

<http://dx.doi.org/10.1590/0104-07072017001730016>

THE EXPRESSION OF INTRAFAMILY VIOLENCE: ADOLESCENT ORAL HISTORIES¹

Júlia Renata Fernandes de Magalhães², Nadirlene Pereira Gomes³, Luana Moura Campos⁴,
Climene Laura de Camargo⁵, Fernanda Matheus Estrela⁶, Telmara Menezes Couto⁷

¹ Extracted from the thesis - *Violência intrafamiliar: história oral de adolescentes*, presented to the *Programa de Pós-Graduação em Enfermagem* (PPGENF), *Universidade Federal da Bahia* (UFBA), in 2015.

² M.Sc. in Nursing, PPGENF/UFBA. Salvador, Bahia, Brazil. E-mail: julinha_cte@hotmail.com

³ Ph.D. in Nursing. Professor, *Departamento de Enfermagem Médico-Cirúrgica, Administração em Enfermagem*, School of Nursing, UFBA. Salvador, Bahia, Brazil. E-mail: nadirlenegomes@hotmail.com

⁴ M.Sc. student, PPGENF/UFBA. Salvador, Bahia, Brazil. E-mail: lmc_luana@hotmail.com

⁵ Ph.D. in Nursing. Professor, *Departamento de Enfermagem Médico-Cirúrgica, Administração em Enfermagem*, School of Nursing, UFBA. Salvador, Bahia, Brazil. E-mail: climenecamargo@hotmail.com

⁶ M.Sc. student, PPGENF/UFBA. Salvador, Bahia, Brazil. E-mail: nanmatheus@yahoo.com.br

⁷ Ph.D. in Nursing. Professor, *Departamento de Enfermagem Médico-Cirúrgica, Administração em Enfermagem*, School of Nursing, UFBA. Salvador, Bahia, Brazil. E-mail: telmaracouto@gmail.com

ABSTRACT

Objective: to reveal the expressions of intrafamily violence experienced by adolescents.

Method: a qualitative study that used oral history as a methodological reference. Eight adolescents enrolled in a public school in Salvador, Bahia, Brazil, were interviewed from March to May 2015. The data were systematized according to the thematic analysis and supported by theoretical references on domestic violence and adolescence.

Results: adolescents report a childhood and adolescence marked by the lack of attention to their physical and emotional needs, fundamental for growth and development, and the daily experiences of humiliation, slander, injuries from kicks and punches. These findings were organized in the following categories: Negligence and abandonment; Moral and psychological violence; and Physical violence.

Conclusion: considering that the oral history of the adolescents reveals a family context permeated by the most varied forms of expressions of violence, the study ratifies the reality of abuse that children and adolescents are exposed to in their homes, which are understood as safe and secure places. It also alerts us to the naturalization of intrafamily violence, socially rooted in the belief of children's education through punitive and coercive measures, most commonly through corporal punishment and aggression. Strategies that deconstruct this culture of child and adolescent maltreatment are urged.

DESCRIPTORS: Adolescent. Child maltreatment. Domestic violence. Nursing. Education.

EXPRESSÃO DA VIOLÊNCIA INTRAFAMILIAR: HISTÓRIA ORAL DE ADOLESCENTES

RESUMO

Objetivo: desvelar as expressões da violência intrafamiliar vivenciadas por adolescentes.

Método: estudo com abordagem qualitativa que utilizou como referencial metodológico a história oral. Foram entrevistadas(os) oito adolescentes matriculadas(os) em uma escola pública de Salvador, Bahia, Brasil, no período de março a maio de 2015. Os dados foram sistematizados conforme a análise temática e respaldados em referenciais teóricos sobre violência doméstica e adolescência.

Resultados: as(os) adolescentes relatam uma infância e adolescência marcadas pela ausência de atenção às necessidades físicas e emocionais, fundamentais para o crescimento e desenvolvimento, e pela vivência cotidiana de humilhações, deprecições, difamações, calúnias, injúrias, além de agressões por meio de tapas e socos. Tais achados foram organizados nas seguintes categorias: Negligência e abandono; Violência moral e psicológica; e Violência física.

Conclusão: considerando que a história oral das(os) adolescentes desvela um contexto familiar permeado pelas mais variadas formas de expressão da violência, o estudo ratifica a realidade de abuso a que nossas crianças e adolescentes encontram-se expostas dentro de seus lares, entendidos enquanto cenários de proteção e segurança. Alerta-nos, ainda, para a naturalização da violência intrafamiliar, socialmente arraigada na crença da educação dos filhos a partir de medidas punitivas e coercivas, mais comumente por meio de castigos e agressões físicas. Urge estratégias que viabilizem a desconstrução dessa cultura de maus tratos a crianças e adolescentes.

DESCRIPTORIOS: Adolescente. Maus-tratos infantis. Violência doméstica. Enfermagem. Educação.

EXPRESIÓN DE LA VIOLENCIA INTRAFAMILIAR: HISTORIA ORAL DE ADOLESCENTES

RESUMEN

Objetivo: revelar las expresiones de la violencia intrafamiliar vividas por adolescentes.

Método: estudio con abordaje cualitativo que utilizó como referencial metodológico la historia oral. Se entrevistaron a ocho adolescentes matriculados en una escuela pública de Salvador, Bahía, Brasil, en el período de marzo a mayo de 2015. Los datos fueron sistematizados conforme al análisis temático y respaldados en referenciales teóricos sobre violencia doméstica y adolescencia.

Resultados: los adolescentes con una infancia y adolescencia marcadas por la ausencia de atención a las necesidades físicas y emocionales, fundamentales para el crecimiento y desarrollo, y por la vivencia cotidiana de humillaciones, depreciaciones, difamaciones, calumnias, injurias, además de agresiones por medio de agresiones. Estos hallazgos se organizaron en las siguientes categorías: Negligencia y abandono; Violencia moral y psicológica; y la violencia física.

Conclusión: considerando que la historia oral de los adolescentes desvela un contexto familiar permeado por las más variadas formas de expresión de la violencia, el estudio ratifica la realidad de abuso a que nuestros niños y adolescentes se encuentran expuestos dentro de sus hogares, entendidos como escenarios de protección y seguridad. Nos alerta, además, para la naturalización de la violencia intrafamiliar, socialmente arraigada en la creencia de la educación de los hijos a partir de medidas punitivas y coercitivas, más comúnmente por medio de castigos y agresiones físicas. Urgen estrategias que viabilicen la deconstrucción de esa cultura de maltrato a niños y adolescentes.

DESCRIPTORES: Adolescente. Maltrato infantil. Violencia doméstica. Enfermería. Educación.

INTRODUCTION

Intrafamily violence is understood as the act, or omission of care, practiced by individuals of intimate cohabitation, independent of consanguinity, that causes harm to others. In adolescents, this experience has been highlighted in national and international studies.¹⁻³ A survey conducted in Brazil, based on cases of violence against adolescents treated within the scope of the Brazilian Unified Health System (SUS), indicates that about 63% of the situations occur predominantly in the victims' homes, 49.8% of which are from aggressions perpetrated by parents, mothers, stepfathers and stepmothers.¹ A study conducted in Asia indicates that among the 1,943 adolescents surveyed, about 25% reported being victims of family violence.² In Argentina, the 36 adolescents interviewed reported experiencing intrafamily violence.³

Regardless of percentage, the fact is that individuals who suffered from intrafamily violence in childhood and/or adolescence, in addition to direct sequelae due to physical aggressions, such as bruises, bruises, bruises, among others,⁴ tend to present greater difficulties in relationships, low mood, depressive symptoms and learning difficulties.² The repercussions of intrafamily violence in health and school performance in adolescents confirms the importance of health professionals and educators identifying the phenomenon.

Primary Health Care (APS) in particular the Family Health Strategy (FHS), is axis responsible for the organization of SUS, which favors the recognition of intrafamily violence by health professionals. However, we can't fail to consider the low frequency of adolescents in basic health care

units and the lack of specific actions directed at this population group.

The population of adolescents remains neglected in the public health field, even with the newly instated policy on Integral Attention to Adolescent and Young Person's Health (PNAISAJ) in 2005.⁵ One of the pillars of this policy is the reduction of morbidity and mortality due to violence and accidents as a result of the articulation between the health and education sectors. In this context, The Health in School Program (PSE) was created in 2007, which aims to promote actions which are focused on the adolescent and are articulated between the SUS and the education sector. The National Comprehensive Child Health Policy, created in 2015, has seven strategic axes, among which includes the "Attention to children in situations of violence". It proposes the prevention of accidents and the promotion of a culture of peace, based on the articulation of actions and strategies for the care of children in situations of violence, within the framework of the health care network and social protection.⁶

Despite the existence of these public policies, they still need to be incorporated by professionals and managers. Therefore, it is essential that professionals are prepared to recognize the acts of intrafamily violence, which serves as starting point for the direction of actions that ensure the right of the adolescents to a life without violence, as recommended in the Statute of the Child and Adolescent.⁷ Based on the assumption that the identification of adolescents in situations of intrafamily violence is related to the understanding of how the violence is expressed, we outline the following question: how do adolescents experience intrafamily violence? In order to answer this question, we adopted the fol-

lowing as the object of study: expressions of intrafamily violence experienced by adolescents; and as an objective: to reveal the expressions of intrafamily violence experienced by adolescents.

METHOD

A research with qualitative approach and a descriptive-exploratory character, that used as oral history as a methodological reference method. This method is a practice of apprehension of narratives with the purpose of transmitting the oral testimony of the interviewees leading to knowledge. Among the genres of oral history, we chose the oral history of the subject, as it is capable of capturing a detailed snippet of the different forms of expression of intrafamily violence experienced by adolescents, which is the object of this study.⁸

The research is linked to the project funded by the Foundation for Research Support of the State of Bahia (FAPESB), entitled "University and public school: seeking strategies to address the factors that interfere in the teaching/learning process," approved by the Research Ethics Committee of the School of Nursing of the *Universidade Federal da Bahia* (UFBA), under no. 384,208 (registration 19576913.4.0000.5531).

The participants consisted of eight adolescents, five girls and three boys, who were enrolled in a public elementary school located in a peripheral neighborhood of the city of Salvador, Bahia, Brazil. The following inclusion criteria were adopted: being an adolescent, considering the age group for adolescents as between 10 and 19 years of age, as recommended by the Ministry of Health; and experiencing or have experienced intrafamily violence. The identification of the experience of violence occurred from the data collected in previous stages of the matrix project.

The students' approach was based on the educational actions promoted by the Curricular Action in Community and Society (ACCS) curricular component called "Interdisciplinary and transdisciplinary approach to health problems related to violence", which integrates the curricular structure of the undergraduate courses at UFBA. The research observed the ethical aspects proposed by Resolution 466/2012 of the National Health Council. Participants were clarified regarding the objectives of the study; its relevance, through the dissemination of the findings and directing actions to prevent and combat intrafamily violence; the free decision to integrate the study, as well as to give up

at any stage, without losing the option to participate in ACCS activities. The right to confidentiality of information and anonymity was also guaranteed by using names of precious stones as codenames. The risks were considered low, such risks were related to the discomfort in sharing personal information and their experience of violence. When they accepted to participate in the study, their parents and / or guardians were invited to sign the Informed Consent Form (TCLE) and the adolescents were invited to sign the Informed Consent Term (TALE) for minors.

Data were collected from March to May 2015, based on the retrieval of the oral history of the adolescents, focusing on the experience of intrafamily violence. The interview technique was used, guided by a semi-structured form containing questions about the different forms of expression of violence. The number of students was not previously established. After completion of the eight interviews, it was decided that the material allowed the objectives proposed by the study to be reached, and supported the analysis of the categories. The interviews lasted an average of one hour and were carried out in an environment proposed by the school and recorded with the aid of a portable digital recorder and stored in a database and later were transcribed in full.

After transcription, textualization was performed, where the narratives are placed in the first person singular, as well as the exclusion of unnecessary elements and the central ideas of each narrative are identified; after transcription was performed which is a process in which the narratives are placed in a logical sequence, and the synthesis of the oral history of each adolescent in the third person is elaborated.⁶ Next, the data were systematized according to Bardin's thematic analysis. The steps of pre-analysis, exploration and treatment of the results were followed. Thus, the floating reading of the stories that originated the *corpus* was performed first. This involves the document allowing representativeness of the content, homogeneity, relevance and completeness of the information.

It is worth mentioning that the data organization process was made possible by NVIVO10 software, which favored the grouping of statements in the following thematic categories: Negligence and abandonment; Moral and psychological violence; and Physical violence. In order to illustrate such categories, a "word cloud" has been elaborated based on the empirical material, highlighting the words that appear more frequently in the statements. The interpretation of the data was supported by theoretic-

cal references on domestic violence and legalities related to adolescence.

RESULTS

Among the adolescents surveyed, five were girls and three were boys, ages between 12 and 18. All of them claimed to be single. Most self-declared themselves as black. Only two claimed to follow the evangelism religion. In relation to the people with whom they live with, four reported living with their biological parents and siblings; and four with other members of the family, such as grandparents and aunts. With regard to day-to-day activities during the period when they remain out of school, adolescents reported a variety of experiences, such as sleeping, playing football or video games, accessing social network on the internet, working, participating in church activities and going out with friends to drink alcohol.

The study revealed that intrafamily violence experienced by adolescents can be expressed through neglect, abandonment and moral, psychological and physical violence, presented in the following categories.

Neglect and abandonment

The interviewees confessed to having a childhood and adolescence marked by abandonment and/or deprivation of fundamental rights for growth and development, showing the lack of attention to physical and emotional needs. The following are excerpts from these participants:

My father says I'm not his son and he never gave me anything. My mother feels the same. She does not care about me and does not see me anymore. [...] I spent some time with her, but my stepfather threw me out of the house, even at night. I've never had anything. The others on the street give me things. Sometimes my aunt and grandmother give me food, but they humiliate me, they rub it in my face. I'll ask people on the streets for help, but people send me to work (Berilo, boy, 13).

My mother kept wandering with me and my brother in the street. We were hungry and she did care about us. So my grandfather decided to put us in the orphanage. My aunt raised us so that we wouldn't suffer (Pérola, girl, 14).

It's been six years since I've seen my father. [...] he separated from my mother when I was three and then left. I have little memory of him. I think if I met him on the street, I wouldn't recognize him (Jade, girl, 13).

I do not have a backpack, pants or shoe to come to school. I'm using the notebook from last year. My broth-

ers already have everything. My father bought sneakers, backpacks, school supplies, everything right for them (Topázio, boy, 14).

Moral and psychological violence

The orality of the stories made it possible to reveal that adolescents carry the marks of moral and psychological violence with them, which are expressed through humiliation, deprecation, slander, insults and situations that generate anxiety and fear. The following are example statements.

My family calls me everything: a disgrace, queer, tramp. [...] they humiliate me: they say that I am needy; that my clothes are trash. [...] sometimes they [grandfather and aunt] give me food, but they rub it in my face (Berilo, boy, 13).

When she [sister] is with her friends, she mocks me. She calls me a transvestite, a queer [...] not only at home but also on the street. She used to say that everyone hated me: father, mother and aunt. [...] that I am alone. I will never forget this because it hurt a lot (Ágata, girl, 18).

He [father] cursed me. He said, and still says that I'm going to be bad, that I want to prostitute myself, that I'm taking drug (Cristal, girl, 15).

My father came home angry and always blamed the problems on me and my mother. It is very sad. [...] I was stressed (Rubi, girl, 12).

Physical violence

The life history of the interviewees shows childhoods and adolescences marked by physical aggression, for example kicks and punches and physical aggression using belts, sandals, sticks and / or knife, are part of the adolescents' experience and can be seen in the statements below.

My mother beat me normal, My father beat me too, but it was when I did the wrong thing or lied (Topázio, boy, 14).

My mother only beat me normal: hitting me. Once, my grandfather spanked with the blade of a machete, it hurt me a lot, because I got home at 11 o'clock at night. [...] my grandmother has already spit on me. [...] my aunt pushed my back on to a nail in the wall. She also hit my face with a sandal [...]. My stepfather has already put a knife to my neck (Berilo, boy, 13).

One time I didn't understand the school exercise and he [dad] hit my mouth on the table (Onyx, boy, 13).

Expressions of intrafamily violence, unveiled in the categories, are supported by the "word cloud"

that refers to the lack of emotional support and protection. As one of the most serious expressions of violence, abandonment represents a break in the bond between parents and their children.¹⁵ This context tends to compromise the emotional and social development of adolescents, making them vulnerable to other problems such as drug use and abuse for example.

Abandonment also favors the experience of other forms of intrafamily violence, as shown in a survey conducted in Rio de Janeiro, Brazil. The study highlighted that fragile family structures (adoptive parents due to the abandonment of biological parents, presence of stepfathers and stepmothers, deceased parents and/or unknown parents) are directly related to situations of neglect, deprivation, verbal conflict, physical aggression and sexual abuse.¹⁶

Faced with intrafamily violence against adolescents, the early recognition of this aggravation is urgent. The professionals who work in health and education areas are essential in this recognition process. Health professionals on account of their access to services aimed at children and adolescents, especially nurses and doctors; and educators due to the continuous connection and presence in the school, as the parents 'and/or guardians' are obligated to enroll the child/adolescent in school and monitor their school attendance, as determined by the ECA.⁷

Research that corroborates the importance of professionals identifying the violent situation, especially those who work directly with the child and adolescent population group, with emphasizes on health and education professionals.¹⁷ It is worth noting that, according to the ECA, health and education professionals are obligated to notify the Guardianship Council of the suspected or confirmed cases of mal-treatment against the child or adolescent, and those who exempt themselves from this responsibility are subject to penalty in the form of a fine.⁷

Although the ECA and other legal provisions advocate the commitment of professionals working in the health and education areas to prevent and combat intrafamily violence against children and adolescents, studies indicate that many do not know how to deal with the issue. Identification and referral are among the main difficulties, a situation that generates a sense of unpreparedness, insecurity, and frustration among professionals.¹⁸ Thus, it is necessary to train professionals to recognize the problem, as the investigation of cases is a starting point for the implementation of intervention measures.

Another situation that makes it difficult to identify the violence is the absence or under recog-

nition of the issue of violence in the undergraduate curricula. ESF nurses and doctors who recognize this deficit, as well as the difficulty in identifying cases of violence, advocate the inclusion of topics such as this in the basic curricula of the courses.¹⁹ This situation serves as a warning in relation to the necessary transformation of the academic training model. Since 1996, the Law on the Guidelines and Foundations of National Education states the necessary inclusion of content related to human rights and the prevention of all forms of violence against children/adolescents as cross-cutting themes in school curricula.²⁰

As a means of preventing reoccurrences, confronting intrafamily violence also requires that the perpetrators are held accountable. However, in order to do this, it is necessary that the criminal aspect must be addressed and that the aggressors are offered opportunities to reflect on their behavior.¹⁷ We cannot fail to consider that some domestic violence practices against children and adolescents are used as an educational method, being socially produced and culturally accepted. Such practices have followed the human trajectory since the earliest records and, throughout history, have become part of the daily lives of many families.²¹

Although not the subject of this study, the oral history of adolescents revealed that domestic violence, especially by those responsible for them, is generally used as an educational and/or punitive method in the face of their children's failures. In this sense, the famous "slap" as well as other expressions of violence are not recognized as such, which favors the invisibility of the phenomenon. It also adds to the social belief that the education of children is through punishment and chastisement. Such a context feeds the naturalization of domestic violence and allows repressive methods, physical punishment and humiliation. Hitting, for example, becomes one of the symbols of discipline in the education of children and adolescents who deserve punishment. In this study, attention is drawn to the naturalization of physical aggression, which can be identified in the stories of Berilo and Topázio, when referring to a "normal beating."

A study conducted in Curitiba, Paraná, based on reports of mandatory notifications of cases of violence against children and adolescents, also revealed that physical punishment is considered as a pedagogical resource. The research argues that, although power relations have changed in the social and state spheres, private power exercises remain, which justifies the predominance of the culture of

violence in family relations.²² In the international scenario, a study carried out in Guatemala corroborates the idea of naturalizing violence against adolescents and adds that nurses have the power to intervene in this context, based on the identification of children and adolescents in situations of violence; the adoption of measures aimed at protecting and making referrals to referral services, especially for psychological support.²³ However, any and all professional action must be based on the understanding of the reproduction of violence within the family.

Law n. 13.010, popularly known as the "Slap Law," which establishes the right of the child and adolescent to be educated and cared for without the use of physical punishment or cruel or degrading treatment based on humiliation, serious threat or ridicule, was created aiming at breaking the acceptance of domestic violence against children and adolescents.²⁴ The law advocates that parents educate their children using dialogue and affectivity so that their development is not compromised. In this regard, research argues that the State should offer participation in educational groups focused on health and childcare in order to provide them with guidance on childcare and education.¹⁷

Therefore, the work of PSE is essential for the implementation of actions, which are aimed at children, caregivers, educators and health professionals, and prevent and confront this phenomenon. The link between APS and school makes this environment more favorable for bringing adolescents and families together. Thus, the health professionals that make up the ESF can and should use school spaces for health education actions, including promoting/expanding spaces for reflection regarding the phenomenon of violence with a focus on the identification of the phenomenon.

It is important to highlight the role of the nurse in this process, who is in a privileged position in the care of children and adolescents, either because of their involvement in programs such as the PSE, or by establishing a bond with the community, and approaching the family and monitoring this population in primary health care.²⁵ With a view to triggering effective and resolute care actions, a study on care for children indicates the need for a thorough evaluation on family orientation, care protocol implementation, partnership between multidisciplinary health professionals and management.²⁶ Therefore, nursing is highlighted as a professional which can recognize situations of domestic violence, and is also capable to prevent and face the phenomenon.

CONCLUSION

The oral history of the adolescents reveals a family context permeated by the most varied forms of expressions of violence, such as: abandonment, deprivation of resources necessary for growth and development, humiliation, defamation and physical aggression, ranging from punches to beatings and/or cuts with knives and machetes. This scenario shows us the reality of abuse children and adolescents are exposed in their homes, understood as scenarios of protection and security.

The research stands out from others as it discusses the problem of intrafamily violence against adolescents from the point of view of the subjects who experience it. The findings of this study, although presenting limitations regarding regional peculiarities, may help in the direction of strategies that help professionals identify intrafamily violence, as the study discusses the main forms of manifestation of this phenomenon. Therefore, the study shows the importance of investing in actions that favor the prevention and recognition of intrafamily violence, especially in articulated strategies between the health and education sectors. It is necessary to include the theme in both the continuing education process and in the academic, starting with the inclusion of the subject in the undergraduate curricula.

The study also alerts us to the naturalization of intrafamily violence, socially rooted in the belief that educating children includes punitive and coercive measures, most commonly through corporal punishment and physical aggression. In view of the naturalization and invisibility of violence, it is necessary to think of strategies to break this culture of tolerance of abuse against children and adolescents. It is necessary for society to reflect on the threshold of what is considered educational measures and what is considered violence, as well as the harm to health and human development.

REFERENCES

1. Waiselfisz JJ. Mapa da violência 2012. Crianças e adolescentes do Brasil [Internet]. 2012 [cited 2016 Dec 03]. Available from: http://www.mapadaviolencia.org.br/pdf2012/MapaViolencia2012_Crianças_e_Adolescentes.pdf
2. Yi S, Poudel KC, Yasuoka J, Yi S, Palmer PH, Jimba M. Exposure to violence in relation to depressive symptoms among male and female adolescent students in Cambodia. *Social Psychiatry and Psychiatric Epidemiology* [Internet]. 2013 [cited 2015 Sep 24] 48(3):397-405. Available from: <http://link.springer.com/article/10.1007%2Fs00127-012-0553-2>

3. Gómez AP, Morales MG, Gómez DP, Chávez IC, Rojas LC. Comportamiento del maltrato intrafamiliar en adolescentes. Behavior of intrafamiliar violence in adolescents. *Rev Medicego* [Internet]. 2012 [cited 2014 Sep 10] 18(1). Available from: http://bvs.sld.cu/revistas/mcigo/vol18_supl1_2012/articulos/t-10.html
4. Santana RP, Santana JSS. Marks and damage of violence against children and adolescents according to public hospitals professionals. *J Nurs UFPE on line* [Internet]. 2015 [cited 2015 Nov 15]; 9(1). Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/viewArticle/5476>
5. Lopez SB, Moreira MCN. Quando uma proposição não se converte em política? O caso da Política Nacional de Atenção Integral à Saúde de Adolescentes e Jovens - PNAISAJ. *Ciênc Saúde Coletiva* [Internet]. 2013 [cited 2014 Sep 14] 18(4). Available from: <http://www.scielo.br/pdf/csc/v18n4/31.pdf>
6. Ministério da Saúde (BR). Portaria nº 1.130, de 5 de agosto de 2015: institui a Política Nacional de Atenção Integral à Saúde da Criança (PNAISC) no âmbito do Sistema Único de Saúde (SUS). Brasília (DF): MS; 2015 [cited 2016 Dec 01]. Available from: http://www.poderesaude.com.br/novosite/images/publicacoes_06.08.2015-1.pdf
7. Brasil. Lei nº. 8069, de 13 de julho de 1990: dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. *Diário Oficial da União*. 13 de jul 1990. [cited 2014 May 07]. Available from: http://www.planalto.gov.br/ccivil_03/Leis/L8069.htm
8. Meihy JCSB, Ribeiro SLS. Guia prático de história oral: para empresas, universidades, comunidades, famílias. São Paulo (SP): Editora Contexto; 2011.
9. Mota SR, Santos MM, Rodrigues DA, Climene LC; Gomes NP, Diniz NMF. Perfil de adolescentes grávidas com história de violência doméstica. *Rev Rede Enferm Nordeste* [Internet]. 2013 [cited 2015 Sep 15] 14(2). Available from: <http://www.redalyc.org/articulo.oa?id=324027986016>
10. Brasil. Lei nº 11.340, de 7 de agosto de 2006. Cria mecanismos para coibir a violência doméstica e familiar contra a mulher. *Diário Oficial da República Federativa do Brasil*, 08 Ago 2006. Seção 1. [cited 2014 May 10]. Available from: <http://adcon.rn.gov.br/ACERVO/spmrn/DOC/DOC00000000076385.PDF>
11. Deb S, Ray M, Bhattacharyya B, Sun J. Violence against the adolescents of Kolkata: a study in relation to the socio-economic background and mental health. *Asian J Psychiatr* [Internet]. 2016 Feb [cited 2016 Dec 01]; 19:4-13. Available from: [http://www.asianjournalofpsychiatry.com/article/S1876-2018\(15\)30066-6/abstract](http://www.asianjournalofpsychiatry.com/article/S1876-2018(15)30066-6/abstract)
12. Pasian MS, Faleiros JM, Bazon MR, Lacharité C. Negligência infantil: a modalidade mais recorrente de maus-tratos. *Pensando Fam* [Internet]. 2013 [cited 2015 Dec 23] 17(2):61-70. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2013000200005&lng=pt&nrm=iso
13. Sistema de Informação para a Infância e Adolescência (SIPIA) [Internet]. 2014 [cited 2015 Oct 16]. Available from: <http://www.sipia.gov.br>
14. Espinoza-Gómez F, Zepeda-Pamplona V, Bautista-Hernández V, Hernández-Suárez CM, Newton-Sánchez OA, Plasencia-García GR. Violencia doméstica y riesgo de conducta suicida en universitarios adolescentes. *Salud Pública Méx* [Internet]. 2010 [cited 2015 Sep 28] 52(3):213-9. Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0036-36342010000300005&lng=en&nrm=iso
15. Silva KL, Alves CV, Araújo LF. Abandono familiar infanto-juvenil: um olhar sobre uma instituição do agreste pernambucano. In: *Anais do 5 Simpósio Internacional sobre a Juventude Brasileira*, 2012 Set 4-6; Recife, Brasil [Internet]. Recife (PE): Universidade Federal de Pernambuco; 2012 [cited 2015 May 22]. Available from: <http://www.unicap.br/jubra/wp-content/uploads/2012/10/TRABALHO-149.pdf>
16. Carinhanha JI, Penna LHG. The violence experienced by female adolescents embraced at a shelter. *Texto Contexto Enferm* [Internet]. 2012 [cited 2015 Oct 04]; 21(1):68-76. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072012000100008&lng=en&nrm=iso
17. Branco MAO; Tomanik EA. Violência doméstica contra crianças e adolescentes: prevenção e enfrentamento. *Psicol Soc* [Internet]. 2012 [cited 2015 Oct 21] 24(2):402-11. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822012000200018&lng=en&nrm=iso
18. Conceição JC, Gusmão MEN, Souza SS, Gomes NP. Elementos que dificultam a notificação da violência. *Rev Baiana Enferm* [Internet]. 2012 [cited 2015 Jun 15] 26(2):468-77. Available from: <http://www.portalseer.ufba.br/index.php/enfermagem/article/view/6287/6362>
19. Gomes N, Erdmann AL, Higashi GDC, Cunha KS, Mota RS, Diniz NMF. Preparo de enfermeiros e médicos para o cuidado à mulher em situação de violência conjugal. *Rev Baiana Enferm* [Internet]. 2012 [cited 2015 Jul 20] 26(3):593-603. Available from: <http://www.portalseer.ufba.br/index.php/enfermagem/article/view/6754/6697>
20. Brasil. Lei n. 9394, de 20 de dezembro de 1996: estabelece as diretrizes e bases da educação nacional. *Diário Oficial da República Federativa do Brasil*, 23 Dez 1996. Seção 1 [cited 2015 May 15]. Available from: <http://www2.senado.leg.br/bdsf/bitstream/handle/id/70320/65.pdf?sequence=3>
21. Elsen I, Próspero ENS, Sanches EN, Floriano CJ, Sgrott BC. Escola: um espaço de revelação da violência doméstica contra crianças e adolescentes. *Psicol Argumento* [Internet]. 2011

- [cited 2015 May 30] 29(66):303-14. Available from: <http://www2.pucpr.br/reol/pb/index.php/pa?dd1=5289&dd99=view&dd98=pb>
22. Apostólico MR, Nóbrega CR, Guedes RN, Fonseca RMGS, Egry EY. Características da violência contra a criança em uma capital brasileira. *Rev Latino-am Enfermagem* [Internet]. 2012 [cited 2016 Nov 30] 20(2):266-73. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-11692012000200008&lng=en
23. Halvorsen, R. Women caught in a culture of violence in Guatemala. *Nurs Women's Health* [Internet]. 2014 [cited 2016 Nov 28] 18(5):425-8. Available from: <http://onlinelibrary.wiley.com/doi/10.1111/1751-486X.12151/abstract>
24. Brasil. Lei n. 13.010, de 26 de junho de 2014: altera a Lei n. 8.069, de 13 de julho de 1990 (Estatuto da Criança e do Adolescente), para estabelecer o direito da criança e do adolescente de serem educados e cuidados sem o uso de castigos físicos ou de tratamento cruel ou degradante, e altera a Lei n° 9.394, de 20 de dezembro de 1996. *Diário Oficial da República Federativa do Brasil*, 22 Jun 2014. Seção 1. [cited 2014 May 03]. Available from: http://www.planalto.gov.br/ccivil_03/_Ato2011-2014/2014/Lei/L13010.htm
25. Lobato GR, Moraes CL, Nascimento MC. Desafios da atenção à violência doméstica contra crianças e adolescentes no Programa Saúde da Família em cidade de médio porte do estado do Rio de Janeiro, Brasil. *Cad Saúde Pública* [Internet]. 2012 [cited 2015 Feb 25]; 28(9). Available from: http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2012000900013&lng=pt&nrm=iso&tng=pt
26. Yakuwa MS, Andrade RD, Wernet M, Fonseca LMM, Furtado MCC, Mello DF. Nurses' knowledge in child health primary care primary. *Texto Contexto Enferm* [Internet]. 2016 [cited 2016 Nov 24]; 25(4):e2670015. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S010407072016000400303&lng=pt