for violence identified by Lino et al. (2019) also focused on the high levels of caregiver overload. Their findings revealed that overload significantly increased the likelihood of violence, a pattern confirmed by seven additional studies.

Based on the above, it is understood that difficulties associated with excessive work demands, tensions arising from the caregiving process, financial problems, and insufficient training compromise the quality of care provided and serve as triggers for abusive events. Recognizing the circumstances surrounding elder abuse is a fundamental step toward addressing this problem, given that, despite existing public policies, the support intended to be provided effectively remains limited and insufficient.

The slow development of public policies to ensure the rights of older adults and the continued occurrence of violence against this population reflect societal perceptions of aging. The invisibility historically assigned to older adults has confined them to a space of marginalization and stigmatization, with serious consequences that persist to this day, including in situations of abuse. The conceptualization of violence as a form of hostility and prejudice against this stage of life will be discussed in the subsequent category.

Category 3. Negative social representations of aging

The perceptions constructed around aging and the very understanding of what it means to be an older adult influence relationships and, in this context, specifically, the way care is provided. The aging process extends beyond the physical dimension and encompasses social implications, where, within a given historical and sociocultural context, rules, behaviors, and appropriate spaces are defined according to age (Rocha, 2017).

Numerous studies aiming to uncover perceptions and societal images of old age reveal that a duality of meanings assigned to the aging process and this stage of life persists in social

imagination. It is important to note that signs of this complexity are already evident in the semantic parallelism between “old age” and “third age.”

Uncritical promotion of new ways of approaching old age often reinforces stigmas and increases the invisibility of the issues experienced by a significant portion of older adults (Maldonado Brito et al., 2018). On one hand, promoting a positive image of aging is linked to vitality, youthfulness, health, and independence; on the other hand, a substantial portion of older adults experiencing functional limitations, and the restrictive consequences of age-related factors and chronic illnesses are left without any opportunity.

Research examining social representations of aging confirms this premise, often revealing a duality characterized by positive elements, such as wisdom and experience, and negative elements, such as physical decline, loneliness, and death (Maldonado Brito et al., 2018). Castro and Camargo (2017) found a polarization in the social representations of older adults and caregivers regarding aging: positive representations were associated with terms such as “young spirit” and “young older adult,” while negative representations evoked words like “old age” and “old.”

Fernandes et al. (2018) interviewed two groups of older adults with higher and lower socioeconomic and educational levels to explore social representations of old age. They found that, in both groups, representations were anchored in the idea of life’s finitude. Similarly, Daniel et al. (2016) conducted a study with older adults and formal caregivers at a support institution providing home care and day center services in a rural region of Coimbra. Among older adults, the most frequently evoked elements were “loneliness,” “illness,” “dependency,” and “death.” Common representations shared by both groups centered on “loneliness,” “illness,” and “dependency.”

These studies presented social representations of aging from individuals who directly experienced aging (older adult participants) and indirectly experienced it (caregivers). This condition raises questions about the influence of direct experience in shaping representations, based on the idea that negative meanings attributed to aging may reflect the lived experiences of older participants and the observations caregivers have made in their practice.

Nunes et al. (2019) conducted a study through social media invitations, analyzing evocations from 469 individuals aged 15 to 59, with the majority between 22 and 29 years old. Their analyses revealed that, although participants acknowledged aspects such as new lifestyles and accumulated wisdom, the dominant meaning associated with aging was related to loss, weakening, and deterioration.

These meanings linked to aging further emphasize the importance of discussing this topic and its relationship with the occurrence of violence. Considering that social representations constitute a form of socially shared knowledge that heavily influences norms and behaviors, it would be negligent to ignore the indications of violence highlighted by such representations.

Statements from Portuguese and Brazilian caregivers illustrate how, for these individuals, negative social representations of aging function as a significant risk factor for violence, as they subject older adults to prejudice, invisibility, and disrespect:

Everything is so different today. Only those who reach this age and experience it can see how different it feels. And now we have to see if we can leave my (past) time behind and embrace the present ... It's a difference like day and night, but a very dark night. There is a lack of respect for everyone. CP11

It's part of the nature of the person. Some people simply cannot deal with older adults, and we also cannot say that all older adults are easy to deal with, because they are not! And others, simply, because they do not like older adults. CB1

The circumstances identified by caregivers as motivations for abusive events against older adults reflect discussions in the literature through the concept of ageism. The term ageism was first introduced by Robert Butler in his article "Age-ism: another form of bigotry" in 1969, in which he defines it as a form of "prejudice by one age group toward others" (Daniel et al., 2016; Mendes et al., 2017).

Thus, ageism refers to negative attitudes directed at individuals based solely on their age. This type of prejudice can also affect other age groups, such as young people; however, as this research focuses on the older population, only this group is considered.

Fernandes et al. (2018) elucidate that the implications of ageism can be extensive, resulting in various forms of violence, ranging from subtle to overt. The author emphasizes three components underlying ageist attitudes: cognitive, affective, and behavioral. The cognitive component relates to the stereotypes constructed about older adults, reflecting a tendency to generalize the group—for example, associating old age with incapacity and illness. The affective component concerns feelings that reflect prejudice, including disdain and pity directed toward aging and older individuals. Finally, the behavioral component is characterized by the discriminatory actions perpetrated against older adults.

The stereotype attributed to older adults reflects the discrimination this population has endured across different societal segments and historical periods. The social marginalization assigned to them not only promotes an image of decline but is also closely linked to the inadequacy of political and social responses, as well as the improper judgment of their needs—for instance, regarding affective and sexual issues, often considered inappropriate for their age (Daniel et al., 2016; Rocha, 2017).

Furthermore, modern society, which advocates for the constant pursuit of eternal youth, appears to have little room for old age, particularly when it is marked by vulnerability

(Pereira et al., 2019). Caregivers highlighted this perception, noting that prejudice against aging is so pervasive that there is often a denial of this life stage for oneself. Participants indicated that violent events tend to occur because individuals disregard old age, fail to recognize that they will eventually reach this stage, and therefore show no empathy toward older adults:

Because people have no heart. If people had heart and the mindset and understanding they should have, they would never do this, because they too will reach old age if they do not die first. CP10

Lack of love, lack of patience. They think they will never grow old, that they will never reach that stage. Because time passes: first we are young, then adulthood comes, and then old age. So, a person who acts this way thinks they will never grow old, or that they do not need to, because there are so many young people around, accidents happen ... they end up in bed, depending on someone for everything. What you sow, you will later reap. That is the truest lawCB12.

The way each individual perceives aging is related to their memories and past experiences. Beauvoir (1970) discussed in her work how old age was described and perceived negatively, excluded, and stigmatized in a society that values consumption, power, and the production of goods. Beyond being disregarded due to the social insignificance of being “non-productive,” old age carries undesired marks that contradict societal standards of beauty.

Irigary et al. (2016) argue that the “defects” associated with aging have become a major target for the market, which promotes a culture of combating age-related effects through “formulas of youth.” According to the author, time has acquired a new meaning and has been commodified. In recent years, there has been a marked increase in demand for aesthetic services and a growing valorization of beauty as synonymous with youthfulness, autonomy, and productivity (Maldonado Brito et al., 2018; Rocha, 2017).

Thus, the current societal rule is categorical: do not age (Bolsoni et al., 2017). This imperative further complicates the acceptance of aging, fueling the conflict described by Maldonado Brito et al. (2018) as the flow of the inevitable and unwanted.

The turbulent relationship between time and humanity, noted throughout history, is not limited to aging but extends to the finitude of life (Bolsoni et al., 2017). The perception of old age as the final stage of life and as the proximity of death reinforces the rejection of aging, as Beauvoir (1970) emphasizes, “old age always leads to death” (p. 46).

This premise aligns with the perceptions reported by the participants, both in their rejection of life’s finitude and in the difficulty of acknowledging their aging. As one caregiver

emphasized, Beauvoir (1970) asserts: “no man who lives a long time escapes old age; it is an inescapable and irreversible phenomenon” (p. 46).

FINAL CONSIDERATIONS

The findings of this study demonstrate that the motivations for violence against older adults, from the perspective of Brazilian and Portuguese informal caregivers, are deeply rooted in past experiences and in social representations constructed over time. For the participants, the shared life history between caregiver and older adult, as well as affective memories and previously established bonds, directly influence the quality of the current relationship and, consequently, the risk of violent situations. When assuming the role of caregiver, participants highlighted that previous bonds are not disregarded, and it is natural to draw upon memories to guide their actions.

Social representations of aging that are widely disseminated generally reflect a stigmatizing and devalued view of this process. For the study participants, this perception emerges as a critical factor in the occurrence of violence against older adults, further aggravated by emotional overload, lack of support, and the scarcity of resources commonly experienced by informal caregivers in providing care. Thus, understanding this phenomenon within the context of informal caregiving requires consideration not only of structural determinants but also of the subjective and relational elements that shape caregivers’ attitudes, perceptions, and practices.

Among the study’s limitations, the small number of participants is noteworthy, which restricts the generalizability of the results and the extrapolation of findings to other sociocultural contexts. Nonetheless, despite these limitations, the results hold significant implications for practice. Raising awareness among health professionals regarding the influence of family histories and affective memories in caregiving can promote the early recognition of risk situations and contribute to the planning of more effective preventive actions. Furthermore, given the silencing and complexity surrounding this phenomenon, it becomes urgent to formulate public policies that concretely support informal caregivers through training programs, support networks, and continuous assistance.

Investing in the deconstruction of negative stereotypes about aging and in the empowerment of older adults is also essential for promoting care environments that are safer, more respectful, and more humanized.

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