Práticas e Cuidado: Revista de Saúde Coletiva
ISSN: 2675-7591

ARTICLE (Continuous Flow)

THE PHENOMENON OF DOMESTIC VIOLENCE AGAINST THE ELDERLY AND THE CARE OF THE PSYCHOLOGIST IN PRIMARY CARE

O FENÔMENO DA VIOLÊNCIA DOMÉSTICA CONTRA IDOSOS E O CUIDADO DO PSICÓLOGO NA ATENÇÃO BÁSICA

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Manuscript received on: May 9, 2022.
Approved on: February 16, 2023.
Published: July 11, 2023.

Abstract
Introduction: With population-ageing, many health needs of the elderly population that demands care emerged, like domestic violence. It is from this that the psychologist work in primary care cross many strategies that look for caring of elderly people that suffer with this phenomenon. **Methodology:** It's a qualitative, descriptive, and exploratory study. 14 psychologists participated in this study, but only 7 were considered to the study objectives. To the data collect was used, firstly, an electronic questionary. Then, semi-structured interviews were applied. The analysis occurred by Bardin Thematic Content Analysis. **Results:** The most part of the elderlies' profile is female, black, with few social resources. Psychological violence and negligence are the more common types of violence, although cases of abandonment and physical abuse occur as well. Ensuring accessibility and equity for users, mostly in pandemic times, is the main difficulty found. The groups are the main strategy used to promote health and prevent violence, although there are many difficulties in this process as the lack of structure in health posts and the no contribution of some employees on interdisciplinary work. **Conclusion:** Domestic violence against elder people is evidenced by professionals besides the few cases identified and the pandemic impacts on their monitoring.

Keywords: Domestic violence; Aged; Primary Care; Psychology.

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Resumo
Introdução: Com o envelhecimento populacional, surgem diversas necessidades de saúde da população idosa que necessitam de acolhimento, a exemplo da violência doméstica. É a partir disso que a atuação do psicólogo na atenção básica se baseia em estratégias que visam cuidar dos idosos vítimas de violência doméstica. **Objetivo:** Compreender como ocorre a prática e o cuidado do profissional de psicologia junto a idosos vítimas de violência doméstica em unidades da Atenção Básica no município de Salvador (BA). **Metodologia:** Trata-se de um estudo qualitativo de caráter descritivo e exploratório. Participaram 14 profissionais, porém apenas 7 foram consideradas para os objetivos deste estudo. A coleta de dados ocorreu, primeiramente, por meio de um questionário eletrônico. Posteriormente, foram realizadas entrevistas semiestruturadas. Para análise desses dados foi utilizada a Análise de Conteúdo Temática de Bardin. **Resultados:** O perfil de idosos é majoritariamente feminino, negro e possui poucos recursos sociais. Os tipos de violência mais comuns são a psicológica e a negligência, embora haja ocorrências de abandono e abusos físicos também. A principal dificuldade encontrada é garantir acessibilidade e equidade aos usuários, principalmente na pandemia. Os grupos de convivência são a principal estratégia adotada nas unidades para promover saúde e prevenir violência. Entretanto, há diversos entraves no processo de cuidado, a exemplo da falta de recursos e a não contribuição dos profissionais no trabalho interdisciplinar. **Conclusão:** A violência doméstica contra o idoso é um fenômeno evidenciado pelas profissionais, apesar dos poucos casos realmente identificados e dos impactos da pandemia no seu acompanhamento.

Palavras-chave: Violência Doméstica; Pessoa Idosa; Atenção Básica; Psicologia.

Population aging and the phenomenon of violence

The aging of the world population was one of the achievements of the last century due to a series of technological and scientific advances, however, the increase in the number of elderly people does not mean an improvement in the quality of life of this population segment, considering that, annually, around 700 thousand elderly people are integrated into the Brazilian population in a process that occurs in a disorganized way, bringing with it questions and demands for the area of Human Aging and for society as a whole (Veras, 2016).

Alongside the growth in the number of elderly people in the country, it is possible to observe that the various forms of social inequalities and weaknesses in the country's institutions (health services, security and social protection, for example) do not contribute to meeting people's needs. elderly, which impacts the quality of life of these people in Brazil (Veras, 2016). In this scenario, the elderly have a series of vulnerabilities in the spaces they occupy, such as the family, health services and public spaces.

Among these vulnerabilities and the many health problems that exist in the elderly population, violence emerges as a phenomenon that persists over time, covering all social segments and having different forms of expression that

subject the most vulnerable people in society, such as women, children and elderly (Minayo, 2020). Violence manifests itself in different ways, such as physical, psychological, sexual, financial, neglect and abandonment, as punctuated by Pinto (2016). The main occurrences of violence against the elderly include cases of negligence, psychological and financial violence, according to data from the 2019 Disque 100, whose records even increased in 2020 (Brasil, 2020). Based on these same data, in March 2020, 3,000 complaints of domestic violence against the elderly were registered, rising to 8,000 in April and almost 17,000 in May. This happens, above all, due to the need for social isolation established during the period whose aim was to contain the spread of Covid-19 among people, which intensified the time spent together at home (Brasil, 2020).

With the emergence of the new coronavirus (COVID-19), Hammerschmidt and Santana (2020) report that it was necessary to adopt measures of containment and social distancing, as well as the interruption of several work activities. For them, the elderly population was faced with a scenario of stigmatization with the creation of images and videos that exposed elderly people and highlighted ageism (prejudice against the fact of being elderly) in our society.

In addition, the pandemic brought about several changes in the daily lives of families and, when we consider the elderly population, Garcia and Duarte (2020) highlight that this group was more vulnerable during this period, with physical and mental health losses due to less contact with social and community activities, friends, and other people they knew. Therefore, it is possible that various forms of domestic violence against elderly people occurred due to the need to live with family members and aggressors within the domestic space (Hammerschmidt and Santana, 2020).

According to Colussi, Kuyawa, Marchi and Pichler (2019), the elderly can figure as a victim of domestic violence when they become dependent on their family in various spheres of their personal, social, financial life, among others. For these authors, this phenomenon is a social, economic, cultural and family problem, being feelings of fear, guilt and shame the first manifestations of the victim facing the perception of failure in the family relationships experienced. This is also related to the omission of these cases within the families of the elderly, with not many reports of mistreatment occurring.

In these contexts of violence against the elderly population, the consequences on the victims are of the most varied types, such as sexual, physical and psychological. Among the impacts, the World Report on the Prevention of Violence of the World Health Organization (2014) cites: more serious physical injuries and fractures that can cause permanent disability, consumption of alcohol and other drugs, depression, anxiety and post-traumatic stress disorders - traumatic, smoking, suicidal thinking and behavior, sexually transmitted infections and chronic diseases such as cancer, diabetes, kidney problems, vascular accidents, cardiovascular problems and other health problems.

All these possible consequences can worsen the health of elderly people who already live with violence in their daily lives. There are also social impacts, since the phenomenon of violence generates expenses with interventions and treatments for victims, aggressors and family members, the use of mental health services, emergency care and legal matters, depending on the existing cases, require different economic costs, which the exact values are still unknown (WHO, 2014).

For a better understanding of the phenomenon of domestic violence against the elderly population, it is essential to discuss the social determinants of generation, gender and race/ethnicity that permeate the life history of these subjects (Wanderbroocke and Moré, 2013a). Faced with this multidimensional reality of violence, we must think about how to promote strategies that can prevent the emergence of more contexts of violence against the elderly. The Unified Health System (SUS - Sistema Único de Saúde), in turn, is a great ally in the face of this problem, as it constitutes the public model for health strategies and services in Brazil (Cruz, 2009), offering assistance to the entire population of the country.

Cruz (2009) points out that the SUS has guidelines and principles that govern how its health services and actions should be implemented and carried out for the population. The same author mentions that professionals working in the SUS must act based on the universalization of the right to health, which guarantees that all people, without difficulties or privileges, must have access to health services and strategies at all levels of care in the system. (Primary, Secondary and Tertiary Care). In addition, Cruz (1099) reports that work in the SUS must be decentralized, distributing responsibilities at different levels of government (cities, states, Union), facilitating the care provided to the population.

The same author also highlights the importance of integral health care and popular participation in maintaining the SUS. For her, the work within the health system seeks to treat people as whole beings, which goes beyond the biomedical aspects of care when considering social, political, cultural, spiritual issues, among others, of each subject in the health/illness process. Cruz (2009) emphasizes the participation of people in the construction of health policies and in the control of their execution, which allows a better understanding of the health user about the concept of health and disease. These principles and guidelines provide support for which paths should be taken in dealing with the problems experienced in the SUS (Cruz, 2009) and that occur in different sectors and levels of care, including the care offered to the elderly population.

Considering a very important level of SUS, Primary Care (PC), the first level of care, is a space that seeks to take into account the social, political and cultural aspects of the elderly and their families in the care process. PC works as the preferred gateway for health users to access the services provided by the SUS, according to the Ministry of Health (Brasil, 2014). This level of care is characterized by actions that must be aligned with the health problems and needs of the population and its social groups, taking into account a series of aspects, such as the territory in which the health units are located and the work in teams made up of different professionals (Brasil, 2014).

In this context of performance in the SUS, PC has actions aimed at the elderly population and which are the attribution of all professionals in the health teams, such as knowledge of the life habits of the elderly, their families and the communities in which they live, as well as the values that surround these places, such as religion, beliefs and ethical positions of people; and humanized care for the elderly, carrying out a comprehensive and resolute approach, creating links between users and health teams (Brasil, 2006).

Guerrero, Mello, Andrade and Erdmann (2013) comment that the creation of bonds and the way in which PC seeks to promote care for health users, through an active search for cases, for example, are considered actions that enhance the care that is offered to those people. The same authors also bring the position of

PC managers who believe that listening and providing guidance to health users promote the feeling of satisfaction and help in solving the problems and demands that they have in their lives.

In this context, the psychologist's work in health units can contribute to the interprofessional work built in these spaces and to the care process of the population that accesses these health services. The Psychology professional can develop actions that seek to welcome and create links with the community, such as: recognition of the socioeconomic context of the areas covered; more direct contact with the health needs of the population to create intervention plans; reception of users in the units, providing expanded listening and adequate therapeutic plans; visits to families in their homes for therapeutic follow-up and case evaluation; continuing education actions and support for the health team, among other possible activities (Nepomuceno & Brandão, 2011). These psychologist practices, inside and outside the units, help to establish closer bonds with people, which strengthens the planned care strategies.

This good relationship and treatment towards the population reflects a humanized practice (Ayres, 2004) that allows knowing the physical, psychological, cultural and political aspects of a place. In this sense, we can think that this form of action should be aimed at elderly people who suffer rape and aggression in their homes, especially in view of the emergence of the pandemic in 2020, which caused an increase in the number of cases of domestic violence against this population, and the psychologist's role in these situations in PC. Therefore, this article has as its guiding question “How is the work of psychologists in primary care when dealing with domestic violence suffered by the elderly population?”.

Considering the above issue, the aim of this study was to understand how psychology professionals practice and care for elderly victims of domestic violence in Primary Care units in the city of Salvador (BA).

METHOD

- Type of study and participants

This is a descriptive and exploratory research, with a qualitative approach, carried out in the city of Salvador, State of Bahia (BA), Brazil. It derives from a larger study by the Group of Multi-Referential Care Studies (GECUID-UNEB) entitled Multiple references of Psychology in the construction of care in the context of Primary Care: a study with Basic Health Units and/or Family Health Units in the city of Salvador-BA. The present study is one among many others that departed from the previously mentioned project, but the same shares the participants with these other works, by other authors, carried out during the same period.

The study included 14 psychologists, of both genres, graduated for 5 to 29 years, who had worked for at least 1 year in Primary Care, dealing with cases of domestic violence against the elderly and who were part of health teams with minimum formation requirements in services. For the present study, only professionals who worked with elderly people in the health units where they worked were considered.

The professionals were recruited based on the availability of their e-mail and telephone contacts, which were provided by the Basic Health Units and Family Health Units. This information was shared after authorization for the research to be carried out by the County of Salvador. From this, we communicated with all the contacts we obtained, but we only got the response of 14 professionals, who agreed to participate in the study by answering the electronic form that was part of the first step of data collection. The health units in which the professionals worked are part of the peripheral neighborhoods of the city of Salvador, where the communities in them live daily with social problems, such as violence and drug trafficking, characterizing themselves, therefore, as regions at higher risk and marginalized.

- Data analysis procedures

The electronic form responses were analyzed in Google Forms itself, observing the statistical analysis of frequency that the platform made possible. The information was organized in tables for later presentation and discussion in this work. The interview data were analyzed using Thematic Content Analysis (Bardin, 2016), through which it is possible to construct thematic categories and make inferences based on the interview reports. As this is a qualitative study, a reduction and description of the data was carried out considering the presence/absence of significant elements for the analyzed phenomenon. The analysis took into account manifest and latent elements, which include beliefs, thoughts, perceptions and opinions of psychologists about their work.

These elements were coded in the three stages of analysis, which are: 1 - pre-analysis, in which one becomes familiar with the data collected through constant re-reading of the material, through a fluctuating reading, seeking to perceive important elements and formulate initial hypotheses about the studied phenomenon; 2 – the exploration of the material, where a deepening of what was done in the previous stage is done, in addition to selecting the recording and context units that serve to cut and group the elements into thematic categories, in addition to the indicators for the inference logic ; and 3 – treatment of the results, where the results are presented, making inferences based on the formed categories (Bardin, 2016).

With this, comparisons could be made with the literature on the subject, based on the following procedures for making inferences: 1 - the theoretical basis based on studies on the subject that include domestic violence against the elderly, comprehensive health care of the elderly, the work of health professionals in PC and among other aspects; 2 – the specificities of the data in their collection context that helped to adjust the thematic categories; 3 – the recurrence of identified themes and their possible convergences that help in understanding the phenomenon.

- Ethical Aspects

For ethical and confidentiality reasons, the interviewees are mentioned here in the study through fictitious names (Silvia, Isildinha, Mary, Magda, Bader, Maria and Ana). This research was carried out considering the ethical aspects

advocated by Resolutions 466/2012 and 510/2016 of the National Health Council, as registered on the Plataforma Brasil, with Opinion No. 4,430,970, and was approved by the UNEB Ethics Committee on December 1st, 2020. In addition, it also had authorization from the Salvador City Hall to start data collection. The participants signed the informed consent form, as defined by Art. 5 of Law No. 510 of April 7th, 2016 and Art. 2 of Law No. 016/2000, of December 20th, 2000 (Brasil, 2016; Brasil, 2000). This research was financed by the Scientific Initiation Scholarship Program (PICIN), in 2020, of this same University.

RESULTS AND DISCUSSION

Based on the electronic form, it was noticed that the 14 professionals are predominantly white or mixed-race, aged up to 40 years, who work in Family Health Units and graduated from public educational institutions, in addition to the fact that 50% have previous PC experience within the SUS.

All of them have additional training, such as residency, master's or specialization in the area of Family Health, for example. This and other information can be consulted in table 1. Information related to the 7 professionals who were interviewed in the study are shown in table 2.

Table 1 - Sociodemographic profile, training and work context of all professionals.

Variables	N	%	Variables	N	%
Gender			**Children's age**		
Woman	13	92,9	**<** 12 years old	6	66,6
Man	1	7,1	> 12 years old	3	33,4
Age (average = 40 years old)	7	50,0	**Educational institution**		
≤ 40 years old	2	14,3	Public	12	85,7
> 40 years old	5	35,7	Private	2	14,3
Race/ethnicity			**Postgraduate degree (highest degree)**	6	42,9
White	6	42,9	Specialization	5	35,7
Black	2	14,3	Master's degree	1	7,1
Brown	6	42,9	Residence	2	14,3
			Not specified		
Marital status			**Working outside the public system**		
Single	6	42,9	Yes	6	42,9
Married	6	42,9	No	8	57,1
Stable union	2	14,3			

Children			**Previous experience in SUS**		
Yes	6	42,9	Yes	7	50,0
No	8	57,1	No	7	50,0
Religion			**Workplace**		
Catholic	8	57,2	NASF-AB	2	14,3
Spiritualist	2	14,3	Sanitary District	1	7,1
Without religion	2	14,3	Family health Unit	7	50,0
Christian	1	7,1	Basic Health Unit	2	14,3
Candomblecist	1	7,1	Office on the street	2	14,3

Source: own authorship. Note: N = number of participants; % = percentage of participants in each variable

Table 2 – Sociodemographic profile, education and work context of the professionals interviewed.

Variables	N	%	Variables	N	%
Gender			**Children's age**		
Woman	7	100,0	< 12 years old	2	66,6
Man	0	0,0	> 12 years old	1	33,4
Age (average = 40 years old)			**Educational institution**		
≤ 40 years old	5	71,4	Public	6	85,7
> 40 years old	2	28,6	Private	1	14,3
Race/ethnicity			**Postgraduate degree (highest degree)**		
White	4	57,1	Specialization	4	57,1
Black	1	14,3	Master's degree	2	28,6
Brown	2	28,6	Residence	1	14,3
Marital status			**Working outside the public system**		
Single	3	42,8	Yes	3	42,9
Married	2	28,6	No	4	57,1
Stable union	2	28,6			
Children			**Previous experience in SUS**		
Yes	3	42,9	Yes	5	71,4
No	4	57,1	No	2	28,6
Religion			**Workplace**		
Catholic	2	28,6	NASF-AB	2	28,6
Spiritualist	2	28,6	Family Health Unit	5	71,4
Without religion	2	28,6			
Candomblecist	1	14,2			

Source: own authorship. Note. N = number of participants; % = percentage of participants in each variable

Based on the data obtained in the interviews with these psychologists, it was possible to organize the information collected in this second stage into four categories: profile of the elderly assisted in the units; aspects of violence against the elderly population; care practices, their difficulties encountered and their contributions; and influences of the pandemic on domestic violence.

The indicators that allowed the inference logic for the discussion of the results were: the approximation of various data contents with the literature; the influence of gender and race/ethnicity aspects in cases of violence, based on the psychologists' reports; and the training trajectory of professionals and the understanding of how they serve and care for users.

- Profile of the elderly assisted at the units

The profile of the elderly is mostly female, black, with few social resources, accessibility and availability of public services, such as health care. This reality is evidenced in other studies, as these people are the ones who most need the attention care services of the SUS (Silva et al., 2020), although there is a lower availability of health actions for this public compared to the more socially privileged groups (Werneck, 2016).

Still according to the interviewees, it is a public of variable age, between 60 and 90 years old or more. These people live either alone or with their families, in this last case experiencing possible family conflicts. In some cases, they are people with a history of family violence and/or who have complaints of neglect. In addition, part of this population is retired and receives government benefits. Another point is that these people live with trafficking and public violence in the communities where they are part.

Elderly black women, the main audience, are part of families in which the husband abandoned the family at some point, and there is no desire to take care of him when he returns home due to the lack of bond and the hurt caused by the abandonment in the family relationship. Many elderly women have a history of violence, especially domestic violence, in their relationship with their husbands. There are also cases of isolation, depression, low attachment and social participation.

Wanderbroocke and Moré (2013b) comment on how cases of violence in the elderly population do not only encompass characteristics and aspects inherent to the elderly and their families, as this phenomenon is constituted by numerous dimensions. These authors suggest that the socioeconomic reality of Brazilian families influences relationships with the elderly within the domestic space, contributing to the emergence of abuse and violations. For the scholars, an example of this is when people live in communities where social violence, drug trafficking and unemployment affect relationships and family ties, enhancing the appearance of situations of violence.

- Aspects of violence against the elderly population

According to Pereira et al. (2020), situations of abuse against the elderly are understood as a serious violation of the rights of this population, being cases of family abuse against the elderly the most worrying. This reality can be partly explained by the difficulty in notifying cases of violence against this public in Brazil, mainly due to the fact that these people are unable or afraid to report the abuses suffered to legal institutions, which makes these elderly people even more insecure as they feel themselves unprotected (Santos, Silva, Carvalho, Menezes, 2019).

As for the occurrence of violence in this population in the present study, it was said that not many cases appear in the units, as it is a hidden issue and little reported by families. Psychologist Silvia comments that one of the main issues related to the abuse that the elderly population suffers is the lack of attention on the part of family members who end up not accepting their needs. In this sense, this public ends up demanding listening and welcoming from professionals who perceive how the domestic space does not meet the expectations of these elderly people. Santos et al. (2019) describe that the family that cares for the elderly is vulnerable to a series of variables that can influence the emergence of aggression and abuse at home, such as financial difficulties and the burden of caring for the elderly. Thus, there are several factors that can explain this lack of attention perceived by the interviewed professionals.

Among the existing types of violence, professionals state that negligence and psychological violence are the most common expressions. The presence of a history of family violence, which permeates and shapes the ways members treat and communicate with each other, also influences the maintenance of violence in the domestic space, harming the construction of bonds. That is, who the elderly person was for their family impacts the support they will get from their children, partners and relatives. In addition to these cases, situations of physical and financial violence and abandonment were mentioned by psychologists Silvia, Maria and Magda, as can be seen below:

> “[...] it was an elderly woman who had been participating for many years [...] and then the girls started to investigate and we discovered that she had suffered violence for over 60 years, and then she was still living with her aggressor husband, who no longer physically attacked her, but who continued to do repeated psychological violence. He even got involved with a younger woman, and brought this woman inside the house [...]." Silvia

> "[...] there were two cases of elderly people who were very sick, mental health compromised, accumulating garbage, living alone, family abandonment, where we needed to intervene [...]. It is usually related to abandonment [...], the interest of care being related to aid [...].” Maria

> “She was an elderly woman who had both legs amputated due to diabetes, and she lived with a daughter who apparently, or even visibly, had some kind of mental disorder. Because of this daughter's disorder, the lady was lucid, she was about 80 years old, she was very lucid and had many complaints regarding violence, both psychological and even physical violence, really, that she suffered from her daughter. How her daughter made her thirsty so she wouldn't pee so she wouldn't have to change her diaper. So things like that.” Magda

In health units, reports of violence are carried out by the female population, a reality also suggested by the literature when it is pointed out that women are much more abused than men (Santana, Vasconcelos, & Coutinho, 2016). In addition to suffering more from violence, elderly women assisted in the units where professionals work are also more vulnerable, especially because they are subject to gender standards in our society, because they have a low level of education and socioeconomic status, as well as the elderly women of the study by Brito, Krieger Grossi and Lima Grossi (2020). This reality makes us think about how violence is a multifaceted phenomenon with different forms of expression.

- Care practices, their difficulties and their contributions

Care practices used

The study by Freire and Pichelli (2013) reports the activities that the psychologists perform in PC, citing, in addition to home visits, the promotion of workshops, lectures and conversation circles as examples of actions that strengthen the performance of the teams and enable the maintenance of the links created between users. In addition, the same authors cite other possible practices in the psychologist's work, such as health unit management activities, intersectoral contact with the objective of expanding the support network in the care of users and psychological listening when necessary.

In the present study, it was reported by several participants that there are no specific actions to deal with domestic violence in health units. What we have are strategies that aim to meet the demands and welcome the users, such as home visits, individual and collective care, clinical triage, consultations, referrals, guidance and matrix support. These strategies are in line with what Freire and Pichelli (2013) describe in their study, as already mentioned. In the units where the interviewees work, these practices are also aimed at the elderly population, with coexistence and quality of life groups being the most important strategies adopted in the Family Health Units. These same groups help in monitoring and identifying health problems, in addition to contributing to the creation of bonds between the community. They discuss topics of health education and of interest to the elderly, as well as promoting activities outside the services.

The Technical References for the Work of Psychologists in Primary Health Care of the Federal Council of Psychology [Conselho Federal de Psicologia - CFP] (Conselho Federal de Psicologia, 2019) provide information about the practice of psychologists in Basic Health Units and Support Centers for Family Health and which strategies this professional can use to deal with any difficulties in their work. Among the possible actions, the document suggests: matrix support and criteria for its activation in the units; the construction of activities that value the protagonism of users and their support network in the construction of care, encouraging self-care and reducing dependence on professionals; the inclusion of psychologists in home visits together with the team; the encouragement, support and creation of groups with users that facilitate the creation of affective bonds with the community and help in situations of vulnerability. It is noticed, therefore, that the activities used by the research participants are in accordance with the references that the CFP describes for the psychologist's exercise in this field of activity.

Difficulties encountered at work

Acting in PC involves several difficulties that are faced in the work context of Psychology professionals. Regarding this assumption, Oliveira et al. (2017)

cite the great demand for health care for the Family Health Support Centers (Núcleos de Apoio à Saúde da Família - NASF) and the shorter time for matrix support, the lack of training of professionals to deal with different themes in PC, the difficulty of collaboration of the team in the interventions, the lack of structure and resources in the SUS and the professionals' lack of knowledge about the work of the psychologist in this space.

In the context of the interviews carried out, there are numerous challenges very close to those pointed out in the literature. Psychologist Mary also considers the limits related to the life context of these workers as people who have experiences that are far from health users. Different social and economic aspects permeate the ways in which these professionals see, at first, health users, hoping that certain phenomena not experienced in their life stories, such as the absence of situations of domestic violence, are also absent, in the same way, in the families of the people assisted.

Another fact is the difficulty of studying the public policies of black, female, elderly populations, among others, during the training process of some psychologists and how this further distances the professional from the health user. This ends up being one of the guidelines for discussing cases in the teams as a way to pay attention to these issues during care. It is important to mention that despite the small number of participants in the sample, the majority considered here are self-declared white (4 out of 7 psychologists).

Such ethnic-racial aspects are related to the different life experiences that are quite divergent between whites and non-whites. In this way, we can see how aspects of racism can negatively influence the care process, as they are present in the training trajectory of professionals and in the way care is provided to the population, which can generate dehumanized care that disregards the social determinants of people attending at health services (Barbosa, Silva, Sousa, 2021).

Another difficulty cited is working without the support of the team, such as the Community Health Agent (CHA). Psychologist Silvia comments that, despite the benefits of the CHA, the fact that this professional does not carry out home visits causes losses in the execution of health actions, as this way, information about the users is not captured and fewer families are enrolled in the units. This ends up harming the performance of the interdisciplinary work designed for PC.

Although the CHA is the team member who visits the families' homes the most, not all of them feel prepared to deal with situations of abuse against the elderly, specially because they know the user's family since they live in that community (Leindecker et al. al., 2021). In addition, with the publication of Ordinance No. 2698, of October 14, 2019, by the Ministry of Health, the number of CHAs available in PC units ended up being affected by the suspension of financial incentives for the Family Health Strategy (Estratégia de Saúde da Família - ESF) and NASF (Brazil, 2019). This reality must also be considered when thinking about the difficulties of interdisciplinary work caused by attacks on the SUS, in addition to the lack of professional training.

> "[...] So that makes the active search very difficult, because we can't make the visit without the community agent; if the community agent doesn't make the visits and doesn't tell us how the situation is, we can't really know the reality [...]." Silvia

In addition, there is the difficulty in notifying these situations of violence. Besides the underreporting and incomplete filling of the reporting forms, there is the fear of having some kind of consequence for the team, because when reporting abuse, family members may be aware that a professional did not keep the case confidential, causing consequences for professionals, as a member of that family may be involved in trafficking in the region, which inhibits the team from notifying or denouncing occurrences. There is also the concern about not respecting the privacy of the home space and their trust when highlighting cases of violence, which could lead to community reprisals around the health service (Lourenço, Cruvinel, Almeida, Gebara, 2010).

In addition, the pandemic brought changes to the work processes at the units and at the NASF. Psychologist Bader reports that, in some cases, the NASF suspended, during a certain period of the pandemic, all services except the monitoring of suspected or confirmed cases of COVID-19, which led to less care for the elderly. Additionally, there are centers that are working with a reduced workload due to the lack of professionals in the teams.

> "[...] today I think that the configuration of our team makes many things difficult, if we had a team of 8 people, with twice the workload, as our team was at the beginning, we would be able to divide work fronts [...]. And in the case of Psychology specifically, it is a very big demand. We are easily placed in this place of the outpatient clinic [...] in a region where you have a very restricted network of services. Sometimes it is also challenging to get out of this place, you know? [...]." Bader

Another point, according to Mary, is that there is no possibility of offering quality cell phones, tablets, computers and internet to users, which makes it difficult for these people to access the team at that time. Menezes et al. (2020) report that this is a difficulty that municipalities in Bahia face, in general. As contacts at the unit were restricted, access to these people had to occur through the use of information and communication technologies, via Whatsapp and virtual groups, for example, but not all of this public has access to the internet or the necessary equipment for that and, many times, they don't know how to handle these devices well. These limitations reflect the main challenge of work in PC, which is the difficulty of ensuring accessibility and equity for users.

> "I think our biggest challenge is how to access, how to promote equity in such an unequal reality. We work in the suburbs, so most of the NASF are located in communities [...] that are very far from the city center, so, in fact, they have less access to things. There is no university, for example, in the Suburb territory, which provides great support [...]." Mary

An issue identified in the present study as one of the possible barriers in the professionals' work was the fact that the psychologists did not comment, during the interviews, on the places to which the elderly could be referred in cases of violence, such as the CRAS (Reference Center for Social Assistance) and CREAS (Specialized Reference Center for Social Assistance), places of social protection responsible for monitoring cases of violation of rights, such as domestic violence (Ribeiro, Paiva, Seixas and Oliveira, 2014). The lack of indication of this referral for elderly victims of violence may suggest a certain weakness in intersectoral care in cases of violence against the elderly.

Ribeiro, Paiva, Seixas and Oliveira (2014) point out that there are several contributions from these places in situations of violence, as professionals from these social assistance services carry out activities aimed at guaranteeing the rights of the population, such as home visits and joint monitoring of cases with other institutions and services that can accommodate victims, which can contribute to breaking the cycle of violence. Diel and Barbiani (2018) point out that these services can, for example, guide and help families so that the best possible decisions are taken in the face of abuse suffered and practiced. In addition, social assistance services play an important role in creating public policies to deal

with cases of violence and to protect victims of this health problem, as highlighted by Diel and Barbiani (2018).

Possible contributions of work in the units

Among the contributions of the practices carried out in cases of violence, we can mention the mediation of situations of violence within the family of the elderly, finding out what their needs are and how situations of violence can be resolved, including through legal measures in some cases. The importance of home visits was also mentioned, as it is a way of getting to know the domestic space, the quality of the property, the availability of resources and supplies, other family members and the relationship between these people, in addition to guiding the family on the care for the elderly person.

In addition, the interviewee Mary points out that the groups also play an important role, as they help in the formation of friendships and exchange relationships between the elderly who attend the units. Psychologists comment that these people generally live very isolated, which favors cases of violence. Therefore, the participation of this public in social groups is extremely important, as it facilitates the identification of possible cases of aggression and reduces the time spent in the domestic space. We can see, therefore, the importance of the support network in these situations, as care ends up involving the family, social and cultural space of the elderly, allowing the interventions and knowledge used by the health team to value the subjectivities of each subject (Paiva et al., 2017).

> "[...] the groups are very empowering because we don't know what will come up, so when we talk about a topic, we open the box for others, and if I have a member who participates, then we manage to make it go passing on to other people, in addition to being a support network among them [...]. We want them to work [...] so that they don't depend on us, but that they can count on us in the moments that the bug takes [...]." Mary

These groups even have the participation of non-elderly people as well, which favors the construction of relationships between people of different ages. As socialization and social participation is one of the main perceived needs of this population, the groups enable discussions that generate important information

about the elderly and their families, as well as provide guidance on violence and its characteristics. These group experiences also provide emotional support for those who participate.

As these elderly people have feelings of loneliness and depressed mood, being part of groups allows these people to share their emotional states and their life problems with other people and with the health team. The literature points out how such strategies are important for the mental health of older people, by providing resources for members of a group to deal with isolation and unpleasant feelings during old age (Colussi et al., 2019).

Another contribution is the occupation of public spaces that is promoted by the teams, carried out outside the units through scavenger hunts, tours and collection of donations to institutions chosen by the elderly themselves. The idea is to occupy spaces that are not normally frequented by the older population. By participating in these activities, the elderly population can feel active and able to actively contribute to society, in addition to being less reclusive to the domestic space.

- Influences of the pandemic on domestic violence

When considering the vulnerability of the elderly population to violence, it is important to take into account that the COVID-19 pandemic was responsible for the increase in the number of cases and reports of domestic violence, in addition to exposing the elderly to a series of social difficulties such as increased economic inequalities and social distancing that reduced people's access to health services and social protection (Marques, Moraes, Ribeiro, & Souza, 2020).

In this study, psychologists say they did not notice an increase in the number of cases of domestic violence against the elderly during the pandemic. However, this is probably due to the lower access these people have to units, professionals and interventions during this period, which makes it difficult to recognize cases and provide care in the face of the possible suffering generated by the phenomenon. Although the psychologists bring this perception, we can see a counterpoint to this reality in Ana's speech, when she talks about how she found the unit after a period of leave she took, having returned to the service just two months ago at the time of the interview.

> "[...] so the unit in Pernambuezinho where I work has testing for Covid, so this makes it very difficult for other patients to access it, both in logistical terms... this reduces the access of the elderly as a risk group, access to unit, to make the appointments, [...], so I arrived with the repressed demand of psychology, of more than a year absent from the service because the telephone service was not enough, you know, of all this demand and there are elderly patients who they started to have demand with the pandemic, you know, and I am the only psychologist at the service." Ana

Contrary to the perception of the interviewees, the research by Souza et al. (2021) mentions that there was an increase in reports of violence identified in news published in all regions of the country in 2020, as well as a greater number of records of violence in states such as Ceará and Paraíba in the same year. This shows how the idea that there was no increase in the number of cases is just one more of the limitations that the pandemic has brought to PC by making it difficult to track cases of violence, as can be seen in the statements below:

> "[...] in one of the units where I am, the nurses suspended all types of care [...], they are only responsible for the vaccine [...]. So, with that you already know that care is more restricted. Not all of them manage to visit and when they do it is not so regular. So, I imagine that this also includes cases of violence that end up being less attended [...]." Silvia

> "[...] the groups and elderly people were the first affected, as they were the first to be suspended. So elderly people were the first to be targeted for isolation protection. As for possible care at that time, distance contact was possible care, but it has its pros and cons, because many people have difficulty accessing this type of digital technology [...]." Isildinha

In this way, the pandemic brought changes in the way of conducting work. One of the ways used to prevent this phenomenon was the use of guidance videos for the identification of violence by the elderly themselves and for asking for help, informing which reference places should be sought, both for reception and for reporting. However, not all elderly people have access to these shared contents due to the difficulties mentioned above, which made this strategy not very effective in care, and was abandoned soon afterwards. In this sense, violence is also more camouflaged due to the lesser contact of professionals with these people.

Marques et al. (2020) point out that most elderly people in Brazil are victims of isolation and abandonment by family members, who often do not have the structural conditions to care for their elderly. In line with this, the pandemic, according to the professionals, also ended up being a pretext for the

abandonment of the elderly by family members who already have a series of personal motivations for not providing care and support to their relatives, which brought even more difficulties for psychology professionals working in PC.

In view of these findings, we understand that domestic violence against the elderly is a complex problem that requires contextualized interventions for each subject and family, but it is also necessary to provide permanent education that can contribute to the performance of professionals who deal with the issue daily with this group and with cases of domestic violence in their work. The creation of public policies, for example, can provide subsidies for better monitoring of cases of violence committed, as well as their resolution, depending on the situation.

It is important that other studies are developed in order to identify the perception of the elderly who suffer from the various abuses practiced; works that investigate the contributions of other professionals in this process, such as social workers; researches that act directly with the aggressors and with the relatives of the elderly aiming knowing this domestic context in a more comprehensive and contextualized way and among other issues that can contribute to expanding knowledge on this subject.

As limitations, the present study has results that cannot be generalized to other contexts in which psychologists work in PC. In addition, the study had a small number of participants, despite numerous attempts to contact health units and professionals so that we could have a larger number of psychologists. The fact that the interviews were conducted online also hampered the participation of other professionals due to the difficulty of accessing the internet.

This study had as a strong point the reports of professionals who work with marginalized populations, away from different social spaces and opportunities, bringing, even if a little, the social and cultural issues that permeate our society and interfere in the health-disease process of the population. Moreover, we also try to address the perspective of care that considers the integral aspects of the subjects, departing from a biomedical idea about the health of elderly people.

CONCLUSION

This study can contribute to society by highlighting the difficulties that exist in the work of psychologists in some health units in the city of Salvador, demonstrating the challenge of working in this health sector, within the SUS, and with obstacles in the training path not only of Psychology, but of other professional categories that also need to adapt to meet the health demands that appear in the services. Therefore, based on the results found, we consider that the study points to the importance of thinking about health policies, interventions that are carried out outside the health units and that reach, more directly, health users. We also highlight the relevance of creating educational policies that seek to transform harmful social perceptions about aging and the elderly, aspects that have contributed to the naturalization of abuse and violence against this public in Brazil.

Regarding the research findings, it was noticed that domestic violence against the elderly is a phenomenon evidenced by professionals in health units, despite the few cases actually identified. When these cases are discovered, they usually reveal several kinds of abuse and aggression within the family dynamics, demanding attention and intervention in these situations. It was found that violence is a hidden issue in families and even more obstacles have arisen with the pandemic, as the monitoring of many conditions and health problems has been reduced so that cases of COVID-19 can be dealt with.

We also noticed that the elderly population suffers from several economic, social and political vulnerabilities that affect the overall health of these subjects, making them even more dependent on SUS and Primary Care services, especially during the pandemic. The practices used by the professionals make it possible to care for the needs of the elderly, especially with the coexistence groups. However, several difficulties hamper the progress of actions or the realization of care in a more comprehensive and effective way. Among all these barriers, the main one is the non-guarantee of accessibility and equity for elderly users who were even further away from the units and professionals in the pandemic.

In this work, it was possible to achieve the proposed objectives, as information was obtained about how the psychologist practices in PC in some health units in Salvador in the face of cases of domestic violence against the

elderly population. Finally, it is important to mention that domestic violence encompasses personal relationships, cultural aspects and the organization of society and its institutions. In addition, it includes people's social roles, their rights and duties as citizens and the urgency of comprehensive care for subjects, considering biological, psychological, social and spiritual aspects, in addition to the dimensions of gender, race and generation.

All these points, interrelated, justify the need to study this phenomenon, as well as illustrate the importance of PC and SUS in Brazil, legitimizing its defense and continuity. In this sense, other studies should be carried out on the subject in order to broaden its understanding and so that they can reaffirm the need for quality public health services for the population.

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