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Characteristics of violence against children in the city of Porto Alegre: analysis of mandatory notifications

Características da violência contra crianças no município de Porto Alegre: análise das notificações obrigatórias

Características de la violencia contra los niños en la ciudad de Porto Alegre: análisis de las notificaciones obligatorias

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Abstract

Objective: to characterize violence against children notified in the city of Porto Alegre. **Method:** a retrospective study, including 5,308 cases of violence against children from zero to twelve years of age registered in the Notifiable Diseases Information System in the city of Porto Alegre. **Results:** the mean age was 5.95 ± 3.86 years old, with predominance of female children (61%). Sexual violence was the most reported (53%). Most of the perpetrators were male (68%) and 72% of the cases occurred at the victim's home. Girls are more susceptible to sexual violence. Male children suffer more physical violence and neglect. **Conclusion and implications for the practice:** the results demonstrate the importance of knowing the profile of violence for intervention and for the elaboration of inter-sectoral public policies, as well as for the training of the multi-professional team to recognize the problem at the time of assistance and the proper referral.

Keywords: Violence; Public Health; Child; Aggression; Unified Health System.

Resumo

Objetivo: caracterizar a violência notificada contra crianças no município de Porto Alegre. **Método:** estudo retrospectivo, incluindo 5308 casos de violência contra crianças de zero a doze anos registrados no Sistema de Informação de Agravos de Notificação no município de Porto Alegre. **Resultados:** idade média foi de 5,95 ± 3,86 anos, com predomínio de crianças do sexo feminino (61%). A violência sexual foi a mais notificada (53%). A maioria dos agressores eram do sexo masculino (68%) e 72% dos casos ocorreram no domicílio da vítima. As meninas são mais suscetíveis à violência sexual. Crianças do sexo masculino sofrem mais violência física e negligência. **Conclusão e implicações para a prática:** os resultados demonstram a importância do conhecimento do perfil das violências para intervenção e elaboração de políticas públicas intersetoriais, assim como para a capacitação da equipe multiprofissional para o reconhecimento do problema no momento da assistência e o devido encaminhamento.

Palavras-chave: Violência; Saúde Pública; Criança; Agressão; Sistema único de Saúde.

Resumen

Objetivo: caracterizar la violencia notificada contra los niños en la ciudad de Porto Alegre. **Método:** estudio retrospectivo, incluyendo 5308 casos de violencia contra niños de cero a doce años registrados en el Sistema de Información de Incidentes Notificables en el municipio de Porto Alegre. **Resultados:** la media de edad fue de 5,95 ± 3,86 años, con predominio de niñas (61%). La violencia sexual fue la más notificada (53%). La mayoría de los agresores eran del sexo masculino (68%) y el 72% de los casos ocurrió en el domicilio de la víctima. Las niñas son más susceptibles a la violencia sexual. Los niños sufren más violencia física y negligencia. **Conclusión e implicaciones para la práctica**: los resultados demuestran la importancia de conocer el perfil de la violencia para intervenir y elaborar políticas públicas intersectoriales, así como para disponer la capacitación del equipo multiprofesional a fin de reconocer el problema al momento de prestar la asistencia y la derivación adecuada.

Palabras clave: Violencia; Salud Pública; Niño; Agresión; Sistema Único de Salud.

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INTRODUCTION

The global prevalence of violence against children is 41%.[1] Near two-thirds of the children between two and fourteen years of age are victims of physical violence and a child dies every five minutes victim of some kind of violence, demonstrating the situation of vulnerability to which this group is exposed. Regarding sexual violence, one out of 10 girls under 20 years of age has been a victim of this violence.[2]

In 2013, 188,624 cases of violence were reported in Brazil, of which 29,784 were among children from zero to nine years of age, and 50,634 cases occurred among adolescents from 10 to 19 years of age. As for the type of violence suffered among children from zero to nine years old, neglect predominates (50.1%), followed by physical violence (28.6%), sexual violence (28.4%), and psychological/moral (17.5%).[3]

Children who are victims of any kind of violence in their first decade of life become more susceptible to developing psychic suffering, anxiety, depression, sleep-related problems, intrusive thoughts, concentration difficulties, eating problems, and violation of social rules.[4-6]

The effects caused by violence such as emotional disorders and social and economic problems do not end in childhood: these harms are brought to adult life.[7] Child abuse in all its interfaces remains hidden, probably due to social and cultural factors and to the victims' fearing the aggressor.[4,8-10]

In the literature, inconsistencies were identified in the results concerning the characteristics of violence against boys and girls, probably due to the different age ranges analyzed, outcomes of interest, sample size, and study designs.[4,11-15] The multiple forms and variations of violence against children also make it difficult to measure the problem, in addition to the underreporting of cases,[16-19] impacting on the relationships of vulnerability and conducts of the professionals.

Each year, the number of notifications in the health services increases significantly. In 2009, a total of 39,976 cases of violence were registered in Brazil and, in 2014, the total number of registrations increased fivefold.[3] However, the number of reported cases is still below the estimated number of cases of violence that occur.[20]

Given the above, the justification for this research is guided by the importance of developing and aggregating knowledge on the theme to support prevention and promotion activities of children's health, as well as training professionals to recognize the warning signals and symptoms. The objective of the research was to characterize violence against children reported in the city of Porto Alegre, from the notification and registry in the Unified Health System (*Sistema* Único *de Saúde*, SUS) care network.

METHOD

This is a retrospective and cross-sectional study carried out by means of consulting the database published in the Porto Alegre General Health Surveillance Coordination (*Coordenadoria Geral de Vigilância em Saúde*, CGVS) electronic page, from the violence notification forms, notified in the health services.

The study sample was constituted by all the notified cases of violence against children of both genders between zero and 12 years of age, from the year of its implementation in 2009 until 2015. The cases of violence against children which were notified and inserted in the CGVS public database were included in the study, excluding those cases in which age or the type of violence suffered were not specified.

An instrument was elaborated for information collection, which was organized according to items in the notification forms, with characteristics of the victim (gender, age range, race); of the violence (typology, frequency, means of aggression); perpetrators' data (gender, number of people involved, bond with the victim, alcohol use at the time of violence, place of occurrence); characteristic of the violence suffered (type, means of aggression, nature of the injury, place of occurrence, recurrence, and consequences); health service where it was notified; and the referral made.

The variables were described as percentages, mean and standard deviation, or median and interquartile intervals when the variables did not meet the statistical presumptions. The Chi-square, Student's t, and Mann-Whitney's U tests were used to compare each of the possible explanatory variables of interest. Poisson's univariate regression was performed in order to understand the behavior of the variables in relation to gender. For all the analyses, a significance level of 5% was considered.

The information was gathered by the researcher on the database between July and November 2017, stored in Microsoft Excel spreadsheets, version 2013, and later analyzed using SPSS v. 20.

According to Resolution No. 510/2016 of the National Health Council (*Conselho Nacional de Saúde*, CNS), research studies that use public access information do not need evaluation by the Ethics and Research Committee. The confidentiality of the information in the registers that integrate the analyzed database was guaranteed, according to CNS Resolution 466/2012.

RESULTS

The sample consisted of 5,308 children between zero and 12 years old, of both gender. The children had a mean age of 5.95 ± 3.86 and 61% were female.

Table 1 presents the characteristics of the child population victims of violence according to gender. Among the results, 72% of the children were white-skinned, 36% of the episodes of violence occurred more than once, and 19% with more than one aggressor. According to the notifications, sexual violence (53%) was more prevalent, followed by neglect (41%), psychological violence (34%), and physical aggression (19%).

Table 2 shows the characteristics of the aggressors, who were 68% male and 35% were under the influence of alcohol at the time of the aggression. The cases of violence occurred at the victims' residence in 72% of the reported cases, and 62% of the aggressors belonged to the child's family nucleus. Physical violence was perpetrated by means of physical force in 32.4% of the

Table 1 – Description of the sociodemographic characteristics of the sample and the type of violence reported against children according to gender. Porto Alegre, RS, Brazil, 2017.

Variables		TOTAL (n=5,308)	Male gender (n=2,089/39.4)	Female gender (n=3,219/60.6)	95% CI	p
Victims	Age (years old)*	5.95 ± 3.86	5.16 ± 3.73	6.48 ± 3.86	-	**<0.001**
	More than one abuser	924 (17.4)	447(21.4)	477(14.8)	1.35 (1.24-1.46)	**<0.001**
	White race/skin color	3,827 (72)	1,474 (70.5)	2,353 (73)	1.07 (0.99-1.15)	0.13
	Black race/skin color	575 (10.8)	243 (11.6)	331 (10.2)	0.92 (0.83-1.02)	0.13
	More than one episode	1,915 (36)	604 (28.9)	1,311 (40.7)	1.39 (1.29-1.50)	**<0.001**
	Disabilities	66 (1.2)	38 (1.8)	28 (0.8)	0.68 (0.55-0.84)	**0.003**
	Physical disability	14 (0.2)	10 (0.4)	4 (0.1)	0.55 (0.4-0.77)	**0.03**
	Intellectual disability	19 (0.3)	10 (0.4)	9 (0.2)	0.74 (0.49-1.15)	0.34
	Mental disability	14 (0.2)	8 (0.4)	6 (0.2)	0.69 (0.44-1.08)	0.28
	Behavior disorder	16 (0.3)	11 (0.5)	5 (1.6)	0.57 (0.41-0.8)	0.31
	Other disabilities	22 (0.4)	12 (0.6)	10 (0.3)	0.65 (0.46-0.94)	0.97
	Death	12 (0.2)	8 (0.4)	4 (0.1)	0.6 (0.4-0.88)	0.1
Types of violence	Physical	1,013 (19)	456 (21.8)	557 (17.3)	0.84 (0.78-0.91)	**<0.001**
	Psychological	1,769 (33.3)	545 (26)	1,224 (38)	1.42 (1.31-1.53)	**<0.001**
	Neglect	2,144 (40.4)	1,124 (53.8)	1,020 (31.7)	0.58 (0.54-0.62)	**<0.001**
	Sexual	2,760 (52)	732 (35)	2,028 (63)	2.02 (1.89-2.18)	**<0.001**
Sexual violence outcomes	Pregnancy	-	-	7 (0.2)	-	-
	Legal abortion	-	-	2 (0.1)	-	-
	Emergency contraception	-	-	27 (0.8)	-	-
	Hepatitis	93 (1.8)	35 (1.7)	58 (1.8)	1.19 (1.01-1.40)	0.02
	HIV	110 (2.1)	41 (2)	69 (2.1)	1.18 (1.02-1.37)	0.01
	STI	123 (2.3)	45 (2.6)	78 (2.4)	1.17 (1.02-1.34)	0.01
Means of aggression	Physical force	1,655 (31.2)	582 (27.9)	1,073 (33.3)	1.18 (1.1-1.28)	**<0.001**
	Strangulation	19 (0.6)	11 (0.5)	8 (0.2)	0.68 (0.46-1)	0.16
	Blunt means	82 (1.6)	43 (2)	39 (1.2)	0.75 (0.6-0.92)	**0.02**
	Use of sharps	67 (1.3)	34 (1.6)	33 (1)	0.78 (0.61-0.98)	0.07
	Hot substance	54 (1)	24 (1.1)	30 (0.9)	0.88 (0.66-1.19)	0.53
	Poisoning	110 (2.1)	49 (2.3)	61 (1.9)	0.88 (0.71-1.09)	0.32
	Firearm	48 (0.9)	31 (1.5)	17 (0.5)	0.61 (0.49-0.75)	**<0.001**
	Threat	970 (18.3)	289 (13.8)	681 (21.1)	1.41 (1.27-1.57)	**<0.001**
	Other means	1,979 (37.3)	1,022 (48.9)	957 (29.7)	0.65 (0.6-0.7)	**<0.001**

* Data reported as number (%) or as mean ± standard deviation; statistically significant variables are identified in bold. HIV – Human immunodeficiency virus. STI – Sexually Transmitted Infection

cases, 19.4% by threats, 2.1% intoxications, 1.6% use of blunt objects, 1.3% use of sharps, 1% hot substances, 0.9% with the use of firearms, and 0.4% by strangulation.

The age group between six and twelve years old presented a significant association with the physical, sexual, and psychological types of violence, while children between zero and five years of age would be more susceptible to neglect (Table 3).

Table 4 identifies the notification units and the referrals made by the notification institutions. Hospitals reported 4,976 cases of violence against children, followed by emergency units and specialized health centers, both with 107 notifications each. Of the cases notified by the hospitals, 3,254 (65.4%) were referred to treatment in the health sector, 3,960 (79.6) to Child Protective Services, and 995 (20%) to follow-up by the social

Table 2 – Characteristics of the aggressors notified in the cases of violence against children. Porto Alegre, RS, Brazil, 2017.

Variables		TOTAL (n=5,308)	Male gender (n=2,089)	Female gender (n=3,219)	95% CI	p
Aggressor	Alcohol use during violence act	944 (17.8)	241 (11.6)	703 (21.8)	1.59 (1.4-1.8)	**<0.001**
	Male gender	2,937 (55.3)	885 (42.4)	2,052 (63.7)	1.67 (1.55-1.8)	**<0.001**
Bond with the victim	Family member	3,294 (62.1)	1,381 (66.1)	1,913 (59.4)	0.84 (0.78-0.9)	**<0.001**
	Boyfriend/Girlfriend	554 (10.4)	125 (6)	429 (13.3)	1.83 (1.56-2.14)	**<0.001**
	Community member	144 (2.7)	59 (2.8)	85 (2.6)	0.95 (0.78-1.16)	0.67
	Stranger	1030 (19.4)	364 (17.4)	666 (20.7)	1.14 (1.04-1.25)	**0.004**
	Institutional relationship	65 (1.2)	35 (1.7)	30 (0.9)	0.72 (0.57-0.9)	**0.01**
	Friend	894 (16.8)	316 (15.1)	578 (18)	1.11 (1.01-1.22)	0.3
	Caregiver	108 (2)	40 (1.9)	68 (2.1)	1.04 (0.81-1.33)	0.81
	Mother	1,772 (33.4)	921 (44)	851 (26.4)	0.6 (0.56-0.64)	**<0.001**
	Brother	154 (2.9)	52 (2.5)	102 (3.2)	1.16 (0.9-1.45)	0.2
	Grandfather	254 (4.8)	46 (2.2)	208 (6.5)	2.23 (1.71-2.9)	**<0.001**
	Grandmother	68 (1.3)	32 (1.5)	36 (1.1)	0.83 (0.64-1.07)	0.24
	Uncle	291 (5.5)	70 (3.4)	221 (6.9)	1.67 (1.36-2.05)	**<0.001**
	Aunt	32 (0.6)	17 (0.8)	15 (0.5)	0.74 (0.53-1.02)	0.16
	Stepfather	535 (10.1)	121 (5.8)	141 (4.4)	1.79 (1.52-2.09)	**<0.001**
	Other relationships	13 (0.2)	1 (0.04)	12 (0.4)	5.13 (0.78-33.7)	**0.04**
Place of abuse	House	3,840 (72.3)	1,344 (64.3)	2,496 (77.5)	1.45 (1.35-1.55)	**<0.001**
	School	116 (2.2)	62 (3)	54 (1.7)	0.73 (0.61-0.87)	**0.002**
	Public road	203 (3.8)	93 (4.5)	110 (3.4)	0.85 (0.73-1)	0.065
	Trading market/services	676 (12.7)	365 (17.5)	311 (9.7)	0.69 (0.64-0.75)	**<0.001**
	Collective housing	66 (1.2)	32 (1.5)	34 (1)	0.81 (0.63-1.04)	0.16
	Place of sports practice	16 (0.3)	12 (0.6)	4 (0.1)	0.52 (0.34-0.7)	**0.008**
	Others	54 (1)	19 (0.9)	35 (1.1)	1.12 (0.78-1.6)	0.62

Statistically significant variables are identified in bold.

Table 3 - Type of violence against children according to age. Porto Alegre, RS, Brazil, 2017.

	Age (years old)		
Type of violence	**0 - 5***	**6 - 12***	**p-value†**
Physical	365 (14.7)	647 (22.9)	<0.001
Sexual	683 (27.5)	2,077 (73.5)	<0.001
Psychological	472 (19)	1,296 (45.9)	<0.001
Neglect	1,591 (64)	530 (18.8)	<0.001

*n (%); †Pearson's Chi square

assistance services (RCSA/SRCSA). Of the cases that were assisted by the emergency units, 66 (61.7%) were referred to Child Protective Services, 64 (59.8%) to the health sector, and 10 (9.3%) to follow-up by the social assistance services (RCSA/SRCSA). The health centers specialized in health referred 67 (62.6%) of the cases to the health sector, 68 (63.6%) to the Child Protective Services, and 26 (24.5%) to the Legal Medical Institute (LMI).

DISCUSSION

For the first time, our study identifies the characteristics of violence against children according to gender with more than 5,000 children between zero and 12 years of age.

The girls were significantly older than the boys at the time of the violence episode. The risk for girls being victims of sexual abuse increases with age, while for boys, the greatest risk is during adolescence.[21]

These findings also corroborate the results of a meta-analysis conducted to identify the prevalence of child sexual abuse worldwide, including 22 countries. This study pointed out that girls are more susceptible to suffer some type of sexual abuse, being identified that 19.7% of the women suffered some type

Table 4 - Frequency distribution (%) of occurrences recorded in the notification units, according to the Violence and Accidents Notification System/VIVA between 2009 and 2015. Porto Alegre, RS, Brazil, 2017.

Ref. Made	Notification Units					
	Hospital	ECU	Spec. Center	FHS	BHU	Others
Ref. Health	3,254 (65.4)	64 (59.8)	67 (62.6)	27 (61.4)	22 (50)	14 (53.8)
Child Protective Services	3,960 (79.6)	66 (61.7)	68 (63.6)	23 (52.3)	32 (72.7)	19 (73.1)
CYC	243 (5.8)	2 (3.4)	11 (10.4)	0	0	0
Shelter	125 (3)	2 (3.4)	5 (4.7)	0	0	1 (4)
Sentinel	233 (5.5)	2 (3.4)	15 (14.4)	0	0	0
WSP	14 (0.3)	3 (2.8)	0	1 (2.3)	0	1 (3.8)
CYSP	442 (8.9)	4 (3.7)	17 (15.9)	5 (11.4)	3 (6.8)	0
PS	821 (16.5)	4(3.7)	17 (15.9)	0	1 (2.3)	0
RCSAW	10 (0.2)	0	0	1 (2.3)	0	0
RCSA/SRCSA	995 (20)	10 (9.3)	23 (21.5)	3 (6.8)	12 (27.3)	1 (3.8)
LMI	1,825 (43.2)	5 (8.6)	26 (24.5)	0	2 (7.1)	0
Schooling	20 (2.7)	2 (4.1)	0	2 (10.5)	1 (6.3)	0
Precinct of Children and Youth	46 (6.1)	2 (4.1)	0	0	2 (12.5)	0
Public Defense Office	9 (1.2)	1 (2)	0	0	0	0
Total	4,976	107	107	44	44	26

Student's t-test. (ECU: Emergency Care Unit; Spec. Center: Specialized Center in Health; FHS: Family Health Strategy; BHU: Basic Health Unit; CYC: Child and Youth Court; WSP: Women Special Precinct; CYSP: Children and Youth Specialized Precinct; PS: Prosecution Services; RCSAW: Reference Center Specialized in Assistance to Women; RCSA/SRCSA: Reference Center for Social Assistance/Specialized Reference Center for Social Assistance; LML: Legal Medical Institute.

of sexual abuse before eighteen years of age, while the male gender presented a prevalence of 7.9%.[17]

The data show a 60.6% prevalence of some type of violence in female children. This gender was more susceptible to sexual violence compared to male children. On the other hand, boys suffer more episodes of physical violence ($p<0.001$) and neglect ($p=0.01$) when compared to women. A number of studies indicate that the risk of sexual abuse in childhood is the same for girls as for boys.[22] However, boys cannot report abuses due to social stigmas related to masculinity, since a man abused by another man cannot reveal abuse due to the fear of homosexual stigmatization.[21,23] The discrepancy between the results in relation to gender can be partially assigned to possible underreporting or failure in the identification of the sexual abuse cases against boys. The pattern of the difference in notifications in relation to gender (more girls than boys) is universal.[24] Another point to be highlighted is the social relationships and the power relation between men and women, based on the construction of genders.[25]

Our results agree with findings that children between two and eight years of age are the greatest victims of some type of violence.[4,18-20] The exposure to many types of violence, in all ages, identifies great vulnerability of the children in relation to maltreatment; however, studies indicate that the younger the child, the more susceptible they are to violence situations due to their inability to identify and react to these situations.[25] A number of studies suggest that exposure to several types of violence have a greater impact on early childhood than exposure to a single type of violence; however, the time of exposure must be taken into consideration, as it also has an influence on this impact.[26]

The predominance of female victims of violence is in line with previous studies.[27-31] Two studies, one carried out with data from 22 countries and another conducted in more than 190 countries, identified that the female gender usually suffers from sexual abuse and the male gender, from physical violence. The prevalence of sexual abuse appears around 20% in girls and 8% in boys.[2,17,18]

The World Health Organization (WHO)[32] points out that disabling characteristics, such as some type of disability, do not appear to be an important risk factor for abuse when other factors are considered, as the context of development, the children's living conditions, their family, and the community.[24] We consider that social or family support can contribute so that this vulnerability does not represent a predisposing condition to violence.

The "violence practiced by more than one abuser" variable was significantly predominant in the female child population. Girls are more likely to be assaulted by more than one abuser when compared to boys. The literature reports that 15% of the cases of sexual abuse are perpetrated by more than one aggressor.[33] The results point out that violence is a health problem for women since childhood, the prevalence of violence in females indicated an intergenerational phenomenon, since women are the greatest victims of abuse throughout life.

Girls presented an association in relation to the aggressor being under the influence of alcohol during the violence episode when compared to boys. According to data from the WHO,[1] the use of alcohol is a factor classified as risky, predisposing to the occurrence of violence.

In the univariate analysis, male victims presented significantly more disabilities compared to women. This result is probably due to the high prevalence of physical disability and behavior disorders found in this study. The literature points out that disabilities favor cases of violence.[1,34]

The abuser being male is associated with female victims. On the contrary, the same association occurs when the aggressor is female, but associated with boys. This result disagrees with the literature, pointing out that males frequently perpetrate acts of violence against children.[4,34] Our divergent results can be explained by the difficulty in identifying women as possible suspects in abuse cases and by the lack of qualification of the teams to identify these cases.

There is no difference related to where the violence occurred, probably due to episodes of violence occurring both at the homes and in the community. However, when the places of occurrence of violence are not specified, it is perceived that boys suffer violence more usually at school (3%) and in trading markets or services (17.5%). Comparatively, girls suffer more violence in their own homes (77.5%). Our results agree with the descriptive statistics used in the literature identifying that most of the cases of violence against children occur at the child's own home.[2]

In this research, it was evidenced that hospitals are the health institutions that most notified the cases of violence against children, and that primary health care presents lower numbers of notifications. According to the literature, we can identify some factors that favor non-notification, such as: unawareness regarding the existing laws, a deficit in the professional training, difficulties in identifying episodes of violence, the invisibility of indicators on the part of professionals, fear of retaliation from the aggressor, cultural aspects which believe that violence is a family problem, and not considering physical punishment as a form of violence, but as an educational practice.[35,36]

The fact of relating notification as a police report can be one of the reasons why professionals fear to notify, intending not to get involved in legal acts. The notification of cases of violence is essential to create coping strategies, enabling their interruption, and encouraging protection measures, in addition to generating information on the local situation. The Child and Adolescent Statute has the legal obligation of notifying suspected or confirmed cases of violence; however, it is also provided for in the ethical codes of many health professions, notifications not being considered a breach of professional secrecy.[37,38]

As limitations of the study, it is verified that the variables from the secondary database did not allow for the quality control of the information obtained. However, this limitation did not compromise the results obtained due to the relevance of the theme presented, the size and composition of the sample, and because it presents only cases of violence in this population. Such characteristics allow for a better characterization of the risk factor of violence against girls and boys, collaborating to the understanding of vulnerability. Another limitation was the fact that the database published on the website of the Porto Alegre General Coordination of Health Surveillance (CGVS) does not have real-time data, enabling the consultation of 2015 data in 2017.

CONCLUSION AND IMPLICATIONS FOR THE PRACTICE

The study characterized the notified violence against children according to gender from the notification and registration in the SUS care network. Our findings reveal a high prevalence of sexual violence in females, while neglect and physical aggression are prevalent in males. The aggressions provoked by more than one aggressor are predominant in the female child population. The abuser has a family bond with the female victim and is under the influence of alcohol during the aggression. The health team, caregivers, and the other community members must suspect violence against children considering, in addition to the child's gender, characteristics such as age, signs of physical and sexual violence, as well as signs of aggression provoked by more than one perpetrator, and they must also approach the dynamics of the family bond and alcohol abuse by the child's legal guardian. Given these characteristics, violence against children must be suspected and investigated regardless of disabilities, behavior disorders, race, place of occurrence, and the gender of the child caregiver.

The results point out that the high-complexity services are the ones that most report; however, it is important to highlight that primary health care, as it is in the territory and has a greater insertion in the household, has a fundamental role in the identification and notification of violence against boys and girls. In this way, more investment is needed in actions to support primary care services so that, in addition to reporting, they can work on preventing and confronting violence.

The study contributed to violence and vulnerability indicators according to gender and offers subsidies so that the services in the inter-sectoral network (services, social assistance, education, and justice) discuss and elaborate projects for coping with violence. The scarcity of publications on the theme, especially at the national level, signals a large gap in knowledge. In addition, the results provide information in the public health sphere for the development of actions for the prevention of and coping with this vulnerability, as well as for strengthening public policies aimed at children.

We emphasize that the inter-sectoral service networks (health services, social assistance, education, and justice) discuss and plan actions to address violence against children in order to protect children who are victims of this problem and guarantee their rights, stratifying the indicators by gender.

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Study design. Thayane Martins Dornelles. Sônia Beatriz Cocaro de Souza.

Data collection or production. Thayane Martins Dornelles. Sônia Beatriz Cocaro de Souza.

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