

## RELATIONSHIP BETWEEN PHYSICAL VIOLENCE AGAINST CHILDREN AND YOUTH AND THE PSYCHOSOCIAL DEVELOPMENT OF VICTIMS

---

***Eugênia Martins Gerolamo***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0009-0003-2200-3659>

***Andressa Borges da Silva***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0009-0004-1179-1693>

***Amanda Morelli Araújo***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0009-0009-7165-8655>

***Beatriz da Rocha Pires***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0009-0007-2176-9467>

***Gabriella Maria Viana Marques***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0009-0002-8846-838X>

***Isabella da Silva Rodrigues***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0009-0007-7660-0060>

***Juliana Monteiro Dias***

São Camilo University Center - São Paulo, SP  
<https://orcid.org/0000-0002-1049-7087>

All content in this magazine is licensed under a Creative Commons Attribution License. Attribution-Non-Commercial-Non-Derivatives 4.0 International (CC BY-NC-ND 4.0).



**Abstract:** The presence of physical violence and marginalization at different historical and socio-economic moments in Brazil has led to the normalization and socio-cultural acceptance of acts of physical punishment as a mechanism for controlling, disciplining and educating children. The article aims to analyze the profile of victims of physical violence against children and adolescents in Brazil, in addition to understanding the consequences for psychosocial development and possible long-term outcomes. Integrative review with analysis of data from SINAN (Information System for Notifiable Diseases). The DeCS descriptors “child maltreatment” and “aggression” and “child” were used in the Scielo, BVS, LILACS and CAPES periodicals databases. We included full-text studies published in the last five years in Portuguese. We excluded those that addressed other forms of child violence together. From 2016 to 2021, the following were reported 117,585 cases of violence against children and adolescents in Brazil, 56,961 of them physical violence. The main victims were females aged between 10 and 14, and the mother was the aggressor in many cases. Minority populations, such as the black population, were more susceptible to developing symptoms of post-traumatic stress disorder. Prolonged exposure to physical aggression in the domestic environment resulted in negative effects on the emotional development of the victims. Despite underreporting in the country, more developed areas, but with greater social inequality, such as the Southeast and South, had a higher number of reported cases. These traumatic experiences can lead to problems such as anxiety, depression, low self-esteem, relationship difficulties and aggressive behavior.

**Keywords:** “Child abuse”, “aggression”, “child”.

## METHODOLOGY

This is an integrative literature review with time series analysis of the SINAN (Notifiable Diseases Information System) over 5 years (2016 - 2021), evaluating the incidence of cases of child physical violence according to age group (1- 4 years; 5-8 years; 9-14 years), color or race, sex, geographic region in Brazil and aggressor. The Microsoft® Excel platform was used to organize the data.

The Scielo (Scientific Electronic Library Online), BVS (Virtual Health Library), LILACS (Latin American and Caribbean Health Sciences Literature) and CAPES periodical databases were also used. The DeCS descriptors used for the search were “child maltreatment”, “aggression” and “child”, resulting in 2,856 articles. The inclusion criteria were added: full text, Portuguese language, period from 2016 to 2021 and thus we obtained 119 articles. We manually excluded those that dealt with other forms of child violence, not exclusively child physical violence, and removed duplicates. Finally, we obtained a total of 17 articles included in this review.

Secondary data from municipal, state and national registries do not show any identification of subjects, which is why it was not necessary for the system to be evaluated by the **Research Ethics Committee (CEP) under the terms of Law No. 12,527 of November 18, 2011.**

## INTRODUCTION

Violence against children, whatever its nature, can have an impact on psychosocial development, causing consequences from childhood to adulthood. When it comes to this violence, there are a few types: physical, sexual, psychological, neglect and some non-specific forms such as Munchausen’s syndrome by transference. These types of violence are prevalent in the domestic environment and

are carried out by parents, relatives and those responsible for the child (Waksman et al., 2011).

A current concern is intrafamily domestic violence, since it takes place in the private sphere, away from witnesses, inside the home and in general, the aggressors are known people who should protect and support the children, such as their parents or other guardians. This type of violence is difficult to recognize and report, as there are many emotional ties involved, as well as the silence of the victims for fear of future punishment or impunity for their aggressors (Waksman et al., 2011).

Sexual violence is understood to be when a child is used by a guardian with family or cohabitation ties as a way of obtaining sexual satisfaction, through the sexual act itself, compulsory masturbation, age-inappropriate sexual activities, among others (Waksman et al., 2011).

Psychological violence, which is considered difficult to perceive clinically, occurs through humiliation, threats, unattainable demands and even extreme punishment. Carelessness and negligence are also forms of violence, dealing with the omission of care and basic needs, from the lack of adequate food, abandonment in the home and deprivation of education (Waksman et al., 2011).

Munchausen's syndrome by transference is an important event, which consists of the production of physical or psychological symptoms in a child by their parents or guardians. These invented signs and symptoms lead to unnecessary tests or even medication (Waksman et al., 2011).

One of the most prevalent and important analyzed by the study is physical violence, which consists of the use of physical force on purpose and with the aim of hurting and injuring the victim, which may or may not leave scars. It can be practiced through

pinching, slapping, objects and other utensils that can be used for chemical injuries and burns, for example. The perpetuation of this type of violence and the lack of intervention will lead to future consequences for the child, such as psychological problems, problems at school, and may even lead to violence that is considered fatal. In society, the use of violence as a form of education and punishment for behaviour deemed inappropriate is naturalized and such abuse of authority can lead to aggressive behaviour that will be seen as normal by their children and generations to come (Waksman et al., 2011).

Since the beginning of Brazil's colonial history, physical punishment has been used as a way of educating. An example of this involves the pedagogical projects instituted by the Jesuits, in which in an attempt to convert the Indians to Christianity, the culture of spanking and physical violence was established (Riba et al., 2022). In short, the physical violence implemented since the colonial period is reflected to this day and the practice of violent acts as a form of education is naturalized and rooted in today's society.

In a context of intra-family violence, the aggressors, who are usually the parents themselves, use physical violence as a form of punishment, as an attempt to discipline, resolve conflicts and educate their children. Although reporting cases of physical violence has been mandatory since the implementation of the Statute of the Child and Adolescent (ECA) in 1990, the naturalization of violent acts is reflected in underreporting, which makes it difficult to tackle this extremely important public health problem in Brazil (Dornelles et al., 2021).

The underreporting of cases of physical violence against children is due to a number of factors, ranging from the victim's fear of exposure to the failure of health professionals to identify these cases. Children who suffer

episodes of physical violence, especially within the family, are afraid to report what happened, as they fear punishment

This makes diagnosis and, consequently, notification more difficult (Riba et al., 2022). Furthermore, many health professionals are not trained to identify signs of child abuse, which also contributes to underreporting. There are also professionals who identify cases of physical violence, but understand compulsory notification as a complaint and, in order not to get involved in the legal sphere, do not report the cases. Other factors that contribute to underreporting include lack of knowledge of the legislation in force in the country, lack of knowledge of the notification protocol, the fact that there are rarely witnesses to the episodes, the age of the victims (many are pre-verbal) and cultural aspects that reflect the naturalization of violence (Dornelles et al., 2021).

During pediatric consultations, health professionals should pay attention to aspects of the anamnesis and physical examination, both of which are extremely important for identifying cases of physical violence against children. During the anamnesis, in cases of trauma, it is recommended that the parents describe in detail the circumstances in which the injuries occurred and the professional should pay attention to changes and inconsistencies in the story, as well as noting whether there was an unexplained delay in seeking medical services. If the child can already speak, it is always important to ask them for their version of what happened and compare it with the parents' version. With regard to the physical examination, it is of the utmost importance to observe the child's behavior (can they be aggressive or adopt defensive positions), whether or not they are apathetic and if there are signs of malnutrition. In addition, findings that suggest physical abuse include injuries to children who are not yet ambulatory, injuries to multiple

systems, different injuries at different stages of healing and injuries in unusual places (Waksman et al., 2011). Unfortunately, many health professionals are not trained to identify these aspects, which contributes to the failure to identify and underreporting of cases of physical violence against children.

Physical abuse against children will result in psychosocial development difficulties, as well as the possible perpetuation of violence. Children who are victims of abuse and aggression are more likely to propagate violent acts, whether in the present against schoolmates or other family members, or against their future children (Barros; Freitas, 2016). In addition, victims of childhood abuse are likely to develop depression, anxiety, low self-esteem, sleep problems, difficulty concentrating, eating disorders, antisocial patterns, isolation, insecurity, difficulty relating to other people and cognitive deficits. In adulthood, these victims are more prone to drug addiction, alcoholism, crime, suicide and the perpetuation of violent attitudes (Barros; Freitas, 2016). This data reflects the importance of discussing this public health issue, the importance of preventing the naturalization of violent acts, inside or outside the family, as well as the impact on the psychosocial development of abused children and the possible perpetuation of violence.

## RESULTS

Between 2016 and 2021, 117,585 cases of violence against children were collected in Brazil, including physical, sexual and psychological violence. In addition, the Ministry of Health reported 56,961 cases of physical violence. Thus, we can analyze that the most affected age group is between 10 and 14 years old age group, followed by the 5 to 9 age group. Lastly, we find the early childhood age group of 1 to 4 years as the victims of aggression.

Age group	Total notifications between 2016 and 2021
1 - 4 years	17.132
5 - 9 years	18.524
10 - 14 years	21.305
<b>Total</b>	<b>56.961</b>

**Table 1.** Notified cases of physical violence in children between 1 and 14 years of age. Brazil (2016-2021)

SOURCE: Ministry of Health / SVS - Notifiable Diseases Information System - Sinan Net (2016- 2021)

When the biological sex of the victims was analyzed, it was observed that the female population is the preferred victim, being prevalent between the ages of 1 and 4, as well as between the ages of 10 and 14. On the other hand, in the 5 to 9 age group, the male population is the risk factor for aggression.

Biological Sex	FE: 1 - 4 years	FE: 5 - 9 years	FE: 10 - 14 years	Total
Female	11.423	13.628	44.139	69.190
Male	10.381	14.358	23.637	48.376

**Table 2.** Distribution of notifications according to the biological sex of the child. Brazil (2016-2021)

FE: age group

SOURCE: Ministry of Health / SVS - Notifiable Diseases Information System - Sinan Net (2016- 2021)

The aggressors accounted for are fathers, mothers, caregivers and stepfathers, with aggression committed by the mother being prevalent, except in the 10-14 age group, when the father predominates as the main aggressor. When it comes to stepfathers, there are more cases in the 10 to 14 age group, while the caregiver, among the age groups analyzed, is mainly responsible for acts of physical violence against children aged 1 to 4.

Aggressor	FE: 1 - 4 years	FE: 5 - 9 years	FE: 10 - 14 years	Total
Dad	6.631	7.005	8.418	22.054
Mother	8.064	8.041	8.040	24.145
Stepfather	1.930	3.183	4.635	9.748
Caregiver	507	295	212	1.014
<b>Total</b>	<b>17.132</b>	<b>18.524</b>	<b>21.305</b>	<b>56.961</b>

**Table 3.** Author of physical violence against children according to their age. Brazil (2016-2021)

FE: age group

SOURCE: Ministry of Health / SVS - Notifiable Diseases Information System - Sinan Net (2016- 2021)

Table 4 shows that the geographical region with the highest prevalence of reports of physical violence is the Southeast, followed by the South, Northeast, North and Midwest, respectively. In all geographical regions, the population with the highest number of victims is between the ages of 10 and 14.

Geographical Regions	FE: 1 - 4 years	FE: 5 - 9 years	FE: 10 - 14 years	Total
North	1.638	2.639	5.923	10.200
North East	3.408	3.740	10.937	18.085
South East	10.557	13.894	34.306	58.757
South	4.591	5.818	12.317	22.726
Center West	1.611	1.898	4.308	7.817
<b>Total</b>	<b>21.805</b>	<b>27.989</b>	<b>67.791</b>	<b>117.585</b>

**Table 4.** Cases of physical violence according to geographic region and age of minors. Brazil (2016-2021)

FE: age group

SOURCE: Ministry of Health/SVS- Notifiable Diseases Information System - Sinan Net (2016-2021)

Another analysis can be made in relation to the victim's ethnicity, with a higher number of notifications among brown children, especially those aged 10 to 14, followed by white, black and, lastly, indigenous children.

Ethnicity	FE: 1 - 4 years	FE: 5 - 9 years	FE: 10 - 14 years	Total
White	8.592	10.209	24.130	42.931
Black	1.227	2.045	5.437	8.709
Indigenous	229	335	881	1.445
Brown	9.202	12.201	30.027	51.430
Total	19.250	24.790	60.475	104.515

**Table 5.** Cases of physical violence according to ethnicity and age of minors. Brazil (2016-2021)

FE: age group

SOURCE: Ministry of Health / SVS - Notifiable Diseases Information System - Sinan Net (2016- 2021)

Child	Absence of PTSD	Presence of PTSD	Total	OR	Confidence Interval (95%)
Male	207	29	236	.	-
Female	208	21	229	.	-
White	138	14	152	1.00	.
Black	47	7	54	1.46	1.12 - 1.90
Brown	223	28	251	1.23	1.02 - 1.48

**Table 6.** Distribution of genders and ethnicities according to absence or presence of post-traumatic stress disorder (PTSD).

Source: *Ciência & Saúde Coletiva*, 14 (2): 417-433, 2009.

Analyzing the data illustrated in table 6, we can see that 12.2% of the boys analyzed developed post-traumatic stress disorder and this statistic decreases as we analyze the girls in the study, which results in a percentage of 9.1% of the total analyzed. In addition, another piece of data collected in Table 6 is that black children have a 4.79 times greater chance of showing symptoms of post-traumatic stress disorder (PTSD) when compared to white children

## DISCUSSION

According to our studies, research has shown that children's exposure to physical violence can have multiple consequences for the victims, mainly affecting their emotional, behavioral and social development, and negatively affecting their quality of life. In addition, the sequelae can persist throughout adulthood (Barros; Deslandes; Bastos, 2016).

Every day, children and adolescents are the targets of physical violence, with the most frequent aggressors being people close to (or included in) their social support network - a fact analyzed in Table 3, which shows that the main aggressor in the 1-9 age group is the mother, while in the 10-14 age group, it is the father. The act of violence committed by parents can be interpreted, in our Brazilian scenario, as a form of punishment, deserved by the child, being justified as a parental right as a way of improving the process of education and discipline of their children (Barros; Deslandes; Bastos, 2016).

A study cited by Riba and Zioni (2022) analyzed data from mothers of children up to 12 months old and found that these mothers had continuous feelings of despair, tiredness, fear and a rapid loss of patience. Children demand more care and attention, which presupposes feelings of overload, stress and lack of patience from the caregiver (who is most often the mother), which, together with a possible lack of a support network, could explain why the mother is the main aggressor of children in the first years of life.

With regard to fathers, it is notable that the largest number of cases of child violence in the 10 - 14 age group have this agent as the aggressor. In our society, the father figure is notable and recognized for often being rigid and authoritarian, dimensions strengthened by the deep-rooted culture of social representation attributed to the role of men. The age group of 10 - 14 years is

when pubertal traits appear, a period known for the high amount of hormones, related to the emotional, cognitive and behavioral development of the young individual, and which consequently can generate notable changes in their attitudes and personality. When we interpret the data in table 1, together with table 3, we see that the older the child, the higher the number of reported cases and this change is also accompanied by a change in the perpetrator. Thus, the older the age group, the father becomes the main aggressor. When we analyze physical violence against adolescents in the domestic environment, it is understood that the main etiology of the conflict is in the scenario of figures who have lost (or never managed to occupy) a place of authority with their children (Riba; Zioni, 2022).

As for biological sex, according to table 2, females are the most affected at ages 1 - 4 and 10 - 14, while males are affected at ages 5 - 9. Riba et al. point out that, in our society, historical inequalities are highlighted when boys and girls are raised differently, with the female body, behavior and sexuality being controlled mainly through physical violence and mutilation, which would explain the higher number of cases affecting this sex, especially those aged 10-14.

Also according to the analysis carried out by Riba and Zioni (2022), punitive methods as a form of discipline have been used in Brazil since the arrival of the colonizers, when the Jesuits used physical punishment to promote indigenous conversion to Catholicism. This has continued throughout Brazil's history, and was also observed during the slavery period as a way of maintaining obedience by the victims, as well as a way of legitimizing and perpetuating the master's power over the enslaved - whether they were adults or children. The school environment was not exempt from aggressive practices either: it was perpetuated through punishments such as the

spanking, through which an idea was created that, even if they were given more leniently, such aggressions would be able to convey the message to be learned by the individual without generating psychosocial repercussions. Today, despite the existence of laws aimed at protecting children from any form of physical punishment, regardless of the environment in which they find themselves, we can see that it continues to occur and, consequently, we can also identify its implications for the psychosocial development of these victims. However, because there is a normalization of the adoption of these measures of a punitive or educational nature, we see that mainly more serious cases are reported.

Riba and Zioni (2022) establish a relationship between the history of public health and the prevalence of physical violence in the pediatric population in less socioeconomically developed regions and in regions with higher levels of inequality. It is noteworthy that projects based on a hygienist vision disseminated the importance of eliminating social ills through health and quality education provided to children. However, this was influenced by the eugenicist vision and, therefore, interventions aimed at improving access to health and education focused almost exclusively on the wealthy child population, from families with greater social relevance and prominence, placing the childhood of impoverished individuals as an obstacle to the country's development. This thinking meant that this part of the pediatric population was kept on the margins of established interventions, preventing their access to quality health and education and, therefore, favoring the preservation of elite power. Today, as a consequence of this process, we see the establishment of the mentality that low-income individuals represent a point of danger and fragility for national development and the establishment of peace, leading to

constant marginalization and consequently greater exposure and susceptibility to violent processes, as explained by the data showing greater prevalence in economically more developed regions, such as the Southeast and South, but with higher levels of social inequality (64.9% and 10.6% of all inequality in the country), 6% of all inequality in the country in 2020, according to the State Fund to Combat Poverty - FECOP), which respectively reported 58,757 and 2,2726 cases of physical violence between 2016 and 2021, as shown in table 4, in addition to less economically developed regions, such as the Northeast and North, which respectively contribute 47.9% and 26.1% of the country's poverty, according to FECOP in 2020, and which had 180,85 and 10,200 cases reported between 2016 and 2021, as also shown in table 4. In addition to the historical, social and economic assessment related to the mechanisms that perpetuate child violence in each region, it is important to note that, as table 4 illustrates, the Southeast and South are also the regions with the highest number of notifications, which allows us to understand that the underreporting of cases in other regions may erroneously simulate a lower prevalence of cases elsewhere in the country.

With regard to race/color, Table 5 shows a predominance of reports of physical violence involving the white population. Aquino et al. (2021) point out that Chór questions the validity of this evaluation parameter, given that each individual's self-perception of color is subjective and even volatile. Ximenes et al. also point out that minority child populations, such as black children, are more likely to develop symptoms related to Post-Traumatic Stress Disorder (PTSD) after being victims of aggression when compared to the white child population, which stems not only from the maintenance of racist practices against these groups, In other words, the expression

of this symptomatology, which includes, for example, sudden mood swings and excessive nervousness or anxiety, may derive not only from racial or biological issues, but also from the socioeconomic insertion of this population group, which has been historically marginalized.

Although it is unattainable to summarize the symptoms present in children and adolescents who are victims of physical violence, especially caused by paternal and maternal figures, we know that the impact of exposure to abusive situations is a risk factor for the emergence of mental health problems-which affects the child's mental health psychosocial development of these victims, causing symptoms such as depression, anxiety and post-traumatic stress disorder, as described by Barros and Freitas (2016).

In the article "Using story-drawing to understand institutionalized children's understandings and feelings about physical aggression" by Lima et al. (2021), story-drawings of children who had suffered physical aggression were analyzed. One of the subjects discussed was a scenario of the guilt felt by the victim demonstrated in the drawing-story made by Elsa (fictitious name), in which she drew and described self-punishment and justified that the physical violence practiced by her father was caused by her disobedience. In another situation, Lima et al. (2021) explain that, according to information collected from the medical records of one of the children in the study, there were changes in his behavior and that Sonyc (fictitious name), previously an extroverted child, became sad, agitated and aggressive towards the people around him. In the case of 7-year-old Wolwerine (fictitious name), the child's desire for revenge is reported, as he is the son of an alcoholic mother (and his main aggressor). His drawing and his speeches state that the sun, represented with an aggressive face, would have been



angry at his mother's attitudes towards the child and would have burned him, after which Wolverine would have had the opportunity to eat him.

Thus, although it is not possible to list all the possible consequences of child violence on the psychosocial development of these victims, there are some that are more prevalent. Physical violence is not only marked by visible bodily injuries, but can also be seen in the development of low self-esteem, psychiatric disorders (such as generalized anxiety disorder or post-traumatic stress disorder), conduct disorders and the use and abuse of psychoactive substances (Barros; Freitas, 2016). According to Lima et al. (2021), allotriophagia, a syndrome that encompasses people who feel a desire to consume inedible substances, was observed as one of the behaviors of one of the children included in their article, and is often associated with stressful situations, with a focus on the family environment, affecting mainly adolescents and young people. There was also evidence of other damage to children's development, such as aggression and social isolation, as well as a desire for revenge and guilt, as previously mentioned (Lima et al., 2021).

Finally, a meta-analysis by GERSHOFF, which investigated the interaction and physical punishment used by parents and the negative effects in childhood, identified 17 associated outcomes, among them the main ones: emotional alterations, such as aggression and antisocial behavior, so that the greater the exposure to physical aggression practiced by figures in their domestic environment, the greater the possibility of negative effects on the victim's emotional development (Lima et al., 2021).

## CONCLUSION

The situation of child physical violence in Brazil is multifactorial and involves social, economic, cultural and educational issues. Poverty, social inequality, lack of access to basic services, parents' low level of education and the lack of effective child protection policies are some of the factors that contribute to the perpetuation of this problem.

To combat physical violence against children, a comprehensive approach involving society as a whole is essential. It is necessary to invest in raising awareness and educating the population about children's rights and the harmful effects of violence. In addition, it is essential to strengthen the institutions responsible for child protection, such as the health, social care and education systems, to ensure that children at risk receive the necessary support.

The implementation and strengthening of effective public policies is also fundamental. This includes the creation of stricter laws to punish aggressors, the establishment of support services for victims and their families, and investment in prevention and early intervention programs. In addition, it is necessary to ensure that professionals who work with children, such as teachers and health professionals, are trained to identify the signs of violence and act appropriately.

In short, it is possible and necessary for society to unite to combat this problem, promoting a culture of respect for children's rights and guaranteeing a safe and healthy environment for their development. Only in this way can we build a better future for generations to come.

## REFERENCES

1. **AQUINO, E. V. O.; ATAÍDE, B. D. G.; OLIVEIRA, I. A.; LIMA, B. M. Y.; MACHADO, H. C. P.; FARIA, M. R. G. V.** Fatores socioeconômicos e saúde de crianças em contexto de violência. *Aletheia*, [S.l.], v. 54, n. 1, p. 96-104, 2021. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1413-03942021000100011&lng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1413-03942021000100011&lng=pt). Acesso em: 12 maio 2023.
2. **BARROS, A. C. M. W.; DESLANDES, S. F.; BASTOS, O. M.** A violência familiar e a criança e o adolescente com deficiências. *Cadernos de Saúde Pública*, [S.l.], v. 32, n. 6, 2016. Disponível em: <https://doi.org/10.1590/0102-311X00090415>. Acesso em: 17 maio 2023.
3. **BARROS, A. S.; FREITAS, M. F. Q.** Violência doméstica contra crianças e adolescentes: consequências e estratégias de prevenção com pais agressores. *Pensando Famílias*, [S.l.], v. 19, n. 2, p. 102-114, 2016. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1679-494X2015000200009&lng=pt&tlng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2015000200009&lng=pt&tlng=pt). Acesso em: 15 maio 2023.
4. **OLIVEIRA, N. F.; MORAES, C. L.; JUNGER, W. L.; REICHENHEIM, M. E.** Violência contra crianças e adolescentes em Manaus, Amazonas: estudo descritivo dos casos e análise da completude das fichas de notificação, 2009-2016. *Epidemiologia e Serviços de Saúde*, [S.l.], v. 29, n. 1, 2020. Disponível em: <https://doi.org/10.5123/S1679-49742020000100012>. Acesso em: 15 maio 2023.
5. **SOUZA, M. F. F.; CARVALHO, R. R.** A violência contra as crianças e adolescentes admitidos no Hospital João XXIII: uma análise quantitativa. *Revista Interinstitucional Brasileira de Psicologia*, [S.l.], v. 10, n. 2, p. 148-161, 2017. Disponível em: [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S1983-82202017000200002&lng=pt](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1983-82202017000200002&lng=pt). Acesso em: 14 maio 2023.
6. **DORNELLES, T. M.; MACEDO, A. B. T.; ANTONIOLLI, L.; VEGA, E. A. U.; DAMACENO, A. N.; SOUZA, S. B. C.** Características da violência contra crianças no município de Porto Alegre: análise das notificações obrigatórias. *Escola Anna Nery*, [S.l.], v. 25, n. 2, 2021. Disponível em: [http://www.revenf.bvs.br/scielo.php?script=sci\\_arttext&pid=S1414-81452021000200217&lng=pt](http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S1414-81452021000200217&lng=pt). Acesso em: 10 maio 2023.
7. **FEITOZA, S. A.; BENTO, M. I. C.; FERNANDES, L. C. C.; de FIGUEIREDO, L. S.; GADELHA, M. L. N. V.; GADELHA, M. N. V.** Impacto da escolaridade na violência infantojuvenil na cidade de João Pessoa - PB - Brasil. *Revista Brasileira de Odontologia Legal*, João Pessoa, v. 8, n. 1, p. 33-42, 2021. Disponível em: <https://portalabol.com.br/rbol/index.php/RBOL/article/view/340/268>.
8. **LIMA, J. K. S.; LIRA, M. O. S. C.; de OLIVEIRA, J. F.; CAMPOS, F. V. A.; de PAIVA, L. O. L.** Uso do desenho-estória para apreensão de entendimentos e sentimentos de crianças institucionalizadas sobre agressão física. *Cuidarte*, [s.l.], v. 12, n. 1, 2021. Disponível em: <https://revistas.udes.edu.co/cuidarte/article/view/1204>.
9. **NOBRE, C. S.; VIEIRA, L. J. E. S.; NORONHA, C. V.; FROTA, M. A.** Fatores associados à violência interpessoal entre crianças de escolas públicas de Fortaleza, Ceará, Brasil. *Ciência & Saúde Coletiva*, [s.l.], v. 23, n. 12, p. 4299-4309, 2018. Disponível em: <https://doi.org/10.1590/1413-812320182312.29222016>.
10. **NUNES, A. J.; SALES, M. C. V.** Violência contra crianças no cenário brasileiro. *Ciência & Saúde Coletiva*, [s.l.], v. 21, n. 3, p. 871-880, 2016. Disponível em: <https://doi.org/10.1590/1413-81232015213.08182014>.
11. **PERES, K. O.** A violência infantil e seus reflexos no processo de aprendizagem na Comarca de Marechal Cândido Rondon - PR. 2018. Dissertação (Mestrado em Educação) – Universidade Estadual do Oeste do Paraná, Cascavel, 2018.
12. **PINTO, L. W.; de ASSIS, S. G.** Violência familiar e comunitária em escolares do município de São Gonçalo, Rio de Janeiro, Brasil. *Revista Brasileira de Epidemiologia*, [s.l.], v. 16, n. 2, p. 288-300, 2013. Disponível em: <https://doi.org/10.1590/S1415-790X2013000200006>.
13. **RIBA, ALINE CONEGUNDES; ZIONI, FABIOLA.** O corpo da criança como receptáculo da violência física: análise dos dados epidemiológicos do Viva/Sinan. *Saúde em Debate*, v. 46, n. spe5, p. 193-207, 2022.
14. **SILVA, SAMYLLA BRUNA DE JESUS ET AL.** Perfil das notificações de violência contra crianças e adolescentes. *Rev. enferm. UFPE on line*, p. [1-7], 2020.

15. **SINANWEB** - Violência Interpessoal/Autoprovocada. Disponível em: <<http://portalsinan.saude.gov.br/violencia-interpessoal-autoprovocada>>.
16. **SOARES, MARCELO LUIZ MEDEIROS; GUIMARÃES, NATÁLIA GUEDES MIGUEL; BONFADA, DIEGO.** Trend, spatialization and circumstances associated with violence against vulnerable populations in Brazil, between 2009 and 2017. *Ciência & Saúde Coletiva*, v. 26, p. 5751-5763, 2021.
17. **WAKSMAN, RENATA DEJTIAR; HIRSCHHEIMER, MÁRIO ROBERTO.** Manual de atendimento às crianças e adolescentes vítimas de violência. Núcleo de Estudos da Violência Doméstica contra a Criança e o Adolescente. Brasília: *Conselho Federal de Medicina*, 2011.
18. **XIMENES, Liana Furtado; OLIVEIRA, RAQUEL DE VASCONCELOS CARVALHÃES DE; ASSIS, SIMONE GONÇALVES DE.** Violência e transtorno de estresse pós- traumático na infância. *Ciência & Saúde Coletiva*, v. 14, p. 417-433, 2009.