

# RIASE

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## **SOCIAL REPRESENTATIONS OF VIOLENCE ON ELDERLY: IDADISM, STEROTYPES AND DISCRIMINATION**

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## ABSTRACT

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Violence against the elderly results from a combination of individual, contextual and sociocultural factors.

**Objective:** To analyze the social representations of a group of elderly people about violence against the elderly and the reasons for this violence.

**Methods:** Qualitative approach based on Social Representations Theory. A total of 237 elderly people aged 65-96 years participated in the project Ageing Safely in Alentejo (Preventing Falls and Violence against the Elderly) – Understanding for Action, at the University of Évora. The Free Speech Association technique was used and data were processed through qualitative data analysis software.

**Results:** Violence is associated with injustice, sadness, lack of respect, malice and abandonment. The reasons of violence are evil, lack of respect, drugs, alcohol, money and lack of education.

**Conclusion:** The social representations of these elderly people on violence and their reasons refer to the stereotypes associated with the prevalent ageism in society, where the social devaluation of the elderly dominates day-life conceptions and practices.

**Descriptors:** Social representations; violence; elderly; discrimination; stereotypes.

## INTRODUCTION

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In today's society, aging is a phenomenon that marks every one of developed societies. Portugal is one of the countries with the highest aging index of Europe. It is expected that the number of people over 65 will increase from 17% to 32% by 2060 and the proportion of those who are over 80 will increase from 4% to 13% to date. This scenario will assume more critical contours in the Alentejo region, where the expected aging rate for 2060 is 364 elderly people per 100 young people (INE, 2009), when in 2016 it stood at 193:1.

Portugal currently has a life expectancy of 81.3 years, an average value in terms of the EU<sup>(1)</sup>. Regarding the life expectancy at 65, Portugal ranks 9th place with 20 years. On the other hand, considering the healthy life expectancy at 65 years, Portugal departs from the EU average which is 8.6 years. It is expected that the Portuguese men live 6.9 years and women 5.6 years with health, much lower than those of Sweden that ranks the first place, with women to have 16.7 years of healthy life and men 15.2 years<sup>(2)</sup>.

If the increase in life initiative is one of the great achievements of the socio-economic development of different developed societies, it is also true that currently more people have a chance to live longer with as illness, disability and dependence associated with aging. In Portugal, INE data warns of the relative importance of people over 65 who already have two or more health problems or long-term illness and assumes most prominent in women<sup>(3)</sup>. Health problems or prolonged illnesses (which last, or are expected to last for a long time, usually more than six months, requiring medical assistance for their cure or control) tend to grow at a more advanced age<sup>(4,5)</sup>. This situation has necessary cost implications for responding to the health care needs of older people<sup>(6,5)</sup> and is becoming increasingly worrying at a time when the number of caregivers is dwindling. These facts justify that one of the main concerns of today's societies is to keep the elderly independent and healthy through the aging process. In 2002 the WHO declared that in all countries, and in particular in developed countries, measures to help older people stay healthy and active were a necessity, not a privilege<sup>(7)</sup>.

For others<sup>(8)</sup> violence is a result of global aging, the aging of the population has the consequence of increasing the prevalence of violence against the elderly.

Violence against the elderly results from a combination of individual factors (victim and aggressor), contextual factors and socio-cultural factors – collective representation of violence that gathers myths, beliefs and stereotypes of violence<sup>(9,10,11)</sup>. According to WHO<sup>(7)</sup>, the abuse of older people can be determined as a single or repeated act or the inadequacy of a relationship where there is an expectation of trust which causes injury or distress to the elderly.

Violence and elder abuse have been defined as intentional, isolated or repeated acts, or lack of acts that cause harm or distress, or acts that create a serious risk of resulting in injury to vulnerable elderly people, in relationships where there is or which assumes a relationship of trust with the elderly – formal or informal caregivers, family, neighbours or friends<sup>(12,13)</sup>. Often, violence against the elderly reveals the willingness on the part of the aggressor and the inadmissible violation of the human rights of the victim, in addition to the impacts that it has on the quality of life of the elderly, constituting as a risk factor for their physical and cognitive decline.

Factors such as vulnerability, fragility, isolation, impoverishment and financial dependence contribute to the increase of the occurrence of violence against the elderly<sup>(14,11)</sup>. Older age, low levels of education, physical fragility, psychological disorders and depression are strongly associated with violence in the elderly and are considered risk factors<sup>(15)</sup>. The global prevalence of violence and elder abuse of around 4%, varying between

3 and 10% between different countries. The most prevalent maltreatment and violence are physical and psychological, abandonment and economics<sup>(16,11)</sup>. An INSA (Instituto Nacional de Saúde Dr. Ricardo Jorge) study of 2014 in Portugal revealed that the most common forms of violence were psychological and financial (reported by 6.3% of the elderly in the last 12 months) and physical violence with an expression of 2.3% exercised mainly in the family environment, on the elderly with functional disability and without schooling. Data from the APAV (Associação Portuguesa de Apoio à Vítima)<sup>(17)</sup> indicate that violence and maltreatment in general has increased steadily over the years and violence on the elderly follows the same trend with a 10.1% increase from 2013 to 2014.

Violence and abuse are also associated with increased morbidity and mortality in the elderly<sup>(18)</sup>. In the world report on violence and health in 2014, WHO concludes that violence is one of the major health problems. According to some<sup>(19,20)</sup>, violence is often associated with the adverse conditions of caring practices in a situation of dependency, sometimes in situations of burnout, inseparable from situations of tension and conflict, although in these cases it does not take into account that it is, truly, in situations of violence.

There is now an effective awareness that violence against the elderly is a social and health problem, and although its public recognition as a medical and social problem is recent, this is not a new incident and has been the increasing number of elderly people in society, giving visibility to this phenomenon<sup>(21)</sup>.

Political and legislative initiatives are at different stages of development around the world. In recent years, in Portugal, the National Plans to Fight Violence have been published and the Convention of the Council of Europe for Preventing and Combating Violence against Women and Domestic Violence<sup>(22)</sup> was ratified in February 2013.

Another central issue associated with all types of violence, and particularly violence against the elderly, is the lack of reporting of violent acts. There are several factors that lead seniors do not report these cases sometimes is because they have no knowledge of their rights, in other cases they think that "not worth it", or due to lack of financial resources and also due to the fact that many lawyers are not interested in representing cases of this kind.

Also, the scant dissemination of the results of investigations carried out at national and international levels has been contributed to the perpetuation of violence at this stage of human life<sup>(23)</sup>.

Recently the Portuguese Ministry of Health created an integrated intervention model of interpersonal violence throughout the life cycle, named Health Action on Gender, Violence and Life Cycle (ASGVCV) in order to respond to the phenomenon of interpersonal violence by the health services, in a more concerted, articulated and efficient manner<sup>(24)</sup>.

Intervention on violence, particularly in preventive terms, has been advocated by the WHO since 2011, pointing out the need for a set of actions ranging from the development and implementation of national policies and plans for the prevention of violence against the elderly, shared between sectors governmental organizations and non-governmental organizations; the implementation of measures to improve data on violence surveillance elder abuse in order to understand the scale of the problem<sup>(25)</sup>.

In this article we analyze the social representations of the elderly participants in the project Aging Security in Alentejo – Understanding for Action (ESACA) on violence against elderly and the reasons why this same violence occurs.

Social representations allow access to lay forms of thought, fundamental for the understanding of social phenomena and their consequences, and for the construction of scientific knowledge itself<sup>(26,27)</sup>. Social Representations conduct "behaviours and practices and thus justify the taking of positions and behaviours"<sup>(27,34)</sup>.

Analyzing the social representations of violence on the elderly, from the own conceptions and daily practices, current and past, of the elderly themselves allows us to have access to the dominant constructions in society on the social phenomenon that is violence and the way it is social and individually expressed by its main actors.

## METHODOLOGY

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This is an exploratory research with a qualitative approach, whose theoretical framework the theory of social representations. This study was conducted under the project Aging Safely in Alentejo (Preventing Falls and Violence on Aging) – Understanding for Action (ESACA), Ref: ALT20-03-0145-FEDER-000007, funded by the Alentejo 2020, Portugal 2020 and EU.

The instrument applied was the Free Word Association Technique (TALP), based on said reference and accordingly, we asked every senior who was stating 5 words about violence on elderly and motives of violence on the elderly.

Inclusion criteria were: to be over 65, to live in the community/non-institutionalized, to be autonomous and to have collaborated in the ESACA project. Participation was voluntary and the elderly in the sample mostly integrated programs "Senior active" of Evora and attend "Évora University senior."

The sample consisted of 237 elderly aged 65 and 96 years, of both sexes and data collection took place from April to July 2017 in Gerontopsicomotricidade Laboratory of the Nursing School/University of Évora.

The analysis of the data was performed by the software IRAMUTEQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires) 0.7 alpha 2, created by Pierre Ratinaud. This software allows to perform statistical analyzes on textual corpus<sup>(28)</sup>.

All ethical procedures of research on human subjects have been followed. Thus, all necessary authorizations for the study were requested, such as informed consent to the elderly. All conditions of anonymity and confidentiality of the responses obtained were also guaranteed.

## RESULTS

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A total of 237 elderly people aged 65-96 years, with a mean age of 73 years, were included in the study. It was verified that 69 elderly were male and 168 female. The majority (50.8%) of the participants had 4 years of schooling, observing that 7.6% of the participants did not have any year of schooling. In relation to the yield, it is verified that the majority (54.2%) has a maximum yield of 550 euros per month. Mostly (66%) are married do not live alone (64.7%).

### *Violence on the elderly*

The corpus consists of 453 Initial Context Units with 327 analyzed segments, that is, 72.19% of the total corpus. This percentage of text is used. From the matrices and intersecting segments of text and words, the method of descending hierarchical classification was applied, 5 classes were obtained, as shown in Figure 1.

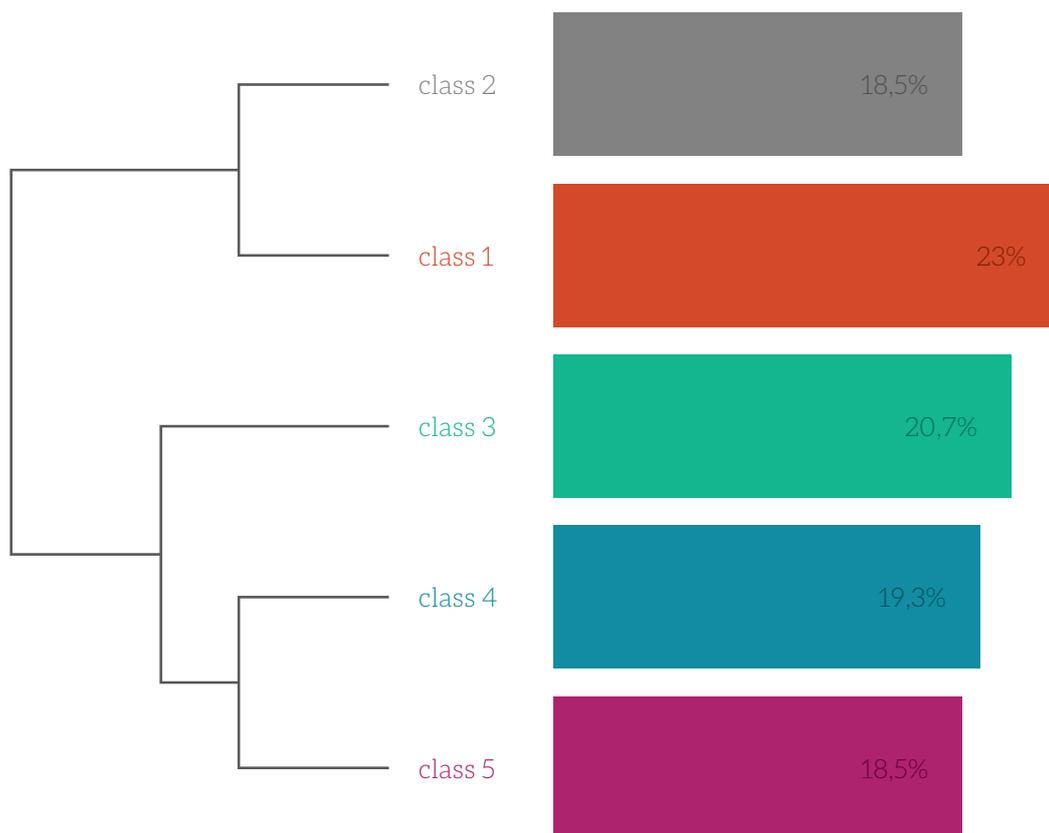


Figure 1 - Dendrogram of descending hierarchical classification.

Figure 1 presents the Dendrogram of Descending Hierarchical Classification (CHD), which allows to verify and analyze the representativeness of expressions attributed to violence by the elderly.

In figure I are shown the interclasses relationship that allow to affirm that there are two divisions in subgroups. The first division of classes is formed by classes 1 and 2, with a representativity of 23% and 18.5% respectively. In the second division, there is class 3 with a percentage of 20.7% and the respective subdivision between class 4 with 19.3% and class 5 with 18.5%.

In the relationship between the classes it is verified that class 1 and 2 have a lower relation with classes 3 and subclasses 4 and 5. Class 1 has a greater proximity to class 2, since class 3 is closer to classes 4 and 5. Classes 4 and 5 show a greater relation to each other. The Descending Hierarchical Classification (CHD) ended when the five classes were stable, that is, composed of Elementary Context Units (UCE) through the similarities of vocabulary.

Figure 2 shows the Factorial Correspondence Analysis (AFC), where it is possible to observe, through the factorial plane, the contrasts between CHD. It can be seen that classes 1 and 3 are in different quadrants, since each class involves different semantic contexts.

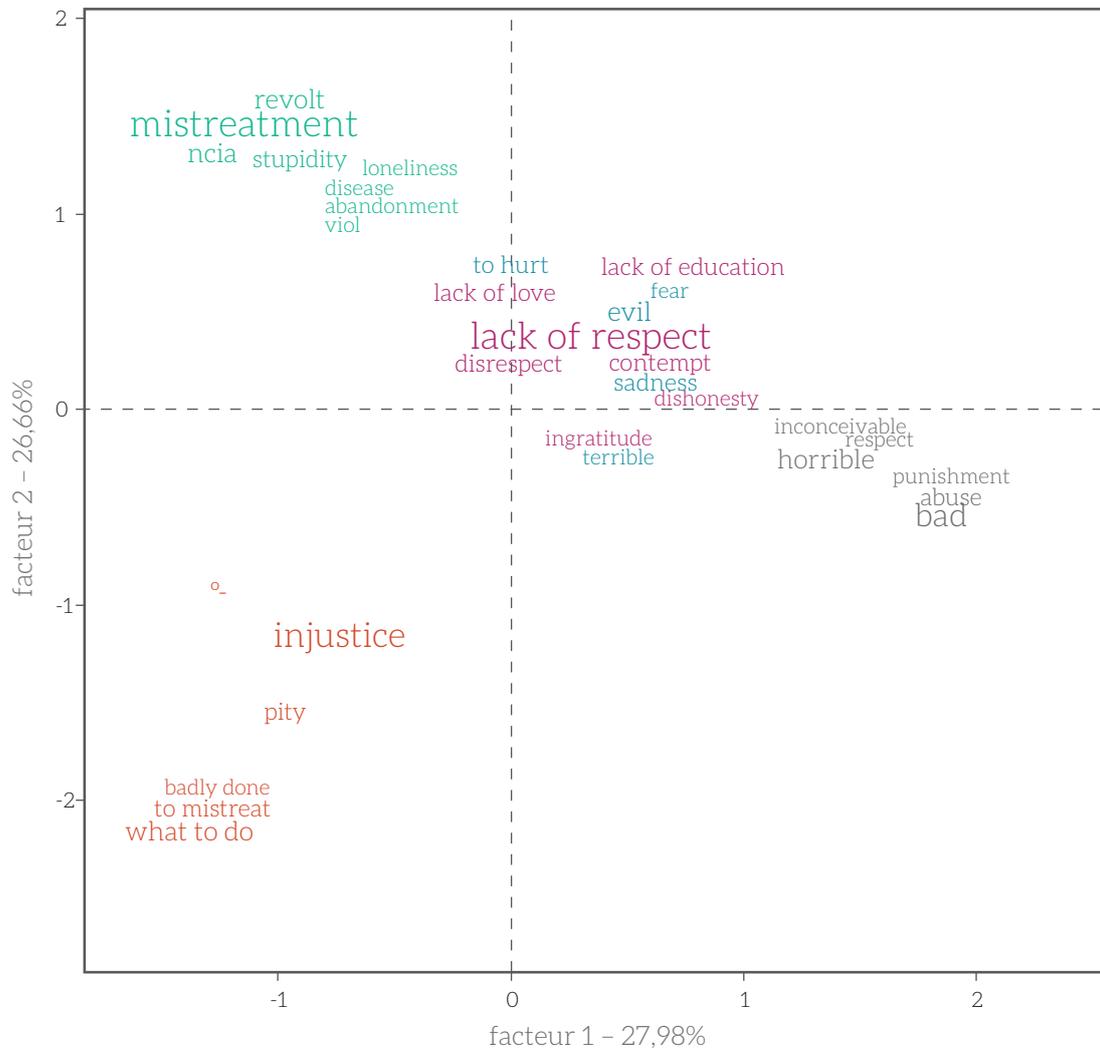


Figure 2 – Correspondence factor analysis.

In the vertical axis, (figure 2) stands out the crossing between class 4 and 5, with values very close although class 4 is slightly higher in 0.8%.

In class 1, the most representative, are main words "injustice", followed by "mistreatment" what to do, pen and poorly done, and participants who contributed most to the formation of this class the participants aged 72, 82 and 85 years and schooling of 1 and 2 years and income between >350-550 euros and >1350-1550 euros.

Class 3 is located in the upper left quadrant and gets the most prominent word "mis-treatment" (patience, violence, greed, ignorance), revolt, stupidity, abandonment, "disease" solitude and violence. The participants who contributed most to the formation of this class are aged 69, 76 and 88 years, 11 and 17 years of schooling, marital status - de facto union and income >350-550 euros and >1150-1350.

With the same percentage of 18,5%, they appear to be classes 2 and 5. In class 2 appear the words, bad, horrible, abuse, punishment, respect and inconceivable. In class 5 dominate the words: wickedness, sadness, fear, hurt and terrible. These two classes are situated very close to the central axis and confluence with class 4. In Class 2, participants that have contributed most were those who had 67 and 73 years, and 6 and 9 years of education, not being the yield highlighted here. While in class 5, participants who contributed the most were aged 66 and 75 years, 7 years of schooling and yield of <350 euros.

In class 4 the words that stand out most are lack of respect, disrespect, contempt, lack of education, lack of love, dishonesty, ingratitude and abandonment. The participants who contributed the most to this class are 83 and 84 years old, male gender, separated civil status/divorced, 10 years of schooling and a yield >550-750 euros. However, class 4 and 5 have a very close relationship.

The Dendogram of similarity allow to visualize the relation between words and their conceptions within each class and on the other hand the connection between the various classes<sup>(27)</sup>. Through this analysis it is possible to understand how the elderly relate the various words to portray their social representations of violence. Thus, it is possible to identify the structure of the central core and the peripheral system's of the interpretation of social representation that elderly elaborate on violence on elderly.

The main axes of this social representation are around injustice, which is joined by abandonment, ill-treatment, wickedness, sadness, lack of respect, horrible and bad.

The word cloud "groups and organizes words graphically according to their frequency. It is a lexical analysis simpler, but graphically quite interesting, in that it allows the rapid identification of the keywords of a corpus"<sup>(27:346)</sup>.

In the cloud of words on the social representation of violence on the elderly it is verified that the centrality goes to injustice, just as in the similarity the words that are in the various branches of the tree stand out.

*Reasons for violence against the elderly*

The data were composed by the corpus, which in turn was composed of 407 Initial Context Units with 319 analyzed segments, that is, 78.38% of the corpus, and this percentage of text was used. From the matrices and crossing text segments and words, the descending hierarchical classification (CHD) method was applied and 4 classes were obtained, as shown in Figure 3.

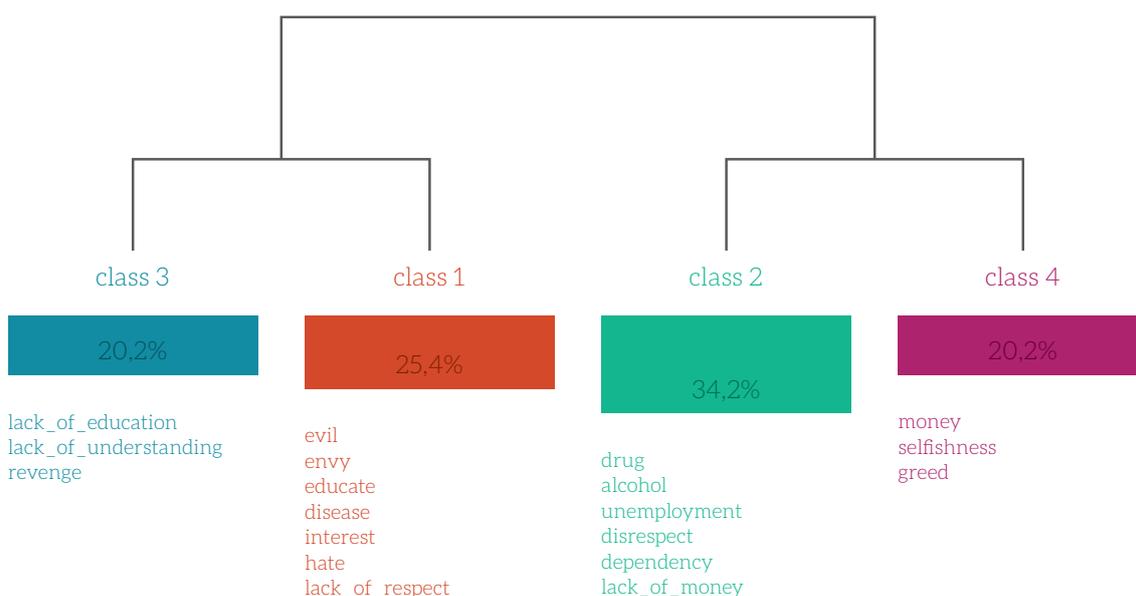


Figure 3 – Dendrogram of descending hierarchical classification.

The Dendrogram of Descending Hierarchical Classification (DCH) – figure 3 – allows to verify and analyze the representativeness of the expressions used by the elderly, associated with violence.

In the DCH the intercalations relationships are illustrated and by doing a downward reading it is possible to affirm that there is a division into and subgroups. The first subgroup is formed by class 4 and 2, with a representativity of 20.2% and 34.2% respectively. In the second division, class 1 appears with a percentage of 25.4% and class 3 with 20.2%.

It is also verified that there is a relationship between classes and the class 4 has a lower relation with classes 1 and 3 and a closer proximity between class 2, just as class 1 has a bigger proximity to class 3. The CHD reveals that the four classes were stable, that is, composed of Elementary Context Units (UCE) through the similarities of vocabulary.

Figure 4 shows the Factorial Correspondence Analysis (AFC), where it was possible to observe through the factorial plane the contrasts between CHD.

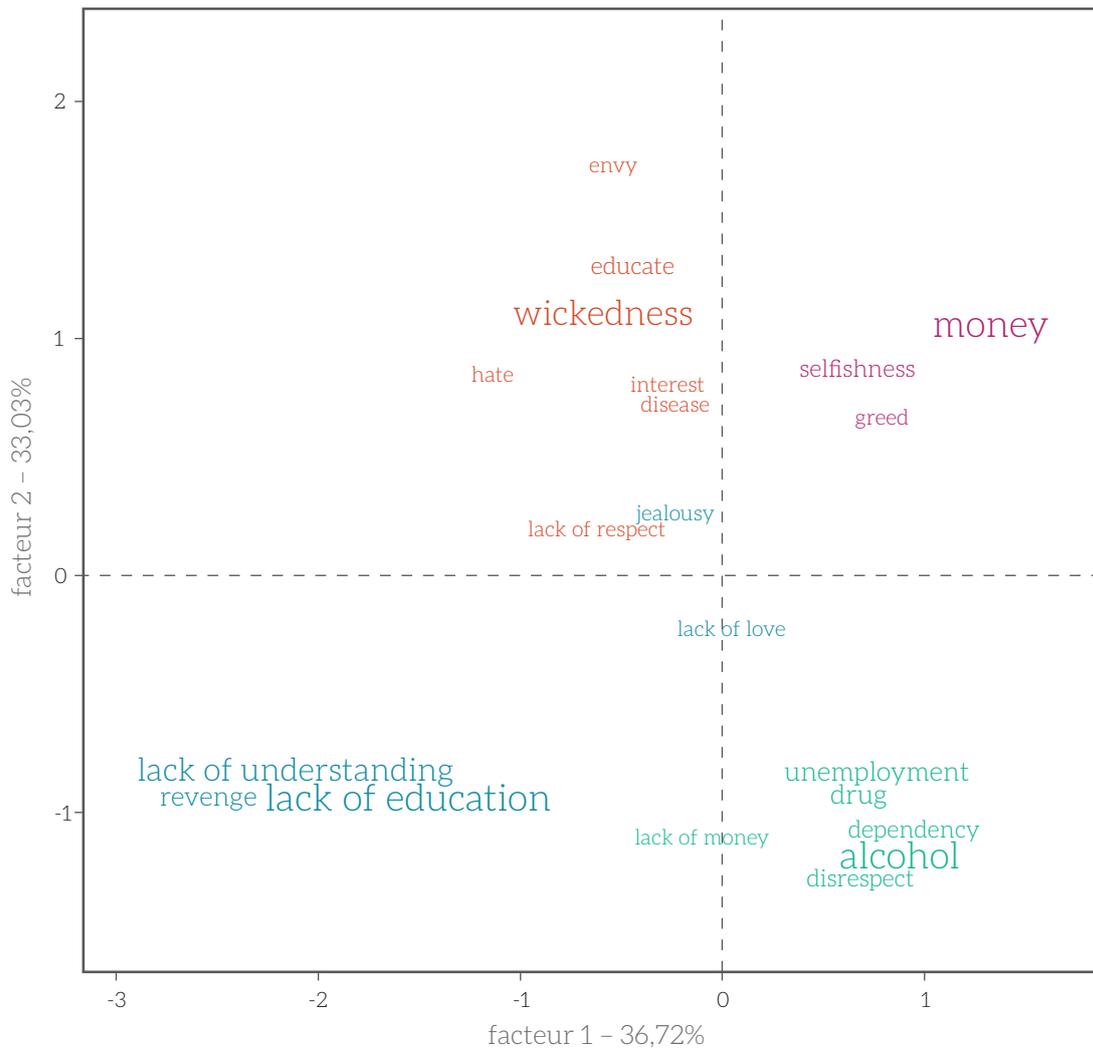


Figure 4 - Correspondence factor analysis.

In Class 2, the most representative - 34.2% - the key words are alcohol, drugs, unemployment, disrespect, addiction and lack of money. The words that dominate in this class/quadrant were enunciated by elderly people, mostly aged 65, 66, 70, 73, 82 and 88 years old and a schooling of 1, 3, 14 and 17 years, from the female gender and yield of >350-550 euros and >950-1150 euros.

Class 1 represents 25.4% of the corpus and dominates the words malice, envy, educate, disease, interest, hatred and lack of respect. In this class the participants who contributed the most were those who were 69, 71 and 74 years old, male, and had 0, 4 and 11 years of schooling, marital status and yield of <350 euros and >1550 euros.

Class 4, with 20.2% of the corpus, is in the upper right quadrant and reveals as the first word: money, selfishness and greed.. Participants who contributed most were 67, 68, 77, 79, 81 and 84 years of age, single marital status, who had between 5 and 8 years of schooling and had an yield of less than 350 euros.

With the same representation of 20.2% we have the class 3, where they punctuate the words lack of education, lack of understanding and revenge. The participants who contributed the most were those aged 72, 76, 78, 80, and 86 years old, separated/divorced and widowed, 9, 10 and 12 years of schooling and with yield of >550-750 euros, >1150-1350 euros, >1350-1550 euros and >750-950 euros.

The Dendogram of similarity is an "analysis of similarities that allowed to visualize the relation between words and their connectivity within each class and on the other hand the connection between the various classes"<sup>(27:346)</sup>. Through this analysis it is possible to understand how the elderly relate the various words to portray their Social Representations about the reasons that lead to violence on the elderly. Thus, it is possible to identify the structure, central nucleus and peripheral system of the interpretation of the social representation that the elderly show of the violence on the elderly.

In this study, it appears that the fundamentals of social representation are: alcohol, drugs, money, evil and lack of education.

The same authors<sup>(27:346)</sup> state that "the cloud word groups and organizes words graphically according to their frequency. It is a simpler lexical analysis, but graphically quite interesting, in that it allows the rapid identification of the keywords of a corpus ". This cloud comes to corroborate what had already been observed in the tree of similitude. The key words are malice and lack of respect, drugs and alcohol, the reasons that justify the reasons of violence against the elderly.

## DISCUSSION

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### *Social Representations of Violence on the Elderly*

The social representations of violence on elderly the words more evoked by the elderly was the injustice, to which are attached the mistreatment, the wickedness, bad, lack of respect, sadness, horrible and abandonment. Most of these words refer to feelings experienced by those who are old and everyday have to deal with the stereotypes that socially endure with this age group. They also refer to the different forms that violence assumes, namely mistreatment, in which the abandonment of the elderly is one of the best known forms and for the victim and aggressor. It is an injustice and a lack of respect for the elderly, and reveals an aggression considered by the aggressor to be horrible.

Indeed, in actual society, as Lehr's 1977 studies show to date, stereotypes "are no more than false conceptions that can translate into barriers to the functionality of older people, since they negatively influence social status of being old." The ageism is one of the main stereotypes and simultaneously a form of discrimination that affects the elderly and that one must be to eradicate, given the consequences they have on this group<sup>(28)</sup>.

This discrimination is based on the age of the person to whom the social role has been "withdrawn", considering it to be incapable and dependent. The negative charge underlying this design has a strong impact on the elderly person and affects it at all levels (psychological, physical, social).

Also according to the same author<sup>(28)</sup>, the term ageism was presented by Butler in 1969 "as a process of stereotypes and systematic discrimination against persons by them being elderly, as racism and sexism they do it with skin color and gender." In this case, the stereotypes, in their function simplify social reality, always translate a negative prejudice that is expressed in the association of the elderly with phenomena that cause discomfort/disturbance such as illness, sexual impotence, ugliness, mental decline, mental illness, uselessness, isolation, poverty and depression. Currently, these stereotypes are present in all environments from the familiar to the institutional<sup>(28)</sup>.

If stereotypes are sometimes considered to have a "positive" side, namely when they refer to socially accepted concepts and dominate the collective imagination such as eternal youth and/or happiness, they are also associated with a categorization with all the implications that these categorizations always imply: the included and the excluded/ them or those who do and those who do not meet the normative/evaluative criteria that

dominate each season. We went from a time when the elderly were socially valued and the target of "collective respect", the result of the recognition of the wisdom and experience accumulated throughout a lifetime, to an era characterized by the social devaluation of the elderly.

### *Social representations of violence Reasons*

In social representations about the reasons that lead to violence against the elderly are words such as lack of respect, lack of education and malice. These terms refer to the social devaluation of the elderly and their role in today's society, as referred to in relation to representations about violence.

As some authors<sup>(29)</sup> argue, the greater discrimination that the elderly are subject to and the greater the stereotypes is revealed when it is said that "if a young person is not an elderly person, an elderly person is also not a young person ". That is, the stereotypes of our society show that an old man should remain young, yet our society never tells us that a young man should remain old. Thus, it can be concluded that being young is a compliment, however being old is an offense and the elderly interviewed, clearly express these concepts in their representations on the reasons why there is violence against the elderly.

Other authors<sup>(30)</sup> warn of the deterioration of professional ties with the arrival of the reform and this break extends similarly to the ties with friends and other relationships that end up also influencing the relationship with the family that stops exercising its function of integrative, and makes the elderly person into social isolation. Faced with this change the elderly pass to retirees/pensioners, from married to widowers, from healthy to sick and often from active to inactive. This will determine the need to rebuild their identity, to rebuild life projects, to reinvent forms of social inclusion, and to equip themselves with stereotypes that lead to social exclusion.

The explanation for the reasons for the violence on the elderly also refers to the terms wickedness and fear. In fact, the risk of violence on the elderly stems primarily from the increase in its fragility according to the global report on Aging and Health of WHO<sup>(31)</sup>. Fragility is defined as a gradual decline of the age-related physiological system, resulting in a lower capacity for plasticity and resilience, thus giving greater vulnerability to stress, increasing the risk of a set of negative health outcomes<sup>(31)</sup>. Some studies<sup>(32)</sup> have established this relationship and verified that the elderly are more likely to suffer violence when the aggressor perceives the weakened state of health and the fragility of the elderly person. In other words, violence occurs here as a manifestation of force (aggressor) and simultaneously as an act that generates fear in the most fragile,

in this case the elderly, faced with the impossibility of confronting it. There is a double fear in the elderly, both of being the target of violence and of denouncing it. The fear associated with the complaint of violence is associated with the risk of creating a process of events that are difficult to master and that may involve: losing the caregiver's help, even if it is the abuser; and to be left with no one to care for you; be forced to be institutionalized; which will make her obliged to share her intimacy and break her social and family relationships; be obliged to continue to deal with the perpetrator and suffer reprisals from him and others external to the case; or there are still no people to support your case; doubt the credibility of abuse and/or will be blamed for it. These are the real fears of the victim that are often used by the aggressor to assert his mastery over the elderly<sup>(13)</sup>.

However, as several authors point out<sup>(32,34)</sup>, violence on the elderly is present everywhere, being a universal phenomenon, not just related to the fact that the person is marginal or in a situation of fragility, since it covers people without problems socio-economic, ethnical and religious backgrounds. That is, the relationship that the aggressor establishes with the elderly person obeys "beliefs, values and conceptions about old age and care"<sup>(35:312)</sup>.

Drugs, alcohol and unemployment were also cited as reasons for explaining the occurrence of violence against the elderly.

The same results were obtained by other authors<sup>(36)</sup>, when they questioned the main motivations that lead the aggressor to assault an elderly person: alcohol, drugs and money. Others<sup>(37)</sup>, through a systematic review of the literature, came to the conclusion of the possible profiles of the aggressor: the aggressor mostly lives with the elderly; be financially dependent on the elderly, or the elderly be financially dependent on that person; the offender being dependent on alcohol or drug; the aggression give up due to the fact that the elderly have been violent or aggressive in the past; the perpetrator suffers from problems of social isolation or mental problems; the perpetrator has a family history of violence in the family environment; and the perpetrator is a victim of violence on the part of the elderly. Added to these questions is unemployment that provides fertile ground for drug and alcohol use, which leads to greater financial dependence<sup>(36)</sup>.

It is also stated<sup>(38)</sup> that the determining factors of violence on the elderly are: "socioeconomic issues, social values, such as the sense of uselessness, lack of solidarity, love, respect and patience, difficulties in coping with aging, occurrence of diseases in this age and time required for such care, increased expectation of life, and others, such as the lack of knowledge about the elderly"<sup>(36:641)</sup>.

Others<sup>(37)</sup>, in other hand consider that violence against the elderly is due to social inequalities that translate into poverty, misery and discrimination; in the way communication with the elderly person develops in the daily life; and also because of the social policies created by the State and private entities, which reveal disparities in power, disregard and discrimination.

Social issues linked to poverty, unemployment, and financial dependencies (of victim and aggressor) combine a set of factors that are often inseparable from the phenomena of addiction (alcohol and "drugs") and act as a vicious circle – the poorer, more dependent and the more dependent, the poorer. And it is in this circle that violence on the elderly is installed and perpetuated.

## CONCLUSION

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The social representations of the elderly enabled some authors<sup>(30)</sup> to confirm that, in the relationship between the elderly, family and community, fragile and indispensable solidarity subsists, as a result of the changes that have arisen in the social and family structure, causing processes of devaluation and social exclusion of the elderly. Violence and its motives are represented by the dominant collective imagination, in which the place reserved for the elderly is clearly on the margins of society.

Fragility and vulnerability, which are mostly associated with old age and often dictate dependency, abandonment and isolation or abuse and violence, dictate the place of the elderly in society, where they have lost all centrality. This is not a society for old people and the representations of the elderly about violence and their motives give account of this fact in the enunciations made, most of them derived from the stereotypes about oldism and the social devaluation of the elderly.

Knowing the representations of the elderly about violence and their motives, allows the professionals to promote intervention projects aimed precisely at combating stereotypes and discrimination based on oldism, through the dynamization of intergenerational relations and a continuous work to rescue the social value of the elderly in society, which gradually promotes changes in the dominant social conceptions about the role of the elderly in today's society.

Simultaneously, the data obtained reveal the need to know and evaluate the predictors of violence on the elderly, in order to act preventively on these factors and prevent violence, through a continuous multidisciplinary work.

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