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RESEARCH ARTICLE

EPIDEMIOLOGICAL PROFILE OF VIOLENCE AGAINST ELDERLY PEOPLE IN THE MUNICIPALITY OF JOÃO PESSOA, PARAÍBA, BRAZIL

¹Maria de Fátima Duarte de Holanda, ²Nilsonete Gonçalves Lucena Ferreira, ³Antônio Carlos Borges Martins, Luana Sheila Muniz de Holanda, ⁴Silvia Brenna, ⁵Karoline Lima Alves, ⁶Ana Karênina de Freitas Jordão do Amaral, ⁷Maria Adelaide da Silva Paredes Moreira and ⁸Antônia Oliveira Silva

¹Professor, MSc, Higher Education Institute of Paraíba/Universidade Aberta Vida (IESP/Unavida/URCA)

²Professor of the International College of Paraíba (FPB). President of the Municipal Council for the Elder's Rights

³Professor, MSc of IESP/Unavida/URCA

⁴Member of the International Group on Studies and Research in Aging and Social Representations (GIEPERS)

⁵PhD Student of the Nursing Postgraduate Program of the Federal University of Paraíba (UFPB)

^{6, 7}Professor, PhD, Phonoaudiology Department of UFPB, member of the International Group on Studies and Research in Aging and Social Representations (GIEPERS)

⁸Professor, PhD, Nursing and Collective Health Department of UFPB. CNPq Researcher, leader of the International Group on Studies and Research in Aging and Social Representations (GIEPERS)

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ABSTRACT

The phenomenon of population aging has begun to bring the need for research in this field, since the issue of violence against the elders is not a new event; it is a growing challenge along with this age group. Responding to the call of the World Health Organization, this study aimed to give visibility to the reality of João Pessoa - PB, through the database of denunciations made in the period 2014-2016 to the Municipal Council for the Elder's Rights. Data were submitted to simple descriptive statistics, with nine variables: gender, age, denouncer, denounced, type of violence, month of the report, zone of the municipality, referral of processes and results. The data analysis indicates that the elderly women between 71-80 years are the greatest victims; most reports were anonymous and most aggressors belong to the family nucleus; negligence, financial exploitation and psychological abuse were the most perpetrated forms of violence and July was the month with the highest number of denunciations; the municipality area that conglomerates the most populated and vulnerable neighborhoods was the one that marked the largest concentration of denunciations. The demands were sent almost entirely to the Specialized Reference Center for Social Assistance and the number of cases satisfactorily resolved has been increasing every year.

INTRODUCTION

Since the earliest days, violence has been present in human experience, manifesting in innumerable ways throughout the world. According to the World Health Organization (WHO), violence consists of the intentional use of force and physical power, real or threatening, against oneself, another person or group/community, which is very likely to cause injury, death, psychological damage, developmental disorders or deprivation (Organização Mundial de Saúde, 1996). In 1994, the Pan American Health Organization (PAHO) highlighted how "violence, by the number of victims and the magnitude of organic and emotional sequelae it produces, has acquired an endemic character and has become a public health problem in

many countries" (Minayo, 2017), demonstrating that situations such as child abuse, domestic violence and elder abuse have moved from subjects considered private to public issues.

Violence against the elders also dates back to ancient times: initially, it was considered as a social welfare problem and then, as an aging issue, abuse against the elders and other types of domestic violence have become issues related to public health and criminal justice (Krug, 2003). WHO data estimates that about 1 in 10 elderly people have experienced violence or mistreatment in the last month; but this number is probably underestimated, considering that only 1 case out of 24 of violence against the elders is reported, mainly because of the fear of the victim at the time of the denunciation (Organização Mundial de Saúde, 2017). Responding to WHO's call for the Global Campaign for Violence Prevention 2012-2020, this study aimed to collect data on the extent and types of abuse

*Corresponding author: Maria de Fátima Duarte de Holanda,

¹Professor, MSc, Higher Education Institute of Paraíba/Universidade Aberta Vida (IESP/Unavida/URCA).

against the elders in the Municipality of João Pessoa, Paraíba, Brazil, and publicize the information.

MATERIALS AND METHODS

This study is a documentary, retrospective analysis, from a database, whose information was aggregated without the possibility of individual recognition. The source of data collection was the reports of violence against the elders, registered in the Municipal Council for the Elder’s Rights - João Pessoa (CMDI-JP), and were in the process of being investigated or completed. This place was selected due to the direct participation of some researchers as technical leaders and advisers during the research, which facilitated access to the database and information that support this study. The data correspond to the bank of information of reports performed in the period from 2014 to 2016. The Municipal Council for the Elder’s Rights of João Pessoa, founded by Law No. 9,373/12/2000 and instituted by the Municipal Law of the elder No. 12,303/01/2012 and amended by Law No. 12,365/05/2012, intends to and is responsible for proposing policies, programs, projects and actions, contributing to the integration and effective participation of the elder in the family and in society, as well as for following actions and implementations of Public Policies by the Municipal Government (Brasil, 2012). In accordance with this standard, the CMDI-JP provides data on violence against the elders in view of their fruitful role of defending and implementing the elder’s rights.

of previous analytical treatment, besides using information publicly accessible, according to Law No. 12,527 of November 18, 2011, pursuant to Resolution 510 of April 7, 2016.

RESULTS AND DISCUSSION

In the period 2014-2016, the CMDI-JP Database recorded 200 anonymous denunciations of violence against the elder. These data are presented in tables and allow understanding the profile of violence against the elder in the municipality of João Pessoa. Table 1 shows that, in 2014, there were 87 (43.5%) denunciations; in 2015, 56 (28%) were, and, in 2016, 57 (28.5%). Regarding the year 2014, the denunciation index increased 15.5% when compared to other years. The period 2015-2016 presented a decline in the number of denunciations; however, these data do not indicate that the denunciations of violence against the elder in João Pessoa directly decreased. Probably, this decrease of 15.5% in the percentages of the years 2015 and 2016 is being directed to the Elder’s Police Station and to the Public Prosecution Service. Table 1 also shows the gender and age distribution of the elderly victims, indicating a predominance of violence against the elderly woman, who was the main victim in the analyzed years. The literature frequently shows these numbers as consequences of gender vulnerability, low self-esteem, fear, social isolation and guilt (Caldas, 2008 and Souto, 2017). Regarding table 1, of the analyzed denunciations, elders aged 71 to 80 years prevailed, totaling 39% (78) of the sample.

Table 1. Distribution of the gender and age of the elderly victims in the years 2014-2016, CMDI-JP

	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
GENDER								
Male	26	29.90	23	41.1	38	33.3	87	43.5
Female	61	70.10	33	58.9	19	66.7	113	56.5
Total	87	100	56	100	57	100	200	100
AGE								
60-70	37	42.50	18	32.1	15	26.3	70	35
71-80	30	34.50	25	44.6	23	40.4	78	39
81-90	18	20.70	08	14.3	16	28.1	42	21
91-100	02	2.30	05	8.9	03	5.3	10	5
Total	87	100	56	100	57	100%	200	100

N= frequency; %=percentage

Thus, the universe of this research consisted of the records of the reports of violence against the elders in the studied city, carried out by telephone. The sample, thus, consists of the database of pre-existing information. All cases of violence against the elders were reported anonymously or not. A collection tool (form) containing information on the elders, aggressors and denouncers was prepared in advance. The register of denunciations of violence against the elderly person of the CMDI-JP is computed in the Microsoft Excel® program and consists of nine variables (1. Gender; 2. Age; 3. Denouncer; 4. Denounced; 5. Types of violence; 6. Month of the denunciation; 7. Denunciations by areas of the municipality, 8. Referral of denunciation processes; 09. Result of the denunciation processes). The data were organized into tables and graphs, using simple descriptive statistics. This study did not need to be submitted to a Research Ethics Committee for consideration, as it is a research with a database, whose information is gathered without the possibility of individual identification, and that had not received any type

Among these, most of the victims were described as women, showing that women are potentially at higher risk of being victims of violence. It denotes the gender relation, pointed out in the literature, since the woman, besides being more vulnerable, suffers more aggressions regardless of age; this may be associated with a decrease in physical and cognitive capacity and an increased dependence on third parties, collaborating to intensify their vulnerability (Caldas, 2008; Souto, 2015 and Santos, 2015). However, the data also show certain variation of a growing character in relation to men, a situation already found in another research carried out in Ribeirão Preto (SP), in which the highest frequency of intrafamily violence occurred against men (58.6%) (Gaioli, 2008). Another researcher explains this fact by relating it to a greater visibility of violence against men regarding the same violence suffered by women. Gender differences make the situation of structural violence more critical. Gerontological researches show that elderly women (and not men) are more exposed to poverty, loneliness and widowhood, have more

health problems and have fewer opportunities to have a partner in their later years. They are, therefore, the most vulnerable group among the poor people and poor elderly people, because of age limitations, loss and because they have more health problems and dependencies (Minayo, 2008).

Secretariat is attributed during the studied period. In these spaces, awareness-raising actions were expanded to effect denunciation when violence against elderly people is identified in home health visits.

Table 2. Distribution of the connections between the denouncer and the elderly victim, and the denounced and the elderly victim in the period 2014-2016

	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
DENOUNCER								
Anonymous	76	87.4	53	94.6	57	100	186	93
CHA*	07	10.3	00	-	00	-	07	3.5
Relatives	04	2.3	02	3.6	00	-	06	3
Friends	00	-	01	1.8	00	-	01	0.5
Total	87	100	56	100	57	100	200	100
DENOUNCED								
Relatives	76	87.35	50	89.2	50	87.73	176	88
Neighbors	09	10.35	00	-	02	3.50	11	5.5
Other	02	2.3	03	5.4	00	-	05	2.5
Themselves	00	-	03	5.4	03	5.27	06	3.0
Caregiver	00	-	00	-	02	3.5	02	1.0
Total	87	100	56	100	57	100	200	100

N= frequency; %= percentage

Table 3. Types of Violence reported against the elderly victims, in the period 2014-2016.

Types of Violence	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
Psychological aggression	12	11.01	09	11.5%	07	8.6%	28	10.48
Verbal aggression	09	8.26	05	6.4%	04	4.9%	18	6.74
Negligence	38	34.86	30	38.5%	35	43.2%	103	38.58
False imprisonment	03	2.75	01	5.3%	00	0.0%	04	1.49
Self-negligence	03	2.75	04	5.1%	03	3.7%	10	3.75
Financial exploitation	23	22.01	16	20.5%	22	27.2%	61	22.85
Abandonment	01	0.92	04	5.1%	01	1.2%	06	2.25
Mistreatment	05	4.59	04	5.1%	07	8.6%	16	5.99
Physical aggression	08	7.34	05	6.4%	02	2.5%	15	5.62
Threats	01	0.92	00	0.0%	00	00%	01	0.37
Moral aggression	05	4.59	00	0.0%	00	00%	05	1.88
Total	108	100	78	100	81	100	267	100

N= frequency; %=percentage

Table 2 shows the distribution of connection between the denouncer and the victim, and the denounced and the victim. The CMDI-JP does not have the premise of requesting the identification of the person that denounces by telephone. *Disque 100* of the Secretariat of Human Rights of the Presidency of the Republic has the same premise, whose objective is to receive demands related to the violation of Human Rights. The denunciations received are analyzed and sent to the departments of human rights protection, defense and accountability, within a maximum of 24 hours, respecting the competence and specific attributions, but prioritizing which department will intervene immediately to break the violence cycle and to protect the victim (<http://www.sdh.gov.br/disque100/disque-direitos-humanos>). Anonymity is also a protection for the denouncer and promotes the denunciation of violence against the elders; the inexistence of the denunciation does not allow reaching the elders who are having their rights violated. In this sense, the "anonymous denunciation" modality has been increasing over the studied years: 87.4% in 2014; 94.6% in 2015 and 100% in 2016. For the denunciations made by telephone by the Community Health Agents (ACS) in 2014 (10.3%), the representation of the chairperson of the CMDI-JP in the Coordination of the Elder's Health of the Municipal

Although the proximity and continuity of provided services may have crucial implications in terms of promoting health and preventing violence, exploratory studies on how these professionals detect and intervene in situations of abuse are precarious (Davies, 2012). The dissipation of the denunciation identified by the CHA in the years 2015 (0.00%) and 2016 (0.00%) can be analyzed as an attitude of self-protection of the health workers, since these workers may suffer reprisal by the aggressors, since the violence relates to aggressive behaviors, and sometimes associates with the use and abuse of alcohol and other drugs. The denouncers that identify themselves appear discreetly in the first two years: 2014 (2.3%) and 2015 (3.0%). These denouncers often want to follow the process from the denunciation until its resolution and, therefore, participate, wanting to keep informed by the reporting departments. Therefore, these denouncers also seek to protect the elder (family) who suffers violence. On the other hand, the insignificant number of friends who identify themselves as denouncers of the elders who are victims of violence (1.80% in the year 2015), suggest that, while they act for fidelity to the friendship, they fear they may be confronted by the aggressor(s). Table 2 also shows data on the denounced ones, grouped into the following categories: Relatives, Neighbors,

Others, Themselves and the Caregiver. Relatives, in the years 2014 (87.35%), 2015 (89.20%), 2016 (87.37%) also present the highest indices of those denounced. In this sense, national and international studies emphasize family violence as the most frequent form of abuse that the elders suffer. Researches show that about 2/3 of the aggressors are children, relatives and spouses (Brasil, 2014). Neighbors appear in the denunciations as perpetrators of violence against the elders in 2014 (10.35%) and 2016 (3.50%). In addition to the relatives, there are cases where even neighbors get hold of, for example, the benefit card of the elderly person who has some kind of illness or pending, especially when this person lives alone, abandoned and has necessities (Minayo, 2010). When the denouncer denounces the elder itself because it denies/rejects help, care, the Database points out that the perpetrator is "itself". Thus, the denunciation is marked as self-negligence. This type of violence had a percentage in the year 2015 of 5.4% and in the year 2016, 5.27%. Although presented with a low index, this type of violence whose victim is also its own aggressor may be more frequent than these data point out.

In general, researchers report negligence, financial exploitation and psychological abuse as the most common forms of violence in Brazilian reality. Studies show that denunciations carried out in several municipalities combine more than one type of violence against the elder in the same denunciation (Paz, 2012). In this study, it was no different: the denunciations made to the CMDI-JP revealed that the elders suffer multiple forms of violence, which further compromises the quality of life and generates consequences that they have difficulty overcoming. Table 3 shows that the absolute number of types of violence is greater than the absolute number of denunciations in the period 2014-2016. This is due to the fact that the elders suffer more than one type of violence, which is in agreement with other authors (Paz, 2012 and Melo, 2006). WHO subdivides violence against the elderly into subtypes: physical violence, psychological violence, sexual violence, abandonment, negligence, financial and economic abuse, and self-negligence. This study found all these subtypes; only sexual violence was not mentioned.

Table 4. Distribution of reports of elderly victims per month, João Pessoa, 2014-2016.

Quarter	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
January	09	10.34	04	7.10	04	7.00	17	8.50
February	05	5.75	03	5.40	00	0.00	08	4.00
March	06	6.90	04	7.10	09	15.80	19	9.50
April	02	2.30	06	10.70	05	8.80	13	6.50
May	06	6.90	03	5.40	01	1.80	10	5.00
June	07	8.00	05	8.90	02	3.50	14	7.00
July	18	20.69	07	12.50	07	12.30	32	16.00
August	03	3.45	06	10.70	03	5.30	12	6.00
September	06	6.90	03	5.40	03	5.30	12	6.00
October	10	11.49	06	10.70	03	5.30	19	9.50
November	13	14.94	04	7.10	11	19.30	28	14.00
December	02	2.30	05	8.90	09	15.80	16	8.00
TOTAL	87	100	56	100	57	100	200	100

N= frequency; %=percentage

In these cases, there is commitment of the mental health of the self-neglected elderly people, who can experience situations such as isolation, loneliness, depression, psychiatric disorders, and, therefore, they refuse care from family, friends, neighbors and even care and health services (Minayo, 2017; Meneghel, 2012; Cavalcante, 2012). Some studies point out that self-destructive attitudes are often associated with processes of devaluation that the elderly person suffered, as well as with the negligence, abandonment and mistreatment (Cavalcante, 2012). The numbers related to the denunciation of aggressors of elderly, "Caregivers" are only present in the year 2016 (3.5%). Despite the low index, professional caregivers cannot go unnoticed, given the challenge attributed to them by the complex function and transfer of responsibility for care by the elderly person, especially when they are in a state of health that inspires delicate care, psychiatric disorders and insanity. In this perspective, a Senate Bill No 1,385/07 deals with regulating the profession of caregivers, including of elders, with a view to improving the quality of services. The proposal defends a requirement profile for the exercise of the profession: aged at least 18 years old, complete elementary education and qualification course of elder caregiver offered by a nursing higher education institution (Brasil, 2005 and Larcher, 2017). Table 3 shows the types of violence denounced in the CMDI-JP.

Nevertheless, the underreporting occurs mainly because the elderly person feels constrained, threatened and afraid to mention the existence of this type of violence, especially when it happens inside its own residence (Dahlberg, 2007; Silveira, 2014). Table 4 shows data on the denunciations made during months of the studied years. Regarding the annual violence denounced in the CMDI-JP in the period of 2014-2016, February and May show the lowest rates of denunciation, highlighting February, 2016, which presents zero record. This decline, however, does not mean that violence has declined in the municipality. The percentage of 15.80% in the following month, March (2016), denies the possibility of non-violence against the elder, and this same analysis is valid to previous years. The considerable decrease in the number of denunciations in May in the three years can be correlated with the media and stimulating consumerism campaigns that begins in April, which also encourages the affection and appreciation of women/mothers, including the elderly women. Considering that close relatives are the most prominent aggressors, they can be sensitized by the commemoration of Mother's Day. In Spain, when questioning the elders, they mentioned that the perpetrators were mostly partners, being almost half of the male gender. However, when questioning the caregivers, most of the aggressors were daughters (82% of caregivers were

women) (Marmolejo, 2008). In short, gender and age are probably characteristics associated with other variables, the relationship of the aggressor and the type of violence (Gil, 2015). Regarding the month of July, which registers the highest absolute number of denunciations in the period 2014-2016, there are two possibilities: a) a response from society to the national and annual movement: "The World Day of Awareness of Violence against the Elderly Person", instituted on June 15 by the United Nations (UN) and the International Network for the Prevention of Violence against the Elderly Person. This date aims to stimulate the society's knowledge, awareness, prevention and coping with violence against the elders, including strengthening the courage to denounce, a useful condition for operationalization by Public Policies, Public Prosecutor's Office, Elder's Police Stations and other members of the Network of Defense of the Elder's Rights; b) release of the first installment of the 13th salary: July is the month that conglomerates the highest index of patrimonial and financial violence, and the literature, in fact, points out how the frequent financial dependence of the aggressor constitutes an important risk factor for violence against the elders (Silveira, 2014; Oliveira, 2012 and IBGE, 2017). The analysis of the distribution of denunciations/month in the period 2014-2016 shows a variation in the increase and disordered reduction of these denunciations, not allowing a correlation of the months of the year with the growth or decrease of violence against the elderly person. Therefore, the months of November (19.3%), December (15.80%) and July (12.30%) may have a relation with the property exploitation (financial) resulting from the installments of the 13th salary. Different forms of economic and financial violence, combined with discrimination and mistreatment, are also practiced by companies, especially banks and shops (Brasil, 2014). This study demonstrates that the reduction in the number of denunciations observed in January in the years 2015 and 2016 in the CMDI-JP, derives from the orientation and referral of the Council itself in the accusations of usurpation, appropriation of the elder's income (patrimonial and financial violence associated with negligence) for the Elder's Police Station and Public Prosecutor's Office. These organs have authority and celerity with the aggressor, including with the measure of immediate apprehension of the bankcard possessed by the violator.

the elderly victims during the studied period. In order to understand the local context, it is necessary to present some data about Paraíba and João Pessoa. According to the Municipal and State Development Institute (IDEME), between 2000 and 2010, the state presented a remarkable characteristic with successive reductions in the younger age groups from zero to 24 years. This configuration represented a cooling in the population pyramidal base, corroborating in a significant way the process of aging of the Paraíba population, resulting in the increase of the elderly population in more than 100,000 inhabitants (Silveira, 2014). João Pessoa is the third capital of the Northeast with the highest rate of elderly people (Brasil, 2014; IBGE, 2010; http://www.joaopessoa.pb.gov.br/portal/wp-content/uploads/2012/04/TOPOGRAFIA-SOCIAL-DE-JOAO-PESSOA_2009.pdf) and, according to the survey, 74,522 elderly people in the capital represent 10.3% of the total of 723,515 inhabitants, behind Recife (11.8%) and Natal (10.4%) (<http://www.censo2010.ibge.gov.br> and http://www.joaopessoa.pb.gov.br/portal/wp-content/uploads/2012/04/TOPOGRAFIA-SOCIAL-DE-JOAO-PESSOA_2009.pdf). The distribution of violence indices by geographical area conglomerates the neighborhoods that register the denunciations. The highest rate of reported violence is in the southern part of the city of João Pessoa (37.5%), which also includes neighborhoods that are more populous and a larger number of elderly people, such as the Mangabeira neighborhood with 75,538 people and 4,027 elders. The neighborhoods of the South Zone have a profile of several social classes, but the most vulnerable social class has a considerable expression. The Northern Zone with 25.5% denounced violence concentrates the middle and upper-class districts of the city. It has the old district of Torre - with 15,193 people, 1,975 elders (Prefeitura Municipal de Joao Pessoa, 2009), it concentrates the highest numbers of violation of rights against elderly people. The Eastern and Western Zones concentrate the lowest indices of violence, with 17% and 20% respectively, where the Cristo Redentor neighborhood is located, with 37,538 people, 2,553 elders, and Manaira neighborhood, with 26,369 people, 2,690 elders, respectively. Indeed, violence of greater or lesser incidence is present in the four geographic areas of the city of João Pessoa, regardless of social, economic and cultural factors.

Table 5. Distribution of reports by areas of the municipality, residence of the elderly victims in the period 2014-2016, João Pessoa, 2017

Neighborhoods by zone	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
South Zone	38	43.70	12	48.2	25	43.9	75	37.5
West Zone	18	20.70	06	19.6	16	28.1	40	20
East Zone	16	18.40	11	10.7	07	12.3	34	17
North Zone	15	17.20	27	21.4	09	15.8	51	25.5
Total	87	100	56	100	57	100	200	100

N= frequency; %=percentage

In Brazil, different studies show that more than 60% of the denunciations of this group to the police stations or to the Public Prosecutor's Office had this cause. The "Módulo Disque Idoso" (Dial Elder Module) of *Disque 100* (Dial 100) Human Rights shows that, between 2010 and 2012, this type of violence accounted for 40.1% of the denunciations, only losing out on negligence and psychological abuse (Silveira, 2014; Oliveira, 2012; IBGE, 2017). Table 5 shows the distribution of the denunciations by zones of the municipality, residence of

Table 6 shows the referrals of the demands received by CMDI-JP. After analysis, when unsolved, they are sent to public and society departments that are in the network for defense and rights of the elders: the Specialized Referral Center for Social Assistance (CREAS) and the Public Prosecutor's Office (MP). MP may cover the three public spheres, and CREAS offers specialized and continuous services to families and individuals in situations of threat or violation of rights such as physical, psychological, sexual violence, trafficking in persons,

Table 6. Referral of the denunciation processes received at the CMDI in the city of João Pessoa, in the period 2014-2016

	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
CREAS	87	100.00	56	100.00	55	96.50	198	99
Public Prosecution Service	00	0.00	00	0.00	02	3.50	02	01
Total	87	100.00	56	100	57	100.00	200	100

CREAS= Specialized Reference Center for Social Assistance
N= frequency; %=percentage

Table 7. Result of denunciation procedures carried out at CMDI-JO, 2014-2016

	2014		2015		2016		Total	
	N	%	N	%	N	%	N	%
Solved	47	54.02	14	25.00	13	77.20	74	37
In progress	40	45.98	42	75.00	44	22.80	126	63
Total	87	100.00	56	100.00	57	100.00	200	100

N= frequência; %=percentual

compliance of open socio-educational activities, among others (<http://www.brasil.gov.br/cidadania-e-justica>). For the development of its actions, CREAS is articulated with defense and rights bodies and other public policies, and, in this interrelationship, CMDI-JP seeks CREAS to resolve denunciations, and then the reconstruction of the denounced situation receives the counter-reference, that is, the final result of the action of each process (IBGE, 2010; http://www.joaopessoa.pb.gov.br/portal/wp-content/uploads/2012/04/TOPOGRAFIA-SOCIAL-DE-JOAO-PESSOA_2009.pdf and <http://www.brasil.gov.br/cidadania-e-justica>). In the Elder's Statute (Law 10,741/2003), Chapter II, Art. 74, the Public Prosecutor's Office is responsible for: I - Instituting civil inquiry and public civil action for the protection of the diffuse or collective, unavailable individual and homogenous individual rights and interests of the elder (http://www.planalto.gov.br/ccivil_03/leis/2003/L10.741.htm). In a close relationship with the Public Prosecutor's Office, the CMDI-JP receives more demands for intervention and visits than it directs, but the cases received from the Public Prosecutor's Office are not computed in the Bank of denunciations, since they are instituted lawsuits. Regarding the lawsuits results, according to Table 7, the CMDI-JP considers as solved (archived) cases: cases of deaths reported before/during the process of inspection and resolution of the denunciation; failure to locate the elder; counter-referral of CREAS to the Council. The year 2014 presented a balance in the referral and resolution of the denunciations. The low resolution in the year 2015 is due to the excessive burden of lawsuits forwarded by the Public Prosecutor's Office for visits and counter-references of the CMDI-JP to the MP. This demand generated a backlog in the denunciations received by telephone in the Council. In 2016, the situation reversed satisfactorily, with 77.20% of solved cases.

Conclusion

This study allowed showing that violence has been manifesting in different forms and conjunctures. Since it is a stigma always present in human experiences, it must be understood, in order to attenuate its generating factors. Given the increased people's life expectancy for an average of 80 years and the epidemiological violence against the elders in the city of João Pessoa, according to data from the Municipal Council of the Elder in the period 2014-2016, it is relevant to reflect data from

studies such as this one, in order to know our local reality and to visualize possibilities of effective resolution. The data analysis showed agreement with the current literature, pointing out that women are the greatest victims; that people are afraid to report and, for this reason, they do so anonymously; most aggressors are relatives, which causes even more suffering to the elderly victim. Issues discussed in the Ecological Model of the World Health Organization stand out, when considering that the context of violence needs to be understood in a broader context, including individual, social, cultural and environmental factors that interact with each other and enable a more efficient approach in the public health context in order to find effective solutions to the problem of violence against the elderly.

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