

ORIGINAL ARTICLE

Prevention of violence against elderly people: educational technology like bingo*

HIGHLIGHTS

1. The educational game facilitates the health education process.
2. The elderly person benefits from playful educational activities.
3. Reflections on situations of violence raise awareness regarding the risks.
4. The bingo-type game is simple and easy to use.


Juliana Ribeiro da Silva Vernasque ¹ 

Carolina Silva Falarino ¹ 

Vanessa Masfély Rocha ¹ 

Samara de Lima Silva ¹ 

Miriam Fernanda Sanches Alarcon ² 

Maria José Sanches Marin ¹ 

ABSTRACT

Objective: To develop an educational bingo-type game related to the prevention of violence against elderly people and to analyze learning from its application. **Method:** Qualitative study, conducted from December 2022 to August 2024 in the Primary Care Network of Marília/SP, Brazil, by undergraduate nursing and medical students, masters and doctoral students, in which a bingo-type game was formulated, consisting of 23 numbered phrases, containing practices of respect and violence prevention, applied to two groups of elderly people, totaling 21 participants. The discussions were recorded and transcribed for later content analysis. **Results:** The game allowed for reflection on violence against the elderly, rights, and prevention proposals, with the active participation of those involved, generating exchanges of information and new learnings. **Conclusion:** The game allows for the identification of experiences of elderly people and new learnings on the subject, proving to be a relevant strategy for nursing professionals

KEYWORDS: Elder Abuse; Health Education; Active Learning; Gamification; Educational Technology.

HOW TO REFERENCE THIS ARTICLE:

Vernasque JRS, Falarino CS, Rocha VM, Silva SL, Alarcon MFS, Marin MJ. Prevention of violence against elderly people: educational technology like bingo. Cogitare Enferm [Internet]. 2025 [cited "insert year, month and day"];30:e98813. Available from: <https://doi.org/10.1590/ce.v30i0.98813>

¹ Faculdade de Medicina de Marília, Marília, SP, Brasil.

² Universidade Estadual do Norte do Paraná, Bandeirantes, PR, Brasil.

INTRODUCTION

The increase in the number of elderly people in the world creates a need for new social, political, and economic arrangements, as they have specific needs arising from the intrinsic changes of aging. In the face of the challenges of aging, public policies have been established in recent years, aiming to bring together efforts from different sectors in pursuit of improving the quality of life for elderly people¹. Despite this, many problems have persisted and increased among these people, such as violence.

In Brazil, despite the existence of an important legal instrument aimed at respecting and preserving dignity, violence against elderly people persists in society, constituting a serious social and public health problem. Violence against the elderly is described as a single or repeated act, or the lack of appropriate action, occurring in any relationship where there is an expectation of trust and that causes harm or distress to an elderly person².

The dimension of this problem lies in the revelation that, between January and June 2022, more than 35,000 reports of human rights violations against elderly people were registered with *Disque 100*, with approximately 87% of the reports occurring in the victims' own homes, an environment where, in most cases, the aggressor and the victim cohabit. Regarding the aggressors, children were responsible for more than 16 thousand of the assaults, followed by neighbors, with 2.4 thousand reports, and grandchildren, with 1.8 thousand reports³.

Thus, identifying and reporting situations in which the elderly person may be suffering violence is a complex and cautious process. To this end, it is essential that this population knows their rights and duties and has access to information. However, few know or are unaware of the legal prerogatives regarding rights and the meaning of violence⁴.

Research shows that there is a lack of understanding and familiarity among the elderly population on the subject, in addition to highlighting that those with more precarious socioeconomic conditions have even more limited knowledge⁵. In this context, the importance of health education actions is highlighted as powerful in raising awareness among the elderly about the limitations and needs at this stage of life⁶.

Health education contributes to the production of care and health, resulting in the autonomy and protagonism of individuals in the health-disease process, especially when strategies that promote active participation are used⁷.

A randomized clinical trial conducted in Iran to empower elderly individuals demonstrated that educational interventions can be effective in preventing abuse in this population group⁸. In this perspective, gamification provides a playful experience, enabling the recognition of real-life situations through exchanges and interactions among the elderly, promoting identification, reflection, dialogue, and the application of knowledge to new experiences⁹.

Gamification has been used in different contexts and aims to promote innovation, improve learning and development, as well as generate a positive social impact. However, gamification is not simply putting games in the workplace, as it involves the application of principles from psychology, design, user experience, and analytics⁹.

It is understood that the development of an educational game, application, and analysis of learning possibilities allows connections between the challenge of raising awareness among elderly people about violence prevention and articulating objective

reality and science¹⁰. It is added that gamification is considered a pedagogical innovation that encourages proactivity, creativity, interactivity, empowerment, and motivation, in addition to involving playful elements, in order to provide fun for the participants¹¹.

Referring to educational games aimed at health education for the elderly, there are studies focused on health promotion and healthy aging¹², prevention of specific conditions, such as Acquired Immunodeficiency Syndrome (AIDS)¹³, as well as games for cognitive stimulation¹⁴. However, those that specifically address the prevention of violence were not found.

In light of the above, it is questioned how the development and application of an educational bingo game on the prevention of violence against the elderly can contribute to learning among the participants. The present study aimed to develop an educational bingo-type game related to the prevention of violence against elderly people and to analyze the learning from its application.

METHOD

An exploratory, descriptive, qualitative study conducted from the development and application of a bingo-type game aimed at elderly people, developed as part of a larger project entitled "*A violência contra idoso: uma análise a partir do uso de instrumentos de rastreio na atenção primária à saúde e intervenção com universitários*" (Violence against the elderly: an analysis based on the use of screening instruments in primary health care and intervention with university students). By following the COREQ guidelines, the data was collected through the game and submitted for content analysis.

The study was conducted from December 2022 to August 2024 in the Primary Care Network of a medium-sized municipality in the interior of São Paulo - Brazil, with 46 health units housing 50 teams from the Family Health Strategy and eight teams from Traditional Basic Health Units¹⁵, more specifically in a unit of the Family Health Strategy, which has two teams.

The educational bingo-type game was developed by a research group composed of undergraduate nursing and medical students, as well as master's and doctoral students, who participated in a course aimed at university students that addressed the principles of gamification and aspects related to the prevention of violence against elderly people, by experienced professionals in the themes.

The process of building and developing the game occurred in alignment with the principles described by Paulo Freire, who believes that education is based on human relationships and interactions, permeated by respect and recognition of the other in their entirety, starting from the lived reality, moving through reflection, to examine and critique the acts of everyday life. In this perspective, dialogue, autonomy, and the inclusion of differing opinions are reinforced in order to consciously transform the lived reality¹⁶.

Based on this recognition, the group of students, guided by the knowledge acquired from current legislation and literature in the field of geriatrics and gerontology, developed reflective phrases about practices of respect and appreciation for elderly people, with each of them placed on a card. In this proposal, the sentences are numbered, and the drawing of the numbers, accompanied by the respective sentences, is carried out through the ClickTeam platform and projected on a Datashow, allowing the participants

to visualize them. Each player receives a conventional bingo card consisting of a grid with nine randomly combined numbers within the range equivalent to the number of phrases (23 phrases). If the player has the number corresponding to the drawn phrase, they must mark an "X" on the card, following the rules of the game.

Initially, they developed 40 sentences, which underwent a pilot test with two groups attending a Social Assistance Reference Center (CRAS) in the city, each consisting of 17 elderly people. However, there were similar-sounding sentences, and considering that each sentence allowed for a process of reflection on itself, the time taken to complete the activity became very long. It was also pointed out that the game should have fewer participants, as with 17 elderly people, not everyone could hear and engage in the discussions unanimously. Thus, a reorganization was carried out, resulting in a total of 23 sentences, and it was defined that the group should consist of eight to 12 participants. The game was named "Mood 60+" because "mood" means emotional state and disposition, and "60+" refers to elderly people.

The game was applied in October 2023 to two groups of elderly people from a Health Unit that has two teams from the Family Health Strategy, which was selected for convenience. Elderly people from the coverage area were invited to participate in an afternoon focused on the prevention of violence against the elderly, in the community hall next to the health unit, and in addition to the bingo game, they also participated in other activities on the subject. 40 people over 60 years old were invited, whom the team considered capable of understanding the information. Elderly people with cognitive impairment were excluded.

On the occasion, 21 elderly people attended the activity, where the objectives and procedures of the research were explained, and all agreed to participate. Thus, two groups were formed, one with 12 and the other with nine participants, according to the order of arrival. The activity lasted approximately 90 minutes for each group. A teacher did the moderation of one group, and the other was done by a doctoral student in nursing who had the support of four undergraduate courses in medicine and nursing and two professionals from the unit. It is emphasized that the teacher has a doctorate in nursing and is the research team's coordinator. Furthermore, the teacher and the doctoral student have had experience leading and working with groups on violence against the elderly for at least 10 years.

The discussions were recorded in audio and later transcribed in full by two researchers. The analysis of the transcripts revealed the repetition of information in the speeches of elderly people from both groups, indicating data saturation. This point was reached when new information stopped bringing relevant insights or adding new knowledge to the study. After the transcription, the material was shared with all those involved in the group activities, who expressed consensus on its accuracy.

The transcribed data has been anonymized to ensure the privacy of the participants and stored in digital format, with backup on password-protected devices and restricted access. Field notes and other physical materials have been filed in a safe location. The filing followed ethical guidelines and aimed to ensure the integrity and confidentiality of the information.

As it is a gamification process, as elderly people filled in the cards, they received prizes offered by the organizers as a form of reward, just like in a conventional game. The activity had the support of the health teams, who organized the physical structure, actively participated in the development of the activities, and provided snacks after the activities.

The data obtained through discussions at the time of the game's application were submitted to content analysis in the thematic modality, following the phases of pre-analysis, material exploration, results treatment, and interpretation¹⁷. Initially, the transcriptions were submitted to floating reading to familiarize them with the content and the definition of the analytical corpus. Subsequently, the coding was carried out by two experienced researchers, identifying units of meaning and grouping them into provisional categories, which were refined and organized into main themes. The validation of the themes was carried out by consensus among the authors, ensuring rigor and consistency. The data were interpreted in light of the adopted theoretical framework, with excerpts from the speeches used to illustrate the results. The process was conducted with attention to confidentiality and ethical guidelines.

The data coding was initially carried out by two of the researchers with experience in qualitative research and, subsequently, underwent review and validation by other authors, one of whom had experience and two were beginners in research.

The research was approved by the Ethics Committee for Research with Human Beings of the proposing institution, according to opinion no. 6.767.329. To preserve anonymity, codes G1, G2, and P1 to P11 were adopted.

RESULTS

The 23 selected sentences to compose the educational bingo game "Mood 60+" address different aspects related to violence and reflect the experiences and challenges faced by elderly people, as shown in Chart 1.

Chart 1 – Distribution of the phrases created for the Mood 60+ bingo game. Marília, SP, Brazil, 2024

(continue)

- 1) I do not allow my children or grandchildren to curse at me.
- 2) If I suffer violence, I know how to report it.
- 3) My family insists that I spend my money only on my things.
- 4) I feel safe in the neighborhood where I live, the streets are level, regular, and because of that, I can walk without difficulties.
- 5) My children and grandchildren never take my money
- 6) I report when I notice that an elderly person is suffering from violence
- 7) On the bus, in the supermarket, and in bank lines, I notice that people are concerned about respecting my preferential condition.
- 8) My family members are patient, respect my wishes, and always invite me to go out.
- 9) I have someone who can help me in an emergency.
- 10) My family worries when I complain of pain
- 11) I don't believe it when I receive a phone call saying that I've won a prize or that it's from the bank.
- 12) I notice that my family members only say things that uplift me.
- 13) I feel happy in my home.

Chart 1 – Distribution of the phrases created for the Mood 60+ bingo game. Marília, SP, Brazil, 2024

(conclusion)

- 14) I frequently receive visits from my relatives.
- 15) I do not allow strangers to enter my house or take my documents.
- 16) I do not provide my personal information over the phone.
- 17) I keep my passwords in a place that only I know
- 18) When they offer me some prize or easy money, I quickly step away.
- 19) I am able to report if someone tries to touch my private parts.
- 20) I avoid people who offer me loans to discount from my retirement.
- 21) I don't take out loans in my name, even if it's for people in my family.
- 22) I know it is a crime and that I must report it if I suffer a bodily injury, even a minor one.
- 23) I can do things on my own time and I am respected for it.

Source: The authors (2024)

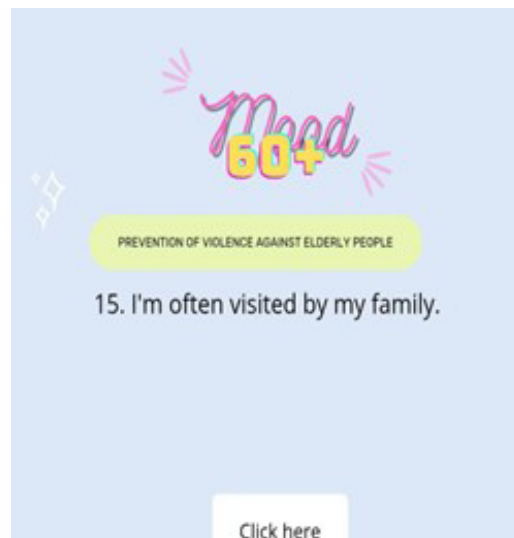
In Figure 1, there is an example of a bingo card that elderly people received to participate in the game and mark their score. In Figure 2, there is an example of a randomly drawn sentence, through the ClickTeam platform and projected on a Datashow.

Figure 1 - Example of a bingo game card. Marília, SP, Brazil, 2023



Source: The authors (2024)

Figure 2 - Example of a randomly drawn sentence, through the ClickTeam platform.
Marília, SP, Brazil, 2023



Source: The authors (2024)

In the characterization of the participants in the groups, it is found that those in Group 1 (G1) were aged between 64 and 82 years, comprising three males and seven females. Participants in Group 2 (G2) were aged between 60 and 82 years, with two males and four females. The average age was 70.63 years.

When considering the statements of elderly people about the phrases, it was observed that, in addition to enabling reflections and exchanges of information, they also revealed situations of experienced violence. Thus, six thematic categories were developed that emerged from the analyses of the discussions at the time of the game's application, namely: Experiencing situations of submission/disrespect; family as the main source of support; suffering from financial attempts and/or abuse; lack of knowledge about reporting channels; disregarding the possibility of sexual violence and lacking respect for social rights.

Regarding the thematic category "experiencing situations of submission/disrespect", it was noted that elderly people went through embarrassing situations that forced them to remain silent, maintain little closeness during relationships, and try to ignore aggression, as observed:

[...] if you insult me, I stay quiet. (G1, P5)

[...] But I understand him, I go to his house. So, I stay quieter, I just play more with the boy [grandson], you know? (G1, P11)

They say things to belittle me. Thing that diminishes. Yeah, but I don't care [...] (G2, P2)

In this context, they value having their own home, without interference from other family members, as well as achieving individuality.

I've been through this, it's horrible. Today, I have my apartment, my God, my apartment always. I know it's my little corner. My space! (G1, P4)

Today, I make whatever noise I want in the kitchen! (G1, P8)

In the category "Family as the main source of support," participants' discussions reveal that it is the family members who meet their needs and care in cases of illness:

My son speaks: Mom, even if it's midnight, one in the morning, you call me and I'll take the car and come there to take you to the doctor. (G1, P5)

The elderly who lived alone and far from their families relied on help from friends or neighbors.

Yes, I have a neighbor. (G1, P9)

Regarding the category "Suffering attempts and/or financial abuse", the discussions revolved around the interferences concerning how elderly people managed their money and the extortions they have suffered or witnessed other elderly people suffer, as observed in the statements:

His niece extorts him [referring to his brother-in-law]! It's because he has no knowledge at all and she is the one who has control over everything! He took out a loan in his name. It ruins his financial life! (G2, P7)

My children tell me not to spend my money on nonsense. Otherwise, there won't be enough left to pay the bills. (G2, P3)

Important reflections were also made regarding financial violence outside the home, including fraud, extortion, appropriation, damage, and theft, as well as situations where the elderly are shown to be cautious, yet are exposed daily, according to the following statements:

[...] the time he asks for my full name I said 'are you talking to the bank on the phone and you don't know who it is? Then, he said, go ahead and give me your date of birth and your CPF. I said no [...]' (G1, P5)

Sometimes, it comes with a pitiful look, with a nice guy face, offering something to sell. I close the gate, lock it with a padlock! (G2, P1)

I went there to receive it and they stole half of what I was supposed to get! (G1, P4)

Regarding the "Lack of knowledge about reporting channels", it was observed that they were unaware of Disque 100 and claimed that they would be able to report it if they were to suffer violence and if they saw other people suffering. Here are some fragments of speech:

I have never suffered violence! I know how to report too! Its only call 190. (G1, P5)

We know the police's phone number, the fire department's, and we make the report. (G2, P8)

Regarding the theme "Disregarding the possibility of sexual violence", the group participants showed disbelief that this could happen to elderly people, which was a consensus among them:

In old age, no one wants to know, no! Go after the 'new'. (G2, P2)

Referring to the theme “Disrespecting social rights”, it was found that there is a disrespect for the rights of elderly people, especially in public transportation, when younger individuals ignore the presence of the elderly, in addition to occupying preferential seats, the following statements are made:

Sometimes it seems that the younger you are, the harder your heart! They are traveling while sleeping. Pretend they are sleeping! (G1, P9)

It's because, sometimes, they don't even think, they don't care. (G2, P1)

Regarding all these aspects, it was possible to establish discussions, with exchanges of information regarding ways to address the problems, focusing on the vulnerability present among the elderly and their respective needs, emphasizing ways of protection concerning the risks to which they are exposed, based on the rights of the elderly defined in Brazilian legislation.

It is emphasized that, although it is a topic with an intense negative load, the game elicited laughter, fun, and excitement with the scoring, leaving the participants grateful for the opportunity to participate in the activity.

DISCUSSION

The educational game presented itself as a valuable tool to identify experiences related to rights and risks of violence, provide new learning in a playful way, recognize elderly people as active agents in the aging process, and share experiences, contributing to an inclusive and expanded approach to aging.

Interventions aimed at preventing violence against the elderly are necessary and urgent, as the problem is complex and multifactorial. Among the factors associated with violence, low income is significant in all types of violence. Moreover, other factors such as being a woman, being older, having a low level of education, mental disorders, depression, dependence for daily living activities, and compromised family arrangements are also associated with a higher risk of violence¹⁸. Although the socioeconomic conditions of the participants were not identified in the present study, it can be stated that the unit that was the setting for the research serves a population with low purchasing power.

The participants in this study stated that they do not suffer or have never suffered verbal offenses and aggression committed by children, grandchildren, or other family members; some of them mentioned that they heard offensive and humiliating comments and resigned themselves to this violence. Important aspects to be considered regarding violence against the elderly relate to the submission and lack of respect to which the elderly are exposed, especially in family relationships.

Troubled family relationships are associated with a decline in mental health and dissatisfaction with life in older adults. On the other hand, healthy relationships generate a sense of support, companionship, and belonging. In this way, configuring a family environment as a support network for the elderly person is essential to maintain mental health, reducing the likelihood of negative interference in the overall health status¹⁹.

Regarding the complexity of family arrangements, elderly people can be victims of psychological violence²⁰, even without being aware of it, which contributes to the

development of depressive and self-destructive processes, leading to suicidal ideation and attempts. The fact of residing in the same house or yard as the aggressor, potentially children and caregivers, family dependency, or even living in relationships based on violence, justifies the refusal to file a complaint or even talk about the situation²¹.

Therefore, the relevance of breaking the silence of family circles is considered, so that the elderly are encouraged to report, in search of aging with respect and without violence²⁰. For this, it is necessary to raise awareness among the elderly population, their families, caregivers, and health agents, so that the elderly remain protected and those who are made aware become disseminators of this information, make reports, and can, indirectly, protect those who are more vulnerable²².

The present study showed that the elderly reported emotional abandonment when their children get married or move to another city. These changes in family dynamics lead to distancing, which manifests in the reduction of visits and the lack of regular communication with the elderly, impacting the quality of life and well-being²³.

It has been shown that mainly on commemorative dates²⁴, there are elderly people who wait for phone calls or visits that never happen, revealing a painful reality that encompasses economic and social issues. In this study, a portion of elderly people reported having support in emergencies, not having neglected pain, being included in family outings, and receiving frequent visits from relatives. However, some participants reported being excluded from family leisure activities, not having their wishes respected, and often being the ones who travel to visit their children and grandchildren.

As evidenced in another study²⁵, it is emphasized that game participants are also subject to financial violence, especially exposure to fraud and extortion, appropriation, theft, and robbery. Another aspect of financial violence against the elderly refers to loans made to a family member or friends. The condition of "living with the family of a married child" and "living with a single child" are risk elements associated with financial abuse²⁶.

Often, due to the illness and/or inability of the elderly to manage finances, the family becomes the administrator of monetary assets, especially in cases of illness and/or inability of the elderly to manage finances, contributing to family financial violence²⁷. Although the elderly people in this study do not need their relatives to take care of their finances, it was observed that they suffer or have already suffered interference regarding how to manage their money.

Some elderly people, trusting in family ties and an intimate relationship of reciprocity, provide their information to a family member who, initially, would be responsible for repaying the loan. However, they fail to make the payment of the installments, causing financial, emotional, psychological, and physical harm to the elderly person, as can be observed in the reports of the participants in this study.

Among the virtual scams, there are malicious phone calls, in which scammers impersonate family members, companies, or accounts in general, seeking to obtain data and credits fraudulently²⁸. This scenario raises caution, in the family context and regarding external threats, highlighting the importance of preventive measures to protect elderly individuals who are in a vulnerable condition. The need for prevention and support strategies that consider the diversity of family contexts stands out, in order to promote healthier and safer relationships.

In the context of this research, although elderly people stated that they would report if they were victims of sexual violence, the impossibility that older individuals could

be victims of this type of violence was considered. This ambivalence in the responses highlights the complexity involved in the perception and recognition of sexual violence by elderly people, prompting reflections on the need for awareness and education to combat this social problem.

From January 2009 to December 2017, 91.9% of cases of sexual abuse in the elderly involved women. As for the aggressors, 36.3% were unknown; 18.4% were friends or acquaintances, and 14.3% were spouses or partners²⁹.

The elderly people who participated in the game expressed complaints of disrespect while waiting in lines at institutions and claiming rights. These narratives revealed a scenario in which younger passengers, when occupying preferential seats, often choose to ignore the presence of others, pretending to be asleep and refusing to give up their seat. This dynamic encourages reflection on the effectiveness of existing approaches to promote a more inclusive and respectful transportation environment for the elderly.

In light of the above, it can be considered that the game allowed for the identification of complex situations experienced by elderly people and prompted important exchanges of information and reflection on types of violence, the rights of elderly people, and ways of prevention. The importance of active learning strategies is emphasized, especially with sensitive themes such as violence against the elderly. In this sense, Paulo Freire's principles serve as an important guide for the implementation of active and participatory educational approaches, with the transformative potential to change the way of acting and thinking¹⁶.

In this sense, when an anti-fraud board game was applied to elderly people, the participants showed significant improvements in self-efficacy, fraud prevention, and awareness of these situations. Moreover, there was a decrease in susceptibility to fraud, demonstrating satisfactory effects of the anti-fraud education program in reducing the risk of this type of violence against elderly people³⁰.

As a limitation of the study, it is noteworthy that the game was applied to elderly individuals without cognitive impairment and who are independent in daily living activities, which does not represent those elderly individuals who are at greater risk of violence. Furthermore, although qualitative analysis was developed, due to the nature of the collection, which occurred from reflections on the presented sentences, it was not possible to deepen the collected information. Notwithstanding, the importance of the game in raising awareness about risk factors for violence and forms of prevention stands out.

FINAL CONSIDERATIONS

The study aimed to develop, apply, and analyze the learning possibilities of elderly people through an educational bingo game, highlighting its potential to identify the experiences of the elderly related to rights and risks of violence and to provide new learning in an active, participatory, and playful manner, culminating in the principles of Paulo Freire.

In this way, it is believed that the experience presented can bring contributions to the field of gamification applied to health education for elderly people, as it concerns a segment of the population that increasingly needs to be engaged in the pursuit of

autonomy and well-being. The developed game constitutes an important playful and educational strategy to be used by nurses, aiming to improve the living and health conditions of elderly people.

In addition, it has the potential to support public policies aimed at active and healthy aging, in order to promote awareness of the rights of the elderly and the prevention of violence. By integrating the principles of critical education with playful methodologies, educational games contribute to the creation of environments that value the protagonism and inclusion of the elderly, strengthening the implementation of more humanized and effective interventions in public health.

ACKNOWLEDGMENTS

To *Fundação de Amparo à Pesquisa do Estado de São Paulo* (FAPESP), for the financial support. Process 2022/05547-7. CAPES, Financing code 001.

REFERENCES

1. Organização Pan-Americana de Saúde (OPAS). Decade of healthy ageing 2020-2030 [Internet]. Washington: OPAS; 2020 [cited 2024 May 3] Available from: <https://iris.paho.org/handle/10665.2/52902>
2. Krug EG, Mercy JA, Dahlberg LL, Zwi AB. The world report on violence and health. The Lancet [Internet]. 2002 [cited 2024 May 10];360(9339):1083-8. Available from: [https://doi.org/10.1016/S0140-6736\(02\)11133-0](https://doi.org/10.1016/S0140-6736(02)11133-0)
3. Ministério dos Direitos Humanos e da Cidadania (BR). Disque 100 registra mais de 35 mil denúncias de violações de direitos humanos contra pessoas idosas em 2022. Governo Federal [Internet]. 15 Jun 2020 [cited 2024 May 05];Ministério dos Direitos Humanos e da Cidadania:[about 2 screens]. Available from: <https://www.gov.br/mdh/pt-br/assuntos/noticias/2022/junho/disque-100-registra-mais-de-35-mil-denuncias-de-violacoes-de-direitos-humanos-contra-pessoas-idosas-em-2022>
4. Ministério da Saúde (BR). Guia de cuidados para a pessoa idosa [Internet]. Brasília: Ministério da Saúde; Secretaria de Atenção Primária à Saúde; 2023 [cited 2024 May 6]. Available from: https://bvsms.saude.gov.br/bvs/publicacoes/guia_cuidados_pessoa_idosa.pdf
5. Lima AS, Barbosa RA, Cronemberger IH, da Silva SL. Activating citizenship of elderly: a social service experience of a family health residence. Rev Humanid Inov [Internet]. 2022 [cited 2024 May 6];9(17):339-52. Available from: <https://revista.unitins.br/index.php/humanidadeseinovacao/article/view/6924>
6. Alarcon MF, Damaceno DG, Cardoso BC, Bracciali LA, Sponchiado VB, Marin MJ. Elder abuse: actions and suggestions by Primary Health Care professionals. Rev Bras Enferm [Internet]. 2021 [cited 2024 May 3];74(Suppl 2):e20200263. Available from: <https://doi.org/10.1590/0034-7167-2020-0263>
7. de Souza EM, Silva DP, de Barros AS. Popular education, health promotion and active aging: an integrative literature review. Ciên Saúde Colet [Internet]. 2021 [cited 2024 May 3];26(4):1355-68. Available from: <https://doi.org/10.1590/1413-81232021264.09642019>
8. Estebarsari F, Dastoorpoor M, Mostafaei D, Khanjani N, Khalifehkandi ZR, Foroushani AR, et al. Design and implementation of an empowerment model to prevent elder abuse: a randomized controlled trial. Clin Interv Aging. [Internet]. 2018 [cited 2024 May 3];13:669-79. Available from: <https://doi.org/10.2147/CIA>

[S158097](#)

9. Prieto Andreu JM. Sistematic review about evaluation of gamification in seven educational disciplines. *Teor Educ [Internet]*. 2021 [cited 2024 May 3];34(1):189-214. Available from: <https://doi.org/10.14201/teri.27153>
10. Zepeda KG, da Silva MM, Silva ÍR, Redko C, Gimbel S. Fundamentals of Implementation Science: an intensive course on an emerging field of research. *Esc Anna Nery [Internet]*. 2018 [cited 2024 May 3];22(2):e20170323. Available from: <https://doi.org/10.1590/2177-9465-ean-2017-0323>
11. Tori AA, Tori R, Nunes FL. Serious game design in health education: a systematic review. *IEEE Trans Learn Technol [Internet]*. 2022 [cited 2025 Jan 18];15(6):827-46. Available from: <https://doi.org/10.1109/TLT.2022.3200583>
12. Silva JP, Xavier FG, Christé RB, Lazarini WS, Nogueira RS, Busatto LS, et al. Using games as a strategy for health education and self-care for the elderly: an integrative review. *Rev Foco [Internet]*. 2024 [cited 2025 Jan 18];17(4):e4600. Available from: <https://doi.org/10.54751/revistafoco.v17n4-014>
13. Melo PO, de Abreu WJ, Feitoza AR, Barbosa AS, Mendes RC, Teixeira E, et al. Board game as an information device on HIV/Aids for aged individuals. *Cogitare Enferm [Internet]*. 2022 [cited 2025 Jan 18];27:e79013. Available from: <https://doi.org/10.5380/ce.v27i0.79013>
14. Oliveira FG, Rodrigues VE, Brito ME, Machado AL. Construction of an educational game for cognitive stimulation of elderly people. *Rev Bras Ciênc Envelhec Hum [Internet]*. 2022 [cited 2025 Jan 18];19(Suppl 2):84-7. Available from: <https://seer.upf.br/index.php/rbceh/article/view/14111>
15. Prefeitura Municipal de Marília [Internet]. Marília, SP: Prefeitura Municipal de Marília; c2024 [cited 2024 May 3]. Setores e serviços da Secretaria Municipal de Saúde de Marília;[about 25 screens]. Available from: <https://www.marilia.sp.gov.br/portal/secretarias-paginas/15/estrutura-organizacional/>
16. Moraes JM, de Oliveira FT, Nóbrega-Therrien SM, de Souza SG. Paulo Freire's contributions to the education of young people and adults: a narrative review. *Educ rev [Internet]*. 2023 [cited 2025 Jan 18];39:e40514. Available from: <https://doi.org/10.1590/0102-469840514>
17. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. São Paulo: Hucitec Editora; 2014. 416p.
18. dos Santos MA, Moreira RD, Faccio PF, Gomes GC, Silva VD. Factors associated with elder abuse: a systematic review of the literature. *Ciênc Saúde Colet. [Internet]*. 2020 [cited 2024 May 3];25(6):2153-75. Available from: <https://doi.org/10.1590/1413-81232020256.25112018>
19. Coutinho JD, Henriques BD, Salgado PS, Toledo LV, de Sá Diaz FB, Balbino PC, et al. Understanding the relationship between the mental health of the elderly and their family environment: an integrative review. *Braz J Hea Rev [Internet]*. 2020 [cited 2024 May 3];3(4):10559-72. Available from: <https://doi.org/10.34119/bjhrv3n4-270>
20. Zhang D, Li S. Family members' abuse of older adults, psychological well-being, and sleep quality among older women and men in China. *J Appl Gerontol [Internet]*. 2024 [cited 2024 May 3];43(2):205-14. Available from: <https://doi.org/10.1177/07334648231203835>
21. Boágua JS, Rodrigues IV, Gomes EP. Existential phenomenological understanding about chemical dependence in contemporaneity. *Braz J Hea Rev [Internet]*. 2021 [cited 2024 May 3];4(2):8705-16. Available from: <https://doi.org/10.34119/bjhrv4n2-384>
22. Ross J. Elder abuse-the need for increased awareness, assessment, and reporting in health care. *J Perianesth Nurs [Internet]*. 2023 [cited 2024 May 3];38(6):945-6. Available from: <https://doi.org/10.1016/j.jopan.2023.08.012>

23. Lima CF, Marins AM, Chrizostino MM, Fonseca IF, dos Santos TM, Pinto AC. The abandonment of elderly women in the Covid-19 pandemic: a look from health professionals. *Res Soc Dev* [Internet]. 2023 [cited 2024 May 3];12(9):e14012943315. Available from: <https://doi.org/10.33448/rsd-v12i9.43315>
24. Furtado EL. Abandono afetivo inverso: responsabilidade civil dos filhos em relação aos pais idosos. *REASE* [Internet]. 2023 [cited 2024 May 3];9(11):536-53. Available from: <https://doi.org/10.51891/rease.v9i11.12382>
25. Alarcon MF, Paes VP, Damaceno DG, Sponchiado VB, Marin MJ. Financial abuse: circumstances of occurrences against older adults. *Rev Bras Geriatr Gerontol* [Internet]. 2019 [cited 2024 May 3];22(6):e190182. Available from: <https://doi.org/10.1590/1981-22562019022.190182>
26. dos Santos RV, Monteiro EA, Costa e Silva SP, de Oliveira AB. Violence against the elderly: a problem that needs to be highlighted. *Rev Recien* [Internet]. 2022 [cited 2024 May 03];12(40):210-20. Available from: <https://doi.org/10.24276/rrecien2022.12.40.210-220>
27. Hall L, Gómez JM, Lichtenberg PA. Trust and betrayal in older adult financial exploitation. *Aging Ment Health* [Internet]. 2023 [cited 2024 May 3];27(12):2466-73. Available from: <https://doi.org/10.1080/13607863.2023.2199688>
28. Wojahn AS, Michael CP, da Veiga DJ, Lenz R, da Silva SG, Rossetto TP, et al. The social vulnerability of the elderly against scams in the digital scope. *Res Soc Dev* [Internet]. 2022 [cited 2024 May 3];11(11):e452111133652. Available from: <https://doi.org/10.33448/rsd-v11i11.33652>
29. Vieira TB, de Toledo RF. Sexual violence in elderly in Brazil: why do we need to talk about this subject? *Desafios (Palmas)* [Internet]. 2022 [cited 2024 May 3];9(1):15-29. Available from: <https://doi.org/10.20873/uftv8-8591>
30. Hung Chung EK, Yeung DY. Reducing older people's risk of fraud victimization through an anti-scam board game. *J Elder Abuse Negl* [Internet]. 2023 [cited 2024 May 3];35(2-3):121-38. Available from: <https://doi.org/10.1080/08946566.2023.2240005>

*Article extracted from the doctoral thesis: "A violência contra idoso: uma análise a partir do uso de instrumentos de rastreamento na atenção primária à saúde e intervenção com universitários", Universidade Estadual Paulista, Botucatu, SP, Brasil, 2024.

Received: 12/09/2024

Approved: 03/02/2025

Associate editor: Dra. Luciana Puchalski Kalinke

Corresponding author:

Maria José Sanches Marin

Faculdade de Medicina de Marília

Av. Monte Carmelo, n. 800, Fragata, Marília, SP.

E-mail: marnadia@terra.com.br

Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work - **Vernasque JRS, Falarino CS, Rocha VM, Silva SL, Alarcon MFS, Marin MJS**. Drafting the work or revising it critically for important intellectual content - **Vernasque JRS, Rocha VM, Alarcon MFS, Marin MJS**. Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved - **Vernasque JRS, Falarino CS, Rocha VM, Silva SL, Alarcon MFS, Marin MJS**. All authors approved the final version of the text.

ISSN 2176-9133



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).