



Violations of fundamental rights of children and adolescents through violence

Violações por violência de direitos fundamentais de crianças e adolescentes

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Objective: to describe the violations of the fundamental rights of children and adolescents through violence. **Methods:** cross-sectional study of notifications of violations collected from the Information System on Protection to Children and Adolescents. Descriptive and analytical analyses were carried out by means of Chi-square tests for associations. **Results:** among the notifications, 61.2% were related to family and community living; 18.3% to education, culture, sport and leisure; 11.5% to freedom, respect and dignity; 8.5% to life and health; and 0.5% to professionalization and protection at work. There were 541 notifications making reference to violence, which included: 47.5% of sexual nature; white girls, 6 to 12 years old, and students, as main victims; and family members as the main perpetrators. Gender, age and schooling were associated with sexual violence. **Conclusion:** the fundamental rights of children and adolescents have been violated in most cases by the occurrence of violence of sexual, psychological, and physical nature, and negligence. **Descriptors:** Child Advocacy; Violence; Child; Adolescent.

Objetivo: descrever as violações por violência de direitos fundamentais de crianças e adolescentes. **Métodos:** estudo transversal das notificações de violações coletadas do Sistema de Informação de Proteção à Infância e Adolescência. Realizada análise descritiva e analítica pelo Teste Qui-quadrado para associações. **Resultados:** entre as notificações, 61,2% referiram-se à convivência familiar e comunitária; 18,3% à educação, cultura, esporte e lazer; 11,5% à liberdade, respeito e dignidade; 8,5% à vida e saúde; e 0,5% à profissionalização e proteção no trabalho. Registraram-se 541 notificações referentes à violência, as quais foram analisadas: 47,5% do tipo sexual; meninas brancas, 6 a 12 anos, estudantes, foram as principais vítimas; e pessoas da família como os principais praticantes. O sexo feminino, a faixa etária e escolaridade foram associados à violência sexual. **Conclusão:** os direitos fundamentais de crianças e adolescentes foram violados, na maioria das vezes, pela ocorrência de violências sexuais do tipo abuso, psicológicas, físicas; e negligência. **Descritores:** Defesa da Criança e do Adolescente; Violência; Criança; Adolescente.

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Introduction

The fundamental rights are constitutionally established for every person. The Child and Adolescent Statute establishes five groups for this population: the right to life and health; freedom, respect and dignity; family and community living; education, culture, sport and leisure; and professionalization and protection at work⁽¹⁾, which are guaranteed by law.

However, the violation of rights is a socio-cultural and economic phenomenon implied in collective and joint contexts⁽²⁾. Thus, political and economic crises, demographic and climatic changes, and cultural aspects are factors that directly or indirectly interfere in the transgression of laws that protect minors. In this meantime, violence stands out as a public health problem and has been pointed out as one of the main outrages against human rights, especially so in the case children and adolescents⁽³⁾.

Although the legislation establishes the obligation to protect and ensure the rights of children and adolescents, Brazil has the highest estimates of maltreatment of this population in the world. Besides being a structural problem with direct implications to society, violence translates into a potential stressor to the normal process of growth and development, causing serious physical, cognitive, social and psychological damages that may last until and interfere in adulthood⁽⁴⁾.

Thus, because violence has multifaceted causes, rooted in sociocultural issues, macro-structural actions are necessary to tackle it. Notifications figure as an important instrument for confrontation. They assist the Guardianship Council and the Judiciary Branch in the application of punitive and protective measures, as well as in the immediate cessation of violence and provision of epidemiological data. Notifications are one of the responsibilities of health professionals, and the Statute of the Child and Adolescent establish the mandatory character of the notifications on the part of professionals in cases of violation of rights⁽¹⁾. The Ordinance n^o 1,271 of 2014 reiterates this

commitment and defines violence as one of the events that impose compulsory notification⁽⁵⁾.

The health services are designed to be privileged places for prevention, identification, notification and surveillance of violence. But despite all the advances in terms of legislation and structuring of the confrontation network, reporting has been a challenge for many professionals and managers⁽⁶⁾.

Although few, some studies have addressed the violation of the fundamental rights of children and adolescents as important because of the magnitude of the problem and the possibility of alerting on the occurrence of this event in the family environment, in which nurses act through the care practice in the Family Health Strategy. In order to contribute to the mend this gap, especially in the health area, research that describes the profile of victims of violence is important for the discussion and implementation of public policies. In this sense, this study aims to describe the violations of fundamental rights of children and adolescents.

Methods

This cross-sectional study was carried out at the Guardianship Council of a medium-sized municipality in the State of Paraná, Brazil, whose data collection took place between January and February 2016.

The population was composed of children and adolescents, aged from zero to 18 incomplete years, who suffered violations of rights that were notified. The inclusion criteria were: all cases notified of the five rights groups of rights (life and health; freedom, respect and dignity; family and community living; education, culture, sports and leisure; and professionalization and protection at work) registered in the Guardianship Council between 2011 and 2015. A total of 4,699 records were selected. Notifications making reference to four groups of rights (life and health; education, culture, sport and leisure; and professionalization and protection at work) were excluded, while only the right to Freedom, Respect and Dignity was

maintained because the records of violence belong to this group. They were represented by 541 records that are described herein.

The data collection source was the Information System on Protection to Children and Adolescents, a management support tool that has the function of recording and managing the information notified to guardianship counselors. The notifications are digitized in this system, composing a database that classifies the violations according to the five groups of rights set forth in the Child and Adolescent Statute.

The variables studied were: the type of fundamental right violated (life and health; freedom, respect and dignity; family and community living; education, culture, sports and leisure; and professionalism and protection at work); type of violence (abuse; acts against citizenship; psychological, physical, commercial exploitation; restriction to the right to come and go; and submission to illegal activities or contraventions and denial of the right to freedom and respect); sex (female and male); age group (less than five years; six to 12 years; and 13 to 17 years); color/race (brown, white, black, yellow and indigenous); and schooling (kindergarten, elementary school, high school and non-school).

The data was entered into the *Microsoft Office Excel* and then analyzed in the *BioEstat* software version 5.3. Descriptive analyses were performed and absolute and relative frequencies were presented. A Chi-square test was used to check the associations between sociodemographic characteristics and sexual violence, and the significance level of 5% was adopted.

The study complied with the formal requirements set by national and international regulatory standards for research involving human beings.

Results

Among the 4,699 notifications, 2,878 (61.2%) concerned violations of the Right to Family and Community Living; 859 (18.3%) were violations of the Right to Education, Culture, Sports and Leisure; and

541 (11.5%) were violations of the Right to Freedom, Respect and Dignity. With less frequency, violations of the Right to Life and Health were notified in 395 records (8.5%) and of the Right to Professionalization and Protection at Work in 26 records (0.5%).

Among the 541 violations of the Right to Freedom, Respect and Dignity, the most frequent type of violence was sexual abuse (44.0%) and the most exposed age group was six to 12 years (52.0%). However, regardless of age, this was the most significant for of violation (Table 1).

Table 1 - Violations of the Right to Freedom, Respect and Dignity of children and adolescents, according to types of violence and age groups (n=541)

Types of violence	Age group (years)			
	< 5	6 -12	13 -17	Total
	n (%)	n (%)	n (%)	n (%)
Sexual violence - abuse	42 (39.2)	118 (52.0)	78 (37.8)	238 (44.0)
Acts of misconduct (negligence)	40 (37.4)	29 (12.8)	34 (16.5)	103 (19.0)
Psychological violence	11 (10.3)	43 (18.9)	28 (13.6)	82 (15.2)
Physical violence	14 (13.1)	27 (11.9)	28 (13.3)	69 (12.8)
Commercial sexual violence	-	3 (1.3)	16 (7.8)	19 (3.5)
Restriction of the right to come and go	-	3 (1.3)	15 (7.2)	18 (3.3)
Submission to illicit activities	-	2 (0.9)	4 (1.9)	6 (1.1)
Denial of the right to liberty	-	2 (0.9)	4 (1.9)	6 (1.1)
Total	107 (100.0)	227 (100.0)	207 (100.0)	100.0

Among the 129 reports of cases of sexual abuse, violence was perpetrated by family members, and in 60 cases, by a person in the circle of social relations of friendship. In cases of violence perpetrated by family members, the majority of the victims (82.2%) were girls; 45.0% were children in the age group from six to 12 years; 55.8% were of the white race/color; and 70.5% were children or adolescents who studied. This characterization was similar in the cases perpetrated by people in the circle of social contacts and friends (Table 2).

Table 2 - Characteristics of cases of sexual violence (abuse), according to perpetrators and sociodemographic variables of the victim (n=189)

Variables	Perpetrators*		
	Family member	Known person	Total
	n (%)	n (%)	n (%)
Sex			
Female	106 (82.2)	45 (75.0)	151 (79.8)
Male	23 (17.8)	15 (25.0)	38 (20.2)
Age group (years)			
< 5	36 (27.9)	7 (11.7)	43 (22.7)
6 -12	58 (45.0)	30 (50.0)	88 (46.5)
13 -17	35 (27.1)	23 (38.3)	58 (30.8)
Race/color			
Brown	35 (27.1)	22 (36.7)	57 (30.2)
White	72 (55.8)	28 (46.7)	100 (52.9)
Black	10 (7.7)	4 (6.6)	14 (7.4)
Yellow/indigenous	12 (9.4)	6 (10.0)	18 (9.5)
Schooling			
Kindergarten	21 (16.3)	3 (5.0)	24 (12.7)
Elementary/high school	91 (70.5)	52 (86.7)	143 (75.7)
Do not study/not informed	17 (13.2)	5 (8.3)	22 (11.6)

*Of the 238 cases of sexual abuse, there was information on possible perpetrators in 189 cases

Data on sexual abuse allowed presenting some characteristics of the violation in 49 notifications. As for the number and type, there were: 24 rapes; nine exhibitionism, voyeurism and corruption for sexual abuse; and 16 sexual harassments. In all cases, girls were more often the victims of rape (66.6%) than boys (33.4%). The age group that prevailed was from six to 12 years, and in that in cases of rape, the age group that prevailed was from 13 to 17 years. The white color/race prevailed (33.3%) and most of the times, the victims were students (55.6%).

Sexual violence, including abuse and commercial exploitation, totaled 257 cases, representing the most frequent type. The relationship between the characteristics of the group that suffered sexual violence and the group exposed to the other types of violence was tested. The results showed an association between sexual characteristics and the following characteristics of the victims: gender ($p < 0.000$), age group ($p = 0.042$), and schooling ($p < 0.000$) (Table 3).

Table 3 - Association between sociodemographic characteristics and cases of sexual violence against children and adolescents (n = 541)

Variables	Victims of sexual violence		p
	Yes	No	
	n (%)	n (%)	
Sex			< 0.000
Female	208 (56.8)	158 (43.2)	
Male	49 (80.3)	12 (19.7)	
Age group (years)			0.042
< 5	42 (39.3)	65 (60.7)	
6 -12	121 (53.3)	106 (46.7)	
13 -17	94 (45.4)	113 (54.6)	
Race/color			0.156
Brown	148 (46.6)	169 (53.4)	
White	54 (44.6)	67 (55.4)	
Black	45 (50.0)	45 (50.0)	
Yellow/indigenous	10 (76.9)	3 (23.1)	
Schooling			< 0.000
Kindergarten	32 (42.6)	43 (57.4)	
Elementary/high school	198 (53.2)	174 (46.8)	
Do not study/not informed	27 (28.7)	67 (71.3)	

Discussion

The underreporting of violence represents a limitation of the present study, which is a subject permeated by reticent attitudes. This may influence the results, as well as the use of secondary data provided by the Information System on Protection to Children and Adolescents.

Differently from this study, a research on lawsuits against events of violations of the rights of children and adolescents found that the Right to Freedom, Respect and Dignity presented more notifications than family and community living⁽²⁾. Psychological torture was the most frequent (26.0%) followed by humiliation (18.0%). Physical and sexual violence and the stay in prohibited places represented 13.0% of the cases; and grooming accounted for 6.5% of the notifications⁽²⁾.

The Right to Freedom, Respect and Dignity ensures the importance of the family for infants and young people as a vital necessity. However, family

members have been pointed out by some studies as the responsible for violating the rights of the victims, especially when precarious socioeconomic conditions generate neglect of care^(2,4). Violations of this nature are basically grounded on family disintegration and social inequality⁽⁴⁾ and in many situations the victim may be temporarily or permanently removed from the family to preserve her rights⁽²⁾.

National studies that have characterized violence against children and adolescents reveal that the main violent acts are not of a sexual nature, as found in the present study. Research found that negligence was the most frequent type of violence, followed by physical and sexual violence⁽⁷⁾. Another study found that physical aggression corresponded to the majority of the notifications, followed by sexual aggression⁽⁸⁾. Another research found physical violence (49.5%), followed by negligence/abandonment (28.0%), and sexual violence (23.9%) as the most reported among 3,119 records of violence⁽⁹⁾. Among the 17,900 cases analyzed, negligence predominated (47.5%), followed by physical (38.5%), sexual (37.0%) and psychological/moral (25.2%) violence⁽¹⁰⁾. Another research found psychological violence as the main violation, with 53.6% of the reports, followed by physical violence (31.7%), sexual violence (12.1%) and negligence/abandonment (2.4 %) ⁽¹¹⁾. However, notifications may represent breaches in the barrier of silence, because sexual abuse involves complex factors that often interfere with reporting.

Acts against citizenship are understood as negligence because they refer to the absence or insufficiency of physical, emotional and social care, which may or may not be intentional and caused by the family⁽¹⁰⁾. In this study, negligence was the second largest cause of notification. Research that showed negligence as the first cause of notification in children aged zero to nine years (81.4%) called attention to the fact that mothers were the main perpetrators, in 56.4% of the cases⁽⁹⁾. Corroborating this finding, a study on the reports of violence against children from zero to nine years old showed negligence as the main violation of right (47.5%), followed by physical (38.5%), sexual (37.0%), and psychological (25.2%) violence⁽¹⁰⁾. This

was different in a research where physical aggression was more frequent (59.2%), followed by psychological (38.6%) and sexual (36.7%) violence and negligence (19.7%)⁽⁸⁾.

Difficulties in raising and educating children and adolescents often result in neglect associated in large part with economic, social and cultural issues, disruptions of bond, and consumption and trafficking of drugs⁽²⁾. The political and economic scenario also interferes in cases of violence because the lower the economic index, the higher is the rate of deprivation of care, and there is a direct relationship between Gross Domestic Product and negligence⁽⁴⁾. However, this evidence does not apply to Brazil, although Gross Domestic Product is not among the lowest in the world, the country shows high estimates of negligence⁽⁴⁾.

In this study, psychological violence was more often reported than physical violence. The literature presents a similar result, in which 53.6% of the reports referred to psychological violence and 31.7% to physical violence⁽¹¹⁾. On the other hand, a study showed that physical violence preceded psychological violence. Research revealed that acts of physical nature occurred in 59.2% of the cases, with a predominance of the age group from two to five years (more than 60.0%); the majority of the aggressors were males (53.6%), particularly the fathers (22.7%); and the place where aggressions occurred more often was the family home⁽⁸⁾. Another study reported physical violence as the most common (49.5%), family members as the main aggressors, except for cases of sexual aggression, which was more often practiced by people close to the family⁽⁹⁾.

The detection of physical violence is not easy, as it does not produce immediate evidence. It is associated with neurological, psychological, motor, intellectual and social disorders, in addition to enhancing aggressiveness, passivity, hyperactivity, depression and low self-esteem⁽¹²⁾. Thus, the fact that physical violence appears after the other types can portray a worrisome reality: trivialization. From the point of view of public health, it is a priority to prevent such violence. The reduction is a challenging task though, because punishment can be considered acceptable

when confused with education⁽¹³⁾, so much that it has been pointed out as a disciplinary practice^(3,10). In order to change the culture of educational practices that violate rights of children, the Law 13,010/2014, known as the Bernardo Boy's Law, was approved. This law establishes the right to education without physical punishment or cruel and humiliating treatment⁽¹⁴⁾.

Data found in the literature also indicate that professionals are afraid to notify because they fear to intrude into the intimacy of families and witness facts that may have legal implications. Regional and cultural aspects collaborate to the thought that physical violence can be understood as a means of education⁽²⁾. Although the legal framework on the protection of Brazilian children and youth has advanced, the detection and notifications need to be debated among professionals and in the society.

Commercial sexual exploitation is the act of sexual coercion for profit⁽¹²⁾, which in the present study was less frequent than abuse. Despite the lack of reliable data due to the clandestine nature, this form of exploitation represents a serious worldwide problem. It is believed that this represents the main violation of rights of low-income adolescents⁽¹⁵⁾. It may happen in the formal market when there is a third person exploiting; or informal, when the victim itself offers the sexual service⁽¹²⁾ and, in this latter case, the victim threatens and violates her own rights⁽¹⁾ and needs protection under these circumstances⁽²⁾. The literature warns that in order to establish a reliable quantitative framework on the prevalence of sexual violence in children and adolescents, it is necessary to consider variations related to the place searched⁽¹⁶⁾.

All age groups were exposed to sexual violence, as found in another national study with 31 subjects. In the latter, the age range of the victims from eight to 11 years, female victims (80.6%), intrafamily violence (57.7%), fathers as aggressors (23.3%), and mothers as the ones who made the report (45.2%) prevailed, and all the aggressor were of the male gender⁽¹⁷⁾.

Data from the present study converge with other research in which reports of sexual violence in under-five children were less frequent than in the other age groups. There was a higher incidence of se-

xual abuse in children aged from 10 to 14 years (20); from 15 to 19 years (12); from five to nine years (5); and from one to four years (2). Under-five children were the ones less affected by violence in absolute numbers⁽¹¹⁾.

Nevertheless, negligence occurred more often in under-five children, sexual abuse was frequent in school-age children, and commercial exploitation predominated among adolescents. This fact can be explained by the different characteristics of each phase. Corroborating this study, a nationally-based research described the types of violence and found that negligence was more frequent in under-five male children (67.8%) regardless of race/skin color; there was a higher chance of occurrence in children with up to one year of age; the aggressions occurred more often outside the home environment; the authors were more often the parents; there was a lower frequency of reported intake of alcoholic beverage by the aggressor⁽¹⁰⁾.

Because commercial exploitation involves eroticization of the body, this is more common in adolescents when physical modifications are apparent and can be criminally exploited. At this phase, the increase in social relations may lead to exposure to situations that put the young people's rights at risk⁽⁷⁾, a situation confirmed in this study.

As for the authors of sexual violence, family members stand out as the main aggressors. The family environment is favorable to all types of violence, especially sexual violence, because it involves relationships of trust between the victim and the abuser⁽¹⁶⁾. These data provide evidence of the fact that most of the abuses are committed by people who should provide care and protection but who, in a contradictory way, perpetrate violence⁽⁷⁾. It is therefore clear that family members are the greatest responsible for violations of fundamental rights of children and adolescents⁽¹⁶⁾.

The female sex presented a significant association with the occurrence of sexual violence, a result similar to the data available in the literature. A study found that sexual violence predominated in girls, of brown/black race, aged six to nine years, and the home environment was more likely to be the place

where the act occurred⁽¹⁰⁾. Most cases of sexual violence analyzed in similar studies were found to be practiced against girls^(11,17).

However, female victimization of sexual violence does not only occur in childhood. A review of the national literature associates sexual abuse to the female sex, in addition to high prevalence rates⁽¹⁸⁾. This type of violence occurs in a gender-based context: the prevalence of the female sex is explained by cultural factors and inequalities that have historically imposed on women situations of vulnerability and on men, virility, placing women in situations of subordination⁽¹⁹⁾.

There is a paucity of studies on sexual abuse of boys. This is related to the socially defined gender rules that establish that men are strong⁽¹⁷⁾. Even in the present study, the data on sexual abuse of boys are inexpressible when compared to girls. However, male victimization has gradually received more attention⁽¹⁸⁾.

The age group also presented a significant association with reports of sexual violence. This is in line with results reported in the literature, which also present important considerations about the age and ability to report sexual abuse, as this depends on the child's cognitive level, as well as on the ability to understand certain actions as abusive. The report of abuse was more prevalent in children aged five to seven and eight to 11 years⁽¹⁷⁾.

It is understood that the lower the age, the greater is the vulnerability and the risk of violence⁽¹⁶⁻¹⁷⁾, regardless of whether the data identified in this study showed that the age group from six to 12 years had a higher prevalence. A national-based study identified sexual violence as predominant in girls aged from six to nine years, of brown/black race, followed by the age group from two to five years. The place that had the highest chance of occurrence of violence was the home environment, the perpetrators of the aggression were not the parents, and there was a greater chance of recurrence of the violence⁽¹⁰⁾.

While highlighting the importance of the school space as presented in the literature, another factor associated with sexual violence in the present study is schooling. The school is a fundamental scenario whe-

re children and adolescents learn to identify forms of violence, besides collaborating for the formation of critical subjects that act positively before such like situations⁽²⁰⁾.

The relevance of multiprofessional work for the confrontation of violence is not limited to health services, because the interaction between the various sectors, including education, justice, social assistance, and others is necessary⁽⁶⁾. Nursing professionals must recognize themselves as subjects that are part of the guarantee of rights, together with the family, the State and the society. The protection of children and adolescents assures the expansion of the capacities of minors. The role of nursing professionals is highlighted here, because the promotion of healthy growth and development directly involves their practice. Thus, this will contribute to social progress, since children and adolescents will grow and develop in a safe way, constituting the foundations for a sustainable and prosperous society.

The contributions of this research can assist the professional practice, whether in health or education, by sensitizing workers towards violence, which in addition to the physical, psychological, moral and social consequences, represents a violation of fundamental rights.

Conclusion

The fundamental rights of children and adolescents have been violated in most cases by the occurrence of sexual abuse of the following types: abuse, psychological aggression, physical aggression; as well as by the occurrence of negligence.

Collaborations

Soares LG and Depaoli LB contributed to the drafting and design of the study, analysis and interpretation of the data, writing of the article and critical review of the relevant intellectual content. Lentsck MH and Soares LG contributed to the writing of the article and critical review of the relevant intellectual content. Birolim MM contributed to the analysis and interpretation of the data. Higarashi IH contributed to the final approval of the version to be published.

References

1. Ministério da Justiça (BR). Lei nº 8.069 de 13 de julho de 1990: dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. [Internet]. 1990 [citado 2017 out. 11]. Disponível em: 9cndca.sdh.gov.br/legislacao/Lei8069.pdf
2. Fank M, Trzcinski C, Cetolin SF. Violação de direitos de crianças e adolescentes: um estudo junto à realidade do Poder Judiciário. *Rev Pol Pública* [Internet]. 2013 [citado 2017 out. 11]; 17(1):251-62. Disponível em: <http://www.periodicoseletronicos.ufma.br/index.php/rppublica/article/view/2526>
3. Barbiani R. Violação de direitos de crianças e adolescentes no Brasil: interfaces com a política de saúde. *Saúde Debate*. 2016; 40(109):200-11. doi: <http://dx.doi.org/10.1590/0103-1104201610916>
4. Viola TW, Salum GA, Kluwe-Schiavon B, Sanvicente-Vieira B, Levandowski ML, Grassi-Oliveira R. The influence of geographical and economic factors in estimates of childhood abuse and neglect using the Childhood Trauma Questionnaire: worldwide meta-regression analysis. *Child Abuse Negl*. 2016; 51:1-11. doi: <http://dx.doi.org/10.1016/j.chiabu.2015.11.019>
5. Ministério da Saúde (BR). Portaria nº 104 de 25 de janeiro de 2011: define as terminologias adotadas em legislação nacional, a relação de doenças, agravos e eventos em saúde pública de notificação compulsória em todo território nacional e estabelece fluxos, critérios e responsabilidades aos profissionais de saúde [Internet]. 2011 [citado 2017 out. 11]. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/gm/2011/prt0104_25_01_2011.html
6. Maia JN, Ferrari RAP, Gabani FL, Tacla MTGM, Reis TB, Fernandes MLC. Violence against children: the routine of the professionals in the primary health care. *Rev Rene*. 2016; 17(5):593-601. doi: <http://dx.doi.org/10.15253/2175-6783.2016000500003>
7. Gessner R, Fonseca RMGS, Oliveira RNG. Violence against adolescents: an analysis based on the categories gender and generation. *Rev Esc Enferm USP*. 2014; 48(spe):102-8. doi: <http://dx.doi.org/10.1590/S0080-623420140000600015>
8. Farias MS, Souza CS, Carneseca EC, Passos ADC, Vieira EM. Caracterização das notificações de violência em crianças no município de Ribeirão Preto, São Paulo, no período 2006-2008. *Epidemiol Serv Saúde*. 2016; 25(4):799-806. doi: <http://dx.doi.org/10.5123/s1679-49742016000400013>
9. Silva MCM, Brito AM, Araújo AL, Abath MB. Caracterização dos casos de violência física, psicológica, sexual e negligências notificados em Recife, Pernambuco, 2012. *Epidemiol Serv Saúde*. 2013; 22(3):403-12. doi: <http://dx.doi.org/10.5123/S1679-49742013000300005>
10. Rates SMM, Melo EM, Mascarenhas MDM, Malta DC. Violence against children: an analysis of mandatory reporting of violence, Brazil 2011. *Ciênc Saúde Coletiva*. 2015; 20(3):655-65. doi: <http://dx.doi.org/10.1590/1413-81232015203.15242014>
11. Alves JM, Vidal ECF, Fonseca FLA, Silva MJ, Pinto AGA, Aquino PS. Notificação da violência contra crianças e adolescentes por profissionais de saúde. *Rev Fac Cienc Med*. 2017; 19(1):26-32. doi: <http://dx.doi.org/10.5327/Z1984-4840201726596>
12. Florentino BRB. As possíveis consequências do abuso sexual praticado contra crianças e adolescentes. *Fractal Rev Psicol*. 2015; 27(2):139-44. doi: <http://dx.doi.org/10.1590/1984-0292/805>
13. Afifi TO, Mota N, Sareen J, MacMillan HL. The relationships between harsh physical punishment and child maltreatment in childhood and intimate partner violence in adulthood. *BMC Public Health*. 2017; 17:493. doi: <http://dx.doi.org/10.1186/s12889-017-4359-8>
14. Ministério da Justiça (BR). Lei nº 13.010 de 26 de junho de 2014: estabelece o direito da criança e do adolescente de serem educados e cuidados sem o uso de castigos físicos ou de tratamento cruel ou degradante [Internet]. 2014 [citado 2017 out. 11]. Disponível em: www.iesp.edu.br/newsite/assets/2012/11/MenBernardo.pdf
15. Moore JL, Kaplan DM, Barron CE. Sex Trafficking of Minors. *Pediatr Clin N Am*. 2017; 64:413-21. doi: <http://dx.doi.org/10.1016/j.pcl.2016.11.013>
16. Nunes AJ, Sales MCV. Violence against children in Brazilian scenery. *Ciênc Saúde Coletiva*. 2016; 21(3):871-80. doi: <http://dx.doi.org/10.1590/1413-81232015213.08182014>
17. Baía PAD, Veloso MMX, Magalhães CMC, Dell'aglio DD. Caracterização da revelação do abuso sexual de crianças e adolescentes: negação, retratação e fatores associados. *Temas Psicol*. 2013; 21(1):193-202. doi: <http://dx.doi.org/10.9788/TP2013.1-14>
18. Winzer L. Frequency of self-reported sexual aggression and victimization in Brazil: a literature review. *Cad Saúde Pública*. 2016; 32(7):e00126315. doi: <http://dx.doi.org/10.1590/0102-311X00126315>
19. Piosiadlo LCM, Fonseca RMGS, Gessner R. Subordination of gender: reflecting on the vulnerability to domestic violence against women. *Esc Anna Nery*. 2014; 18(4):728-33. doi: <http://dx.doi.org/10.5935/1414-8145.20140104>
20. Trabbold VLM, Caleiro RCL, Cunha CF, Guerra AMC. Conceptions of adolescents in situations of sexual violence. *Psicol Soc*. 2016; 28(1):74-83. doi: <http://dx.doi.org/10.1590/1807-03102015v28n1p074>