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Instruments for tracking mistracts to elderly people in the routine of public dental clinic care

Instrumentos para el seguimiento de errores a personas mayores en la rutina de la clínica dental pública

Instrumentos de rastreamentos de maus-tratos à pessoa idosa na rotina do atendimento clínico odontológico público

ABSTRACT
The status of the elderly has brought significant changes to Brazilian legislation regarding the quality of life of the elderly. Although guaranteed by law, this quality of life has been the subject of studies that point to alarming results of mistreatment. Objective: to highlight the importance of the applicability of instruments for tracking abuse in the elderly by dentists in the identification of violence suffered at home in the routine of clinical care for patients registered in the Family Health Strategy (ESF). Method: This is a literature review, which was carried out in June 2019. Results: Although government sources do not indicate a high rate, violence against the elderly occurs within the home, making it difficult to identify. Dental surgeons registered with the FHS are of fundamental importance in the use of instruments for tracking ill-treatment, referring cases to protection agencies. Conclusion: When trained, the dental surgeon can effectively and conclusively track the abuse of the elderly through the screening instruments.
DESCRIPTORS: Mistreatment of the Elderly; Family Health Strategy; Dental surgeon.

RESUMEN
La situación de las personas mayores ha traído cambios significativos a la legislación brasileña en relación con la calidad de vida de las personas mayores. Aunque garantizada por la ley, esta calidad de vida ha sido objeto de estudios que apuntan a resultados alarmantes del maltrato. Objetivo: resaltar la importancia de la aplicabilidad de los instrumentos de seguimiento del maltrato en el anciano por parte de los odontólogos en la identificación de la violencia sufrida en el hogar en la rutina de la atención clínica de los pacientes registrados en la Estrategia Salud de la Familia (ESF). Método: Se trata de una revisión de la literatura, que se realizó en junio de 2019. Resultados: Si bien fuentes gubernamentales no señalan una tasa alta, la violencia contra las personas mayores ocurre dentro del hogar, lo que dificulta su identificación. Los cirujanos dentistas registrados en la FHS son de fundamental importancia en el uso de instrumentos de seguimiento de malos tratos, remitiendo los casos a las agencias de protección. Conclusión: cuando está capacitado, el cirujano dental puede realizar un seguimiento eficaz y concluyente del abuso de los ancianos a través de los instrumentos de detección.
DESCRIPTORES: Maltrato a los Ancianos; Estrategia de salud familiar; Cirujano dentista.

RESUMO
O estatuto do idoso trouxe mudanças significativas para a legislação brasileira quanto a qualidade de vida de idosos. Mesmo garantida por lei, esta qualidade de vida tem sido alvo de estudos que apontam a resultados alarmantes de maus tratos. Objetivo: evidenciar a importância da aplicabilidade dos instrumentos para rastreamento de maus tratos em idosos pelos cirurgiões-dentistas na identificação de violência sofrida em domicílio na rotina do atendimento clínico dos pacientes cadastrados na Estratégia Saúde da Família (ESF). Método: Trata-se de uma revisão de literatura, que foi realizada no mês de junho de 2019. Resultados: Embora as fontes governamentais não apontem um grande índice, a violência contra o idoso acontece dentro do lar, dificultando sua identificação. Os cirurgiões-dentistas cadastrados na ESF têm fundamental importância no uso de instrumentos para rastreamento de maus tratos, encaminhando os casos aos órgãos de proteção. Conclusão: Quando capacitado, o cirurgião dentista pode realizar o rastreamento de maus tratos ao idoso de maneira eficaz e conclusiva através dos instrumentos de rastreamento.
DESCRITORES: Maus-Tratos ao Idoso; Estratégia Saúde da Família; Cirurgião-Dentista.

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José Itamar de Omena Mateus Rocha
Graduated in Dentistry from Centro Universitário Tiradentes - Maceió-AL (2018). Specialist in Public Management by Uniasselvi (2020). Postgraduate degree in Orofacial Harmonization by the Pithon Napoli Institute (SP). He is currently a Dental Surgeon of the Family Health Program (PSF) in the municipality of São José da Laje (AL). Master student in Society, Technologies and Public Policies at Centro Universitário Tiradentes, Maceió-AL. Postgraduate Student in Gender and Sexuality at FAVENI.
ORCID: 0000-0003-2397-1742

Ana Lídia Soares Cota
Graduated in Dentistry from the Federal University of Alagoas - 2003, Master in Dentistry from the North University of Paraná - 2008 and PhD in Applied Dental Sciences from the Faculty of Dentistry of Bauru - USP - 2013. She has experience in Dentistryand is currently a dentist at the Municipal Health Secretariat of Maceió, Full Professor of Dentistry, Permanent Professor of the Postgraduate Program (Master/Doctorate) in Society, Technologies and Public Policies at Centro Universitário Tiradentes-UNIT/AL.
ORCID: 0000-0001-8220-7846

Wanderson Thales de Souza Braga
Dentistry student at Centro Universitário Tiradentes - UNIT/AL. Current member of the Academic League of Dental Imaging Diagnosis - LADIO/Cesmac (Cycle 2019-2020). Current member of the Nutrition Extension project - UFAL.
ORCID: 0000-0001-8220-7846

Robson Rodrigues da Silva
Academic of the Nutrition course at Centro Universitário Tiradentes, UNIT-AL, mentor of the nutrition course at Centro Universitário Tiradentes, member of the Study Group on Nutrition in Public Health (GENUSP). Scholarship holder of the ARTFAL Extension program at the Federal Institute of Alagoas.
ORCID: 0000-0002-5438-7920

Laura Morgana Pino dos Santos
Graduated in Dentistry from Centro Universitário Tiradentes - Maceió-AL (2018). Specialist in Dental Prosthesis by São Leopoldo Mandic (2020). She is currently a public servant in the state of Alagoas.
ORCID: 0000-0002-3894-0693

Sabrina de Lima Melo
Graduated in Dentistry from Centro Universitário Tiradentes - Maceió-AL (2018). Specialist in Dental Prosthesis (COESP-PB) (2020). She is currently a Surgeon-Dentist of the Family Health Program (PSF) in the city of Dois Riachos (AL).
ORCID: 0000-0003-4414-0235

INTRODUCTION

In 1980, just before the convening of the First World Assembly on Aging, there were 378 million people in the world aged 60 and over. Over the past few decades, that number has risen to 759 million.[1].

Technological advances, associated with improvements in sanitary conditions, have made life expectancy for individuals in these countries prolonged, bringing, simultaneously, with this benefit, new problems that must be dealt with, such as violence against those belonging to the third Age. [2]

The Federal Constitution of 1998, in Article 230, guaranteed the rights of the elderly and the Elderly Statute (2003) covered, among other provisions, the fundamental rights of the elderly, protection measures, care policies, access to justice and the establishment of penalties for the most common crimes committed against the elderly. However, these legal provisions have not been effective in solving the problems of violence. [3]

The most common forms of violence against the elderly are physical abuse, sexual abuse, emotional or psychological abuse, financial or material exploitation, abandonment and neglect. They can occur alone or together. [4]

One of the greatest difficulties in combating violence against the elderly is the underreporting of the phenomenon, especially when practiced at home. This is because domestic violence is usually treated as a private matter by the family and because the victim generally maintains a bond of dependence with his aggressor, fearing to report him. [5]

It is important to highlight that violence against the elderly permeates life in a hidden and silent way and health professionals can break this silence, in order to help minimize the damage generated in each family and interrupt the continuity of this cycle. Therefore, health services are one of the main doors of recognition for victims of intrafamily violence against the elderly. [6]

Instruments have been developed and revised in the last 30 years, since protocols created by healthcare and health services, based on the practical knowledge of their

professionals, often without scientific validation; even screening instruments built within academic research standards. [7]

This article aims to highlight the importance of the applicability of instruments for tracking maltreatment in the elderly by dentists in the identification of violence suffered at home in the routine of clinical care for patients registered with the FHS.

METHODS

The present article is a literature review, which is characterized by a research that seeks the analysis related to the defined study, through the search for relevant data found in the literature providing information that can be analyzed and later discussed to arrive at a specific goal.

Its construction took place from the following steps: 1) Identification of the problem; 2) Formulation of the guiding question; 3) Definition of objectives; 4) Establishment of inclusion and exclusion criteria; 5) Search for articles through the databases; 6) Reading of the articles found in the databases; 7) Analysis of results; 8) Presentation of the review.

To answer the following question: How does the screening instrument assist the dentist in coping with domestic violence suffered by the elderly? A survey of selected articles was carried out through the following databases: Scientific Eletronic Library Online (SciELO), National Library of Medicine (PubMed) and Google Scholar using the descriptors: "Maus-Tratos ao Idoso", "Serviços de Saúde para Idosos" and "Profissionais da Saúde", which were consulted and validated in the Health Sciences Descriptors (DeCS/MeSH) subsidized by the Boolean operator "and ".

Data collection was carried out in June 2019, and the inclusion criteria were articles published from 2002 to 2014, available for free in full, published in Portuguese, Spanish and English, articles that address the theme and answer the guiding question. And as exclusion criteria were scientific productions in the form of theses, expanded abstracts and articles in duplicate.

For the selection of the manuscripts, the researchers selected the articles according to the title. The summary was then used to evaluate the inclusion criteria, and then the evaluation of the publication of the full text confirmed these criteria, and the data was extracted. The divergences, which occurred twice, were resolved by consensus. The resulting articles were manually reviewed in order to identify studies that met the inclusion criteria described above.

For data analysis, a spreadsheet was created in the Microsoft Excel 2019 program, with the following variables: article title, year of publication, type of study and main results. After the bibliometric analysis, the findings were analyzed, which were grouped by similarity and organized into thematic categories, resulting in the presentation of the review/synthesis of knowledge.

The data were obtained through the collection of bibliographic data and there were no participants involved, so there was no need to submit the work to the Research Ethics Committee (CEP), as it was a research that used information in the public domain.

RESULTS

In the search to carry out this study, 2.507 articles were found in the databases: SciELO, PubMed and Google Scholar. 2.294 articles were excluded because they were out of time, 112 publications were excluded after reading the title and 89 after reading the summary, resulting in 12 articles that were relevant for this review (Figure 1).

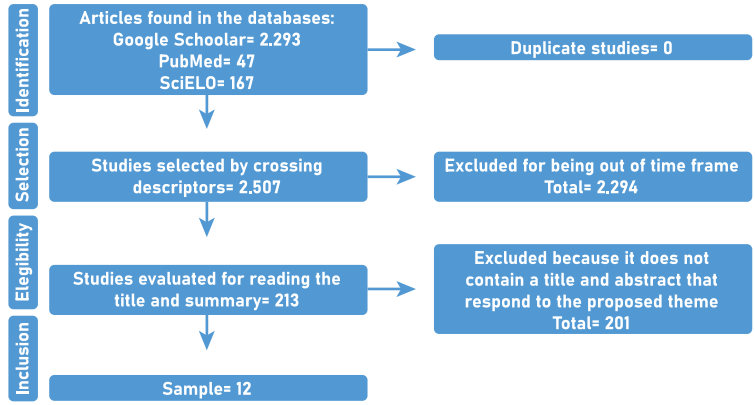
Chart 1 shows the articles that will compose this review.

DISCUSSION

Aging can be understood as a natural process of loss or reduction of the human being's functional capacity that occurs over the years. [8] The quantitative increase in the population corresponds to 17,6 million elderly people in Brazil and it is estimated that the country will reach 6th place in 2020, in the world ranking, with the largest number of individuals in this age group. In Alagoas in 2010, of a total of 3.120.494 inhabitants, 276.170 were 60 years of age or older, which means 8,85% of the population of Alagoas. In Maceió, of a total of 932.748 inhabitants, 79,087 are over 60 years of age, which represents 8,5% of the total inhabitants. [9]

However, this increase in the elderly population also generates negative aspects, such as increased violence and mistreatment. The World Health Organization (WHO) defines mistreatment

Figure 1 - Flowchart of selection of eligible articles



Source: Authors, 2019.

Chart 1: Characterization of the listed articles.

N	TITLE	YEAR	STUDY TYPE	RESULTS
7	Tracking violence against elderly people registered by the Family Health Strategy in João Pessoa-PB	2014	Cross-sectional, prospective study	The prevalence of the risk of violence was 54,7% and the violence that actually happened was 35,4%. Tracking risk and violence against the elderly is a possible action to be performed in the primary care practice environment and can offer parameters for the early identification of the risk situation, anticipating interventions and preventing injuries.
8	Financial Exploitation and Psychological Mistreatment Among Older Adults: differences between African Americans and non-African Americans in a population-based survey	2010	Quantitative and qualitative study	Prevalence rates were significantly higher for African Americans than for non-African Americans due to financial exploitation since the age of 60 (23,0% vs. 8,4%) and in the last 6 months (12,9% vs 2,4%) and psychological abuse since transformation 60 (24,4% vs. 13,2%) and in the last 6 months (16,1% vs. 7,2%).
10	The construction of violence against the elderly	2007	Literature review	The study revealed that violence against the elderly is alarming and occurs in the vast majority of cases within the family. This violence is a complex, multifaceted and dynamic phenomenon that is difficult to control, even in countries with a high level of quality of life.
12	Occurrence of mistreatment in the elderly at home	2004	Qualitative study	Mistreatment at home occurred more frequently among elderly males (58,6%), with an average age of 75 years. Of the sample analyzed, (45,2%) were married and were assaulted by family members such as children, grandchildren, sons-in-law and daughters-in-law (47,1%). The majority (57,4%) of the elderly did not resort to medical care and health services. Of the total, only (9,2%) were referred to the hospital.
15	Characteristics of elderly victims of domestic violence in the Federal District	2012	Descriptive and exploratory study	There was an increase in the number of complaints from 2003 onwards, more expressive in males. Married people are the most attacked. As for the aggressors, 62,81% are not related to the victim and 13,56% of the aggressions were committed by their children. The results showed the situation of vulnerability of this group and the importance of public services aimed at protecting the elderly.
16	The team's recognition of the family health strategy of intrafamily violence against the elderly	2008	Quantitative study	It was found in this research that 91% (87) of the members of the ESF perceive intrafamily violence against the elderly in the city of Curitiba, mainly cases of abandonment/ neglect, according to 25% (75) of the responses of the interviewees. The most common risk factors related to mistreatment refer to the family, totaling 33% (229) of the responses.
17	The process of validation of a three--dimensional model for the identification of abuse in older adults	2013	Qualitative study	They showed that risk indicators significantly increased the likelihood of abuse in individuals living in the community and in long-term care facilities. The three dimensions of abuse identification were partially overlapped in the identification of different abuse rates.
20	The dental surgeon in the face of domestic violence: knowledge of professionals in the public and private spheres	2013	Descriptive, qualitative study	There was no statistically significant difference between the answers provided by the groups of professionals studied. There was a low percentage of dental surgeons who provided care to children, women and the elderly who were victims of domestic violence.

21	Violence against the elderly: analysis of notifications made in the health sector - Brazil	2010	Descriptive, retrospective study	Physical violence was significantly more frequent in males, in the group aged 60 to 69 years, outside the home, practiced by aggressors who were not children, with suspicion of drinking alcohol. Psychological violence was more frequent among elderly women at home, inflicted by their children, with suspicion of using alcoholic beverages and in a chronic way. Sexual violence was more common among women, by aggressors who were not children, but who consumed alcohol.
22	Discussing screening for elder abuse at primary health care level	2008	Literature review	Health professionals have an important role in identifying, managing and preventing the occurrence of violence to the elderly, maintaining a relationship of trust with patients and their caregivers. This review argues that by implementing the practical screening routine and consciously working with other services in the community, abuse against the elderly can be prevented or, at least, managed appropriately.
23	A review of instruments for tracking domestic violence against the elderly	2006	Systematic review	Of the seventeen instruments found, only the Conflicts Tactics Scale was adapted for Brazil, although for use in a younger age group. Even so, in general, there are important gaps in the processes of design, validation and adaptation of these instruments in Brazil and abroad
24	Reassessing the construct validity of a Brazilian version of the instrument Caregiver Abuse Screen (CASE) used to identify risk of domestic violence against the elderly	2009	Cross-sectional study	Using Kendall's Tau-b correlations, CASE was positively associated with two other instruments that assess DVAE (H/S-EAST: caregiver burden and depression.

Source: Authors, 2019.

in old age as a single or repeated act, or even as the absence of appropriate action that causes harm, suffering or anguish, and that occurs within a relationship of trust. This scenario is currently a concern related to public health and the violation of human rights and, because it does not have a single factor, it is a biopsychosocial phenomenon. [10]

But for the elderly to enjoy a dignified life and have quality of life, it is important that the policies that are in force through related legislation are complied with. In Brazil, there is already legislation that guarantees the protection of a dignified life for the elderly, as, for example, Law 8.842/94 of the National Policy for the Elderly (PNI - Política Nacional do Idoso), which in its first article ensures "the social rights of the elderly, creating conditions to promote their autonomy, integration and effective participation in society. [11]

It is important to point out that there are many difficulties faced by old age, which affect not only the physical aspects resulting from the fragility and vulnerability inherent in the physiological state, but also new problems experienced by the elderly in contemporary society, potentially, the growing social violence against them. [12]

Dependence, be it on either one or both sides (elderly person x family), is a factor that increases the risk of violence. The economic dependence of adult children in relation to elderly parents is very apparent in Brazil, and consists of a risk factor, especially when the elderly person is the only source of family resources. The elderly person's dependence on their family increases closeness, which can result in positive or negative aspects in the relationship. If the dependency is caused by illness, the chances of increased stress, physical and emotional fatigue, and overload on the family (especially on the caregiver) increase, and complicate the relationship. [10]

The scarcity of information regarding the attacked and aggressors is a delicate issue, difficult to study, mainly because the elderly, in general, do not report abuse and aggression suffered due to the embarrassment and fear of repression by their caregivers who are often the aggressors themselves. [13]

The association of violence against the elderly with depressive symptoms and cognitive impairment has already been reported in the academic literature, however, each population has a different demographic profile and social context, which makes local investigations necessary. [7]

For a long time, the various acts of violence against the elderly were seen as particular problems of each family, blurred by cultural contexts, their relevance not being captured by professio-

nal views and therefore, no intervention by the State. [7]

Authors such as Minayo (2003) and Menezes (1999), were the pioneers in the construction of literature dealing with violence against the elderly in Brazil, and after that fact, the concern with the quality of life of the elderly entered the Brazilian public health agenda. In other words, this issue only gained more repercussion and concern on the part of the authorities less than two decades ago.

The current sources of government data available on the subject allow us to portray the issue of violence against the elderly from a clinical-biological perspective only, neglecting the violence that occurs at home. The data are more focused on the physical needs resulting from falls, traffic accidents (pedestrian accidents, falls due to inadequate transport), homicides (without differences in proportion in relation to the general population), suicides (more significant in this group in relation to the average of population). However, these data are not very consistent in Brazil, a fact also observed in the international literature, which highlights high underreporting in global terms, with estimates that describe that 70% of the injuries and traumas suffered by the elderly do not compose the real statistics. [13]

The Coordination for the Development of Health Programs and Policies (CODEPPS - Coordenação de Desenvolvimento de Programas e Políticas de Saúde) highlights some risk factors that may predispose a person to attack an elderly person, such as social isolation, dependence (physical, psychological and emotional), financial difficulties, high levels of stress due to part of the caregiver, among others. [14]

The acceptance of the occurrence of violence as being natural to relationships between members of a family is the phenomenon that some authors call familism, common among Latinos, where the needs of the family are emphasized over the individual needs, through which the elderly person he ends up accepting the bad treatment he is given and avoids reporting the abuses, with the intention of preserving his family. [15]

In the social sphere, violence against the elderly is not as prominent as that caused in children and women, but it acts silently within the human relations of a community. There are few studies on this topic, especially that involving the family. Although there are policies that were built to combat violence, there is still a lot to invest in the situation of aggression against the elderly. [16]

The identification of elderly people who are victims of violence or at risk of, together with the initiation of interventions, can, in many cases, be achieved in health care practice settings. Many health professionals do not question their patients about possible abuse. [17]

They are unaware of the signs of violence against the elderly and claim they do not have adequate tools for this identification. They attribute the lack of deepening in the matter due to their already excessive workload, lack of time during the appointments, but they also point out gaps in their training or lack of training during professional practice, regarding the recognition of the signs of violence against the elderly. Abuse is only detected by health professionals through the presentation of obvious signs of violence. [15]

Health professionals have increased their concern with this issue, but the numbers on their identification and on the reported cases still remain low. The improvement in the detection of the violence suffered should be a high priority goal for health care and health services and its screening should happen continuously, becoming an integral and permanent part of the actions offered there to the elderly clientele. [17]

However, they fear to report suspicious situations of abuse due to fear of losing patients, lack of confidence in the protection service, uncertain diagnosis and lack of real responsibility to notify. Some professionals also believe that the judicial system will do nothing about the case and, therefore, communicating to the competent authorities would not bring any positive results. [18]

In general, outside the emergency environment, the health team is more often faced with subtle forms of violence in which negligence and/or psychological abuse predominate. The identification of these most insidious presentations of abuse is hampered by the concomitant presence of chronic diseases in the elderly, whose manifestations can mimic violent acts or reduce their clinical suspicion. [19]

A survey carried out in the municipality of Guaratinguetá-SP, evaluating the knowledge of the Dental Surgeon in the face of domestic violence, shows the low percentage of dental professionals from the public network as well as from the private network who have already attended and / or suspected children, women and elderly who were victims of domestic violence during their professional activities. The study pointed to a lower identification by Dental Surgeons of domestic violence to the elderly in the public network (5,0%), as well as in the private network (0,05) and verified the attitude towards the identification or suspicion of domestic violence and if it is observed, that a good part of the professionals would inform the competent authorities if they confirmed cases of domestic violence against the elderly (60% of surgeons from the public network and 70% from the private network). [20]

The systematic investigation of violence against the elderly by all professionals who provide services, using a specific and effective instrument, can facilitate the recognition of violence or the risk of suffering it, helping to uncover a greater number of victims, who can then get out of such suffering. Even this screening would not identify all cases, but each case identified, which would otherwise be hidden, is important. [17]

Data from the Notifiable Diseases Information System, responsible for pro-

cessing all forms of compulsory notification of violence against the elderly in Brazil, recorded, in 2010, 3.593 cases of violence against the elderly reported by health professionals, from 524 Brazilian municipalities. Such data show the significant underreporting of violence among the elderly population in the country, considering its continental dimensions and the daily reports in the media, about the occurrence of cases. [21]

For many years, professional associations have recommended routine screening and adoption of standardized protocols for the identification and intervention in family violence. However, while screening in pediatric settings is largely acceptable, an equivalent practice focusing on the elderly population has not been adopted and has never been properly considered. [22]

There is a consensus that appropriate instruments for tracking violence against the elderly are crucial for the progress of practice and research within the theme. At the same time, it is known that there are no universally accepted instruments for the screening or identification of domestic violence in the elderly population. [23]

The Hawlek-Sengstock Elder Abuse Screening Test (H-S/EAST) was created in 1986, in the United States, it is an easy-to-administer and fast-performing instrument that assesses physical, psychological, financial and neglect violence. He does not assess the other dimensions of violence against the elderly, recognized by the Ministry of Health in Brazil, such as self-neglect, abandonment and sexual violence. H-S/EAST evaluates installed or presumed violence from the perspective of the elderly person, through 14 items of questions to be asked directly to them, by professionals who may be inexperienced in the subject, in the form of interviews or questionnaires. It is the most recent and best known tool for this purpose. [24]

Indicated to assess possible situations of violence against elderly people, it was adopted by the Ministry of Health in the Primary Care notebooks. It investigates physical, psychological, financial and economic abuse. It is a self-assessment instrument in which the elderly person will answer whether or not he or she recently suffered some form of violence, with questions being asked indirectly. A positive response to any of the items characterizes the presence of violence against the elderly and this was the parameter adopted for the present study. [7]

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The Statute of the Elderly in its article 9 establishes the obligation of the State to guarantee the protection of life and health to the elderly, through the implementation of public social policies that allow healthy aging and conditions of dignity. In article 10, it mentions the duty of everyone to look after the dignity of the elderly, placing them safe from any inhuman, violent, terrifying, vexing or embarrassing treatment, and in article 19 in cases of suspicion or confirmation of ill-treatment they will be mandatorily communicated by health professionals to any of the following bodies: police authority, Public Ministry, Municipal Council for the Elderly; State Council for the Elderly and National Council for the Elderly. [25]

It is noticed that violence against the elderly is a phenomenon that still needs to be studied in several aspects. The frank debate with society on the subject, the prevention of abuse, the identification and correct referral of cases, are vital points for the respect for the victims to be reinstalled, so that they can live their aging in a peaceful way, enjoying fully their physical and mental capacities still preserved, without fear, oppression or sadness. Therefore, it is necessary that this theme be brought up for discussion by different segments of society (schools, churches, family, politicians), including the elderly themselves. Being able to properly identify when an elderly person is being subjected to situations of maltreatment and/or neglect is important in maintaining their health and preventing injuries. [7]

CONCLUSION

With the increase in the elderly population, in addition to the benefits brought, a series of aggravating factors simultaneously accompanied him, thus hampering their reality. As a topic discussed in various spheres of society, violence is still underreported or underreported when it is assessed regarding the quality of life of individuals over 60 years old.

Public policies that ensure the physical and moral integrity of the elderly are available for consultation in the various communication vehicles of the Federal Government, but their access is still a difficult reality, whether due to the lack of information, or even the lack of commitment and desire for concealment of those responsible, and it is up to the health professional to have knowledge of the tools that ensure the physical and moral integrity of their patients. The FHS has a fundamental role in this scenario, professionals need to be trained to be attentive to the perception of the signs of neglect, abuse and violence that affect the elderly, in order to take the necessary measures, as an example forward to Organs competent bodies.

The tests: HS / EAST and the Violence and Maltreatment Assessment Instrument against the Elderly become effective in tracking elder abuse, enabling the trained professional to carry out the tests safely, conclusively and effectively, allowing thus a greater quality of life for elderly patients.

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