

Characterization of sexual abuse in children and adolescents notified in a Sentinel Program*

Caracterização do abuso sexual em crianças e adolescentes notificado em um Programa Sentinela

Caracterización del abuso sexual en niños y adolescentes notificado en un Programa Centinela

Rosilene Santos Baptista¹, Inácia Sátiro Xavier de França², Carlione Moneta Pontes da Costa³, Virgínia Rossana de Sousa Brito⁴

ABSTRACT

Objectives: To characterize sexual abuse in children and adolescents registered by the Sentinel Program in Campina Grande – PB; to analyze the incidence of sexual abuse; to define the profile of the children and adolescents seen at this program; to identify the main abusers and incidence of this type of abuse in the intra- and extra-family environment. **Methods:** This is a descriptive-exploratory study. Data were collected from 60 children and adolescents and treated statistically. **Results:** There were 23 notifications in 2005 and 37 in 2006. Of these, 51 notifications were related to girls and nine to boys in unfavorable socioeconomic conditions. The prevalent age ranges were from three to five years old and between 12 and 14. The main abusers were stepfathers, fathers, brothers-in-law; boyfriends and unknown men. There were 27 intra-family and 33 extra-family cases. The Tutelary Council – *Conselho Tutelar* – mediated most occurrences. **Conclusion:** The incidence of sexual abuse in children and adolescents is increasing, both in the intra-family and the extra-family environment. Continuous education is suggested to support family members and victims of sexual abuse.

Keywords: Child abuse, sexual/diagnosis; Child abuse, sexual/epidemiology; Battered child syndrome; Domestic violence; Sexual violence; Child advocacy

RESUMO

Objetivos: Caracterizar abuso sexual em crianças e adolescentes registrados pelo Programa Sentinela em Campina Grande-PB; analisar incidência de abuso sexual; traçar perfil das crianças e adolescentes atendidas nesse programa; identificar principais abusadores e incidência desse abuso no ambiente intra e extrafamiliar. **Métodos:** Estudo descritivo-exploratório. Coletaram-se dados nos prontuários de 60 crianças e adolescentes. Os dados foram tratados estatisticamente. **Resultados:** Aconteceram 23 notificações em 2005, e 37 em 2006. Identificou-se 51 notificações relacionadas com meninas e nove com meninos em condições sócio-econômicas desfavoráveis. Faixa etária prevalente: três a cinco e 12 a 14 anos. Principais abusadores: padrastos, pais, cunhados; namorados e desconhecidos. Aconteceram 27 casos no ambiente intrafamiliar e 33 no extrafamiliar. O Conselho Tutelar intermediou a maioria dos registros. **Conclusão:** Cresce incidência de abuso sexual de crianças e adolescentes, tanto no ambiente intrafamiliar como no extrafamiliar. Sugere-se educação continuada para apoiar familiares e vítimas de abuso sexual.

Descritores: Maus-tratos sexuais infantis/diagnóstico; Maus-tratos sexuais infantis/epidemiologia Criança maltratada; Violência doméstica; Violência sexual; Defesa da criança e do adolescente

RESUMEN

Objetivos: Caracterizar el abuso sexual en niños y adolescentes registrados en el Programa Centinela en Campina Grande-PB; analizar la incidencia del abuso sexual; trazar el perfil de las niñas y adolescentes atendidas en ese programa; identificar principales abusadores e incidencia de ese abuso en el ambiente intra y extra familiar. **Métodos:** Se trata de un estudio descriptivo-exploratorio. Los datos fueron recolectados de las historias clínicas de 60 niñas y adolescentes. Los datos fueron tratados estadísticamente. **Resultados:** Acontecieron 23 notificaciones en el 2005, y 37 en el 2006. Se identificó 51 notificaciones relacionadas con niñas y nueve con niños en condiciones socio-económicas desfavorables. La faja etárea que prevaleció fue de tres a cinco y doce a catorce años. Los principales abusadores: los padrastos, padres, cuñados; enamorados y desconocidos. Sucedieron 27 casos en el ambiente intrafamiliar y 33 en el extra familiar. El Consejo Tutelar intercedió la mayoría de los registros. **Conclusión:** Es creciente la incidencia de abuso sexual de niños y adolescentes, tanto en el ambiente intrafamiliar como en el extra familiar. Se sugiere educación continua para apoyar a familiares y víctimas de abuso sexual.

Descriptores: Abuso sexual infantil/diagnóstico; Abuso sexual infantil/epidemiología; Síndrome del niño maltratado; Violencia doméstica; Violencia sexual; Defensa del niño

* Study developed by Grupo de Estudos e Pesquisas em Atenção em Saúde Coletiva – GEPASC, Nursing Department at Universidade Estadual da Paraíba – UEPB – Campina Grande (PB), Brazil.

¹ M.Sc, Head Professor of the Nursing Department at Universidade Estadual da Paraíba – UEPB – Campina Grande (PB), Brazil.

² Ph.D, Full Professor of the Nursing Department at Universidade Estadual da Paraíba – UEPB – Campina Grande (PB), Brazil.

³ RN at Hospital Manoel Lucas de Miranda e and the Family Health Program – Programa Saúde da Família in Guamará (RN), Brazil.

⁴ M.Sc in Collective Health, Professor of the Nursing Department at Universidade Estadual da Paraíba – UEPB – Campina Grande (PB), Brazil.

INTRODUCTION

Domestic violence against children and adolescents is a prevalent phenomenon in the history of the western civilization, being socially built, supported in beliefs, values, standards and permissions of a given time and culture.

In a study performed by the United Nations, violence against children is seen to be frequently silenced, with scarce statistical data about this problem and that initiatives against this type of violence usually prioritize the symptoms and their consequences, not their causes. The governmental strategies are usually fragmented and not very efficient, due to lack of financial resources. And the international measures to protect children from violence tend not to result in measures in the national scope⁽¹⁾.

In Brazil, authors report that there is a certain degree of complacency in our social culture about cases of children mistreatment, due to the belief that the caregivers have unlimited rights over the child, which leads them to abuse the power of the stronger over the weaker⁽²⁾.

Regarding mistreatment, sexual abuse stands out as one of the main forms of violence against children and adolescents, involving sexual behaviors linked to disregard for the individual and their limits. Child abuse corresponds to every situation in which an adult uses a child or an adolescent to satisfy their sexual urges, through caressing, manipulation of genitalia, breasts or anus, sexual exploitation, voyeurism, pornography, exhibitionism, and even the sexual act itself, with or without intercourse⁽³⁾.

This type of violence has been practiced more frequently in the intra-family environment, reflecting a reality that occurs in several countries, regardless of social class. Incest can occur in up to 10% of the families, being mainly practiced by the father, stepfather, uncle, grandfather, or another person closely related to the family⁽³⁾. That means: someone the victim knows, trusts and loves.

Abusers usually act through seduction and threats, seeking the victim's companionship. They can be self-declared pedophiles or not. Adults use the power they have over children, using them as a means to satisfy their desires, regardless of the victims' rights to autonomy. Violence may occur a single time, or it may last for years, reaching its end when the child, now an adult, breaks free from such a pathological relationship⁽³⁾.

In Brazil, the person's rights to dignity and citizenship are guaranteed by the 1988 Constitution. Regarding the population of children and adolescents, this right is also guaranteed by law #8.069/90, which covers the Statute of Children and Adolescents – *Estatuto da Criança e do Adolescente*⁽⁴⁾. Article 13 of this legal instrument regulates the mandatory character of reporting cases of abuse, even if they are only suspected. Article 245 establishes fines for the healthcare professional that does not report cases

involving suspected or confirmed abuse against children and adolescents to the authorities.

On this topic, the Code of Ethics of the Nursing Professionals forbids the nurse of causing, cooperating, being an accomplice of or negligent about any type of violence. Therefore, in view of abused children and adolescents, the judicial authorities must be notified, since these cases are valid reasons for breaking professional secrecy⁽⁵⁾.

Reporting cases is highly important, since it makes violence visible, allowing for the epidemiological dimensioning of the problem and the creation of public policies for their prevention.

Preventive actions are held in Campina Grande – PB in the healthcare and educational areas, preparing teachers to work with the theme of exploitation, abuse and support to victims of any type of sexual violence. People involved in these actions work as partners of the Sentinel Project – *Projeto Sentinela* – and the Tutelary Council. Among the difficulties faced to improve their actions of preventing sexual violence against children and adolescents, these people need to report the number of children and adolescents that were sexually abused, the type of perpetrator, the place where it happened and the sociodemographic conditions of the victims' families.

The inviolability of the physical, psychic and moral integrity of the children and the adolescents must be understood as a public, collective issue: the state and the society must act concerning the subject of the situation, observing the limits established by moral imperatives imbued with a sense of justice. Therefore, save for exceptions, the nurse needs to take part in qualification courses in healthcare directed towards children and adolescents, since there are few qualified human resources involved with care for people at this stage of life. This idea is strengthened by literature reports about the specific case of adolescents, where there is little available knowledge and it is difficult to deal with this group⁽⁶⁾.

With the purpose of knowing the factors that cause and aggravate this problem, the present study aimed at characterizing sexual abuse in children and the adolescents registered by the Sentinel Program in the city of Campina Grande; analyzing the incidence of sexual abuse; define the profile of the children and the adolescents victimized by sexual abuse who received care in this program; identifying the main abusers and the incidence of sexual abuse in the intra- and extra-family environments.

METHODS

This is a documental exploratory-descriptive study with a quantitative approach, performed in the Sentinel Program in Campina Grande – PB. After being granted authorization by the Coordinator of the Sentinel Project

and signing the term of responsibilities, the researchers collected data from June to December, 2006. Although the research did not directly involve human beings, personal and private data of children and adolescents were collected from medical records, the reason why the ethical aspects of research involving human beings were observed. The project was approved by the Review Board of Universidade Estadual da Paraíba, file #0033.0.133.000-07.

The Sentinel Project was instituted by the Brazilian government in 2001, aiming at meeting the goals set by the National Plan Against Sexual Violence in Children and Adolescents – *Plano Nacional de Enfrentamento à Violência Sexual Infanto-Juvenil*, approved by the National Council of Children and Adolescents' Rights – *Conselho Nacional dos Direitos da Criança e do Adolescente*, according to article 86 of the Statute of Children and Adolescents. Integral, specialized and multiprofessional care actions are developed within the program's reference centers, directed to children, adolescents and families involved with violence and sexual abuse. The program seeks to assure access to the public municipal services of social assistance, healthcare, education, justice, security, sport, culture and leisure⁽⁷⁾. Also, it attempts to guarantee fundamental rights, by strengthening self-esteem and the reestablishment of family and community life. This program was implanted in Campina Grande, as a Reference Center, in June, 2001.

The total population consisted of 60 medical records from all children and adolescents victimized by sexual abuse who received care in the Sentinel Program from January, 2005 to December, 2006. This population was taken as the study sample since it met the inclusion criteria: being a medical record of either a child or an adolescent between zero and 18 years old, containing reports of sexual violence, and the report should be related to the period selected for the study. The studied variables were: age range, gender, education, family composition, family income; incidence of intra-family and extra-family sexual abuse, relation of the perpetrator with the victim and the reporting agent.

Data collection happened with a standard form, using the yearly 2005 and 2006 series. This instrument was filled out with the information contained in the medical records of children and adolescents filed at the Sentinel Program in the city where the research was developed.

The data were entered in an electronic database and analyzed with a statistical software (SPSS – 14 for Windows) and Microsoft Office Excel 2007. The results are presented as figures and tables.

RESULTS

Twenty-three (38%) out of 60 cases of sexual abuse

against children and adolescents in the 3 to 17- year old age range, as reported by the Sentinel Project, were seen to be reported in 2005 and 37 (62%) in 2006, the period selected for the study. These data show that 2006 had 14 more reported cases about this type of violence, representing a 24% increase.

The results presented in the following tables and figures allow one to visualize the profile of the children and adolescents victimized by sexual abuse in the 2005-2006 period in Campina Grande – PB.

Table 1 - Children and adolescents victimized by sexual abuse according to sociodemographic characteristics - Campina Grande - PB, 2005/2006

Sociodemographic characteristics	N	%
Education		
Illiterate	12	20.0
Incomplete elementary school	37	61.6
Full elementary school	9	15.0
Incomplete high school	2	3.4
Family income		
Less than the minimum wage	19	31.7
Minimum wage	29	48.3
Twice the minimum wage	8	13.3
More than twice the minimum wage	4	6.7
Number of people living in the same household		
2	2	3.3
3	11	18.3
4	14	23.4
5 and over	33	55.0

Table 1 shows that the higher incidence of sexual abuse is related to children and adolescents with lower educational levels. However, it should be noted that nine cases filed under the "illiterate" standard correspond to children younger than 5 years old. Table 1 also shows that most of the reported cases (80%) are related to lower family incomes, i.e., minimum wage (48.3%) and less than the minimum wage (31.7%). Besides, it is clear that the higher the number of people who live in the same household, the higher the rate of abuse: two people, 3.3%; four people, 23.4%; five people and over, 55%.

As seen in Figure 1, the age ranges with the highest number of reports of sexual violence were from 12 to 14 years (28%) and from 3 to 5 years (20%). It is worth noting that the age ranges presented in Figure 1 are relative to 65% of the cases occurring in Campina Grande – PB, and the remaining 35% correspond to cases occurring in the neighboring areas of the city.

The results in Figure 2 show that the predominance of the incidence of cases of sexual abuse in female children and adolescents (85%) is undeniable.

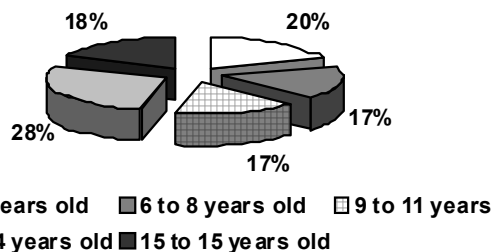


Figure 1 - Children and adolescents victimized by sexual abuse, according to age ranges - Campina Grande - PB, 2005/2006

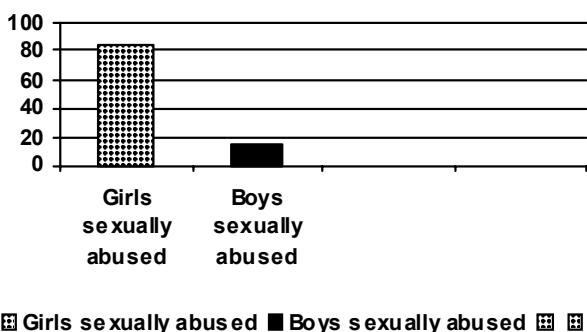


Figure 2 - Children and adolescents victimized by sexual abuse, according to gender - Campina Grande - PB, 2005/2006

Table 2 - Children and adolescents victimized by sexual abuse, according to their relation towards the perpetrator and the place of occurrence – Campina Grande - PB, 2005/2006

Relation of the perpetrator with the victim	Sexual abuse environment			
	Intra-family		Extra-family	
	N=27	%	N= 33	%
Stepfather	9	33.3	-	-
Father	8	29.7	-	-
Brother-in-law	6	22.2	-	-
Brother	2	7.4	-	-
Grandfather	1	3.7	-	-
Cousin	1	3.7	-	-
Boyfriend	-	-	18	54.5
Unknown person	-	-	7	21.2
Neighbor	-	-	3	9.1
Friend	-	-	3	9.1
Family acquaintance	-	-	2	6.1
Total	27	100	33	100

According to data contained in Table 2, sexual abuse against children and adolescents occurs in intra-family and extra-family environments, which shows the vulnerability of these people in relation to adults.

Regarding intra-family violence, the main perpetrators were stepfathers and fathers, respectively in 33.3% and 29.7% of the notifications. Regarding extra-family violence, the main perpetrators were boyfriends (54.5%).

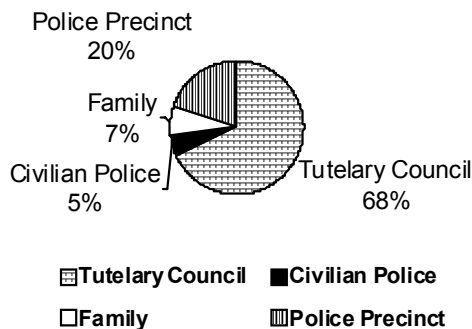


Figure 3 – Reporting agents of the sexual abuse against children and adolescents to the Sentinel Program in Campina Grande-PB, 2005/2006

According to Figure 3, out of the 60 cases of sexual abuse against children and adolescents reported at the Sentinel Program in 2005 and 2006, most (68%) were reported by the Tutelary Council, followed by the police precinct, with 20% of the notifications, the family with 7% and the Civilian Police with 5%.

DISCUSSION

The findings related to the sociodemographic characteristics of children and adolescents presented in Table 1 are similar to those in other studies concerning the victims' level of education⁽⁸⁾. Regarding family income, other authors mention economic difficulties, unemployment and reconstituted families⁽⁹⁾. Among other possibilities for the vulnerability of children and adolescents to extra-family sexual abuse, the following causes are mentioned: emotional distancing, parental rejection and negligence⁽⁹⁾. No studies were detected in literature mentioning the relation between the amount of people living in the same household and the incidence of sexual abuse against children and adolescents, which was clearly shown in this study.

Since all notifications of cases of sexual abuse regard children and adolescents with low educational levels, especially those from low-income families and more members in the family core, one can infer that there is a possibility that this type of violence is being silenced in higher-income classes.

The results presented in Figure 1, when compared to studies performed in Rio de Janeiro in 2003 within Projeto São Cristóvão and Projeto Santa Cruz⁽¹⁰⁾ are similar, regarding the percentage of sexual abuse according to the age range. These studies present the following results: 55% of the victims were between 7 and 14 years old; 39% were between 0 and 6 years old, and 6% were between 15 and 18 years old. Regarding the results of the present study and these reports from literature, it can be

observed that adolescents are most frequently victimized by this type of violence, followed by children up to 6 years old.

In the current study, the proportion of sexual abuse cases related with the victim's gender corroborates a 2002 study by the World Health Organization (WHO) about the incidence of sexual abuse in children. The WHO reports that girls are more victimized than boys, and in that year, 150 million girls and 73 million boys under 18 years old were forced to maintain sexual relations or suffered other forms of sexual abuse involving physical contact⁽¹⁾.

In Brazilian studies, authors⁽¹¹⁾ report that cases of sexual abuse predominate in girls between 10 and 17 years old. Boys are also abused, but in lower proportions, especially in cases of sexual abuse within the family⁽⁹⁾.

Regarding the higher incidence of sexual abuse in females, some authors explain that the Brazilian society adopts the sexist conception of blaming the victims who are between 14 and 18 years old, by considering that these adolescents are awakening for femininity, which can be a way of arousing the abuser to perpetrate the abuse⁽¹²⁾.

A point worth noting in this research is that, in addition to the violence occurring against children and adolescents of lower income classes, they were perpetrated by people belonging to the same family core or the social group, since the abuse happened both in the intra-family and extra-family loci.

Sexual abuse against children and adolescents in the household environment is still a grave social phenomenon afflicting all ages, social classes, ethnicities, religions, cultures and individual limitations. This type of violence happens in a favorable relational environment, at the expense of the trust that the victim places on the abuser, who, taking advantage of the child's or adolescents' naiveté, perpetrates the violence repeatedly, insidiously, making the victims believe that they are to blame for the abuse themselves⁽³⁾.

Regarding intra-family sexual abuse, the results of this study are close to those reported in another study⁽¹³⁾, which mentions that the frequency of family bonds of the aggressor with the victim is as follows: father (53%), stepfather (32%), uncle (7%), grandfather (2%) and cousin (1%).

Regarding extra-family sexual abuse, its most common form is the sexual exploitation of children and adolescents by a pimp. This frequently happens in schools, daycares and collective households, where adults who look after the children take advantage of the age difference, power, authority or strength to perpetrate this violence.

In Brazil, sexual violence against children and adolescents affects all social classes⁽²⁾, and, in spite of its gravity, it can be inferred that the family, or the victims themselves, prefer to remain quiet about this type of

violence. Therefore, in this study, the family is shown as the institution that made fewer abuse notifications to the program.

In the investigation, the Sentinel Program received denunciations of sexual abuse from the Tutelary Council, from the police precinct, from the civilian police and the family, which demonstrates that the society is awakening for the defense of the rights of children and adolescents and for the credibility placed on this type of program.

It is consensual that, of all types of violence practiced against human beings, sexual violence is the least denounced type of crime by families due to the fear of dissociation, in case the fact is ever discovered. It is also believed that statistics are not completely reliable, because most cases of sexual abuse involving children and adolescents is rarely revealed due to shame, ignorance, feelings of guilt and tolerance that can afflict the victims. In addition, some professionals are still resistant in acknowledging and reporting sexual abuse⁽¹⁾.

Other possibilities for underreporting consist in the fact that this type of crime represents a detachment from acceptable social practices, being a transgression of the Brazilian Civilian Code, since it violates the taboos of incest. Also, this crime goes against the Statute of Children and Adolescents, article 5th, which forbids any type of negligence, discrimination, exploitation, violence, cruelty and oppression, punishing, by law, any type of attempt, by action or omission, against their fundamental rights. It also affronts Article 17th, which guarantees the inviolability of physical, psychic and moral sanity of the children and the adolescents, and article 18th, which mandates all citizens to safeguard the dignity of children and adolescents, protecting them from any inhuman, violent, terrifying or shameful treatment⁽⁴⁾.

With the results of this study, it can be stated that, in spite of specific legislation, sexual violence against children and adolescents is one of the greatest public health problems. This type of violence has negatively impacted individuals, families and society, a fact that demands more healthcare units to be prepared to act in emergencies, so as to offer adequate care in the occasion of unwanted pregnancies or transmission of STDs/HIV⁽¹⁴⁾.

It is understood that sexual violence does not leave any physical scars, making identification and diagnosis difficult. However, it leaves psychic and emotional scars that the victims will carry throughout their lives. Literature reports that abused children and adolescents are likely to present psychological aggravations, manifested as sadness, depression, anger, feeling of guilt, low self-esteem, sleep disturbances, feelings of humiliation, shame, fear and despair, among others⁽¹⁰⁾. In this study, due to the lack of registries, it was not possible to detect the psychological consequences of sexual violence, and it was not possible to evaluate the ethnic groups to whom the victims and

the aggressor belonged, or the consequences of the crime for the abuser, or even the institutional references for care to the victim and family members.

By considering that sexual violence brings physical and emotional consequences, and that it is necessary to monitor the victims and their family members by healthcare professionals, we agree with the authors that recommend the insertion of the nurses in this context, by demanding concrete measures from public organs, or acting with the family, school and the community⁽¹²⁾.

In the specific case of the nurse working with children and adolescents who suffered sexual abuse, it becomes a space for this professional to interact with the parents and establish a relation of support that could trigger, in parents, the awareness of the importance of a new way to relate to their children, as well as the opportunity of breaking the cycle of multi-generational violence⁽¹⁵⁾.

Since there are few studies focusing on nurses working with children and adolescents victimized by sexual violence, this professional must reflect collectively about social violence, focused on the families, school and the community. Once the reality of a given community is known, it is necessary to work in the prevention and identification of violence, contributing for the definition and implementation of public policies for children and adolescents victimized by sexual abuse⁽¹²⁾.

As such, nurses who intend to work with care for children and adolescents need to take qualification courses in this area of knowledge, since there are few qualified human resources involved with care for people at this stage of life.

The nurse plays a relevant role in the basic healthcare network, developing programs in pre-natal care, promoting the participation of the father in the delivery room, the joint permanence of the mother with the newborn in the hospital, affection and bonding of parents with the child and the family. Also, they can accomplish this by working in schools and daycares, participating in debating groups with parents, teachers and caregivers, demonstrating the necessity of protecting the rights of children and adolescents⁽¹⁵⁾.

It is also up to the nurse identifying families with a potential risk for abusive behaviors, the existence of situational crises stemming from some type of violence and proposing alternative solutions, orienting and referring these people to specific treatment. It is also their

responsibility to perform home visits to provide specific care and healthcare education to vulnerable groups. Moreover, the nurse must work in tertiary prevention for treatment, rehabilitation and prevention of the recurrence of violence⁽¹⁵⁾.

CONCLUSION

The results found in this study verified that children and adolescents victims of sexual abuse are inserted in underprivileged social groups, where the opportunities are minimal and their life conditions are unfavorable, due to low income, low instruction and large numbers of people in the family core.

Abuse was registered in children and adolescents aged 3 to 17, but the highest percentages occurred in the 15-17 year and 3-5 year ranges. According to the notifications to the Sentinel Program, violence was registered in both genders, with higher incidences on females. The main sources of notification were: the Tutelary Council, the police precinct, the civilian police and the family.

According to the records of the Sentinel Program, sexual abuse occurred in the intra-family environment, being perpetrated by stepfathers, fathers, brothers-in-law, brothers, grandfather or cousins, people who the victims trusted and on whom they depended to develop. Higher proportions in the extra-family environments were perpetrated, mostly, by people that had social relations with the victims, such as boyfriends, neighbors, friends and acquaintances.

Since sexual abuse is a political, social and family problem, the findings of this study note the necessity of new research involving higher numbers of children and adolescents and a larger coverage area. It is expected that the results can contribute for the healthcare managers plan actions and strategies that can minimize the occurrence of intra- and extra-family violence.

It is suggested that the educational institutions include violence-related themes in their curricula, especially in the components that deal with maternal-child care, collective health and the nursing activity, so as to prepare the nurses for the diagnosis of intra- and extra-family violence and qualify them to care for children, adolescents and their families, since this type of violence requires continuous education in the three levels of prevention: primary, secondary and tertiary.

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