

Nursing Terminology defines domestic violence against children and adolescents

Terminologia da Enfermagem caracterizadora da violência doméstica contra crianças e adolescentes
Terminología de enfermería caracterizadora de la violencia doméstica contra los niños, niñas y adolescentes

Lêda Maria Albuquerque^I, Carina Maris Gaspar Carvalho^{II}, Maíra Rosa Apostólico^{III},
Karen Namie Sakata^{IV}, Marcia Regina Cubas^V, Emiko Yoshikawa Egry^{VI}

^I Secretaria Municipal de Saúde de Curitiba. Curitiba-PR, Brazil.

^{II} Universidade Federal da Paraíba, Health Science Center, Postgraduate Nursing Program. João Pessoa-PB, Brazil.

^{III} Universidade de São Paulo, Nursing School, Research Support Foundation of the State of São Paulo. São Paulo-SP, Brazil.

^{IV} Universidade de São Paulo, Nursing School, Inter-unit Doctorate Nursing Program. São Paulo-SP, Brazil.

^V Pontifícia Universidade Católica do Paraná, Polytechnic School, Post-Graduate Health Technology Program. Curitiba-PR, Brazil.

^{VI} Universidade de São Paulo, Nursing School. São Paulo-SP, Brazil.

How to cite this article:

Albuquerque LM, Carvalho CMG, Apostólico MR, Sakata KN, Cubas MR, Egry EY. Nursing Terminology defines domestic violence against children and adolescents. Rev Bras Enferm. 2015;68(3):393-400.

DOI: <http://dx.doi.org/10.1590/0034-7167.2015680311i>

Submitted: 02-08-2015 Approved: 04-04-2015

ABSTRACT

Objective: Identification of terminology relating to nursing practices aimed at children and adolescents at risk of domestic violence. **Methods:** bibliographic descriptive research which selected 40 articles from the Virtual Health Library on domestic violence against children and adolescents, its manifestations, causes, and consequences, in association with nursing procedures for its confrontation and prevention, and which also identified terminology via computer tools. **Results:** 17,365 terms that, after standardization and uniformity procedures, resulted in a listing of 915 terms. **Conclusion:** The terminology selected focused on the individual biopsychic nexus and the historic manifestation of this phenomenon was partially identified in terms that appear less frequently in these articles, thereby explaining the contradiction between the formal identification logic of such terminology and the dialectic logic that recognizes the historic reasons for, and dynamicity of, such phenomena.

Descriptors: Terminology; Classification; Taxonomy; Domestic Violence; Nursing.

RESUMO

Objetivo: identificar termos relacionados à prática de enfermagem direcionada à criança e ao adolescente em situação de violência doméstica. **Método:** pesquisa descritiva bibliográfica, que selecionou 40 artigos na base da Biblioteca Virtual em Saúde, no tema da violência doméstica contra a criança e o adolescente, suas manifestações, causas e consequências, articulado com as práticas de enfermagem para enfrentamento e prevenção; e extraiu termos com uso de ferramenta computacional. **Resultados:** Foram extraídos 17.365 termos que após a normalização e adequação, resultou numa lista de 915 termos. **Conclusão:** Os termos selecionados focalizam o nexa biopsíquico individual e a face histórica do fenômeno foi, em parte, identificada em termos de menor frequência de aparição nos artigos, explicitando a contradição entre a lógica formal de identificação dos termos e a lógica dialética que reconhece as raízes históricas e a dinamicidade dos fenômenos.

Descritores: Terminologia; Classificação; Taxonomia; Violência Doméstica; Enfermagem.

RESUMEN

Objetivo: identificar termos relacionados a la práctica del Enfermería direcionada a los niños y a los adolescentes en situación de violencia doméstica. **Método:** investigación descriptiva bibliográfica, la cuál seleccionó 40 artículos con bases en la Biblioteca Virtual

en Salud, en el tema de la violencia doméstica contra los niños y los adolescentes, cuya manifestación, causas y consecuencias, articulado con las prácticas del enfermería para el confronto y prevención; y extraer termos con él uso de la herramienta computacional. **Resultados:** fueron extirpados 17.365 termos los cuales después de la normalización y adecuación resultó en una lista con 915 termos. **Conclusión:** los termos seleccionados destacan el nexo biopsíquico individual y la face histórica del fenómeno fue, en parte, identificada en termos con menor frecuencia de la aparición en los artículos, demuestra la contradicción entre la lógica formal de la identificación de los termos y la lógica dialéctica la cual reconoce las raíces históricas y la dinámica de los fenómenos. **Palabras clave:** Terminología; Clasificación; Taxonomía; Violencia Domestica; Enfermería.

CORRESPONDING AUTHOR Lèda Maria Albuquerque E-mail: ledaenf@gmail.com

INTRODUCTION

Domestic violence against children and adolescents is a complex phenomenon, rooted in intersecting historical, cultural, and structural components, with multiple individual and social consequences⁽¹⁾.

On a global scale, as from the nineteen-forties, children were regarded as "objects of affection", and the specificities of childhood recognized as being distinct from those of adults⁽²⁾. In 1959, the United Nations enacted the Declaration of the Rights of the Child⁽³⁾. This document introduced ten basic principles, establishing the fundamental rights of children (individuals under the age of eighteen), including their right to freedom, play, education, and social co-existence. Thirty years later, in 1989, the Assembly of the United Nations published its Convention on the Rights of the Child, legitimizing their entitlement to rights. This document established that every country in the world has a duty to incorporate the rights of the child into its judicial order⁽⁴⁾.

Together with 193 other countries, Brazil ratified this Convention and, in 1990, enacted the *ECA* (Statute for the Child and the Adolescent). In addition to establishing the Rights of the Child, this statute instituted the Rights of the Adolescent, and imposed upon the family and the state, i.e., the provider of policy, the responsibility for guaranteeing full access to such rights⁽⁵⁾.

Despite such social, scientific, legal, and cultural progress, children and adolescents remained susceptible to violence. This is especially true of groups affected by historically perpetuated social inequalities, which result in low education, exploration in the labor market, teenage pregnancy, sexual abuse and exploitation, among many others.

A study of the National Brazilian Policy carried out to minimize accidents and violence demonstrates that it focuses on cases of inherent violence and provides for rehabilitation and recuperation interventions⁽⁶⁾. However, practices aimed at preventing violence and its consequences are as important as post-discovery intervention actions. It is worth noting that, when compared with global approaches to this matter, Brazil's legislation in this sphere is limited to the individual and behavioral environment of people and their communities. There is a dearth of structural and community organization that potentially impacts working conditions, and even the allocation of financial and material resources to develop such actions⁽⁶⁾.

Violence is not an isolated phenomenon and involves other problems, such as: the precarious life conditions, unemployment, other forms of violence, the use and abuse of alcohol and other drugs, in addition to power conflicts involving

gender and generations. Among other steps, overcoming these difficulties requires transversal politics aimed at changing the culture of subordination⁽⁷⁾.

In acknowledging violence as a complex social problem resulting in significant damage, the health sector focuses on a unique approach with a scope extending beyond mere identification and treatment of such cases. This includes upgrading preventive action, identifying risk situations and the more vulnerable groups, dialogue with the families, and the involvement of other public service sectors, and community organizations⁽⁸⁾.

Brazil's Violence against Children and Adolescents Map, drawn up in 2012, confirms the prevalence of violence in the home, mostly against children. Although violence relating to external events tends to commence during adolescence, two-thirds of the cases involving this generation group occur within the home⁽⁹⁾. Studies show that, in addition to being more frequent, it is considerably more degrading, since it is mostly perpetrated by an individual whose role is one of protection of the victim in question⁽¹⁰⁻¹²⁾.

Domestic violence is defined as:

All or any act or omission by parents, relatives, or adults in a position of responsibility, against children and/or adolescents that, since it is capable of causing physical, sexual, and/or psychological harm to the victim, on the one hand, represents an abuse of an adult's power/duty to protect and, on the other hand, as the offense of reducing the victim to the status of an object. In other words, a denial of the implicit right of children and adolescents to be treated as subjects and as individuals in a specific state of development⁽¹³⁾.

Health professionals must intervene in domestic violence problems. As members of health teams, nurses play a vital role in identifying and handling these cases, since early interruption can prevent continuous trauma and reduce damage to the victims' health⁽¹⁴⁾. Given the fact that this is a routine phenomenon faced by the health services, it is the duty of the nursing profession to recognize it as a focus of the practice and to act upon it, both of which require specific tools⁽¹⁵⁾.

In Curitiba, Paraná, nurses in the basic attention network can avail themselves of an on-line nursing consultation registration, based on the International Classification of Public Health Nursing Practices (*CIPESC*⁽¹⁶⁾) and the International Classification for Nursing Practices (*CIPE*⁽¹⁷⁾). The use of standardized terminology is recommended, since it expedites health documentation and communication between professionals, and also enables the recovery of data for decision making in the health services⁽¹⁸⁾.

CIPE[®] consists of a multi-axial structure terminology enabling the preparation of nursing diagnostics, results, and interventions in a range of practice scenarios⁽¹⁷⁾. However, throughout its development, this classification became increasingly extended and complex, to the point that the structuring of sub-groups, i.e., nursing diagnostics, results, and intervention pronouncements directed towards a specific clientele or particular health priority, became an important strategy for its use by professionals in these specific areas of activity⁽¹⁸⁾. Some of the *CIPE*[®] terminology is available in the *CIE* (International Council of Nurses) website, in addition to ongoing terminological sub-group projects, but there has been no venture relating to domestic violence against children and adolescents.

The guidelines for preparing terminological sub-groups consider the existence of prerequisites, among them, the choice of theoretical model for their preparation. The first preparation stage is the identification of specific terminology for the nursing profession to work in the area selected, be this literature or official documents, patient records, or specific area or *CIPE*[®]⁽¹⁸⁻¹⁹⁾ data.

A study of basic attention nurses carried out in Curitiba showed that the *CIPESC*[®] name holds significant potential in the context of nursing consulting work in child abuse. However, nursing diagnostics and interventions have lagged behind in recognizing the needs of this clientele⁽¹⁴⁾.

Another survey⁽²⁰⁾ carried out in this same city, examined the group of diagnostics and interventions available for child nursing consulting purposes. It identified a preponderance of inform category interventions, represented by teach and explain actions (mother or carer) and the observe category, which comprises actions relating to anamnesis and epidemiological vigilance. However, the authors noted that, despite the fact that the nursing consultations covered rearing and hygienic care of children, domestic violence against children diagnostics were rare as compared with the city's Protection Network notification data for the same period⁽²⁰⁾.

As a part of a wider-ranging survey aimed at drawing up a *CIPE*[®] terminological sub-group, this article submits the basis for the theoretical model, the first stage for building the sub-group, and identification of terms applicable to this matter.

The **objective** of the investigation which led to the results discussed in this article was to identify terms relating to nursing directed at children and adolescents at risk of domestic violence.

Theoretical Model

The reference table for the theoretical model (Figure 1) approaches violence as a social, historic, and contradictory social phenomenon, one that is socially determined and involves events of both loss and reinforcement. Contrary to the hegemonic approach, where the roots of domestic violence are found in the environment of the

individual and his/her (in)decision regarding caring from his/her offspring, it regards the phenomenon of violence as the intersection of the three dimensions of Objective Reality (OR): the structural (relating to the manner in which society is formed), the private (relating to the formation of homogeneous social groups), and the singular (relating to individuals and families in their representations and way of life)⁽²¹⁾.

What is just as relevant as that which is immediately evident, e.g., bruises, punishments, affronts, and desertion, is the vulnerability suffered by children and adolescents, both individually and collectively. Thus, it is agreed that children and adolescents at risk of domestic violence are vulnerable, and that, in the context of the health needs of social groups that constitute the basic health unit territory, nursing assistance procedures are essential.

METHOD

This was a descriptive, bibliographic, and quantitative approach survey. It followed the guidelines for drawing up the terminological sub-groups of the ICN (International Council of Nurses⁽²²⁾) and an upgrading proposal covering the 2010⁽¹⁸⁾ guidelines, recommending stages for identifying the relevant terms for the priority area.

The first stage involved gathering scientific articles in March 2013, based on the *LILACS* (Center for Latin American and Caribbean Information on Health Sciences) database, which is a part of the group available in the *BVS* (Virtual Health Library) Portal. The following descriptors and Boolean operators "and" and "or" were utilized: "domestic violence"; "violence"; "child"; "abused child syndrome"; "ill-treatment of children"; "adolescent"; "nursing"; "neglect"; "child neglect"; "sexual violence"; "sexual abuse"; "prevention"; "sexual abuse of children". No publication date limit period for these articles was set.

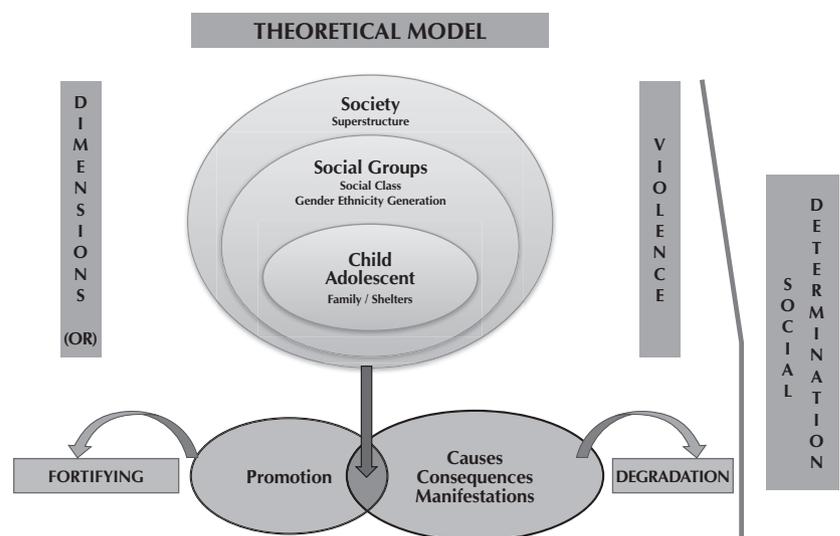


Figure 1 - Explanatory theoretical model of the social determination of violence

Titles: OR - Objective Reality.

Source: Albuquerque LM, Egrý EY, Cubas MR, 2015

The criteria for including these article were: availability in full; content covering domestic violence against children and adolescents, its manifestations, causes, and consequences; mention of association with nursing practices or with other health professionals dealing with, and preventing, the problem; availability in Portuguese. This last criterion is justified by the fact that the inclusion of words in a given terminology requires semantic equivalence and not merely a literal translation of the respective word.

The following exclusion criteria were applied: publications in a format other than that of an article, such as editorials, letters to editors, events annals, theses, and dissertations.

The search for descriptors generated a universe of 237 productions from which, considering the inclusion and exclusion criteria, forty were selected.

The data was organized into a specific spreadsheet containing title, author, name of periodical, year of publication, database, key words, and summary. All articles selected were read in full by one of the researchers who is also an author of the present article, in order to review the content prior to proceeding to the next stage.

The second stage involved extracting the terms present in the selected articles. For this, a tool for the semi-automatic construction of ontologies¹ based on Portuguese language texts in the health field was used. The name of this tool is *PORONTO*; it was developed based on an open and free code technology⁽²³⁾.

To enable the processing with the tool, the articles were grouped in a single text in Word®, excluding accents and, given the low potential of specific term content, the sections of

authors, summaries, methodology, and references. The document was then converted into a text file, based on which the tool automatically generated a list of 17,365 terms with their respective appearance frequencies, which was exported to an Excel® spreadsheet. Simple terminology (one word only) and composite terminology (two or more words) were generated.

The third stage was standardization, a technique recommended in related literature studying the identification of terms and utilized in similar research⁽²⁴⁻²⁵⁾. The terms were manually standardized by gender, number, degree, synonymy, verbal tense, spelling, and exclusion of linking elements, and generated a list of 1,439 terms with a frequency varying from one to 1,828. Next, the nouns, adjectives, and verbs were selected, since, as a rule, *CIPE*® judgment axis terms are adjectives, action axis terms are verbs, and the remainder are primitive or composite nouns. Based on frequency or appearance and relevance to the topic of the survey, the list was reduced to 915 terms.

RESULTS

The articles were distributed between 1994 and 2012, and the concentration of articles occurred between 2005 and 2012, with 33 articles. Of the 40 articles selected for examination, 28 discussed research, ten reviews, and two reflections.

To aid in this discussion, Table 1 shows examples of terms by frequency of appearance in these articles, among 915 terms relevant to the topic of domestic child violence, classified by verbs, adjectives, and nouns.

Table 1 – Examples of terms identified in the 40 articles, by appearance frequency, categorized by noun, adjective and verb. Latin-American and Caribbean Center on Health Sciences Information (LILACS), 2013. Available in Portuguese Language.

Frequency	Substantives	Adjectives	Verbs	Frequency	Substantives	Adjectives	Verbs
1.828	violência			52			referenciar
1.358	criança			51		medo	
824	adolescente			49	sofrimento		notificar
692	saúde			48	capacidade		relacionar
606	profissional			47			especificar
416	família			45			enfrentar
408		sexual		44			participar
330	pai			43			possibilitar
317		físico		42			refletir
272	atendimento			41		grave	reconhecer
250	poder			40	autoestima		verificar
246		psicológico		39			confirmar
227	prevenção			38	domiciliar		

Continues

1 In Information Science and Technologies, ontologies are classifications. They are used as an instrument to categorize or group classes of information, and define the connections between the concepts of a domain (area of knowledge). Source: <http://www.significados.com.br/ontologia>

Table 1 (cont.)

Frequency	Substantives	Adjectives	Verbs	Frequency	Substantives	Adjectives	Verbs
220	comportamento			36	omissão		investigar
219	maus tratos			35			promover; proteger
201		agressor		33			encaminhar
194	enfermagem			32			descrever
181	rede			31	comunicação		
180	cuidado			30	abandono		discutir
170	mãe			29		psicossocial	vincular
164	notificação			28			informar; sugerir
161	desenvolvimento			27			evitar
140	proteção			26			explicar
139	infância			24	articulação		integrar; orientar
138	abuso			23	cidadania		ajudar; valorizar
134	direito			22	gênero		prevenir
111		presente		18			estimular
106	risco			17	exclusão		ênfatisar
86	intrafamiliar			16			elaborar
81			observar	15			facilitar
79			conhecer	14		vulnerável	articular
78	adolescência			12	acolhimento		
77	enfrentamento			11	resiliência; privação		escutar; fortalecer
75			revelar	9			sensibilizar
73		emocional		8	opressão	vergonha	capacitar
69			diagnosticar	7	domicilio	sociocultural	apoiar
65			abordar	6			esclarecer
64			cuidar	5			acolher; ensinar
63			atuar; demonstrar	4		biopsicossocial	encorajar;
56			auxiliar	3		antissocial	fomentar
55			avaliar	2			amparar
54			evidenciar	1			instruir

DISCUSSION

Although the number of terms identified could be deemed elevated, the list focuses on the individual biopsychic nexus and conceals the phenomenon's historic side, as can be seen in the theoretical model (Figure 1). This fact was also noted in the results of the *CIPESC*[®] Project, carried out in Brazilian national territory by the *Associação Brasileira de Enfermagem* (Brazilian Nursing Association) between 1996 and 2000. Although the methodology applied in this research identifies vocabules that express the nursing practice in a public health context, the intersections of the dimensions of the Objective Reality of historically determined phenomenon were not expressed via Collective Health referencing theoretical marks, and there was hegemony in the positivist functional conceptual table⁽²⁶⁾.

The higher frequency terms represent the nature of domestic violence (sexual, physical, and psychological), the chief subjects involved in these situations (child, adolescent, aggressor), and the verbal characteristics of the nursing practice (observing, approaching, aiding). Although frequency of appearance of the terms was a central criterion for identifying their selection, the isolated utilization of this criterion separately from the relation with the conceptual bases of the theoretical model excluded significant terms presenting low frequencies, as in the case of the following terms: "oppression", "resilience", "enable" (Table 1).

Please note that the exemplifying terms selected above are not included in the 2013 version of the *CIPE*[®], and that only the verb "enable" is included in the *CIPESC*[®] vocabulary inventory. This underscores the need for a procedure for

including new terms in the Classification, in order to clearly represent collective health domain phenomena.

Two crucial aspects must be considered given the results of the present study: an analysis of the terms and the potential for their expression.

The terminology listing should be analyzed to avoid redundancy. This is due to the complex nature of the Portuguese language which can establish "different meanings to identical words or identical meanings to different words"⁽²⁷⁾. The noun "rede" ("network" is one meaning) is an example of the former and the verbs "referenciar" (to reference) and "encaminhar" ("send on", "attach"), of the latter. Accordingly, each of these terms must be contextualized for its accurate application, and subsequently discussed with specialists in this area in order to reach a consensus⁽²⁵⁾.

On the other hand, the use of a classifying system can be a powerful tool for potentializing actions, and assessing impact, of the Nursing Practice. To this end, the diagnostics should clearly point out both the risks and counter values (degradation), such as potential and values (fortifying). This group of diagnostics, included in a sub-group, is capable of translating varying degrees of vulnerability to which the social groups are susceptible.

For these two aspects, the selection and subsequent definition of the terms utilized in the composition of the elements of the terminological sub-group must be based on criteria linked to the theoretical model which, in this case, enables the identification of the various vulnerabilities. This will enhance the scope of the proposed interventions to overcome degrading situations (causes, manifestations, and consequences of violence) and to reinforce fortifying situations (promotion).

Since this is a phenomenon strongly linked to the social determination of the health-illness process and its interpretative categories, the selection of terms came to include identification of the formal logic of such terms arising from the identification process stages^(18,27). It also involved dialectic logic, where recognition of the historic roots and dynamicity of the phenomena is key⁽²⁷⁾. For this reason, the meanings of the terms will vary in accordance with the social groups undergoing the experiences⁽²⁷⁾ and the base theoretical model.

One of the examples that could be presented is found in the group of actions utilizing verbs, such as: "demonstrate", "help", "explain", "guide", "emphasize", "recommend", and "teach". This group is directly linked to health education processes, which could become operational in the context of the biologist model, in the positivist paradigm of science, or based on autonomy, protection, and emancipation of vulnerable groups.

The complexity of the educational practice as part of the

work of nurses and of health professionals is recognized by the team. Nurses in the basic attention field note that it is pervaded by the dialectic contradiction of the need to bring changes leading to autonomy versus the traditional practice of transmission of content⁽²⁸⁾; the health team continues to carry out its daily educational practices such as continuity of routine assistance actions, all of them firmly routed in traditional actions⁽²⁹⁾.

Another point supporting this discussion is the conclusion reached in a study addressing the use of categorizations enabling violence phenomenon diagnostics⁽¹⁴⁾. In this case, given that the nurses showed themselves to be unprepared for the task of selecting diagnostics relating to child domestic violence, and attributed unspecific diagnostics and ineffective or non-transformative interventions, the authors pointed out that this instrumentalization can only occur with the enabling and incorporation of content in health education schools, allied to the concepts of freedom and autonomy⁽¹⁵⁾.

Accordingly, in addition to contributing to enabling nursing consulting, the use of sub-groups based on recognition of the complexity of the violence phenomenon, could also be utilized to aid nurses to identify children and adolescents in vulnerable situations. They could then intervene in cases where the problem is ongoing, and contribute to the planning and interventions needed for this generation group.

The exclusive use of articles as sources for obtaining terms could be considered as a limit of the results submitted. In a future continuity study, the list of terms will be submitted to the process of mapping cross-referenced with the *CIPÉ*® 2013 terms.

CONCLUSION

The terms selected based on literature and relating to the nursing practice directed towards children and adolescents at risk of domestic violence focus on an individual biopsychic nexus. The historic face of the phenomenon was partly identified in terms of lower frequency of appearance in the articles.

Since domestic violence is a phenomenon relating to the social determination of the health-sickness process and its interpretative categories, the selection of terms addressed the contradiction between the formal logic for identifying the terms and the dialectical logic that recognizes the historic roots and dynamicity of these phenomena.

An analysis of the terms and their potential for expression are determining factors enabling the terminological sub-group to be a built to respond to the needs and vulnerabilities of this generation group.

REFERENCES

1. Minayo MCS, Souza ER. [Is it possible to prevent violence? Reflections in public health area]. *Cienc Saude Colet* [Internet]. 1999 [cited 2015 Feb 02];4(1):7-32. Available from: <http://www.scielo.br/pdf/csc/v4n1/7127.pdf> Portuguese.
2. Machado AV, Machado MACV. Escola que protege histórico jurídico de proteção da criança e do adolescente. In: Silva PVB, Lopes JE, Carvalho A, orgs. *Por uma escola que protege: a educação e o enfrentamento à violência contra crianças e adolescentes*. Ponta Grossa: Editora UEPG; Curitiba: Cátedra UNESCO de Cultura da Paz UFPR; 2008.
3. Promenino.org.br. Declaração Universal dos Direitos da Criança [Internet]. [local desconhecido]: Fundação

- Promenino; [cited 2012 Apr 10]. Available from: <http://www.promenino.org.br/Ferramentas/DireitosdasCriancaEAdolescentes/tabid/77/Conteudold/389cad15-8993-4900-ba1f-c70d82c091a5/Default.aspx>
4. Unicef.org. Convenção sobre os Direitos da Criança [Internet]. Brasília: Unicef; [cited 2012 Apr 10]. Available from: http://www.unicef.org/brazil/pt/resources_10120.htm
 5. Brasil. Lei n.8.069, de 13 de julho de 1990. Dispõe sobre Estatuto da Criança e do Adolescente e dá outras providências [Internet]. Diário Oficial da União 27 set 1990 [updated 2015 May 22; cited 2012 Mar 15]. Available from: http://www.planalto.gov.br/ccivil_03/leis/l8069compilado.htm
 6. Sakata KN, Egry EY, Narchi NZ. National policy for reduction of morbidity and mortality from accidents and violence in Brazil: the alignments to international perspectives. In: Costa AP, Reis LP, Souza FN, Luengo R, editors. 3. Congresso Ibero-Americano em Investigação Qualitativa; 2014 Jul 14-16; Badajóz, Espanha. Badajóz: Ludomedia; 2014. p. 309-13.
 7. Apostólico MR, Nóbrega CR, Guedes RN, Fonseca RMGS, Egry EY. Characteristics of violence against children in a Brazilian Capital. *Rev Lat Enfermagem* [Internet]. 2012 [cited 2012 Jun 10];20(2):266-73. Available from: <http://www.scielo.br/pdf/rlae/v20n2/08.pdf>
 8. Ministério da Saúde (BR), Secretaria de Assistência à Saúde. Notificação de maus-tratos contra crianças e adolescentes pelos profissionais de saúde: um passo a mais na cidadania em saúde [Internet]. Brasília: Ministério da Saúde; 2002 [updated 2015 May 22; cited 2012 Jun 10]. Available from: http://bvsmms.saude.gov.br/bvs/publicacoes/notificacao_maustratos_crianças_adolescentes.pdf
 9. Waisenfilz JJ. Mapa da Violência 2012: crianças e adolescentes do Brasil. Rio de Janeiro: Centro Brasileiro de Estudos Latino Americanos; 2012 [updated 2015 May 22; cited 2012 Jun 10]. Available from: http://www.mapadaviolencia.org.br/pdf2012/MapaViolencia2012_Crianças_e_Adolescentes.pdf
 10. Egry EY, Apostólico MR. The ethical-political knowledge the development of professional skills to cope with child abuse in Primary Health Care. International Conference of Education, Research and Innovation. [Internet]. 2014. [cited 2015 May 25]. Available from: <http://library.iated.org/view/EGRY2014ETH>
 11. Fonseca RMGS, Egry EY, Nóbrega CR, Apostólico MR, Guedes RN. Recurrence of violence against children in the municipality of Curitiba: a look at gender. *Acta Paul Enferm* [Internet]. 2012 [cited 2015 May 25];25(6):895-901. Available from: http://www.scielo.br/pdf/ape/v25n6/en_v25n6a11.pdf
 12. Prefeitura Municipal de Curitiba (BR), Secretaria Municipal da Saúde. Protocolo da rede de proteção à criança e ao adolescente em situação de risco para a violência. Curitiba: Secretaria Municipal da Saúde; 2008 [cited 2015 May 22]. Available from: <http://www.fas.curitiba.pr.gov.br/baixarMultimidia.aspx?idf=391>
 13. Azevedo MA, Guerra VNA. A violência doméstica na infância e na adolescência. São Paulo: Probel; 1995.
 14. Scherer EA, Scherer ZAP. A criança maltratada: uma revisão da literatura. *Rev Lat Am Enfermagem* [Internet]. 2000 [cited 2015 May 22];8(4):22-9. Available from: <http://www.scielo.br/pdf/rlae/v8n4/12380.pdf>
 15. Apostólico MR, Hino P, Egry EY. Possibilities for addressing child abuse in systematized nursing consultations. *Rev Esc Enferm USP* [Internet]. 2013 [cited 2015 May 22];47(2):320-7. Available from: http://www.scielo.br/pdf/reeusp/v47n2/en_07.pdf
 16. Garcia TR, Nóbrega MML. Inventário vocabular resultante do projeto CIPESC CIE-ABEN. In: Garcia TR, Egry EY, organizadoras. Integralidade da atenção no SUS e a sistematização da assistência de enfermagem. Porto Alegre: Artmed; 2010. p.192-317.
 17. Conselho Internacional de Enfermeiros. Classificação Internacional para a Prática de Enfermagem - CIPE Versão 2.0. São Paulo: Algor; 2011.
 18. Coenen A, Kim TY. Development of terminology subsets using ICNP. *Int J Med Inform* [Internet]. 2010 Jul [cited 2015 May 22];79(7):530-8. Available from: <http://www.science-direct.com/science/article/pii/S1386505610000729>
 19. Nóbrega MML, Cubas MR, Egry EY, Nogueira LGF, Carvalho CMG, Albuquerque LM. Desenvolvimento de subconjuntos terminológicos da CIPE no Brasil. In: Cubas MR, Nóbrega MML. Atenção primária em saúde: diagnósticos, resultados e intervenções de enfermagem. Rio de Janeiro: Elsevier; 2015. p. 3-24.
 20. Apostólico MR, Cubas MR, Altino DM, Pereira KCM, Egry EY. [Nursing diagnoses in children's health care in Curitiba, Brazil: an overview of CIPESC bases]. *Texto & Contexto Enferm* [Internet]. 2007 [cited 2015 May 22];16(3):453-62. Available from: <http://www.scielo.br/pdf/tce/v16n3/a11v16n3.pdf> Portuguese.
 21. Egry EY. Saúde Coletiva: um novo método em enfermagem. São Paulo: Icone; 1996.
 22. Icn.ch. Guidelines for ICNP catalogue development [Internet]. Genebra: International Council of Nurses; 2008 [cited 2013 Feb 02]. Available from: http://www.icn.ch/images/stories/documents/programs/icnp/icnp_catalogue_development.pdf
 23. Zahra FM, Carvalho DR, Malucelli A. [Poronto: tool for semi-automatic ontology construction in portuguese]. *J Health Inform* [Internet]. 2013 [cited 2013 Feb 02];5(2):52-9. Available from: <http://www.jhi-sbis.saude.ws/ojs-jhi/index.php/jhi-sbis/article/view/232/167> Portuguese.
 24. Nóbrega MML, Garcia TR, Medeiros ACT, Souza GLL. [Bank of terms the special language of nursing of a school hospital]. *Rev RENE* [Internet]. 2010 [updated 2015 May 22; cited 2013 Feb 02];11(1):28-37. Available from: http://www.revistarene.ufc.br/vol11n1_html_site/a03v11n1.htm Portuguese.
 25. Cubas MR, Carvalho CMG, Malucelli A, Denipote AGM. [Cross-mapping of terms from the Action Axis between different nursing classifications]. *Rev Bras Enferm* [Internet]. 2011 [cited 2012 Apr 10];64(2):248-53. Available from: <http://www.scielo.br/pdf/reben/v64n2/a05v64n2.pdf> Portuguese.
 26. Egry EY, Antunes MJM, Lopes MGD. Projeto CIPESC CIE-ABEN. In: Garcia TR, Egry EY, organizadoras. Integralidade da atenção no SUS e a sistematização da assistência

- de enfermagem. Porto Alegre: Artmed; 2010. p.175-91.
27. Cubas MR, Egry EY. [Innovator practices in collective health: re-reading tool of the health disease process]. *Rev Esc Enferm USP* [Internet]. 2007 [cited 2012 Apr 10];41(Spec No):787-92. Available from: <http://www.scielo.br/pdf/reeusp/v41nspe/v41nspea07.pdf> Portuguese.
 28. Moutinho CB, Almeida ER, Leite MTS, Vieira, MA. [Difficulties, challenges, and overcoming in health education in the view of family health nurses]. *Trab Educ Saúde* [Internet]. 2014 [cited 2012 Apr 10];12(2):253-72. Available from: <http://www.scielo.br/pdf/tes/v12n2/a03v12n2.pdf> Portuguese.
 29. Flisch TMP, Alves RH, Almeida TAC, Torres HC, Schall VT, Reis DC. [How do primary care professionals perceive and develop Popular Health Education?] *Interface Comun Saúde Educ* [Internet] 2014;18(Suppl 2):1255-68. Available from: <http://www.scielo.br/pdf/icse/v18s2/1807-5762-icse-18-s2-1255.pdf> Portuguese.
-