

REFLECTIVE ANALYSIS ARTICLE

POLICY, SECURITY AND PUBLIC HEALTH IN BRAZIL: COMBATING VIOLENCE*

POLÍTICA, SEGURANÇA E SAÚDE PÚBLICA NO BRASIL: COMBATENDO A VIOLÊNCIA

POLÍTICA, SEGURIDAD Y SALUD PÚBLICA EN BRASIL: COMBATIENDO LA VIOLENCIA

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ABSTRACT

Objective: to reflect on the health and public security policy in Brazil and the challenges to public health in the fight against violence. **Method:** this is a theoretical-reflective study. The search occurred on the Virtual Health Library Brazil and CAPES Portal, LILACS, MEDLINE, SCOPUS and Web of Science database, in the past ten years (2008 - 2018). **Results:** four categories were identified: 1) Policies for coping with gender-based violence among health, justice and social professionals; 2) Public security and violence against children and adolescents from the perspective of public health; 3) Vulnerability and urban violence in Brazil: social, cultural and economic issues and 4) The importance of compulsory notification as a tool to help health professionals in combating violence. **Conclusion:** although, in Brazil, there are policy, security and health agencies, aimed at promoting and preventing violence, the country still lacks more competent and active systems to detect this problem that affects the entire population. **Descriptors:** Health Policy; Safety; Public Health; Violence; Brazil; Database; Health Vulnerability.

RESUMO

Objetivo: refletir sobre a política de saúde e segurança pública no Brasil e os desafios à saúde pública no combate à violência. **Método:** trata-se de um estudo teórico-reflexivo. Pesquisaram-se no banco de dados da Biblioteca Virtual em Saúde Brasil e do Portal CAPES, LILACS, MEDLINE, SCOPUS e Web of Science, nos últimos dez anos (2008 - 2018). **Resultados:** identificaram-se quatro categorias: 1) Políticas de enfrentamento da violência de gênero entre profissionais da saúde, justiça e social; 2) Segurança pública e a violência contra crianças e adolescentes na ótica da saúde pública; 3) Vulnerabilidade e a violência urbana no Brasil: questões sociais, culturais e econômicas e a 4) A importância da notificação compulsória como uma ferramenta de ajuda aos profissionais da saúde no combate à violência. **Conclusão:** conclui-se que, embora, no Brasil, existam órgãos de políticas, segurança e de saúde voltados à promoção e prevenção da violência, o país ainda carece de sistemas mais competentes e ativos na detecção desse problema que atinge toda a população brasileira. **Descritores:** Política de Saúde; Segurança Pública; Saúde Pública; Violência; Brasil; Base de Dados; Vulnerabilidade em Saúde.

RESUMEN

Objetivo: reflexionar sobre la política de salud y seguridad pública en Brasil y los desafíos para la salud pública en la lucha contra la violencia. **Método:** se trata de un estudio teórico-reflexivo. Se buscó en las bases de datos Biblioteca Virtual en Salud Brasil y Portal CAPES, LILACS, MEDLINE, SCOPUS y Web of Science, en los últimos diez años (2008 - 2018). **Resultados:** se identificaron cuatro categorías: 1) Políticas para el enfrentamiento de la violencia de género entre los profesionales de la salud, la justicia y sociales; 2) Seguridad pública y violencia contra los niños y adolescentes desde la perspectiva de la salud pública; 3) Vulnerabilidad y violencia urbana en Brasil: cuestiones sociales, culturales y económicas y 4) La importancia de la notificación obligatoria como herramienta para ayudar a los profesionales de la salud en la lucha contra la violencia. **Conclusión:** aunque en Brasil existen organismos de política, seguridad y salud, destinados a promover y prevenir la violencia, el país todavía carece de sistemas más competentes y activos para detectar este problema que afecta a toda la población. **Descriptores:** Política de Salud; Seguridad; Salud Pública; Violencia; Brasil; Base de Datos; Vulnerabilidad en Salud.

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INTRODUCTION

Brazil is the tenth most violent country in the world¹ and mortality rates from external causes affect more men than women.² In the last 10 years (2008 - 2018), 26,958 external causes generating hospital admissions were recorded,² and the main ones were for accidents, homicides and undetermined causes, in which *pardo* people were more affected than black people, and the cause with the highest proportion among white people was suicide.¹

The Northeast had the highest mortality rate per 100,000 inhabitants, especially by firearms.¹ Nevertheless, this scenario affects the entire national territory, in addition, between the years 2012 and 2016, there were 6,688 cases registered through the Notifiable Diseases Information System (SINAN) of the most variable types of violence.³ Higher records were identified in the South (1,980), Southeast (1,707) and North (1,575) regions, followed by the Northeast (932) and Midwest (494).³

Government services and health professionals play an important role in combating violence, being relevant in its coping strategy. Although this responsibility is not only an assignment of the health sector,⁴ but also of the legal and social sectors,⁵ there is a relevant role in compulsory notification, for the preventive, care, legal, problem-solving and humanized direction of solutions to this problem.⁶

Violence is throughout the country, with government programs, laws, decrees, research and services dealing with it, but gaps and deficiencies in these programs, especially when the professionals involved do are not able to deal with the situation, generate flaws in policies and public security, affecting those who need their services and risking their health and well-being.⁴

The obstacles found between the sectors of health policy, justice and social assistance in relation to violence are an obstacle to joint work and a gap to be filled in care, so that collective work can be carried out in a problem-solving and proactive way in protecting the population exposed to it.⁵

The population exposed to violence in Brazil has a particularly dramatic face upon reaching vulnerable groups, so-called risk groups, such as the Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (LGBT),⁷ women, children, adolescents, the elderly, indigenous and black,⁸⁻⁹ being relevant the creation of specific public policies for the protection and non-violation of human rights in these segments.⁷

This article is justified because violence is interconnected with three governmental spheres (health, justice and social assistance) and their contribution as a partner may change the way

violence is combated in Brazil. For the perpetrated population, there is need to implement specific public policies for the better performance of professionals in the promotion, rehabilitation and provision of care. Thus, for the scientific community, it is essential to develop researches aimed at prevention in elementary, secondary and higher education, and the production of protocols aimed at assisting victims and means that can reduce cases of violence.

OBJECTIVE

- ◆ To reflect on the health policy and public security in Brazil and the challenges to public health in combating violence.

METHOD

This is a reflective study from a narrative-review approach on health policies and public security in Brazil and the challenges to public health in combating violence. The articles were researched on the Virtual Health Library Brazil (VHL) and the Journal Portal of the Coordination for Higher Education Personnel Improvement (CAPES), Latin American and Caribbean Health Sciences Literature (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), SCOPUS (Elsevier) and Web Of Science (WOS). The Health Sciences Descriptors (DeCS) and the Medical Subject Headings of the U.S. National Library of Medicine (Mesh) were used: Health Policy; Public Safety; Public Health; Violence; Brazil, followed by the Boolean operator “AND” for the crossing between them, in the languages: English, Portuguese and Spanish, with time frame of the past 5 years (2014-2018), selecting 20 articles for categorization and reflective discussion.

RESULTS

From the texts considered, four themes emerged for reflection: 1) Policies for coping with gender-based violence among health, justice and social professionals; 2) Public security and violence against children and adolescents from the perspective of public health; 3) Vulnerability and urban violence in Brazil: social, cultural and economic issues and 4) The importance of compulsory notification as a tool to help health professionals in combating violence.

DISCUSSION

- ◆ Policies for coping with gender-based violence among health, justice and social professionals

This first category addresses gender violence in Brazil, especially against women and the LGBT population, and a critical reflection can be made on its characteristics, typologies, legislation, public policies, assistance and governmental measures to combat it.

The cases of femicides in Brazil are increasing, in 2016, 4,645 cases were recorded, especially in the North and Northeast, with the highest rates, reaching more black women than white and *pardo*, who have already been victims of other types of violence, being those deaths avoidable.¹⁰ Referring to violence against women is to refer to Law n. 11,340 of August 7, 2006,¹¹ known as the Maria da Penha Law, aiming to protect women from domestic and family violence. This legislation identifies not only physical violence, but also psychological, patrimonial, moral, sexual, intrafamily and institutional violence, providing support in police and judicial security to victims in situations of violence.

Violence against the female gender is present worldwide, and there are tools to help in the security of those who suffer them, as well as government policies, laws and actions that should act to modify this scenario, highlighting the role of health professionals, especially nursing professionals, in the care provided and concomitant detection of physical signs of violence.¹²

It is important to highlight that, in Brazil, violence against women is a crime that still brings resistance to professionals, especially health professionals, who face the care with victims and aggressors. Being able to identify, refer and report is a primary role that they should play as a promotion and preservation of human rights and protection of women's integrity.

Although health, social, judicial and public security services meet, embrace, assist and protect victims of violence against women, there are still flaws in approaching victims, a specialized service, an adequate infrastructure, and professionals prepared to assist them so that the action takes place in all spheres involved.¹³

However, the difficulties, responsibilities and conflicts that health, legal and social assistance professionals face in cases involving violence against women demonstrate that the union of these spheres becomes essential for preventing and reducing this crime.⁵

These services help in the different care levels, involving an interdisciplinary contribution in the work of professionals to help the individuals involved, including the victim, the aggressor, the family and the population itself, especially women who suffer some type of violence.¹⁴

Although the female population is the target of gender-based violence in the country, there are other groups that also suffer this same crime, especially the violence suffered by the LGBT community, especially transvestites and transsexual people.¹⁵ Discrimination and prejudice are quite common to them, and many suffer violence in their different scenarios, with psychological, physical and institutional violence

as the most common. Despite the public agencies of education, health, safety and social service focused on human rights, there is evidence that these people suffer violence by these own services, being exposed to the risk of being raped by those who should protect them, the so-called public agencies.¹⁵

In 2016, 2,964 human rights violations were recorded in the LGBT community, stressing the male aggressor, and violations occurred predominantly on urban roads.⁷ Although the Maria da Penha Law protects women regardless of their sexual orientation,¹² in 2019, the law against homophobia was passed, protecting the LGBT community against criminal acts, as well as violence, discrimination and prejudice.¹⁶

Although public health policies aimed at human rights and the LGBT community have been created, such as "Brazil without Homophobia"¹⁷ among other policies, there is need to create laws to punish those who practice violence, as well as to use education in universities as a tool to provide information and minimize prejudice among health professionals who meet these people.¹⁸

To combat LGBT-phobia in Brazil is to fight for egalitarian rights, to form a more informed society, to strengthen, to create effective public policies in the field of education, health, justice and social assistance; and that sexual orientation and gender identity are not the targets of violence, discrimination and intolerance towards a male chauvinist, sexist and heteronormative society.⁷

♦ Public security and violence against children and adolescents from the perspective of public health

A critical reflection in this second category addresses violence against children and adolescents, identifying typologies, the family and urban environment as a risk factor, education as a fundamental tool, the development of public policies in embracing victims, the health sphere as a preventive factor and legislation as a protective factor.

Violence against children and adolescents is a current problem in Brazilian family relationships, comprising the age group <1 to 19 years of age. In 2011, SINAN reported 39,281 cases, including physical and sexual violence that were more prevalent in females, followed by psychological or moral violence, torture, abandonment or neglect, among others.¹⁹

The maternal figure is very important in the protection of her children, and she is of fundamental importance concerning violence against children. The urban and family environment demonstrates a feeling of insecurity for her children, often exposing them to risk, requiring the guarantee of good dialogue and

offering information as a protective strategy for children's development in their social cycle against the typologies of violence.²⁰

On the other hand, violence against adolescents exposes them to serious biopsychosocial consequences, aggravated by the lack of resources in health, education, socioeconomic issues, culture, unprotected sexual intercourse and the absence of political actions. In short, these negative factors focused on individual, social and collective risks related to the exposure in which they are, that is, falling into vulnerable groups. Public agencies are responsible for acting in an emerging way in an attempt to change this reality before the problems that violence brings to the lives of those adolescents.²¹

The highest incidence of victims of sexual violence against children and adolescents occurs in females and in the age group between 10 and 14 years, with acquaintances and family members as perpetrators.²² The suffering of those adolescents often comes from the non-recognition and attention of their parents with their own figure, as children, emphasizing that the lack of attention and empathy ends up causing this inattention, and that health professionals, when meeting these victims, should be attentive to these signs, as well as use listening as a means of intervention and embracement.²³

Furthermore, the Byelaw of Children and Adolescents (ECA),²⁴ as law 8,069 of July 13, 1990, protects the rights of children and adolescents, affirming, in its art. 5 that any attitude that place them in situations of neglect, discrimination, abandonment, violence, denigrating their psychological, physical or emotional state, should be punished.

Children and adolescents are exposed to various threats, not only to health, but to their own identity and construction as citizens, making them follow paths that can bring serious biopsychosocial consequences, against which education becomes an effective tool to ethically conduct that young person, being the family and school essential to guide and instruct, so that they become good citizens. Therefore, Brazil must break this vicious circle between socioeconomic and cultural inequality, lack of security and effective public policies in the support of children and adolescents who put themselves at risk related to violence.²³

♦ Vulnerability and urban violence in Brazil: social, cultural and economic issues

The third category contains a critical reflection on urban violence and its external causes, as well as traffic accidents, victims of assaults, public policies, social and gender inequality, violence among young adults, typologies, epidemiological profile and crime that is a triggering factor for violence in Brazil.

The population ends up being exposed to urban violence and the victims, consequently, develop feelings of permanent fear, due to the lack of security on public roads related to robberies/assaults and traffic accidents.²⁵ This is not only related to crimes of theft, but also to traffic situations, to the lack of responsibility of drivers, in which they are often negligent and end up putting themselves and others at risk.

Urban violence causes irreversible damage not only in sociocultural and economic terms, but mainly brings physical and psychological harm, especially in the female gender, and it is recommended that effective public policies be included in the urban field to improve the security and quality of life of these women.²⁶

Gender inequality related to violence against women, however, points out that rural environments are more prone to cases of violence than urban ones, emphasizing the need for greater attention to these facts and that protective measures and laws aimed at these situations can be guides of new coping and security policies to victims affected by violence in these regions.²⁷

According to the Atlas of Violence,¹¹ males stand out in cases of homicide deaths in Brazil and the regions with the highest incidence were the North and Northeast, and the causes of violent deaths from military interventions were 1,374 cases, highlighting young people as the main victims of death from violence in the country.

Urban violence is more frequent among young males and domestic violence affects mostly females. Hospital care in the urgency and emergency sectors in both types of violence were boys/men who were victims of serious aggression and causes of death by unknown people. On the other hand, young women were victims of violence perpetrated by known people, requiring that public policies and agencies act in the fight and prevention of violence that affects young adults.²⁸

In view of this, violence is present everywhere, and, in order to end it and reduce its rates, there is need for a government action so that preventive and awareness actions can reach the young population who have shown to be a population most affected by crimes and deaths related to urban violence.

♦ The importance of compulsory notification as a tool to help health professionals in combating violence

Health professionals are not prepared to approach victims of domestic violence, highlighting the relevant role of the Community Health Worker (CHW), who is connected to the community, being a facilitator in the humanized approach, but not always having the necessary training to do so. Although embracement is a positive strategy, those workers have no support and are often frustrated because they are unable

to deal with cases, which represents a very great challenge in primary health care.¹⁴

Furthermore, other studies,⁶ have shown the importance of compulsory notification of violence by health professionals, as well as its obligation and the accessible means provided by the competent agencies regarding ethical-legal issues. It is essential to target appropriately suspected or confirmed cases, so that there is promotion, adequate assistance and embracement of victims, promoting solutions aimed at public policy actions and improvements in care in an integral and collective way.

Therefore, health professionals have a very important role in combating violence, and the existence of several resources provided by the government itself that instruct them to decide and take action before a suspected case. Violence becomes a serious problem not only to health, but also to society and the judiciary, and to combat it, partnerships from both spheres are necessary so that cases of violence in Brazil can be minimized.

The lack of training of mental health professionals in the notification of violence makes them end up confusing with issues that involve only judicial services and public security services, consequently causing problems in the dissemination of these cases and bringing difficulties to them.²⁹

These difficulties are often linked to the lack of knowledge and training of professionals before cases of violence, and even to failures in their education, in graduation and even in postgraduate studies. Speaking of violence is to leave them distressed and insecure because they are unable to adopt the best behavior for certain situation and, often, the very eye of judgment and prejudice makes professionals end up being judges of the victims, with the aggressors and even with the family itself.

CONCLUSION

Although, in Brazil, there are agencies aimed at promoting the fight against violence, public security services, public policies and public health need to improve in detecting this problem that affects the entire Brazilian population, especially people in vulnerable state such as women, children, adolescents, the LGBT community.

The limitation of this study was the non-consideration of the important issue of violence against the elderly. It is also important to highlight the importance of studies related to other types of violence, such as that generated by political and religious intolerance.

From the very interface between health and public security policies, it is possible to detect divergences and many difficulties in combating violence and promoting the culture of peace, in an

interdisciplinary, conscious and just way.

CONTRIBUTIONS

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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REFERENCES

1. Waiselfisz JJ. Mapa da violência 2016. Homicídios por arma de fogo [Internet]. Rio de Janeiro: FLACSO/CEBELA; 2013 [cited 2019 Aug 10]. Available from: http://www.mapadaviolencia.org.br/pdf2016/Mapa2016_armas_web.pdf
2. Ministério da Saúde (BR), DATASUS Tecnologia da Informação a Serviço do SUS. Informações de Saúde. Morbidade hospitalar do SUS por causas externas - por local de internação - Brasil [Internet]. Brasília: Ministério da Saúde; 2018 [cited 2019 Aug 10]. Available from: <http://tabnet.datasus.gov.br/cgi/sih/eidescr.htm>
3. Ministério da Saúde (BR). DATASUS Tecnologia da Informação a Serviço do SUS. Informações de Saúde. Informações de Saúde. Violência doméstica, sexual e/ou outras violências - Brasil [Internet]. Brasília: Ministério da Saúde; 2018 [cited 2019 Aug 10]. Available from: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinanet/cnv/violebr.def>
4. Minayo MCS, Souza ER, Silva MMA, Assis SG. Institutionalizing the theme of violence within Brazil's national health system: progress and challenges. *Ciênc Saúde Colet.* 2018 June;23(6):2007-16. DOI: [10.1590/1413-81232018236.04962018](https://doi.org/10.1590/1413-81232018236.04962018)
5. Trentin D, Vargem MAO, Pires DEP, Hellmann F, Brehmer L, Leal CS. Attention to women in the situation of sexual violence in the bioethics perspective. *Acta Bioethica* [Internet]. 2018 [cited 2019 Aug 10];24(1):117-26. Available from: <https://actabioethica.uchile.cl/index.php/AB/article/view/49384/51860>
6. Garbin CS, Dias IA, Roviada TAS, Garbin AJL. Challenges facing health professionals in the notification of violence: mandatory implementation and follow-up procedures. *Ciênc Saúde Colet.* 2015 June;20(6):1879-90. DOI: [10.1590/141381232015206.13442014](https://doi.org/10.1590/141381232015206.13442014)

7. Ministério dos Direitos Humanos (BR), Secretaria Nacional de Cidadania. Violência LGBTfóbicas no Brasil: dados da violência [Internet]. Brasília: Ministério dos Direitos Humanos; 2018 [cited 2019 Aug 10]. Available from:

<https://www.mdh.gov.br/biblioteca/consultorias/lgbt/violencia-lgbtfobicas-no-brasil-dados-da-violencia>

8. Beltrão JF, Brito Filho CJM, Gómez I, Pajares E, Paredes F, Zúñiga Y. Direitos humanos dos povos originários e afrodescendentes. Manual. Rede Direito Humanos e Educação Superior - DHES 2014. [acesso 08 set 2018];396 p.

https://www.upf.edu/dhes-alfa/materials/DDGV_PORT_Manual_v4.pdf

9. Noronha CV, Almeida AO. Violências intencionais contra grupos vulneráveis: crianças, adolescentes, adultos jovens, mulheres e idosos [Internet]. Salvador: EDUFBA 2012 [cited 2019 Aug 10]. Available from:

<https://repositorio.ufba.br/ri/bitstream/ri/16740/3/violencias%20intencionais%20contra%20grupos%20vulneraveis.pdf>

10. Cerqueira D, Lima RS, Bueno S, Neme C, Ferreira H, Coelho D, et al. Atlas da Violência 2018 - Ipea e FBSP [internet]. Brasília: IPEA; 2018 [cited 2019 Aug 10]. Available from:

http://www.ipea.gov.br/portal/images/stories/PDFs/relatorio_institucional/180604_atlas_da_violencia_2018.pdf

11. Lei nº 11.340, de 7 de agosto de 2006 (BR). Cria mecanismos para coibir a violência doméstica e familiar contra a mulher, nos termos do § 8º do art. 226 da Constituição Federal, da Convenção sobre a Eliminação de Todas as Formas de Discriminação contra as Mulheres e da Convenção Interamericana para Prevenir, Punir e Erradicar a Violência contra a Mulher; dispõe sobre a criação dos Juizados de Violência Doméstica e Familiar contra a Mulher; altera o Código de Processo Penal, o Código Penal e a Lei de Execução Penal; e dá outras providências. Diário Oficial da União [Internet]. 2006 Aug 07 [cited 2019 Aug 07]. Available from:

http://www.planalto.gov.br/ccivil_03/_ato2004-2006/2006/lei/l11340.htm

12. Bravo MMP, Martínez PA, Ruiz IJ. public policies, nursing role and health programs against gender violence: comparative study Spain-Brazil. *Procedia - Soc Behav Sci.* 2017 Feb;237(21):758-64. DOI: [10.1016/j.sbspro.2017.02.118](https://doi.org/10.1016/j.sbspro.2017.02.118)

13. Vieira EM, Hasse M. Perceptions of professionals in an intersectorial network about the assistance of women in situation of violence. *Interface Comum Saúde Educ.* 2017 Jan/Mar; 21(60):51-62. DOI: [10.1590/1807-57622015.0357](https://doi.org/10.1590/1807-57622015.0357)

14. Signorelli MC, Taft A, Pereira PPG. Domestic violence against women, public policies and community health workers in Brazilian Primary

Health Care. *Ciênc Saúde Colet.* 2018 Jan; 23(1):93-102. DOI: [10.1590/1413-81232018231.16562015](https://doi.org/10.1590/1413-81232018231.16562015)

15. Bonassi BC, Amaral MS, Toneli MJF, Queiroz MA. Mapped vulnerabilities, Located violences: Experiences of transvestites and transgender individuals in Brazil. *Quad Psicol.* 2015; 17(3):83-98. DOI: 10.5565/rev/qpsicologia.1283

16. Senado Federal (BR). Projeto define homofobia como crime [Internet]. Brasília: Senado Federal; 2019. [cited 2019 Aug 10]. Available from:

<https://www12.senado.leg.br/noticias/materias/2019/02/21/projeto-define-homofobia-como-crime>

17. Ministério da Saúde (BR), Conselho Nacional de Combate à Discriminação. Brasil Sem Homofobia: Programa de combate à violência e à discriminação contra GLTB e promoção da cidadania homossexual[internet]. Brasília: Ministério da Saúde; 2004 [cited 2019 Aug 10]. Available from:

http://bvsms.saude.gov.br/bvs/publicacoes/brasil_sem_homofobia.pdf

18. Silva JWSB, Silva Filho CNN, Bezerra HMC, Duarte KVN, Quinino LRM. Public health polices regarding LGBT population and the performance of social control. *Rev Saúde Pública Paraná.* 2017 July;18(1):140-9. DOI: [10.22421/1517-7130.2017v18n1p140](https://doi.org/10.22421/1517-7130.2017v18n1p140)

19. Ministério dos Direitos Humanos (BR), Secretaria Nacional de Proteção dos Direitos da Criança e Adolescente. Violência contra Crianças e Adolescentes: análise de cenários e propostas de políticas [Internet]. Brasília: Ministério dos Direitos Humanos; 2018 [cited 2019 Aug 10]. Available from:

<https://www.mdh.gov.br/biblioteca/consultorias/conada/violencia-contra-criancas-e-adolescentes-analise-de-cenarios-e-propostas-de-politicas-publicas.pdf>

20. Monteiro ACS, Fernandes ATRS, Oliveira ABM, Peixoto IVP, Pamplona MCCA. Mothers' perspective on violence against children: constructing meanings. *Rev Bras Enferm.* 2018 Jan/Feb;71(1): 34-9. DOI: [10.1590/0034-7167-2016-0568](https://doi.org/10.1590/0034-7167-2016-0568)

21. Silva MAI, Mello FCM, Mello DF, Ferriani MGC, Sampaio JMC, Oliveira WA. Vulnerability in adolescent health: contemporary issues. *Ciênc Saúde Colet.* 2014 Feb; 19(2):619-27. DOI: [10.1590/1413-81232014192.22312012](https://doi.org/10.1590/1413-81232014192.22312012)

22. Sena CA, Silva MA, Falbo Neto GH. The incidence of sexual violence among children and adolescents in Recife, State of Pernambuco, Brazil, in 2012 and 2013. *Ciênc Saúde Coletiva.* 2018 May;23(5):1591-9. DOI: [10.1590/1413-81232018235.18662016](https://doi.org/10.1590/1413-81232018235.18662016)

23. Onocko-Campos R. Juvenile anti-social behavior as deprivation consequence: Winnicottian clinical contributions for public policies. *Interface*

Comum Saúde Educ. 2018 Oct/Dec;22(67):1091-8. DOI: [10.1590/1807-57622017.0315](https://doi.org/10.1590/1807-57622017.0315)

24. Lei nº 8.069, de 13 de julho de 1990 (BR). Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Diário Oficial da União [Internet]. 1990 July 13 [cited 2019 July 13]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8069.htm

25. Vilela SLO, Braga MGC. Violent events on the road: Risk perception of traffic-related and non traffic-related situations. *Accid Anal Prev*. 2018 May;114:55-61. DOI: [10.1016/j.aap.2017.05.028](https://doi.org/10.1016/j.aap.2017.05.028)

26. Bentes AA, Cesar CC, Xavier CC, Caiaffa WT, Proietti FA. Self-rated health and perceived violence in the neighborhood is heterogeneous between young women and men. *BMC Public Health*. 2017 Dec;17(1):01-9. DOI: [10.1186/s12889-017-4969-1](https://doi.org/10.1186/s12889-017-4969-1)

27. Gattegno MV, Wilkins JD, Evans DP. The relationship between the Maria da Penha Law and intimate partner violence in two Brazilian states. *Int J Equity Health*. 2016 Dec;15(1):138. DOI: [10.1186/s12939-016-0428-3](https://doi.org/10.1186/s12939-016-0428-3)

28. Melo ACM, Garcia LP. Care for young victims of assault in public emergency services in 2011: Sex differences. *Ciênc Saúde Coletiva*. 2017 Apr; 22(4):1333-41. DOI: [10.1590/141381232017224.10992015](https://doi.org/10.1590/141381232017224.10992015)

29. Valadares FC, Souza ER. We live balancing dishes: perspectives on violence that interrogates the public mental health in the municipality of Rio de Janeiro, Brazil. *Saúde Soc*. 2014 July/Sept; 23(3):105-17. DOI: [10.1590/S0104-12902014000300009](https://doi.org/10.1590/S0104-12902014000300009)

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