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VIOLENCE PERPETRATED AGAINST CHILDREN AND ADOLESCENTS

VIOLÊNCIA PERPETRADA CONTRA CRIANÇAS E ADOLESCENTES

VIOLENCIA PERPETRADA CONTRA NIÑOS Y ADOLESCENTES

Lygia Maria Pereira da Silva[1], Tarcísia Domingos de Araújo Sousa[2], Mirian Domingos Cardoso[3], Lúcia de Fátima Santos de Souza[4], Taciana Mirella Batista dos Santos[5]

ABSTRACT

Objective: to describe the profile of cases of violence committed against children and adolescents registered in a hospital in Pernambuco. ***Method:*** quantitative, descriptive, retrospective, population-based study, performed at a reference hospital in the care of children and adolescents victims of violence. The types of violence were the dependent variables and the results were presented in absolute and relative frequency with their respective 95% confidence interval. ***Results:*** 58.92% of the population was adolescents, 65.40% were male and the prevalent types of violence were neglect (48.24%) and physical violence (44.72%). The main offenders of children and adolescents were the mother (16.80%) and unknown people (18.70%). The Guardianship Council (68.18%) was the main referral site for cases of neglect. ***Conclusion:*** epidemiological knowledge about the types of violence and the role of health professionals within the protection network of children and adolescents is important. ***Descriptors:*** Epidemiological Surveillance; Prevalence; Child Abuse; Sexual Offenses.

RESUMO

***Objetivo*:** descrever o perfil dos casos de violência cometidos contra crianças e adolescentes registrados em um hospital de Pernambuco. ***Método*:** estudo quantitativo, descritivo, retrospectivo, de base populacional, realizado em hospital referência no atendimento à criança e adolescentes vítimas de violência. Os tipos de violência foram as variáveis dependentes e os resultados apresentados em frequência absoluta e relativa com respectivo intervalo de 95% de confiança. ***Resultados*:** 58,92% da população eram adolescentes, 65,40% do sexo masculino e as violências prevalentes foram Negligência (48,24%) e a Violência Física (44,72%). Os principais agressores de crianças e adolescentes foram a Mãe (16,80%) e Desconhecidos (18,70%). O Conselho Tutelar (68,18%) foi o principal local de encaminhamento para os casos de Negligência. ***Conclusão*:** o conhecimento epidemiológico sobre os tipos de violência e papel dos profissionais de saúde dentro da rede de proteção de crianças e adolescentes são importantes. ***Descritores*:** Vigilância Epidemiológica; Prevalência; Maus-Tratos Infantis; Delitos Sexuais.

RESUMEN

Objetivo*:** describir el perfil de los casos de violencia cometidos contra niños y adolescentes registrados en un hospital de Pernambuco. ***Método*:** estudio cuantitativo, descriptivo, retrospectivo, de base populacional, realizado en hospital referencia en el atendimiento al niño y adolescentes víctimas de violencia. Los tipos de violencia fueron las variables dependientes y los resultados presentados en frecuencia absoluta y relativa con respectivo intervalo de 95% de confianza. ***Resultados*:** 58,92% de la población eran adolescentes, 65,40% del sexo masculino y las violencias prevalentes fueron Negligencia (48,24%) y la Violencia Física (44,72%). Los principales agresores de niños y adolescentes fueron la Madre (16,80%) y Desconocidos (18,70%). El Consejo Tutelar (68,18%) fue el principal lugar de envíos para los casos de Negligencia. ***Conclusión: el conocimiento epidemiológico sobre los tipos de violencia y el papel de los profesionales de salud dentro de la red de protección de niños y adolescentes son importantes. ***Descriptores***: Vigilancia Epidemiológica; Prevalencia; Maltrato a los Niños; Delitos Sexuales.

[1]PhD, Master's Program in Hebiatrics, University of Pernambuco/UPE. Recife (PE), Brazil. E-mail: lygia.silva@upe.br; ORCID iD: http://orcid.org/0000-0003-4512-4990; [2]Residency, Surgical Center of the Hospital da Restauração/HR. Recife (PE), Brazil. E-mail: tarcisiadsousa@gmail.com; ORCID iD: http://orcid.org/0000-0002-9274-6154; [3]PhD, Master's Program in Hebiatrics, University of Pernambuco/UPE. Recife (PE), Brazil. E-mail: mirian.domingos@upe.br; ORCID iD: http://orcid.org/0000-0002-2256-8874; [4]Master in Social Work. Hospital da Restauração. Recife (PE), Brazil. E-mail: luciasouza04@hotmail.com; ORCID iD: http://orcid.org/0000-0001-8134-5606; [5]PhD student, Master's and Doctoral Program in Public Health, Federal University of Minas Gerais/UFMG. Belo Horizonte (MG), Brazil. E-mail: tacianamirella@hotmail.com; ORCID iD: http://orcid.org/0000-0002-3164-9123

INTRODUCTION

Violence is currently one of the greatest challenges posed to public health authorities across the globe as it afflicts people in a variety of ways and in different settings. It is estimated that worldwide more than one million people lose their lives as a result of violence each year, without considering the non-fatal victims.[1] Injury resulting from violence affects people of all ages but appears to cause more harm among children and adolescents, who belong to one of the most vulnerable groups in society,[2] thus being a serious public health problem as one of the main causes of death for this group.[3] The measures to promote and protect the health of children and adolescents in Brazil had a historical milestone established in 1990, when Law 8069 was enacted, creating the Statute of the Child and Adolescent (ECA), which assured children and adolescents the right to citizenship.[4]

The theme of violence against children and adolescents has been the subject of studies in Brazil and in the world, in addition to having occupied, more and more, public health agendas.[5] In 2014, national data show that 63,402 children and adolescents have suffered some form of maltreatment, according to official data from the Injury Notification Information System (SINAN), of which 40,733 (63%) of these cases were records of violence perpetrated against teenagers.[2] As for the mortality resulting from violence in adolescents, according to research conducted in Brazilian favelas, the main cause of death among this group in the last 10 years was associated with violence. In 2012, this figure represented 36.5% of all deaths in this phase of life.[6] In Pernambuco, the scenario is similar; adolescents corresponded to 63% of the victims of violence in the same period, and it was the state of the Northeast region with the highest number of reports of violence against children and adolescents, totaling 3,860 cases.[7]

The health sector plays an important role in addressing violence, with the hospital being the main gateway for victims, requiring the expansion of existing services and the implementation of specialized services that meet the complex needs, which has been important for dealing with this problem.[8]

Considering the vulnerability of children and adolescents and the personal, family, as well as social and economic damages resulting from this aggravation, the development of this research was of fundamental importance to know the dimension and give greater visibility to this issue. This study aimed to describe the profile of cases of violence perpetrated against children and adolescents registered in a reference hospital in Pernambuco.

OBJECTIVE

- To describe the profile of cases of violence committed against children and adolescents registered in a hospital in Pernambuco.

METHOD

This is a quantitative, descriptive, retrospective, population-based study. Researchers analyzed cases of violence against children and adolescents documented in a hospital in the state of Pernambuco, a reference in the care of children and adolescents victims of violence, with the help of the database of the Internal Network for Assistance to Children and Adolescents Victims of Violence (RIACA), whose complaints were registered in the period from 2011 to 2012. For notification purposes, RIACA is a protection system created in 1990, which aims to monitor, sensitize professionals, diagnose, treat and make connections with other organs combating violence against children and adolescents.[9]

The data were made available by the Health Secretariat of the State of Pernambuco after approval of the research project by the Research Ethics Committee of the University of Pernambuco, under the opinion no. 199.969. The bioethical principles were respected, as well as the confidentiality of the data and the anonymity of the research subjects, according to Resolution 466/12 of the National Health Council.[10]

The study population consisted of children and adolescents (n = 369), according to WHO requirements,[1] victims of violence whose report was held in Pernambuco in the period from 2011 to 2012.

Multiple reports of the same incident (case) were deleted, preserving only the most complete report. The reports that lack identification data essential for the characterization of the individual, such as name, mother's name, date of notification and date of birth, were also excluded. Physical Violence (PV), Neglect (NE), Sexual Violence (SxV), Psychological Violence (PV), Structural Violence (StV) and Munchausen Syndrome were taken as dependent variables. The independent variables were categorized into: a) Age group (child and adolescent); b) Sex (male and female); c) Race/color (white, black, yellow, brown and indigenous); d)

Religion (Catholic, Evangelical, Spiritist, Umbanda/Candomblé, without religion and others); e) Disability (Yes and No); f) Receiving grant from a social program (yes, no more than one grant); g) Location of referral (Guardianship Council, Police stations, others and not informed); h) Aggressor.

SPSS version 20 was used for data processing and analysis. The data obtained were presented in tables as absolute and relative frequency with respective 95% confidence interval (95% CI) and the level of significance of the study was 0.05.

RESULTS

The socio-demographic characteristics of children and adolescents victims of violence reported in the state of Pernambuco, Northeastern Brazil in 2011 and 2012, according to RIACA, are described in Table 1. Of the total number of cases, 58.92% were adolescents and 40.81% children. Regarding to sex, 65.40% were male and 34.33% female, showing that boys were predominant in this sample. The race/skin color had a prevalence of browns (16.49%), followed by blacks (6.48%) and whites (9.73%); as to the presence of disability, 34.59% did not present disabilities; and the majority were Catholic (17.03%) and Evangelical (11.62%).

Table 1. Sociodemographic profile of children and adolescents victims of violence seen at a reference hospital in Pernambuco. Recife (PE), Brazil (2017)

Variable	Child		Adolescent		Total	
	n[a]	Prev[b] (95% CI[c])	n[a]	Prev[b] (95% CI[c])	n[a]	Prev[b] (95% CI[c])
Sex						
Male	87	23.51 (19.19-27.83)	155	41.89 (36.86-46.92)	242	65.40 (60.55-70.25)
Female	64	17.30 (13.44-21.15)	63	17.03 (13.20-20.86)	127	34.33 (29.49-39.17)
Race/skin color						
White	24	6.49 (3.98-9.00)	12	3.24 (1.44-5.05)	36	9.73 (6.71-12.75)
Black	13	3.51 (1.64-5.39)	11	2.97 (1.24-4.70)	24	6.48 (3.97-8.99)
Yellow	2	0.54 (0.21-0.87)	3	0.81 (0.10-1.52)	5	1.35 (0.17-2.53)
Brown	38	10.27 (7.18-13.36)	23	6.22 (3.76-8.68)	61	16.49 (12.71-20.27)
Indigenous	5	1.35 (0.17-2.53)	2	0.54 (0.21-0.87)	7	1.89(0.50-3.28)
Religion						
Catholic	38	10.27 (7.18-13.36)	25	6.76 (4.20-9.31)	63	17.03 (13.20-20.86)
Evangelical	17	4.59 (2.46-6.73)	26	7.03 (4.42-9.63)	43	11.62 (8.35-14.89)
Spiritist	1	0.27 (0.06-0.48)	1	0.27 (0.06-0.48)	2	0.54 (0.21-1.29)
Umbanda	-	-	-	-	-	-
Others	12	3.24 (1.44-5.05)	5	1.35 (0.17-2.53)	17	4.59 (2.46-6.72)
Without Religion	4	1.08 (0.03-2.13)	2	0.54 (0.21-0.87)	6	1.62 (0.33-2.91)
Presence of Disability						
Yes	18	4.86 (2.67-7.06)	12	3.24 (1.44-5.05)	30	8.10 (5.32-10.88)
No	73	19.73 (15.67-23.78)	55	14.86 (11.24-18.49)	128	34.59 (29.74-39.44)
Receiving grant from Social Program						
Yes	50	13.51 (10.03-17.00)	19	5.14 (2.89-7.38)	69	18.65 (14.68-22.62)
No	46	12.43 (9.07-15.79)	18	4.86 (2.67-7.06)	64	17.29 (13.44-21.14)
More than one grant	-	-	141	38.11 (33.16-43.06)	141	38.11 (33.16-43.06)

[a]Non-informed cases were excluded from the analyzes; [b]Prevalence; [c]Confidence Interval.

With regard to the type of violence perpetrated in children and adolescents, the highest prevalence was for Neglect (48.24%) and Physical violence (44.72%). Other types of violence (sexual, psychological, structural violence and Munchausen syndrome) have a statistically lower prevalence than the two mentioned above (Table 2). As to the profile of violence perpetrated against children, neglect (73.51%) is the most frequent, almost 4 times greater than physical violence (19.87%). Among adolescents, the situation is reversed, with physical violence (67.89%) being the most prevalent, 2.61 times greater than neglect (Table 2).

Table 2. Prevalence of violence perpetrated against children and adolescents seen at a reference hospital in Pernambuco. Recife (PE), Brazil (2017)

Type of Violence	Child		Adolescent		Total	
	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])
Physical violence	30	19.87 (15.79-23.93)	148	67.89 (63.12-72.65)	178	48.24(43.14-53.34)
Neglect	111	73.51 (69.00-78.01)	54	24.77 (20.36-29.17)	165	44.72(39.64-49.79)
Sexual Violence	1	0.66 (0.16-1.48)	6	2.75 (1.08-4.42)	7	1.90(0.51-3.29)
Psychological violence	3	1.99 (0.56-3.41)	9	4.13 (2.09-6.15)	12	3.25(1.44-5.06)
Munchausen syndrome	1	0.66 (0.16-1.48)	-	-	1	0.27(-0.26-0.80)
Structural Violence	4	2.65 (1.01-4.28)	1	0.46 (-0.23-1.14)	5	1.36(0.18-2.53)

[a]Non-informed cases were excluded from the analyzes; [b]Confidence Interval.

Violence against children showed the Mother (31.13%) as the main aggressor, while for the adolescents the main aggressors were unknown people (25.69%). The stepmother (0.66%) had the lowest prevalence as an aggressor (Table 3).

Table 3. Prevalence of aggressors of children and adolescents victims of violence seen at a reference hospital in Pernambuco. Recife (PE), Brazil (2017)

Aggressor	Child		Adolescent		Total	
	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])
Parents (Father + Mother)	18	11.92(8.61-15.23)	6	2.75(1.08-4.42)	24	6.50(3.99-9.02)
Father	9	5.96(3.54-8.38)	5	2.29(0.77-3.82)	14	3.79(1.84-5.74)
Mother	47	31.13(26.40-35.85)	15	6.88(4.30-9.46)	62	16.80(12.99-20.62)
Relatives	11	7.28(4.63-9.94)	10	4.59(2.45-6.72)	21	5.69(3.33-8.05)
Stepmother	1	0.66(0.17-1.49)	0	0.00(0.00-0.00)	1	0.27(-0.26-0.80)
Stepfather	3	1.99(0.56-3.41)	4	1.83(0.47-3.20)	7	1.90(0.51-3.29)
Spouse	0	0.00(0.00-0.00)	2	0.92(0.06-1.89)	2	0.54(-0.21-1.29)
Adoptive parents	2	1.32(0.16-2.49)	0	0.00(0.00-0.00)	2	0.54(-0.21-1.29)
Police	1	0.66(0.17-1.49)	3	1.38(0.19-2.56)	4	1.08(0.03-2.14)
Spouse/Boyfriend	0	0.00(0.00-0.00)	2	0.92(0.06-1.89)	2	0.54(-0.21-1.29)
Known person	14	9.27(6.31-12.23)	25	11.47(8.22-14.72)	39	10.57(7.43-13.71)
Unknown person	13	8.61(5.75-11.47)	56	25.69(21.23-30.15)	69	18.70(14.72-22.68)
Institution	3	1.99(0.56-3.41)	1	0.46(0.23-1.15)	4	1.08(0.03-2.14)
Other child or adolescent	7	4.64(2.49-6.78)	9	4.13(2.10-6.16)	16	4.34(2.26-6.41)
Others	21	13.91(10.38-17.44)	27	12.39(9.02-15.75)	48	13.01(9.58-16.44)

[a]Non-informed cases were excluded from the analyzes; [b]Prevalence; [c]Confidence Interval.

As for the place referred by the reference hospital of the children and adolescents who were affected with Neglect, they were referred, mostly (68.18%), to Social Assistance Referral Centers (CRAS). The Child and Adolescent Police Management (GPCA) and the Homicide and Personal Protection Department (DHPP) have mostly received cases of Physical Violence (Table 4).

Table 4. Referral place of children and adolescents victims of violence seen at a reference hospital in Pernambuco. Recife (PE), Brazil (2017)

Type of Violence	CRAS[a]		GPCA[b]		DHPP[c]		Outros Locais	
	n[d]	Prev.[b] (95% CI[c])	n[d]	Prev.[b] (95% CI[c])	n[d]	Prev.[b] (95% CI[c])	n[d]	Prev.[b] (95% CI[c])
Physical violence	51	23.18(18.88-27.49)	49	76.56(72.24-80.88)	67	95.71(93.65-97.78)	11	73.33(68.82-77.85)
Neglect	150	68.18(63.43-72.93)	9	14.06(10.52-17.61)	3	4.29(2.22-6.35)	2	13.33(9.86-16.80)
Sexual Violence	3	1.36(0.18-2.55)	4	6.25(3.78-8.72)	-	-	-	-
Psychological violence	10	4.55(2.42-6.67)	2	3.13(1.35-4.90)	-	-	1	6.67(4.12-9.21)
Munchausen syndrome	1	0.45(-0.23-1.14)	-	-	-	-	-	-
Structural Violence	4	1.82(0.45-3.18)	-	-	-	-	1	6.67(4.12-9.21)

[a]Social Assistance Referral Centers; [b]Child and Adolescent Police Management; [c]Homicide and Personal Protection Department; [d]Non-informed cases were excluded from the analyzes; [e]Prevalence; [f]Confidence Interval.

In relation to the deaths of children and adolescents who were victims of violence, 46.15% of the cases were caused by Negligence and 30.77% by Physical Violence, a result similar to the recurrent cases in which Neglect had the highest prevalence, followed by Physical Violence Table 5).

Table 5. Prevalence of recurrence of violence and deaths of children and adolescents victims of violence seen at a reference hospital in Pernambuco, 2011 and 2012. Recife (PE), Brazil (2017)

Type of Violence	Death		Non-occurrence of death		Reincident Cases		Non-reincident cases	
	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])	n[a]	Prev.[b] (95% CI[c])
Physical violence	4	30.77(26.06-35.48)	165	47.55(42.45-52.65)	4	25.00(20.58-29.42)	86	43.43(38.38-48.49)
Neglect	6	46.15(41.07-51.24)	159	45.82(40.74-50.91)	7	43.75(38.69-48.81)	94	47.47(42.38-52.57)
Sexual Violence	-	-	6	1.73(0.40-3.06)	0	-	6	3.03(1.28-4.78)
Psychological violence	2	15.38(11.70-19.07)	11	3.17(1.38-4.96)	3	18.75(14.77-22.73)	7	3.54(1.65-5.42)
Munchausen syndrome	-	-	1	0.29(0.26-0.84)	-	-	1	0.51(0.22-1.23)
Structural Violence	1	7.69(4.97-10.41)	4	1.15(0.06-2.24)	1	6.25(3.78-8.72)	4	2.02(0.58-3.46)
Non-informed	-	-	1	0.29(0.26-0.84)	1	6.25(3.78-8.72)	-	-

[a]Non-informed cases were excluded from the analyzes; [b]Prevalence; [c]Confidence Interval.

DISCUSSION

The data of the present research show that most of the violence was perpetrated against the adolescents, which is in line with a study carried out in 27 Brazilian municipalities from 2006 to 2007, which reveals that the adolescents accounted for most of the complaints.[11] The prevalence of males, both in children and adolescents, corroborates findings from other studies.[12] The male sex is indicated as a predictive variable of violent behavior, whether in situations of conflict or of victimization. One possible explanation for this is that aggressive behavior is tolerated and often encouraged in societies dominated by sexist cultural patterns.[13]

Physical violence was more frequent in both males and females in both age groups. It is the most identified form of violence due to the presence of visible body marks caused by the violent act[12,14], as national and international studies have shown.[2,15-6] Often, the severity of the aggression is the reason for going to the health service.[5] Therefore, it is important to highlight that the present research was performed using secondary data from a hospital in Pernambuco, which is a reference for the care of victims of violence and the greatest pediatric emergency in the number of attendances. The severity of the damages resulting from the type of violence, therefore, leads to the search for assistance from health professionals, and explain a

greater number of reports of physical violence and neglect.

However, a critical evaluation of these reports of violence in general should be made, considering that when the aggression leaves marks on the body, visible injuries, it facilitates the recognition of this aggravation by both the family and the victim and by the professionals involved in the protection of this vulnerable group.[17] Physical violence, in most cases, is preceded by other types of violence.[18-9] Faced with this, health professionals need to be aware of the possibility of other types of violence occurring simultaneously. Thus, it is important that the professional knows how to investigate and recognize other types of violence, especially the so-called "silent violence", which has a characteristic the chronicity and the domestic environment.[15,19-20]

Children were the main victims of neglect. This finding is important because in childhood adequate growth and development depend on different factors related to basic care whose losses can be manifested in different ways according to the duration and intensity of deprivation.[15] Neglect against children was also the main form of violence identified in a study conducted in Curitiba/PR, in 2009.[21] It is worth noting that neglect is not always linked to the circumstances of poverty, and may also occur where there are reasonable resources for the family or for the guardian.[22]

Psychological violence was less marked in relation to physical violence and neglect. This type of violence in general is carried out in a chronic way, being able to cause serious damages to the cognitive and psychosocial development, compromising the emotional health of the victims.[17,22-3] A possible explanation for the low notification of psychological violence may be related to this being more subtle, loaded with subjectivity and different expressions and, therefore, difficult to identify.[2] Moreover, by not producing immediate evidence, it is usually recorded as co-occurrence of other forms of violence.[24-5]

With regard to sexual violence, it is manifested differently according to the age and sex of the victim. In this study, boys were more affected by sexual violence in childhood, whereas girls were more affected in adolescence. According to other studies, most victims of sexual violence do not record a complaint due to embarrassment and fear of humiliation, coupled with fear of misunderstanding or misinterpretation of society. It is known that the real prevalence of sexual crimes is still little known due to the taboos and difficulties involved in the disclosure and it is believed that the underreporting rate is very high.[26-7]

Regarding the characteristics of the victim, attention is drawn to the low rates of information of the variable race/color. However, among those who reported this information, most were brown or black, corroborating a study carried out in the Northeast region, from 2002 to 2007[28] and from 2009 to 2012[29]. Physical impairment makes children and adolescents even more vulnerable, making them an easy target for aggressors given their limitations.[22] The violence perpetrated against these individuals is still little recognized and little recorded. The literature explains the underreporting by the invisibility of the disabled person in society and because the condition of deficiency and vulnerability of the victims offers greater security to the perpetrator.[5]

Regarding the authorship of the aggression, the mother was the main aggressor, especially in cases of neglect, corroborating findings in another study.[14] Children are more subject to be cared by women, who culturally assume this role as caregivers, besides the responsibility for child rearing in case of separation or absence of the companion.

Regarding referrals, this research showed the Guardianship Council as the most frequent referral among the services of the Rights Guarantee System, in agreement with a study carried out in the state of São Paulo in 2009.[30] Referrals are important because they generate actions through the articulation of the network of follow-up care with the purpose of breaking the cycle of violence and breaking the silence, seeking ways of coping and investing in models to approach the problem.[2,17]

The recurrence of violence shows a range of intricate factors and a complex multi-causal context involving this phenomenon.[21] The care provided by the health sector to the victims of violence is a reflection of the severity of the injuries that often lead to death. The number of deaths among the cases of recidivism found here reveals the severity of the violent acts, showing the magnitude of the problem and the tendency of the injuries. A study conducted from the Violence and Accidents Surveillance System/VIVA/MS, from Feira de Santana/BA, from 2009 to 2011, pointed out that approximately 35% of the cases of violence required assistance from the health sector and 15% evolved to death.[2]

This research has the limitations of studies carried out based in secondary databases, such as sub-registration of information and

underreporting. The fact that the service is public and of high complexity and has a great demand in the assistance can explain the absence of important information to better characterize the cases and the event. It should also be noted that because it is a reference hospital, less serious cases may have been left out.

CONCLUSION

Epidemiological knowledge about types of violence is important for the evaluation of programs and policies already established, as well as for guiding public policies and practices aimed at preventing and dealing with violence.

Recognizing the most important types of violence among children and adolescents can serve as a basis for the expansion and adequacy of violence prevention and peace culture programs, guiding actions for this vulnerable group. The findings of this study can contribute to raise awareness and strengthen the accountability of the professionals that attend this group, especially in the health sector.

There is the need to extend the management of services for assistance, for example, the use of public policies in the orientation of the main aggressors identified in this study on the care of children and adolescents, thus avoiding the number of deaths caused by negligence.

It is important that professionals are aware of the communication of violence, recognize its role within the network of protection of children and adolescents, and promote debate on this issue, especially in environments that are likely to participate in their education.

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Corresponding Address

Taciana Mirella Batista dos Santos
Rua Cônego Barata, 822
CEP: 52051-020, Recife(PE), Brazil