

The importance of Dentistry in cases of domestic violence and neglect against the elderly.

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In a broader scope, violence is translated as an intentional act, either self-inflicted or practiced by others, using physical force or power that may result in physical, psychological, and social problems. Neglect is also included as a violent act, considering that omission may cause irreparable consequences.¹

In the current perspective of society, domestic or intra-family violence is characterized as a problem that has progressively established, strongly affecting Public Health, which particularly affects population groups considered vulnerable, namely children, women, and the elderly. This occurs in the family environment (home) or outside it, and it is described as any act or omission performed by an individual in a position of authority over the abused person, producing physical and emotional sequelae in the individuals who suffer such abuse.^{2,3}

The elderly population has experienced an exponential growth over the last decades, mainly because of global development and the economic acceleration of rapidly developing countries. Health Policies were and are still being developed specifically for this portion of the population, which is living longer and with better quality of life and health.^{2,4,5} There are an increasing number of domestic violence cases reported against the elderly; however, underreporting is common as well as unprepared health professionals and the victim's fear to be exposed, as well as the fear of aggravating the violence practiced.³

Caring for the elderly is an essential factor for maintaining their quality of life and health well-being. However, it is known that the main aggressor is often a close family member who usually lives in the same house as the elderly person or even caregivers themselves, thus causing the seclusion of the elderly person and, especially, symptoms related to depression.³

Diagnosing lesions from violence is crucial for interrupting the domestic violence cycle. As health professionals are in direct contact with their patients and have an expert understanding of anatomy, they are usually more prepared to diagnose such lesions, as well as, theoretically, to report the competent authorities.⁴

From this perspective, dental professionals are individuals trained to work with the oral and maxillofacial complex, a site that presents high morbidity from lesions resulting from domestic violence against the elderly, such as avulsions, dental fractures, bruises in the face, among others. However, despite the extensive knowledge of anatomy, a lack of training is noticed in dentists when an accurate diagnosis of these

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lesions is required. Similarly, there is a high rate of dentists that are unaware of the necessary steps to be taken in the case of identifying a situation of domestic violence against the elderly.^{3,5}

The lack of expertise in the subject of domestic violence causes a feeling of insecurity in dental professionals regarding the diagnosis as well as the perception and attitudes on domestic violence against the overall population, especially within the geriatric population. Several dental professionals have referred their geriatric patients to other professionals or have contacted colleagues from other health fields in an attempt to conclude the clinical diagnosis.^{3,6}

Consequently, interdisciplinarity becomes indispensable in these cases of domestic violence against the elderly. Professionals in the field of health, social assistance, psychology, and the judicial system, among others are essential for solving these cases.⁶ However, the dentist needs to feel sufficient confidence and have the knowledge to work in such cases, in order to help to solving them.

This shows that it is vital to cover this topic in the curriculum of Dentistry Schools in the fields of Geriatric, Pediatric, and Forensic Dentistry. The topic of violence is required to be debated in Dentistry courses and events so that future professionals learn how to handle, from the beginning, this issue that has currently been observed in the clinical practice by dentists and other

health professionals.^{3,7} As such, the graduated professional should be able to possess a strong basic knowledge, to build more self-confidence when diagnosing, and be able to work correctly and coherently in cases of domestic violence against the elderly.^{3,6,7}

The uncertainty about the correct diagnosis and the lack of knowledge on how to handle cases of domestic violence against the elderly are the main causes of underreporting. Additionally, several dentists are afraid not only of the potential consequences of a mishandled report and the potential legal effects on themselves and their profession, but also how it may affect the life of the patient.³ This shows that lack of knowledge on the correct reporting protocols weakens the action of dentists who, by not reporting, may themselves be contributing to the neglect in a case of domestic violence against the elderly.

Dentists should realize how unprepared they are to act in domestic violence cases. Dentistry schools should update their graduate and undergraduate curricula to favor the training of dentists based on the current needs of the population, focusing on patient well-being and health. Knowledge and information are keys for preventing new domestic violence cases, and increasing the quality of reports will produce sufficient data for public authorities to develop goals and policies to minimize, solve, and prevent new cases of domestic violence against the elderly.

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