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Experiences of violence among older adults with mental disorders from the perspective of Grounded Theory

Vivências de violência por pessoas idosas com transtorno mental sob a perspectiva da teoria fundamentada nos dados

Experiencias de violencia de personas mayores con trastornos mentales desde la perspectiva de la Teoría Fundamentada

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ABSTRACT
Objective: To interpret the experiences of older adults with mental disorders in relation to violence and to construct a related theoretical diagram. **Method:** Qualitative study conducted in a psychosocial care center and a mental health outpatient clinic from January to May 2023, involving 32 participants. Data collection and analysis were based on Grounded Theory. **Results:** Five categories emerged: Understanding what constitutes a violent act or an abuse; Experiencing situations of violence; Identifying the vulnerability of the aging population and the risk of abuse; Considering reporting violence; Proposing strategies to reduce abuse against older people with mental disorders. These categories and their subcategories supported the construction of the theoretical model "Experiencing Violence Among Older Adults with Mental Disorders." **Final Considerations:** The study reveals the need to comprehensively address abuse against elderly individuals with mental disorders to promote active and healthy aging.
Descriptors: Aged; Mental Health Services; Mental Disorders; Violence.

RESUMO
Objetivo: interpretar as vivências de pessoas idosas com transtorno mental em relação à violência e construir um diagrama teórico relacionado. **Método:** estudo qualitativo desenvolvido em um centro de atenção psicossocial e em um ambulatório de saúde mental, de janeiro a maio de 2023, com 32 participantes. Coleta e análise de dados foram pautadas na Teoria Fundamentada nos Dados. **Resultados:** emergiram cinco categorias: Compreendendo em que consiste a violência; Passando por situação de violência; Identificando a vulnerabilidade da pessoa idosa e o risco de violência; Considerando a realização da denúncia da violência; Propondo estratégias para redução da violência a contra a pessoa idosa com transtorno mental. Essas categorias, com suas subcategorias, propiciaram a construção do modelo teórico "Vivenciando a violência por pessoas idosas com transtorno mental". **Considerações finais:** o estudo revela a necessidade do enfrentamento da violência contra a pessoa idosa com transtorno mental de maneira integral, para um envelhecimento ativo e saudável.
Descritores: Idoso; Serviços de Saúde Mental; Transtornos Mentais; Violência.

RESUMEN
Objetivo: interpretar las experiencias de las personas mayores con trastornos mentales con respecto a la violencia y elaborar un diagrama teórico. **Método:** estudio cualitativo desarrollado en un centro de atención psicosocial y en un servicio ambulatorio de salud mental, de enero a mayo de 2023, con 32 participantes. La recopilación y el análisis de datos se basaron en la Teoría Fundamentada. **Resultados:** se identificaron cinco categorías: Comprender en qué consiste la violencia; Vivir una situación de violencia; Identificar la vulnerabilidad de la persona mayor y el riesgo de violencia; Considerar denunciar la violencia; Proponer estrategias para reducir la violencia contra las personas mayores con trastornos mentales. Esas categorías, con sus subcategorías, permitieron la elaboración del modelo teórico "Experiencias de violencia de personas mayores con trastornos mentales". **Consideraciones finales:** el estudio revela que es necesario abordar la violencia contra las personas mayores con trastornos mentales de manera integral, para un envejecimiento activo y saludable.
Descriptores: Anciano; Servicios de Salud Mental; Trastornos Mentales; Violencia.

INTRODUCTION

Since the last century, nearly all countries have undergone a demographic shift in their population structure, marked by a growing proportion of aging population at the top of the pyramid. Projections indicate that by 2050, Brazil will have a population of 253 million, and it is estimated that there will be around two billion elderly people worldwide, with 80% of them living in wealthier countries[1,2].

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The aging population is becoming increasingly active and independent. However, improvements in quality of life have not kept pace with increased longevity, due to cognitive and physical limitations associated with senility and aging, as well as situations of violence to which older individuals are exposed—an issue that has seen a significant rise in recent years[3].

Despite being a major public health concern, abuse against older adults remains largely hidden in society. It can be defined as any act, whether single or repeated, within a relationship that causes harm, breaches trust, or results in suffering for an older person. Such circumstances expose these individuals to disabilities, morbidities, hospitalizations, loss of productivity, isolation, depression, hopelessness, psychosomatic illnesses, suicide attempts, and decreased quality of life[3,4].

In Latin America, Brazil, Colombia, and Panama lead in abuse indicators, reporting over 102,000 cases annually—about 37% of which involve older people. Globally, one in six suffers some kind of abuse, bearing in mind that for every reported case, five go unreported[2,3].

The onset of violence may be linked to risk factors such as family relationship tensions, generational conflict, weakened family bonds, financial difficulties, substance or alcohol abuse, and cultural and socioeconomic factors, among other aggravating elements[5]. In Brazil, 28% of households have at least one elderly person, and about 90% of them live with close family members[6].

It is known that most aggression against the aging is commonly perpetrated by their children and/or grandchildren. For many people, passive or active neglect, mistreatment, abandonment, financial exploitation, omissions, silent punishment, or isolation are not perceived as forms of violence in the daily lives of older individuals, mainly due to underreporting. As a result, violence tends to remain confined within the family sphere[3,7].

This situation can become even more complex when the aging person has a mental disorder, as this may represent a substantial burden on the family. Among the elderly population, there has been a noticeable increase in mental health issues, often linked to isolation, functional disability, the presence of other illnesses, and stressful events. These conditions are frequently mistaken for natural aspects of aging, delaying their diagnosis and treatment[7,8]. According to the World Health Organization (WHO), over 20% of aging people suffer from a mental or neurological disorder[9]. Some studies estimate that around 6.6% of this population lives with disabilities resulting from mental illnesses[9,10].

In light of the global increase in the aging population, the prevalence of domestic violence, and the growing incidence of mental disorders in this age group—as well as the challenges in implementing public policies aimed at protecting these individuals and the lack of studies on this topic—this investigation is guided by the following question: “What are the experiences of older adults with mental disorders regarding abuse?”.

The aim of this study was to interpret the experiences of older adults with mental disorders in relation to violence and to construct a related theoretical diagram.

METHOD

This is a qualitative study based on Grounded Theory (GT) in its constructivist perspective, conducted at a Psychosocial Care Center (CAPS), type II, and at a Mental Health Outpatient Clinic affiliated with a higher education institution located in a municipality with approximately 240,000 inhabitants[11], in the municipality of the state of São Paulo.

The CAPS has a multidisciplinary team and provides care to approximately 200 individuals with severe and persistent mental disorders. The outpatient clinic is part of the Health Care Network in a coverage area composed of five microregions, with an estimated population of 1.2 million inhabitants[11].

Following the chosen methodology, the sample was determined through theoretical saturation during simultaneous interviews and analysis, as recommended by GT[12,13]. The first sample group included 17 individuals aged 60 or older with mental disorders who attended the study locations, excluding those with cognitive impairments, as assessed using the Mini-Mental State Examination (MEEM)[14].

For data collection, a semi-structured instrument was developed to gather sociodemographic and health-related data. In addition, the following questions were asked: What do you understand by a situation of violence/abuse? What do you consider to be violence? Have you ever witnessed a violent situation in your home? Do you consider yourself a victim of any type of violence? As the interview progressed, follow-up prompts were introduced, such as: "Tell me more about that," "Give examples," "How do you feel about it?" and "What was that situation like for you?"

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Using the constant comparative method, during the formation of the first sample group, a strong dependency of family members on the aging population with mental disorders was identified. As a result, a second sample group was formed, composed of eight family members. Those included were primary caregivers, while those who accompanied the elderly sporadically during appointments were excluded.

This instrument included questions on age, gender, who accompanies the older person during appointments, whether they live together, and what their relationship is like. Family members were also asked about their own experiences with violence and how they believed the aging relative with a mental disorder experienced this issue.

In addition to family members, the hypothesis emerged that the health care team could also contribute valuable insights through their perceptions and experiences related to the phenomenon under study. Thus, a third sample group was formed, composed of seven professionals who provided direct mental health care at the study sites. Professionals with less than one year of experience were excluded from the study. The instrument collected the following data: age, gender, education/profession, workplace, and years of experience in the field. Additionally, the professionals were asked what they understood as a situation of abuse, whether they had witnessed violence in the workplace, and how they believed elderly individuals with mental disorders experience it.

Data collection occurred from January to May 2023 through semi-structured interviews conducted individually by the lead researcher. Participants were randomly invited to participate when they arrived for appointments at the study sites. Initially, a staff member approached them and introduced the researcher, at which point details about the study were provided and consent was obtained. The interviews, which lasted an average of 30 minutes, were conducted in a private setting, recorded with audio, and transcribed in full for analysis, which was conducted concurrently with data collection. There were no refusals to participate.

Data were analyzed using Grounded Theory (GT), following the coding process proposed by Charmaz in the constructivist tradition. In this approach, analysis unfolds in three stages: initial coding, focused coding, and theoretical coding. In the initial and focused coding stages, 541 and 196 codes respectively emerged, allowing the identification of 5 categories and 15 subcategories. During theoretical coding, the paradigmatic model was used as an analytical tool—the “3 Cs” (conditions, actions/interactions, and consequences)—which helped in identifying the research problem and establishing relationships among the categories[15]. The NVivo® software was also used to assist in organizing, thematically analyzing, and interpreting the interview content, facilitating the coding and classification process.

The research protocol was reviewed by the Municipal Research Evaluation Council (COMAP) and by the Research Ethics Committee for Human Subjects at the proposing institution, and was approved under opinion no. 56909922.6.0000.5413. All individuals who agreed to participate signed the Informed Consent Form.

Some participants experienced emotional discomfort during the interview due to memories of past situations. However, the researcher—who has training in mental health—provided support as needed. Confidentiality and anonymity of the interviewees were maintained. Participants were identified using the letters P (elderly person), F (family member), and E (staff), followed by a number corresponding to the order of the interviews (For instance, P1, F2, E3).

RESULTS

The study included 32 participants: 17 aging people with mental disorders, eight family members, and seven health care professionals. The elderly participants ranged in age from 60 to 86 years, with most being female (88.2%), married (47%), having completed or partially completed elementary education (58.8%), unaccompanied on the day of the interview (76.5%), and living with a family member (64.7%). Among the family members interviewed, ages ranged from 36 to 76 years, with the majority being female (62.5%) and living in the same household as the older adult (75%).

All health care professionals interviewed were female, aged between 36 and 59 years. The professionals included a psychiatrist, a psychologist, a nurse, a nursing technician, a physiotherapist, a social worker, and an occupational therapist, with years of experience in mental health services ranging from one to 27 years.

Based on data analysis, the categories were classified as conditions, actions-interactions, and consequences. As conditions, the following categories emerged: “Experiencing situations of violence” and “Identifying the vulnerability of the aging population and the risk of abuse.” Within the action-interaction process, the category Understanding what constitutes a violent act or an abuse was identified. The categories Considering reporting

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violence and Proposing strategies to reduce abuse against older adults with mental disorders were classified as consequences.

Condition

Experiencing situations of violence

From the category Experiencing situations of violence, the following subcategories were derived: experiencing abuse throughout life, currently suffering violence, and dealing with the consequences of it. Reports of previous experiences with violence indicate that this condition is a recurring part of daily life for some individuals, beginning in childhood and affecting family relationships, with repercussions throughout other stages of life.

> *Well, those kinds of abuse—sexual, I went through a lot of that. I did not understand why it was all happening to me. It was very sad. My father used to beat me a lot too [...]. (P7)*
>
> *An uncle of mine tried to rape me when I was a child. It kept replaying in my head like a movie, and then it all hit me—I had a heart attack, depression [...]. (P9)*

When describing their current experiences with violence, elderly individuals show that they are subjected to a wide variety of aggressions and live under constant threat from those with whom they live. They have lost their freedom to make decisions and perform daily life activities. Moreover, they report a lack of patience from their family members and financial abuse, as they are made responsible for household expenses—even when other family members are capable of working and contributing.

> *People keep correcting you, saying 'do what I tell you,' telling you to shut up, not letting you do what you want [...]. (P1)*
>
> *The bruises come from him shaking me. He says I am going to die, that he will kill his brother. He is already tried to strangle me [...]. (P3)*
>
> *We witness the caregiver who comes in with the older person and shows that kind of lack of patience [...]. (E7)*
>
> *[...] no one helps me with anything. I pay for everything—water, electricity, phone, property tax. My son is healthy, he is strong. My grandson, do not even get me started [...]. (P10)*

In the subcategory Dealing with the consequences of violence, it becomes clear that older adults, when exposed to abuse, suffer cognitive, emotional, and social impacts, along with harm to self-care and behavior. Often, they are unable to express that they are experiencing violence and may require medical intervention. They live with fear, shame, sadness, hopelessness, loss of appetite, weight loss, and other depressive symptoms.

> *[...] I suffered a lot. I have a daughter who uses drugs, she is violent, she mistreated me a lot. Then I really lost it, lost my mind. I ended up in the hospital because I drank poison. I feel sad and humiliated. I just wish she did not treat me with such contempt [...]. (P1)*
>
> *[...] I lost a lot of weight. I am down to 50 kilos. I get nervous, and it is no use because I will not eat. I just start crying and shaking [...]. (P3)*
>
> *[...] it reflects emotionally, and they do not improve. They come here with so many deficits—cognitive, emotionally regressed, not eating, not wanting to take medication—often they ca not even put it into words, but we can see it in their behavior. (E1)*

Identifying the vulnerability of the aging population and the risk of abuse

In the category Identifying the vulnerability of aging population and the risk of abuse, the following subcategories emerged: recognizing that violence occurs more frequently within the family nucleus; considering that being older and having a mental disorder increases the risk of abuse; and describing factors associated with violence against the elderly.

The statements of the interviewees indicate that aging and the changes associated with this process facilitate the occurrence of violence. They also emphasize that this phenomenon occurs more frequently within the family environment.

> *I think it is a bit complex because, in my view, abuse against the elderly happens inside the home, within the family. And sometimes not everyone has patience. (F8)*

Participants noted that having a mental disorder makes aging people even more vulnerable to abuse. They also believe that prejudice and stigma contribute to the isolation of people with such conditions in society, ultimately resulting in neglect.

> *[...] the prejudice that exists regarding mental disorders contributes to the violence the elderly suffer, both at home and in other settings. So, they end up being more neglected because of psychiatric issues, more isolated within the home. (E2)*

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According to the interviewees, there are several factors that make older adults more vulnerable to violence, such as the drug and/or alcohol dependence of a family member, or the absence of family support.

> *I hide all the knives when he drinks. He has broken everything—I have nothing left in the house [...]. (P3)*
>
> *As a mother, what am I supposed to do—kick him out on the street?! We just keep going, until the day God decides there is a solution. (P10)*
>
> *If a person does not have family support, then yes, they are going to be very exposed, more vulnerable. (E5)*

Action-Interaction

Understanding what constitutes a violent act or an abuse

The category Understanding what constitutes a violent act or an abuse includes the subcategories: identifying different types of violence and recognizing abuse against the elderly as unacceptable. Among the types of abuse mentioned by participants were physical, psychological, sexual, institutional, financial, property-related, structural violence, neglect, and abandonment.

> *We used to say violence was killing, hitting, beating, but now I see it has many aspects. Sometimes, even during care, we notice some form of abuse. So, I think it is all of that—physical, psychological, institutional, neglect, abandonment, sexual, financial [...]. (F8)*
>
> *I understand it not only as physical, but also psychological and financial, which happens a lot when there is no access, no proper guidance or direction [...]. (E2)*

Participants view abuse against aging people as unacceptable, especially when perpetrated by their own children. They also believe that older adults should be more valued and respected.

> *Ah, I think it is something very ugly, that should not exist. I do not think it is possible for a son to do that to his own mother [...]. (P3)*
>
> *It is very difficult. It hurts a lot when you witness such situations. I believe the elderly should be much more valued for the wisdom they have. I think they should be treated with respect [...]. (E5)*

Consequence

Considering reporting violence

This category includes the subcategories: recognizing the need to report violence against elderly individuals, reflecting on the difficulties faced by elderly individuals with mental disorders in identifying and reporting violence, and identifying the need for others to report violence on their behalf.

The interviewees acknowledged the importance of reporting violence against aging people to the appropriate authorities. They also emphasized the need for strategies that would improve access to reporting channels and ensure that perpetrators are held accountable for their actions.

> *[...]. So there needs to be something that helps these patients, a mechanism to ensure that these reports reach the right place and that something is done. (E3)*

The fact that some older adults have mental disorders makes it even more difficult for them to recognize and report instances of violence. Participants believe this is due to both the limitations imposed by their mental health condition and the social stigma that causes them to be discredited by society.

> *I think that, due to her psychiatric condition, she is unable to recognize that she is being subjected to violence [...]. (F7)*
>
> *[...] elderly people with a disability or a mental illness are often discredited—especially if it is a chronic condition. (E7)*

In this regard, interviewees pointed out that abuses are often normalized due to their frequent occurrence throughout life.

> *If she went through a violent situation, she would not be able to identify or report it. Maybe she would not even notice—it feels natural to her. I think that is not just because of her illness, but also because of her age and life experience. In the old days, fathers used to beat kids with sticks, make them kneel on corn kernels [...]. (F8)*

Participants also reported that aging people with mental disorders are capable of recognizing that they are being subjected to violence. However, reporting often does not occur due to fear of retaliation and being left without care by their caregivers. Additionally, the abuse they experience is sometimes interpreted as a form of care, with many justifying the aggressors' behavior.

> *Oh, many suffer violence but do not have the courage to report it because they care about their family members or caregivers. They do not see it clearly—they think it is for their own good. (F4)*

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> *Many are able to recognize that they are experiencing some type of violence—they are aware. But from what I see in my work, they usually do not report it. They are afraid, and they stay silent. (E6)*

Given this, interviewees highlighted the need for people close to the victims to report violence, considering that aging adults often have difficulty recognizing and/or reporting what they have experienced, becoming hostages to their abusers. In this context, home visits are considered an important strategy for identifying situations of violence.

> *Sometimes it has to be someone nearby, a neighbor who knows about the abuse, to report it. But the person themselves, I do not think they would [...]. (F4)*

> *I think that kind of care—going to their home, offering guidance, seeing how the older person is doing [...] they could be living like prisoners in their own homes, and with that visit, they might speak up and ask for help, they might report it. (F8)*

Proposing strategies to reduce abuse against older people with mental disorders

The category Proposing strategies to reduce abuse against older people with mental disorders includes the following subcategories: keeping the elderly engaged and economically active; breaking stigmas related to aging; developing educational initiatives focused on violence prevention; and strengthening family and community ties.

With increased longevity, older adults are considered to remain economically active to support their families and supplement household income. However, as they age, it becomes increasingly difficult for them to enter or remain in the job market, as employers often assume that older individuals are less productive than younger ones.

> *[...] even when it comes to entering the job market, many still remain economically active to help their family. Today, with longer life expectancy, many are still active, but doors often close. I think there should be more opportunities. (E5)*

Furthermore, the interviewees believe that there should be greater appreciation for elderly individuals, rather than assigning only negative meanings to this stage of life, which puts them at a disadvantage compared to other age groups. In this sense, they suggest that society must become more aware and value the life experience and knowledge of older people.

> *[...] I think we need greater awareness, to break down stigmas—especially those related to age—and adopt a broader view, recognizing that growing old is a privilege. (E5)*

> *"The elderly are the ones who need to speak, and you have to listen. They have a need to tell their stories, and young people today don not want to listen anymore. I see that as a loss, because listening to these stories will help them understand what lies ahead [...]." (F7)*

Given this, education is seen as a key ally in the prevention of abuse, especially when promoted from childhood. In this regard, participants supported strategies such as psychoeducation and conversation circles involving the elderly, family members, caregivers, health care teams, and society in general. They also emphasized the importance of collaboration with other services within the Health Care Network (RAS).

> *The best strategy would be to start working with children, because children are our future, right? (E4)*

> *Conversations, conversation circles with the caregiver and the elderly person themselves, to try to mediate the situation a little. (E6)*

> *It is psychoeducation. It is about working with the family, providing guidance, contacting the local Health Post or Primary Health Unit (UBS), and trying to work as a team. (E7)*

The importance of integrating older people into society and strengthening family bonds was also emphasized, with social interaction seen as essential for healthy aging.

> *There are older people who are fully supported by their families, but unfortunately many do not have that resource. (E5)*

> *It is important to keep the elderly involved—if they participate in household routines or have some form of social interaction, it helps reduce stress and improves the situation of violence. (E6)*

The data analysis enabled the construction of the explanatory theoretical model "Experiencing violence among older adults with mental disorders", which served as a link among the categories and culminated in the development of the diagram presented in Figure 1.

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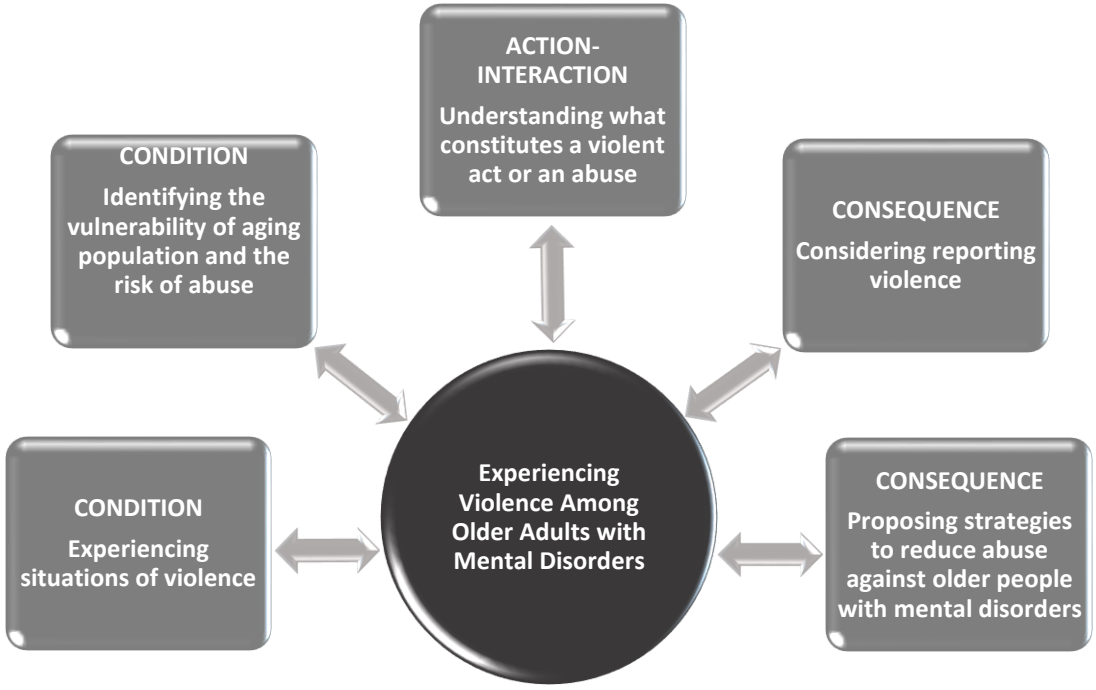

Figure 1: Theoretical model "Experiencing violence among older adults with mental disorders." Marília, SP, Brazil, 2023.

DISCUSSION

This study aimed to interpret the experiences of elderly individuals with mental disorders regarding abuse and to shed light on a complex and hidden issue, as it involves two problems that are often concealed within the family context.

Most of the elderly participants in this study were women, and this is a factor that may contribute to mental health issues when combined with social isolation, the loss of loved ones, the presence of multiple illnesses, advanced age, and low educational attainment. These factors must be considered when planning for mental health promotion aimed at healthy aging. The International Plan of Action on Ageing (2002) had already emphasized the importance of promoting mental health among older individuals, particularly women, as they are more exposed to health problems and tend to be in more precarious socioeconomic conditions[2,16].

Participants in this study demonstrated an understanding of elder abuse that aligns with the literature, which includes physical, sexual, psychological, and financial abuse, as well as neglect, self-neglect, and abandonment[2,6]. This reflects a broader comprehension of violence, which is often only associated with physical abuse due to its visibility, although other forms can be equally or even more cruel.

Within this context, accounts revealed experiences of violence dating back to childhood, with significant repercussions in other stages of life. The recurrence of violence within family dynamics is a relevant factor in mental health, as it points to a pattern that affects family social interactions and triggers a chain of weakening roles, particularly those of parent[17].

In this scenario, mental disorders were identified by participants as factors that further hinder the recognition and reporting of violence, both due to limitations imposed by the condition and the stigma surrounding mental illness, which often renders these individuals voiceless and discredited[9]. In many countries, people with mental disorders are subjected to stigma, discrimination, and human rights violations. Additionally, the most impoverished and socially disadvantaged are those most at risk of developing mental health problems and receiving inadequate services[18,19].

Regarding the potential consequences of violence, participants pointed out that elderly individuals may suffer physical, cognitive, emotional, and social impacts, along with impairments in self-care and behavior. Documented consequences of violence include depressive symptoms, disability, smoking, abusive use of alcohol and other drugs, risk behaviors, and infectious and chronic diseases. It is also associated with high mortality rates, psychosomatic illnesses, malnutrition, and suicide attempts, all of which affect the functionality and quality of life of older people[6,7,20].

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The interviewees also recognize that violence is commonly perpetrated by close family members who live with the victim. Studies highlight that, in general, violence within the family unit stems from social and economic issues, difficulties related to caregiving and aging, as well as the onset of diseases in this stage of life. Furthermore, the conflictual situation may worsen when there is a lack of preparedness to face the reality being experienced[2,6,7].

Violence against aging population within the family context is motivated by various factors. However, aggressors often do not perceive themselves as such—especially those who grew up in violent environments and were themselves victims in the past. As a result, many learn to relate in this manner, reproducing violent behavior in relationships, which may then be perpetuated across generations—known as the intergenerational transmission of violence[21].

Another important issue raised by participants is the need to facilitate access to reporting mechanisms, as many may still be unaware of tools like the Disque 100 hotline or other available resources, including those offered by health and legal services[7]. In this regard, since the aggressor is often a family member, aging people are usually reluctant to report the abuse due to intimidation, shame, guilt, emotional ties to the aggressor, fear of institutionalization, or the belief that the violence is justified by the caregiver's burden[3,6].

This issue is felt across different continents, as evidenced by studies conducted in Malaysia, which indicate that, despite a deeply rooted culture of care for the elderly that values the inherent knowledge of older individuals, modern principles have led to an increase in violence, and underreporting has become a reality as it permeates the domestic environment[22,23].

Even so, reporting is still seen as one of the most effective solutions. To this end, healthcare professionals must take responsibility for identifying and reporting cases of violence, and both victims and those around them must be made aware of the importance of denouncing the aggressor. Notably, in communities where neighbors form cohesive support networks for the elderly, violence tends to be significantly reduced[24].

Participants also stressed the importance of encouraging the participation of elderly individuals in society and in the labor market, especially considering that retirement benefits often do not cover all of their expenses. Despite the potential limitations imposed by aging, many continue to financially support their families[25-27].

In this regard, studies have identified an association between retirement and losses in cognitive, physical, and psychological capacity[25,26]. Thus, employment may have a positive impact on the quality of life of older individuals, helping to prevent illness and deterioration and contributing to self-care.

From this perspective, referring to the role of Primary Health Care (PHC), group educational activities have shown positive outcomes in reducing depressive symptoms, promoting health, and stimulating memory, while also fostering socialization. This reinforces the need to expand the scope of services offered to older adults experiencing psychological distres[20,28].

When it comes to caring for older people with mental disorders, the presence of family is also extremely important, as it provides essential social support, affection, attention, and bonds. However, it is important to recognize that not all families have the resources to provide care, and not everyone has family members they can rely on[29,30].

When someone has a mental disorder, the entire family is affected—emotionally, socially, and economically—leading to feelings of victimization, guilt, shame, and prejudice[29,30]. As a result, family bonds are weakened, making it harder to develop healthy relationships and compromising family interaction and dynamics.

Many cases of violence could be prevented if caregivers and family members of the aging population received more information about the aging process and support for providing care during this stage of life[4]. Furthermore, effective prevention and response strategies must include public awareness, helplines to support victims, educational activities, legal assistance, multi-agency coordination, and assertive approaches after victimization[31].

Study limitations

Given the nature of the subject, which holds a diversity of meanings for those who experience it, this study was limited to elderly individuals with preserved cognitive abilities, which certainly does not represent the reality of those with greater cognitive impairment. Nevertheless, the findings provide important insights into the experiences of

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older people with mental disorders regarding abuse, as well as those of their family members and health care professionals.

Additionally, this study enabled the development of the theoretical diagram "Experiencing violence among older adults with mental disorders," offering valuable input for addressing violence against this population.

FINAL CONSIDERATIONS

By interpreting the experiences of elderly people with mental disorders in relation to violence, this study made it possible to construct the theoretical model "Experiencing violence among older adults with mental disorders," thereby contributing to a broader understanding of the topic.

The investigation revealed that the interviewees have an expanded view of the concept of violence—one that goes beyond physical abuse—and identified the home as the primary setting for aggression, usually perpetrated by people who live with the victim.

In light of this, it is essential to report violence to the appropriate authorities. Such reporting may be carried out by people close to the victim, given that elderly individuals often do not report the abuse due to fear, shame, or even difficulty in identifying or disclosing what they have experienced. In this regard, participants emphasized that the presence of a mental disorder makes it even more difficult to recognize and report violence, especially in cases involving loss of autonomy, independence, or cognitive functioning.

To prevent violence, it is necessary to raise awareness across society from an early age, ensuring that elderly individuals with mental disorders are not stigmatized or viewed as worthless or burdensome.

Finally, the study highlights the importance of strengthening family and community ties and fostering collaboration between mental health services and other components of the Health Care Network (Rede de Atenção à Saúde – RAS). A multidisciplinary and intersectoral approach is crucial to addressing violence against the aging population, as reflected in the diagram developed through the proposed theoretical model.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Experiences of violence among older adults with mental disorders from the perspective of Grounded Theory*".