

ANALYSIS OF THE SCIENTIFIC PRODUCTION ON THE NOTIFICATION OF VIOLENCE AGAINST ADOLESCENTS

Análise da produção científica sobre a notificação da violência contra adolescentes

Análisis de la producción científica sobre la notificación de la violencia contra adolescentes

Review Article

ABSTRACT

Objective: To analyse the scientific production regarding notification of violence against adolescent. **Methods:** This is a literature review study, conducted in the period between September and October 2013. It included the articles published between 2003 and 2013; researches conducted in Brazil; in English, Spanish, and Portuguese; indexed in Latin-American and Caribbean System on Health Sciences Information (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), and Scientific Electronic Library Online (SciELO) databases, combining the descriptors (Violence, Abuse Registry; Defense of Children and Adolescents; Notification; Adolescents). **Results:** The research found 10 articles, where three main themes were highlighted: 06 addressed the ‘characterization of cases of violence’; 07 described ‘the professional as an active part in the notification’, and 05 discussed the ‘quality of the notification and violence registries’. **Conclusion:** The violence characterization, the health team’s knowledge, and underreporting have been addressed with great relevance and such themes are key to improving both the quality and the quantity of the notification.

Descriptors: Notification; Violence; Epidemiological Surveillance.

RESUMO

Objetivo: Analisar as produções científicas acerca da notificação de violência contra adolescente. **Métodos:** Tratou-se de estudo de revisão da literatura, realizado no período de setembro a outubro de 2013. Foram incluídos os artigos publicados entre 2003 e 2013; pesquisas realizadas no Brasil; nos idiomas inglês, espanhol e português; indexados nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) e Scientific Electronic Library Online (SciELO), combinando os seguintes descritores: violência, notificação de abuso, defesa da criança e do adolescente, notificação, adolescente. **Resultados:** A pesquisa resultou em 10 artigos, dos quais se destacaram três eixos temáticos: seis abordavam “caracterização dos casos de violência”, sete descreviam “o profissional como um atuante na notificação” e cinco discutiam “qualidade da notificação e registros de violência”. **Conclusão:** A caracterização da violência, o conhecimento da equipe de saúde e a subnotificação vêm sendo abordados com muita pertinência, sendo estes temas fundamentais para melhorar tanto a qualidade quanto a quantidade da notificação.

Descritores: Notificação; Violência; Vigilância Epidemiológica.

Taciana Mirella Batista dos Santos⁽¹⁾
Tarcísia Domingo de Araujo Sousa⁽¹⁾
Griziel Sandrine de Araujo Rocha⁽¹⁾
Lygia Maria Pereira da Silva⁽¹⁾

1) University of Pernambuco (Universidade de Pernambuco - UPE) - Recife (PE) - Brazil

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RESUMEN

Objetivo: Analizar las producciones científicas sobre la notificación de violencia contra adolescentes. **Métodos:** Se trató de un estudio de revisión de literatura realizado entre septiembre y octubre de 2013. Se incluyó los artículos publicados entre 2003 y 2013; investigaciones realizadas en Brasil; en los idiomas inglés, español y portugués en las bases de datos Literatura Latino-Americana de Ciências da Saúde (LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE) y Scientific Electronic Library Online (SciELO), asociando los descriptores violencia, notificación de abuso, defensa del niño y del adolescente, notificación, adolescente. **Resultados:** La investigación resultó en 10 artículos de los cuales se destacaron cuatro ejes temáticos: seis abordaron “caracterización de los casos de violencia” siete describieron “el profesional como actuante en la notificación” y cinco discutieron “calidad de la notificación y registros de violencia”. **Conclusión:** La caracterización de la violencia, el conocimiento del equipo de salud y la subnotificación han sido abordados con mucha pertinencia siendo estos temas fundamentales para mejorar la calidad y cantidad de la notificación.

Descriptores: Notificación; Violencia; Vigilancia Epidemiológica.

INTRODUCTION

In accordance with what is settled by the Child and Adolescent Statute (*Estatuto da Criança e do Adolescente - ECA*), adolescents are individuals with chronological age between twelve and eighteen years. In Brazil, for a long time, violence against children and adolescents has gone unnoticed by the scientific community and the criminal justice system. Today, it is considered a public health problem, starting to gain relevance within the scientific community⁽¹⁾.

According to 2010 Demographic Census, young people between 12 and 18 years of age account for 24,033,745 Brazilians, corresponding to 12.6% of the total population⁽²⁾.

The Map of Violence addresses an international analysis on the number of homicides of children up to the age of four, in which Brazil occupied the 23rd position. When assessing ages between 15 and 19 years, Brazil assumed the 4th position, a data that reveals violence as a problem affecting mainly this age group. The states with the highest numbers of reported violence against adolescents in this age group were Amapá, Alagoas and Bahia, respectively. Rondônia and Espírito Santo featured the lowest rates in the country⁽³⁾.

For the country, this relevance emerged following the promulgation of ECA, which came to ensure special rights and comprehensive protection to this population,

in addition to the obligation of compulsory notification⁽⁴⁾. This instrument legally defines rules of conduct for the health professionals, demanding the notification of violence and ill-treatment (articles 13 and 245), whether it regards suspected or confirmed cases⁽¹⁾.

Violence represents a big problem because, in addition to the significant number of injuries and deaths, which generate a strong impact on mortality and morbidity rates, the external causes are responsible for a social and economic loss, characterised by a very large amount of sequels, hospital and social security expenditure, besides causing great suffering to the victimised's families⁽⁵⁾.

The increase in deaths from external causes, including violence, has risen among young people in recent decades. In 1980, it accounted for 6.7% of deaths; in 2010, it reached a staggering 26.5% - an increase of 19.8% in only three decades. It is the leading cause of death among the age group of 1-19 years old, followed by neoplasms and tumours, with 7.8%, and diseases of the respiratory system, with 6.6%⁽³⁾.

The term ‘notification of violence’ is well-known in the health sector, while the term ‘record of violence’ is used in other areas⁽⁶⁾. Health professionals, in filling out the notification form, should send one of the copies for the epidemiological surveillance of the Municipal Health Secretariats. This form provides data to be recorded in the Notifiable Diseases Information System (*Sistema de Informação de Agravos de Notificação - SINAN*). A copy should be kept in the facility that notified the violence, while the third copy should be sent to the Guardianship Council or the competent authorities (Art.13 of Law No. 8.069/1990), warning that a given adolescent, or their family, need help⁽⁷⁾.

Cases of violence reported in Brazil totalled 157,370 in 2012 – in 2013, up to the month of July, they already numbered 70,669. Of these, 17,538 cases were reported in adolescents aged 10-19 years. Physical violence (65.3%) was found as the most frequently reported, and the main identified aggressor was known to the victim⁽⁸⁾.

The Ministry of Health (MOH), recognizing the inclusion of violence in this sector, as well as the mandatory notification of this disease, implemented in 2006, a Violence and Accidents Surveillance System (*Vigilância de Violências e Acidentes - VIVA*), which aims at identifying and disseminating data on violence and accidents in Brazil⁽⁹⁾. Therefore, the MOH depends on the notification of violence to know the profile and monitor cases of violence within the epidemiological surveillance context⁽¹⁰⁾.

Even after the promulgation of ECA, the inclusion of violence in the list of diseases of compulsory notification, the creation of VIVA, and other measures to prevent violence and protect adolescents, one realizes that such mechanisms are still insufficient to deal with this issue⁽¹¹⁾. Non-notified cases constitute a larger share, regarding the ‘silent violence’, not shown due to lack of notification

and coverage of services. In the face of underreporting and uncertainty on the total of reported cases of violence, the true reality of violence against adolescent is still not known⁽¹²⁾.

One of the guidelines proposed by the World Health Organization (WHO) is the improvement and development of the information sector⁽¹³⁾. The health surveillance secretariat, since 2005, has been trying to qualify professionals from different fields and different regions of the country, in an attempt to improve the quality of records⁽⁸⁾, as it is important to think about strategies and partnerships aimed at victim protection and family support⁽¹⁴⁾.

Although greater visibility of violence against adolescent has been going on in recent decades, whether in the field of health, public policy, or in the academic environment, much remains to be investigated in the search for understanding of violence, in its complexity, and the factors that surround it⁽¹¹⁾. Notification plays a key role, whether in the adolescent's protection, through communication to the guardianship council, or in the visibility of this issue, through communication to the epidemiological surveillance.

Given the relevance of this issue, and for its better understanding, it is necessary to know the discussion of this topic in the academic environment. Therefore, this study aimed at analysing the scientific production about the notification of violence against adolescent.

METHODS

This was a literature review study, conducted between September and October 2013. For the survey

development, the following steps were performed: theme identification; establishment of criteria for inclusion and exclusion of selected items; definition of the primary research characteristics; evaluation of the included articles; interpretation of results; and presentation of the review, providing a critical examination of the findings⁽¹⁵⁾.

The articles have met these inclusion criteria: publication period between 2003 and 2013; researches conducted in Brazil; written in English, Spanish, and Portuguese; indexed in the Virtual Health Library (Latin-American and Caribbean System on Health Sciences Information - LILACS), Medical Literature Analysis and Retrieval System Online (MEDLINE), and Scientific Electronic Library Online (SciELO) databases.

The articles searching process was carried out through combination of these descriptors: violence, abuse registry, defense of children and adolescents, notification, and adolescents, establishing the filters according to the inclusion and exclusion criteria. After reading the titles and abstracts, the articles that were inappropriate to the theme addressed were excluded, as well as the repeated ones, found from the intersections of the descriptors.

Ten articles were comprised in the sample (Figure 1). A close reading enabled the extraction of the following information: authors, year of publication, publishing journal, type of study, objectives, sample characteristics and methodology. Data was analysed using content analysis⁽¹⁶⁾, which consists of stages, in this chronological order: 1) pre-analysis of data, aimed at operationalising the initial ideas on the subject; 2) exploration of the material, rendering the text features clear to the researcher, generating aggregate

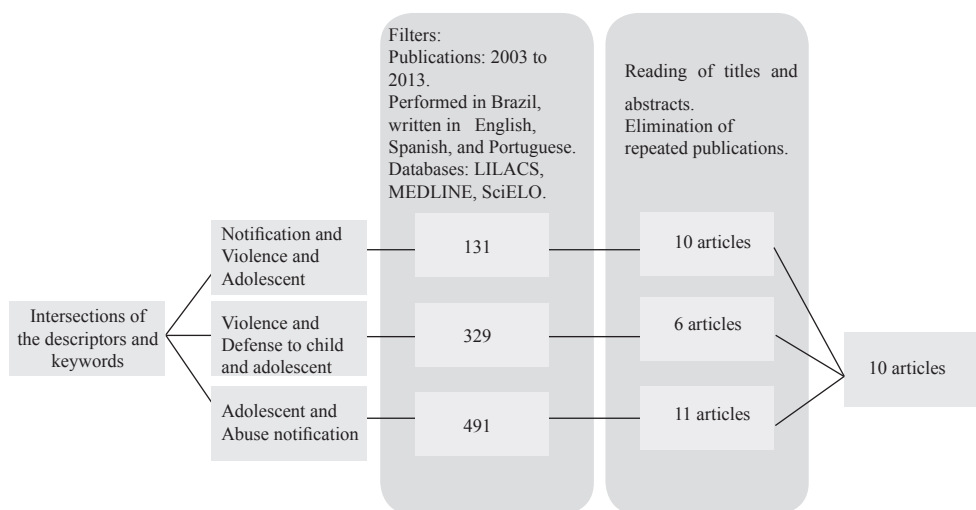


Figure 1 - Distribution and selection of articles according to the eligibility criteria established in the survey (Sept-Oct, 2013).

meaning units; and 3) processing and interpretation of results, where data is actually processed so as to become significant.

From this analysis, three categories have emerged: 'characterization of cases of violence'; 'the professional as an active part in the notification' and 'quality of the notification and records of violence'. The review was conducted by peers, as a way to minimize subjectivity in the articles selection.

RESULTS

Of the selected studies, six were intended to characterize the cases of violence^(6,10,11,17,18,19) – two of them^(11,17) focused exclusively on adolescents. The theme of professionals as an active part in the notification presented seven articles^(6,11,19,20,21,22, 23), five of which aimed at the characterization, description or quality of the notification and records of violence^(6,11,21,22,23), whether or not this was its main purpose (Chart I).

Chart I - Characterization of the articles included in the review according to the authors, year, sample, study design and objective (Sept-Oct, 2013).

Author/Year	Sample	Study Design	Objective of the Productions
Costa ⁽¹⁷⁾ (2007)	n=1,156 cases of violence	Cross-sectional, Documental	Estimate the prevalence of types of violence against children and adolescents, in the records of the Guardianship Councils, and the association of this violence to the victims' age and their links with offenders in 2003-2004;
Banzon ⁽¹⁸⁾ (2008)	n=7,765 notification files	Quantitative, Qualitative, Documental	Discuss the conceptual system of classification of different types of violence committed against childhood and adolescence;
Martins ⁽¹⁹⁾ (2009)	n=308 notifications for neglect and abandonment	Cross-sectional, Descriptive, Documental	Analyse the characteristics of neglect and abandonment against children under 15 years living in Londrina, PR, whose event was reported to the Guardianship Council and healthcare services in 2006;
Luna ⁽²⁰⁾ (2010)	n=359 professionals of the Family Health Strategy	Quantitative, Cross-sectional	Analyse the process of notification of ill-treatment in children and adolescents by professionals of the Family Health Team;
Silva ⁽²¹⁾ (2011)	n=31 publications	Literature Review	Reflect on sexual violence against children and adolescents, focusing on the nurses' work in the light of their professional practice and the Brazilian legislation;
Lima ⁽⁶⁾ (2011)	n=184 documents (27 articles, 1 dissertation, 1 thesis)	Comparative and documental study, through laws, ordinances, norms and complementary literature research	Characterize the historical context of confronting sexual violence against children and adolescents, and its notification process in Brazil and in the United States (US); Establish comparison parameters between the Brazilian and American reality;
Justino ⁽²²⁾ (2011)	n=361 cases notified to the Guardianship Council	Quantitative, Descriptive Retrospective, Documental	Verify in the North and South Guardianship Councils of the city of Campo Grande, Mato Grosso do Sul, the occurrence of reports of sexual violence against children (2007-2008).
Pordeus ⁽²³⁾ (2011)	n=82.175 fichas de denúncia	Quantitativo, Descritivo	Analyse the complaints of violation of the children and adolescents' rights; received from Guardianship Councils in the Northeast region (2002-2007);
Oliveira ⁽¹¹⁾ (2011)	n=333 adolescentes atendidos no ambulatório	Transversal, Documental	Estimate the underreporting of domestic violence in a care service to adolescents (10-19 years) in Recife, PE;
Veloso ⁽¹⁰⁾ (2013)	n= 3.267 notificações	Transversal, Documental	Characterize the occurrence of domestic, sexual violence and others, from the Notifiable Diseases Information System (SINAN) database.

DISCUSSION

In order to ease the understanding of the discussion on the selected literature, and catching accurately the notification on violence against adolescents, this study opted for the systematization of knowledge in thematic areas, according to the similarity of their contents.

Characterization of violence

Prevalence studies show that adolescents are still major victims of violence⁽¹⁰⁾. If sometimes the children are the main victims, other times children and adolescents are on the same level⁽²⁰⁾, which reassures that such group is in a situation of vulnerability to violence. The most commonly reported perpetrator was male, frequently known to the victim or guardian^(10,17). In cases of negligence, however, the mother was the greatest perpetrator of violence^(17,18,21). The victim's residence was the most notified location as the site of aggression^(17,21), whereas in a study conducted in Belém, Pará, the public road was the site of a higher incidence of violence, according to the registered notifications⁽¹⁰⁾.

As regards the domestic violence, girls aged between 15 and 19 years are the main victims of such violence, even if the victim has some occupation (work/school) or lives at home and has no vices^(17,19). In a study conducted with children and adolescents in 2007, the main complaint of violence was beating. In the early years of adolescence, youth is attacked indistinctively by the father and mother, while the older adolescents suffer more severe penalties, especially imposed by the father. It is worth noting that, in such cases, paternal punishment differs from maternal punishment in intensity and severity of the injuries⁽²¹⁾.

These findings corroborate another study held in Brazilian Northeast that pointed the father and stepfather as the main violators of the adolescents' rights⁽²⁰⁾, which may reflect a patriarchal culture. In an attempt to impose power, the perpetrators make use of physical force, treating the adolescents like objects⁽²¹⁾.

Physical violence practiced by parents is usually related to the adolescents' change in behaviour, and may also be related to the fragility of affective bonds, and such links might be damaged since childhood, presenting consequences such as rejection between parents and their children in adolescence⁽²¹⁾.

For many, family is 'the basis of everything'. In common sense, it is synonymous with affection, education and protection. However, this pre-formed concept has been changing due to several complaints of violence that occur within the family⁽²⁴⁾. Excess in punishment practiced by parents is widely discussed by the various areas that study this theme. Domestic violence against children and adolescents

is, sometimes, the representation of the "disciplinary power" abuse by parents and caregivers, reducing the victim to the object-of-mistreatment condition⁽²⁴⁾. Since home is the place for the majority of the violence occurrences, it is wise to discuss the family as an intervention target⁽¹⁸⁾.

With regard to sexual violence, studies claim that adolescents are among the main victims⁽²¹⁾. This type of violence has as main aggressor someone known to the victim – usually the father or stepfather. The fact that the sexual violence perpetrator is a relative of the victim often leads to non-reporting of cases, given that, in an eventual attempt to register a complaint, the victim may be constrained by the offender or other family members. Other family members choose not to report in order to preserve the family, and turn a blind-eye to the victims⁽¹⁷⁾.

While a study in the Northeast states that notifications have decreased between 2002 and 2007⁽²⁰⁾, a study conducted in the state of Pará found that, between 2009 and 2011, the number of reported cases increased by 80.1%. The raise is not enough to assert that there was an increase in violence. It represents the professionals' performance in the identification of cases, after a training course offered within the public system⁽¹⁰⁾.

The study of violence should be analysed in the context where the phenomenon occurs. Thus, it helps to understand that the known information does not represent reality but reveals the characteristics of the most commonly reported violence. Psychological violence, as well as neglect⁽¹⁸⁾, for not leaving marks of physical aggression, becomes of difficult identification and reporting, collaborating with the chronicity of the fact, and leading adolescents to a mental suffering that can result in losses in psychosocial, emotional, and cognitive development⁽²⁵⁾. The adolescents also suffer humiliation in the streets, death threats, and become frightened, which also characterizes the psychological violence⁽²¹⁾.

There is a shortage of articles on violence addressing intervention projects, either with professionals and with adolescents. This gap can be narrowed from the recognition of violence as a public health problem. To characterize the violence profile was the first step, but in face of this knowledge, an investment is demanded to reach possible solutions, in order to promote a culture of peace and reduce the number of victims of violence.

The professionals who notify violence

Violence notification, despite mandatory, suffers interference by the professional making it. Therefore, one of the themes that emerged from the reading of these articles was the professional's relationship with violence, and the factors that hinder or facilitate the reporting of cases.

Professionals are afraid of involvement in cases of violence, for fear of reprisal by the offender and the community, besides the liability to legal demands, such as the call to give testimony before the case assisted by the professional⁽²³⁾. They also begin to constantly experience an ethical dilemma facing the situation in which the principle of family integrity is opposed to the principle of the adolescent's best interests⁽²⁴⁾.

Resistance to notification can be overcome with strategies that create safe conditions for the professional practice. One proposal to be considered is the sharing of responsibility among the professionals involved in the care, the notifier being the manager, avoiding the exposition of one particular professional^(19,22).

The health institution is, very frequently, the entry door for assistance to victims of violence, so these professionals need to be qualified, given that they also have the function of protecting and preserving the adolescent's right^(18,22).

From the recognition of the healthcare importance in fighting violence and the difficulties faced by this group, it becomes necessary a greater investment in human resources, so that the notification is made more often, with increased safety and better quality⁽¹⁹⁾. Yet in the prospect of improving the professional qualification, the authors emphasize the incorporation of the theme of violence in the curricular guidelines, for the construction of an academic and professional profile with skills, abilities and contents^(19,22).

Sexual violence is one of the most serious public health problems⁽¹⁷⁾ and appears to be the one that most sensitizes health professionals. However, it requires a multidisciplinary approach, constituting a challenge for the health sector, given the need for a paradigm shift for tackling the problem⁽¹⁹⁾.

The studies propose educational activities and actions involving the families, and should they be developed in all complexity levels (primary, secondary and tertiary), preventively. Their target audience are the parents, and they address the rights of children and adolescents to grow up without violence and its effect on the victim's health, seeking adherence to treatment of injuries resulting from violence, and throwing light on the duties of responsible adults regarding children's safety and well-being. All this in order to strengthen and structure the families, since they are the ones who primarily play the role of protecting the children and adolescents^(18,19).

A place that provides services and ensure an interdisciplinary team with medical, psychological, social and legal support, is needed by all those involved in the

issue. And ground on that humanized and integrated work, the referrals of victims are performed, in order to strengthen the safety net⁽¹⁸⁾.

The articles emphasized the mandatory notification by the health sector, according to the a federal law, Ordinance No. 1968/2001 MOH^(10,19). And some specifically stressed the Nursing Code of Ethics for the professional duty to protect their customers liable to risk and grievances, being valued and considered a duty of the nurse before the health team^(12,17, 19). The nursing performance is perceived as comprehensive and complex, pointing out that the act of notification does not end the nurses' work in the care of victims, who continue to need follow-up⁽¹⁹⁾. Furthermore, in addition to other health professionals, the nursing professional is responsible for the attention, starting from low complexity, in identifying families with a potential risk for abusive behaviour, up to the high-complexity attention, thus becoming involved in the diagnosis, treatment of injuries resulting from violence, educational activities, and, mainly, in the notification^(17,19).

Health professionals cannot remain oblivious to this matter⁽¹⁷⁾; they should recognize themselves and become involved in this theme⁽¹⁹⁾. A study conducted in Londrina, Paraná, reveals that the type of violence most frequently reported by health professionals are neglect and abandonment, which can be related to the general health status of the victim needing assistance, such as victims with skin injuries due to poor personal hygiene, malnutrition, outdated immunization schedule, and recurrence of hospitalizations for inappropriate treatment. In spite of that, professionals recognize the difficulties in identifying what is actually violence, when it is not shown in the form of physical injury^(10,18).

Studies that referred to the health workers' abilities, skills, and sensitiveness revealed the need to improve care and develop the notification quality, preventing cases from keeping unnoticed by the health team. These professionals cannot remain oblivious to the problem of violence against adolescents. The staff training and the quality of care in health institutions for the work with children and adolescents population are gaining prominence in the scientific literature,

Underreporting of violence

The records of violence are not recorded in a single database, as there are several places where such records can be investigated in. This fact hinders the accuracy in the number of notifications. In addition, many cases fail to be reported, so the researchers say that, due to underreporting, what is known about violence is the tip of the iceberg⁽³⁾.

The Guardianship Council should be the main locus of information for the design of data generated on the forms of violence because, taking into account the ECA, such agency should be set up, even if potentially, as the convergence space of information related to the many situations experienced by children and adolescents. Considering that all the suspected and/or proven cases of threat to or violation of their rights must be notified in this court^(22,23).

It is interesting to highlight the particularities of each type of violence. Some authors thus reveal different reasons for underreporting. Sexual violence appears to have an extremely complicated record, since it is an event where there is a 'covenant of silence' as trademark. Most of the times, the victims fail to seek care, given the fear of reprisal, prejudice and shame - aspects that impair the report of events, particularly when adolescents are the ones affected⁽¹⁷⁾.

Another situation identified by the authors is the lack of experience and the insensitivity of some professionals in caring for the victims in police stations, hospitals and guardianship councils. A fact that exacerbates the situation of underreporting or notification with incomplete data, hampering the investigation and decision-making by the responsible authorities^(10,17).

As for neglect and abandonment, although it represents one of the most frequent forms of violence and ill-treatment, which, since 2001, became a disorder of compulsory notification, throughout the national territory⁽²³⁾, there is strong evidence of underreporting, due to health professionals' discomfort and unpreparedness in identifying and managing the cases, as the signals produced may be more subjective than the injuries left by physical aggression^(10,22,23).

Yet on ill-treatment, studies show that, in addition to the difficulties faced by health professionals and others who deal with the victims in this situation, another complicating factor for the notifications is the family itself. Family members can deny information that support the suspicions and produce false reports to mask out the situation^(10,22). When it comes to domestic violence, the denouncers are usually neighbours or acquaintances and do not want to get involved, so they provide incomplete data or opt for anonymity⁽²⁰⁾.

Moreover, there are structural problems of the public services, such as the difficulty for operation of the guardianship councils, and even the lack of these in some municipalities, precariousness of supportive services to implement the measures applied, the heterogeneity among the counsellors and the great demand for services faced by these agencies⁽¹⁸⁾.

Among some limitations of this review, one can mention the fact that the articles present different age groups for adolescents and children. It is therefore interesting that the researches conducted with those groups adopt an already established concept.

CONCLUSION

The characterization of violence, health team's knowledge, and underreporting have been addressed with much appropriateness, being key issues to improve both the quality and the quantity of notification.

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Mailing address:

Taciana Mirella Batista dos Santos
Faculdade de Enfermagem Nossa Senhora das Graças
Rua Arnóbio Marques, 310
Bairro: Santo Amaro
CEP: 50.100-130 - Recife - PE - Brasil
E-mail: tacionamirella@hotmail.com