

# Editorial

Be welcome 2012! We wish you a year full of good news, prosperity and success. Therefore, we salute all RSBO's readers, editors, revisers, researchers and collaborators in the beginning of its ninth year of life. During the year of 2011, RSBO's internationalization process began, translating it to English. This important step was originally scheduled only for 2012. With six months of anticipation and efforts of all RSBO's editorial board, the results of such change can already be specifically observed both by the increasing of our visibility within the international scientific community as well as by the increasing of international papers sent for submission.

This significant change in RSBO's publishing and the repercussion reached by the last two published issues stimulate us to go on and increase our responsibility in improving the quality of either national or international scientific production divulgation. New improvements will be included in 2012. RSBO is being analysed by new databases, further expanding its visibility. Be sure that RSBO's editorial board is committed to quality and increasingly stringent criteria to take to the reader a more updated and informative journal.

We thank everyone who directly and indirectly is part of RSBO's development and aggrandizement history, hoping to continue to supply our readers with the most current and interesting national and international dentistry research. Welcome 2012!

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# Guest editorial

## Child abuse and the dentist's role

We daily see, in television, reports of child and teenager abuse. This is a complex situation that should not be trivialized. To improve this undefended group's life quality, it is necessary the integration among the several professionals treating children and teenagers, aiming to prevent, recognize the signals, and combat the violence.

The violence is considered as an action harmful to life and health, due to either lack of freedom or force imposition. It is a severe problem threatening the physical and mental well-being, resulting in irreparable sequela. Abuse "is to expose to danger the life or health of the child/teenager under authority, custody or supervision", i.e., someone designed to take care of this child/teenager. They can be physical, sexual, and psychological or neglects. In fact, there is a superposition among them, because physical abuse and neglect may also have an emotional repercussion while sexual abuse may occur together with the physical abuse and with psychological repercussion [2].

Data of the Brazilian Network for the Protection of Child and Adolescent under Risk for Violence verified in 2010 that 5,112 cases of child/teenager abuse were notified. Neglect comprised 65% of the notified cases, followed by physical (16%), sexual (12%), psychological abuse (5.6%) and abandonment (0.8%). The occurrence, in 82% of the cases, was intrafamilial. These data are similar to those of 2009. This is worrisome because the family together with the society and the State should supply the integral rights to children and adolescents.

Child and teenager abuse seems to be distant from the dentists, but this is not true; professionals treating children and adolescents can be the first to identify suspicious cases of abuse. Child neglect and abuse can be identified at the dental office, because in several cases, the oral cavity comprises the central focus of the violence against the child/teenager. Studies report that 50 to 65% of the physical injuries present in child abuse cases occur in head and neck area. The dentist can find possible injuries if the child/teenager shows during dental appointment facial, tooth or soft tissue lesions without history coherent or compatible with the clinical evaluation. The skin is one of the most frequently traumatized areas. Other aspects should be observed, such as extra- and intra-oral lesion, bone fractures, and bruises on the face. Additionally, the professional can find some evidence of sexual abuse through alterations in the behavior. Some oral infections may be related to sexual abuse, such as: candidosis, type II herpes, condyloma, gonorrhoea, syphilis and trichomoniasis.

Facing a suspicious case of abuse, the dentist should execute an extra- and intra-oral examination, document the case by registering data, and if possible, to perform radiographs, dental casts, and photographs. During the photographs, a ruler should be used to record the lesion size. The child/teenager's parents or guardians must authorize this procedure. Also, the dentist should seek as much information as possible at the first appointment, because the child/teenager's parents are less defensive and may provide more reliable information. At the clinical examination, it is advisable the presence of another dentist or auxiliary person during the information recording.

Due to ethical and legal questions, the dentist must report suspicious abuse cases, but other professionals should confirm the suspect. The main goal of identifying and reporting suspicious abuse cases is to avoid new violence actions against the children or even to protect their life. Additionally, the notification is an instrument of epidemiological and social control of this problem and it helps in the planning of actions in both health and other areas working with children and adolescents.

The notification should be reported to the neighborhood's Council of Guardianship. Also, it can be performed in the Brazilian Hotline (100), in each Brazilian State Hotline (181), in the city of Curitiba Hotline (156) and in the Brazilian Networks for the Protection of Child and Adolescent under Risk for Violence. In case there are no Councils of Guardianship, the notifications can be referred to the police and/or to the Brazilian Prosecutor.

Studies conducted both in Brazil and other countries have reported the dentists' difficulty of perception, diagnosis, and management of child/teenager abuse, leading to the subnotification of the suspicious cases. This shows the necessity of further information on this issue during the Dentistry graduation and post-graduation courses and the development of strategies for modifying the professionals' behavior facing cases of child abuse, therefore increasing the cases' notification.

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