Odontoestomatología
ISSN: 0797-0374
ISSN: 1688-9339
Facultad de Odontología - Universidad de la República

Figueiredo, Márcia Cançado; Rocha, Rossana Malmaceda Da; Melgar, Ximena Concha
Prevalencia de niños víctimas de violencia en la ciudad de Porto Alegre e influencia de sus variables en el ámbito odontológico
Odontoestomatología, vol. XX, núm. 32, 2018, pp. 32-41
Facultad de Odontología - Universidad de la República

DOI: 10.22592/ode2018n32a4

Disponible en: http://www.redalyc.org/articulo.oa?id=479657854005

Prevalence of children victims of violence in the city of Porto Alegre and impact of its variables on dentistry

Márcia Cançado Figueiredo[1], Rossana Malmaceda Da Rocha[2], Ximena Concha Melgar[3]

DOI: 10.22592/ode2018n32a4

Abstract

Porto Alegre, capital of the state of Rio Grande do Sul, Brazil, is considered a violent city. **Objective:** to evaluate the main characteristics and variants of violence against children aged between 0 and 12 as reported at the General Office of Health Surveillance of Porto Alegre between 2010 and 2016. **Methods:** descriptive exploratory study that analyzed the data of 6,493 cases of violence against children recorded by the SINAN and published on the Porto Alegre Municipality website. **Results:** 2015 recorded the highest prevalence of violence against children; 57.46% of the victims were female. The most frequent type of violence was negligence (36.25%). It was the mother who was mainly responsible for the aggressions. **Conclusion:** Child violence is high in Porto Alegre, and to ensure that health professionals treat children victims of violence appropriately, it is necessary to address these cases in their academic education.

Keywords: violence against children, abuse reporting, aggression, dentistry.

1 Professor at the School of Dentistry, Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil. ORCID: 0000-0002-4279-5417

2 Undergraduate student, School of Dentistry, Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil. ORCID: 0000-0001-5795-6108

3 Postgradaute student, School of Dentistry, Universidade Federal do Rio Grande do Sul, Porto Alegre, Rio Grande do Sul, Brazil. ORCID: 0000-0002-9139-218X

Introduction

According to the World Health Organization[1], the term violence means "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation".

Violence is more likely to exist in places where there is inequality, specifically in the case of violence against children, where an adult is superior to a child, both physically and emotionally. Violence against children is a highly debated topic nowadays. In Brazil, this violence is considered a serious public health issue given its magnitude and impact on health and quality of life, as it affects children's physical, mental and/or emotional integrity. It causes serious damage and has dangerous consequences on development, such as mental health problems and aggressive behavior. It also affects the children's inclusion in society, having short or mid-term consequences [2-4].

For children to develop properly, they should have an education based on a humanized model, through healthy and non-punitive learning, without the use of aggression or physical strength. Therefore, the Statute of Children and Adolescents (ECA) [5] was created in 1990 through Law 8.069 to regulate their rights and duties, to protect them from abuse and to create opportunities to punish those responsible for the violence. The ECA considers children those under the age of 12, and adolescents those aged between 12 and 18.

On 25 January 2011, ordinance No. 104 [6] determined that domestic, sexual and other types of violence must be notified. Article 7 states that all health professionals, heads of organizations and public and private institutions in the fields of health and education must cooperate in this regard. To facilitate this, in 2006, the Ministry of Health implemented the System of Information on the Notification of Complaints (SINAN), which is the notification mechanism of the General Office of Health Surveillance (CGVS) and an epidemiological tool.

Despite the existence of this regulation, there are still 10 to 20 unreported cases of violence against children per case reported, given its difficult diagnosis [7]. This reinforces the need for health professionals, in particular dentists (60% of the injuries caused in the violent attacks affect the face), to diagnose, notify and report cases of suspected or confirmed violence to the competent bodies [8-9].

In March 2018, the NGO Security, Justice and Peace from Mexico City reported that Porto Alegre, the capital of the state of Rio Grande do Sul, Brazil, is among the 50 most violent cities in the world (position 39). It also stated that the city has the necessary premises and resources for violence against children to be reported. Therefore, there is a significant number of cases reported, including the cities in the metropolitan region [10].

In light of the above, this work aimed to determine the socio-demographic and epidemiological profile of children victims of violence, as reported in the General Office of Health Surveillance of Porto Alegre between January 1, 2010 and December 31, 2016.

Methodology

Descriptive study focused on the quantitative paradigm developed from the analysis of violence reports filed with the SINAN, at the General Office of Health Surveillance of Porto Alegre between January 1, 2010 and December 31, 2016. The files were published by the Department for the Surveillance of Accidents and Violence (VIVA) [11-12] of the Municipal Health Secretariat (SMS) of the city and are available on the website of the Municipality of Porto Alegre. We obtained a total of 6,493 cases of violence against children of both sexes under the age of 12.

The variables analyzed were: age, sex, skin color, type of violence, means of aggression, place of

occurrence, relationship/degree of kinship with the victim, sex of the aggressor, drug use by the aggressor, recurrence of the event, outcome.

After data collection, the information was recorded in an Excel 2013 spreadsheet. The responses were analyzed quantitatively in terms of percentages, and presented in absolute relative frequency.

This study was approved by the Research Committee of the School of Dentistry at Universidad Federal de Rio Grande do Sul (UFRGS) and by the Ethics and Research Committee (CEP) of the Municipal Health Secretariat of of the Municipality of Porto Alegre, Record No. 617.

Results

There were 6,493 violence reports against children under the age of 12: 10.66% in 2010; 10.73% in 2011: 11.46% in 2012; 11.57% in 2013; 15.05% in 2014; 21.70% in 2015 and 18.83% in 2016 (Table 1).

Table 1 - Number of reports of violence against children between 2010 and 2016

Year	Reports			
	Age 0 – 3	Age 4 – 7	Age 8 – 12	Total (%)
2010	211	214	267	692 10,66
2011	188	239	270	697 10,73
2012	240	261	243	744 11,46
2013	276	236	239	751 11,57
2014	386	317	274	977 15,05
2015	680	407	322	1409 21,70
2016	593	331	299	1223 18,83
Total	2574	2005	1914	6493 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

Of the 6,493 cases reported: 57.46% were male and 42.54% female; the age group most reported was 0 to 3 (39.64%), followed by 4 to 7 (30.88%) and 8 to 12 (29.48%). There was a uniform distribution of the reports in the different age groups of females; however, the percentage was slightly higher in girls aged between 8 and 12 (19.82%). In males, there were more reports in the 0 to 3 group (20.14%); the percentage decreased significantly as age increased (Table 2).

Table 2 - Reported cases of violence according to the child's sex and age group

Age	Females	Males	Total
	Number (%)	Number (%)	Number (%)
0 – 3 años	1266 19,50	1308 20,14	2574 39,64
4 – 7 años	1178 18,14	827 12,74	2005 30,88
8 – 12 años	1287 19,82	627 9,66	1914 29,48
Total	3731 57,46(%)	2762 42,54(%)	6493 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

Children of white skin color showed the highest number of violence reports (74.78%), followed by children of brown skin (10.09%), black skin (9.75%), not applicable/no answer (5.07%), yellow skin (0.23%), indigenous skin (0.08%) (Table 3).

Table 3 - Reported cases of violence according to the child's skin color

Color	Females	Males	Total
	Number (%)	Number (%)	Number (%)
White	2793 43,01	2063 31,77	4856 74,78
Brown	387 5,96	268 4,13	655 10,09
Black	366 5,64	267 4,11	633 9,75
Yellow	6 0,09	9 0,14	15 0,23
Indigenous	5 0,08	0 0	5 0,08
N/A - no answer	174 2,68	155 2,39	329 5,07
Total	3731 57,46(%)	2762 42,54(%)	6493 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

We found 8,803 reports regarding type of violence, a number higher than the cases of violence found because some children endured more than one type of violence in the reporting story. The most prevalent types of violence were negligence (36.25%), sexual (32.28%), psychological (19.48%), physical (10.88%) and others (1.11%) (Table 4).

Table 4 - Reported types of violence according to the child's age group

Type of violence	Age 0 – 3	Age 4 – 7	Age 8 – 12	Total
	Number (%)	Number (%)	Number (%)	Number (%)
Negligence	2075 23,57	732 8,32	384 4,36	3191 36,25
Sexual	297 3,38	1140 12,95	1404 15,95	2841 32,28
Psychological	229 2,60	648 7,36	838 9,52	1715 19,48
Physical	305 3,46	296 3,36	357 4,06	958 10,88
Other	30 0,34	21 0,24	47 0,53	98 1,11
Total	2936 33,35(%)	2837 32,23(%)	3030 34,42(%)	8803 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

In this study, we identified 6,320 reports regarding means of aggression, the most prevalent being physical strength (25.86%), followed by threats (17.99%), poisoning (2.2%), blunt object (1.12%), hot substance (0.98%), firearm (0.97%), perforation/cutting (0.93%), others (49.95%) (Table 5).

Table 5 - Means of aggression cited in reports of violence against children

Means of aggression	Females		Males		Total	
	Number	(%)	Number	(%)	Number	(%)
Physical strength	1039	16,44	595	9,42	1634	25,86
Threats	787	12,45	350	5,54	1137	17,99
Poisoning	72	1,14	67	1,06	139	2,2
Blunt object	33	0,52	38	0,60	71	1,12
Hot substance	32	0,51	30	0,47	62	0,98
Firearm	22	0,35	39	0,62	61	0,97
Perforation/Cutting	21	0,33	38	0,60	59	0,93
Others	1477	23,37	1680	26,58	3157	49,95
Total	3483	55,11(%)	2837	44,89(%)	6320	100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

The main place of occurrence was the child's own residence (71.07%), followed by shops/services (15.65%), public roads (3.02%), school (1.74%), others (2.16%), not applicable (6.36%) (Table 6).

Table 6 - Places of occurrence of violence against children

Place	Age 0 – 3	Age 4 – 7	Age 8 – 12	Total
	Number (%)	Number (%)	Number (%)	Number (%)
Home	1556 23,96	1539 23,70	1520 23,41	4615 71,07
Shops/Services	698 10,75	190 2,93	128 1,97	1016 15,65
Public roads	40 0,62	70 1,08	86 1,32	196 3,02
School	22 0,34	40 0,61	51 0,79	113 1,74
Others	21 0,32	39 0,82	66 1,02	140 2,16
No information	237 3,65	113 1,74	63 0,97	413 6,36
Total	2574 39,64(%)	2005 30,88(%)	1914 29,48(%)	6493 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

As for the victim's relationship with the aggressor, there were 7,124 aggressors in the reports, as in some cases there was more than one aggressor per victim. The mother, regardless of the age group, was mainly responsible for the violence (38.63%), followed by the father (19.86%), a friend (12.24%), stepfather (7.36%), uncle (4.67%), grandfather (4.01%), unknown (1.73%), others (11.50%) (Table 7).

Table 7 - Victim's relationship with the aggressor by age group

Relationship with aggressor	Age 0 – 3	Age 4 – 7	Age 8 – 12	Total
	Number (%)	Number (%)	Number (%)	Number (%)
Mother	1783 25,03	622 8,73	347 4,87	2752 38,63
Father	643 9,03	469 6,58	303 4,25	1415 19,86
Friend	87 1,22	320 4,49	465 6,53	872 12,24
Stepfather	51 0,72	183 2,57	290 4,07	524 7,36
Uncle	41 0,57	130 1,82	162 2,28	333 4,67
Grandfather	103 1,45	105 1,47	78 1,09	286 4,01
Unknown	21 0,29	47 0,66	55 0,78	123 1,73
Other	173 2,42	308 4,34	338 4,74	819 11,50
Total	2902 40,73(%)	2184 30,66(%)	2038 28,61(%)	7124 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

Regarding the sex of the aggressors, most aggressors are males in the general reports: males (46.35%), females (32.19%), both (13.46%) and not applicable (8%) (Table 8).

Table 8 - Sex of the child's aggressors

Sex of the aggressor	Age 0 – 3	Age 4 – 7	Age 8 – 12	Total
	Number (%)	Number (%)	Number (%)	Number (%)
Males	402 6,19	1167 17,97	1441 22,19	3010 46,35
Females	1367 21,05	457 7,04	266 4,10	2090 32,19
Both	496 7,64	239 3,68	139 2,14	874 13,46
Left blank	309 4,76	142 2,19	68 1,05	519 8
Total	2574 39,64(%)	2005 30,88(%)	1914 29,48(%)	6493 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

The use of alcohol/drugs was left as not applicable in 53.04% of the reports, followed by non-use (34.47%) and use (12.49%) (Table 9).

Table 9 - Use of alcohol/drugs by the aggressor

Use of alcohol/drugs	Age 0 – 3	Age 4 – 7	Age 8 – 12	Total
	Number (%)	Number (%)	Number (%)	Number (%)
Yes	157 2,41	275 4,24	379 5,84	811 12,49
No	925 14,25	723 11,13	590 9,09	2238 34,47
N/A	1492 22,98	1007 15,51	945 14,55	3444 53,04
Total	2574 39,64(%)	2005 30,88(%)	1914 29,48(%)	6493 100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

Recurrence of violence was present in 31.55% of cases; 24.76% had no recurrence, 43.60% of cases were left as not applicable and 0.09% were left with no answer. Of the total number of reported cases of recurrent violence, 21.05% were against females and 10.49% against males (Table 10).

Table 10 - Recurrence of violence according to the child's sex

Recurrence	females		males		Total	
	Number	(%)	Number	(%)	Number	(%)
Yes	1367	21,06	681	10,49	2048	31,55
No	880	13,55	728	11,21	1608	24,76
N/A	1480	22,79	1351	20,81	2831	43,60
No answer	4	0,06	2	0,03	6	0,09
Total	3731	57,46(%)	2762	42,54(%)	6493	100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

The cases of violence in the city of Porto Alegre were referred to the health sector (31.72%), the Guardianship Council (31.26%), the Legal Medical Institute (14.18%), the Reference Center for Social Assistance (9.50%), the Public Prosecutor's Office (5.07%), the Institution of Children and Adolescents (2.98%), the Court of Children and Adolescents (1.60%), other institutions (1.03%), a shelter (0.92%) and others (1.74%) (Table 11).

Table 11 - Referrals to the various public institutions that help victims of violence in the city of Porto Alegre

Referrals to welfare institutions	Reports	
	Total number	(%)
Health centers	3121	31,72
Guardianship Council	3075	31,26
Legal Medical Institute	1395	14,18
Reference Center for Social Assistance	935	9,50
Public Prosecutor's Office	499	5,07
Institution of Children and Adolescents	293	2,98

Referrals to welfare institutions	Reports	
Court of Children and Adolescents	157	1,60
Other institutions	101	1,03
Shelter	91	0,92
Others	171	1,74
Total	9838	100(%)

Source: Municipality of Porto Alegre/SINAN – Adaptaded from VIVA Continuo and VIVA [11-12]

Discussion

This study showed that reports of violence against children from Rio Grande do Sul are increasing at alarming rates, as in 2010 there were 692 reports, and in 2016 the figure practically doubled. Violence in general is currently growing. Additionally, according to data from the Secretariat of Public Security, this happened in the entire state of Rio Grande do Sul over the past few years. Therefore, we can state that social violence, in some way or another, reaches families and consequently children [13]. Following this same logic, Figueiredo et al., in a 2013 [14] study of a population from Rio Grande do Sul in extreme poverty, concluded that there is a potential risk of violence in situations of vulnerability such as poverty, since violence is the direct result of inequality, inequitable distribution of income and the difficulty of access poor people have to consumer goods, all notorious characteristics of Brazil in recent times.

In this study, we found a predominance of reports of violence against girls over the years, although it was boys who were attacked the most in early childhood (0 to 3). This reflects a tragic snapshot of society, due to lack of information and deeply rooted socio-cultural concepts. In 2015, Habigzang et al. [15] justify the linearity of violence against girls with their growth, because the physical violence suffered during sexual abuse encourages victims to remain silent, despite being exposed from preschool age.

According to the latest census conducted by the Brazilian Institute of Geography and Statistics (IBGE) [16], the population from Rio Grande do Sul declared itself white in 79.23% of the sample, which justifies that almost 75% of the reports of violence in this study involved white victims.

This research shows that neglect, sexual, psychological and physical violence were the most frequently reported cases. The number of cases of violence was higher than the reports because some children suffered more than one type of violence, with the reports of violence overlapping. The same situation was observed by Costa et al [17], with a different prevalence order, with secondary data from the records of occurrence of children victims of violence in Guardianship Councils I and II of Feira de Santana in Bahia, Brazil.

It was alarming to observe the situation endured by children from Rio Grande do Sul regarding the negligence of the adults responsible for them. We found that the child-family-society triad was very important, as well as the family as its pillar. Some social issues, such as socioeconomic level, may be decisive in this type of violence. Underweight, poor dental hygiene and extensive and widespread tooth decay are factors that tend to show that the child does not have the proper care and may be the victim of neglect. According to Seger et al. [18], in a study conducted in the city of Porto Alegre,

79% of family neglect is intentional and 7% is not intentional.

Sexual violence was recorded in all age groups, and happens in a very subtle way for children, as they find it difficult to determine if it was inappropriate behavior. In 2001, Figueiredo et al. [19] reported that children victims of sexual violence may show altered signs and symptoms, such as atypical behavior in the dental appointment and the appearance of oral lesions, which can facilitate diagnosis. In contrast, according to Abranches and Assis [20], psychological violence or psychological torture is difficult to diagnose, leaves invisible marks, and may be implicit in other types of violence.

Physical violence was considered to be a punitive approach to educate children, and was the most prevalent means of aggression among girls. Additionally, Assis [21], in a study including students in public and private schools in the municipality of Duque de Caxias in Rio de Janeiro, showed that over 50% of children suffered verbal abuse through insults by their parents.

Almost all cases of reports of violence found in this study took place inside the children's homes, the mother being the main aggressor, mainly in the 0 to 3 age group. In 2014, Nunes and Salles [22] conducted a literature review on violence against children in Brazil. They showed that the aggressor is always a family member and that parents are the greatest perpetrators of violence against children, specially the mother.

Most aggressors were male, which is justified by the power relations inherent in men, which result in inequality and domination over the children. In turn, the use of alcohol and other drugs may trigger situations of violence, because excessive use can alter consciousness, leading to irritability, loss of critical sense and increased libido. In this study, 12% of the aggressors claimed to use such drugs [15-23]

As violence tends to be cyclical and repetitive, we found 35% of reports of recurrence. Furthermore, the reports were proportionally referred to the health sector and the Guardianship Council of Porto Alegre. According to Fonseca [24], in a study conducted with children victims of recurrent violence in the city of Curitiba, this feature is a major factor the health professional must pay attention to, mainly when caring for children who were victims of violence.

Finally, public policies must be urgently implemented, in accordance with current legislation, to ensure the protection of children and their family so that the cycle of victimization and suffering does not perpetuate in future generations. Health professionals should be aware of the issues involved in domestic violence, taking into account the child and family's social context, in order to have a broader understanding and to provide better quality of care, thus improving the quality of life of these people.

Conclusion

We conclude that there was an increase in the number of children victims of violence as reported to the General Office of Health Surveillance of Porto Alegre between January 1, 2010 and December 31, 2016. This shows the need to promote measures of prevention and protection to safeguard children, as well as the importance of addressing this issue in the academic training of health professionals, in particular, dental surgeons.

References

1. World Health Organization, Guidelines for medico-legal care for victims of sexual violence. Genebra: WHO; 2003 ESTA CREO QUE HAY QUE CAMBIARLA TODA POR: http://www.who.int/violence_injury_prevention/violence/world_report/en/summary_en.pdf

2. Day VP, Telles LE de B, Zoratto PH, Zoratto, Pedro Henrique Azambuja MRF de, Machado, Denise Arlete Silveira MB, Debiaggi M, da Graça Reis M, Göettert Cardoso R, Blank P. Violência doméstica e suas diferentes manifestações. Rev. psiquiatr. Rio Gd. Sul. 2003; 25 (sup1): 9–21.
3. Pesce R. Violencia familiar e comportamento agressivo e transgressor na infancia: uma revisao da literatura. Ciênc. Saúde Colet. 2009; 14 (2): 507–18.
4. Reichenheim ME, Hasselmann MH, Moraes CL. Conseqüências da violência familiar na saúde da criança e do adolescente: contribuições para a elaboração de propostas de ação. Ciênc. Saúde Colet. 1999;4 (1): 109–21.
5. Brasil. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. 11. ed. Porto Alegre: CORAG; 2011.
6. Brasil. Ministério da Saúde. Portaria nº 104, de janeiro de 2011. Define as terminologias adotadas em legislação nacional, conforme o disposto no Regulamento Sanitário Internacional 2005 [RSI 2005]. [Internet]. [Cited: 2018 Jun 6]. Available from: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt0104_25_01_2011.html.
7. Pascolat G, Santos C de FL dos, Campos ECR de, Valdez LCO, Busato D, Marinho DH. Abuso físico: o perfil do agressor e da criança vitimizada. J. pediatr. (Rio J.). 2001;77 (1): 35–40.
8. Alves P, Cavalcanti AL. Diagnóstico do abuso infantil no ambiente odontológico: uma revisão da literatura. UEPG Ci. Biol. Saúde. 2003;9 (3/4): 29–35.
9. Barreto CSLA, Araújo PC de, Martins DFJ. Violência contra crianças segundo registros do Sistema de Informação de Agravos de Notificação - SINAN , Bahia , Brasil - 2008 a 2012. Rev. Ciênc. Méd. Biol. 2012; 11 (2): 140–8.
10. Seguridad, Justicia y Paz [Internet]. México, 2017 [Cited: 2018 jun 6]. Available from: https://www.seguridadjusticiaypaz.org.mx/ranking-de-ciudades-2017.
11. Brasil. Porto Alegre. Prefeitura Municipal. Viva contínuo (notificações (2009-13) [Internet]. Porto Alegre; ano [acesso 2018 jun 6]. Available from: http://www2.portoalegre.rs.gov.br/sms/default.php?p_secao=919.
12. Brasil. Porto Alegre. Prefeitura Municipal. Viva (notificações (2014-16) [Internet]. Porto Alegre; ano [acesso 2018 jun 6]. Available from: http://www2.portoalegre.rs.gov.br/sms/default.php?p_secao=919.
13. Brasil. Rio Grande do Sul. Secretaria da Segurança Pública. Indicadores criminais [Internet]. Porto Alegre; 2018 [acesso 2018 jun 6]. Available from: http://www.ssp.rs.gov.br/indicadores-criminais.
14. Figueiredo MC, Kothe V, Cesar M de O, Silva KVCL da. Conceitos sobre violência e dados socioeconômicos de pessoas em situação de pobreza extrema residentes em um município no Sul do Brasil. RFO UPF. 2013; 18 (1): 67–74.
15. Habigzang LF, Koller SH, Azevedo GA, Machado PX. Abuso sexual infantil e dinâmica familiar: aspectos observados em processos jurídicos. Psicol. teor. pesqui. 2005;21 (3): 341–8.
16. Brasil. Instituto Brasileiro de Geografia e Estatística. População residente, por cor ou raça, segundo a situação do domicílio, o sexo e a idade [Internet]. Rio de Janeiro; 2011 [Cited: 2018 jun]. Available from: https://sidra.ibge.gov.br/Tabela/3175#resultado.
17. Costa MCO, Carvalho RC de, Santa Bárbara J de FR, Santos CAST, Gomes W de A, Sousa HL de. O perfil da violência contra crianças e adolescentes, segundo registros de Conselhos Tutelares: vítimas, agressores e manifestações de violência. Ciênc. Saúde Colet. 2007; 12 (5): 1129–41.
18. Seger ÂCBP, Caldart P, Grossi PK. Desvelando a violência contra as crianças em um hospital universitário: desafios para o Serviço Social. Textos contextos. 2010;9 (1): 118–31.
19. Figueiredo MC, Frassetto P de M, Guimarães LF, Boaz CM. Violência sexual contra crianças e seus aspectos relevantes para o profissional de saúde: relato de caso clínico. Conscientiae saúde. 2011;10 (4): 735–40.
20. Abranches CD de, Assis SG de. A (in)visibilidade da violencia psicologica na infancia e adolescencia no contexto familiar. Cad. saúde pública. 2011; 27 (5): 843–54.

21. Assis SG de. Traçando caminhos em uma sociedade violenta: a vida de jovens infratores e de seus irmãos não-infratores. [Internet]. Rio de Janeiro: FIOCRUZ; 1999. [Cited: 2018 jun 14]. p: 41-64. Available from: http://books.scielo.org
22. Nunes AJ, Sales MCV. Violência contra crianças no cenário brasileiro. Ciênc. Saúde Colet. 2016; 21 (3): 871–80.
23. Maia JMD, Williams L. Fatores de risco e fatores de proteção ao desenvolvimento infantil: uma revisão da área. Temas psicol. 2005;13 (2): 91–103.
24. Fonseca RMGS da, Egry EY, Nóbrega CR, Apostólico MR, Oliveira RNG de. Reincidência da violência contra crianças no Município de Curitiba: um olhar de gênero. Acta paul. enferm. 2012; 25 (6): 895–901.

Marcia Cançado Figueiredo: mcf1958@gmail.com

Received on: 21 Jul 2018 – Accepted on: 29 Aug 2018